

Meeting Summary

Task Force on Specialty Courts

Meeting #2

[Link](#) to Task Force on OLIS



LPRO
LEGISLATIVE POLICY
AND RESEARCH OFFICE

Date/Time		July 26, 2024 (link to recording)
Attendees		Chair Clara Rigmaiden Chris Behre Kathy Brazell Sévos Heather Crow-Martinez Joseph Garcia Aaron Knott Heidi Moawad Lisa Nichols Matthew Phillips Laura Ruggeri Ken Sanchagrin Ann Marie Simmons Jason Van Meter Chris Wig Excused: Aaron Gosney John Haroldson Kimberly Keller Jay Scroggin
Welcome and Roll Call <i>Judge Clara Rigmaiden, Chair</i>		Chair Rigmaiden called the meeting to order and conducted roll call of the members.
Background Summary on Specialty Court Creation, Management, and Funding <i>Rachael Mark, Oregon Judicial Department</i> (slides 1–40)		<p>The Oregon Judicial Department (OJD) presented to the Task Force, summarizing specialty courts as they are managed and operated in Oregon. The presentation included fundamental background on specialty courts and current practices, funding sources, and data. The presentation also highlighted current trends in Oregon’s specialty courts, including population, demographics, funding, and operational practices.</p> <p>Office of the State Court Administrator</p> <p>OJD explained that the Office of State Court Administrator provides support to the Oregon Circuit Courts. Within the Office of the State Court Administrator, the Treatment Court Team provides support specifically to treatment courts operating within the circuit courts.</p>

Definitions and Principles

Defining Treatment Courts

OJD defined treatment courts as “programs in which a person’s behavior and progress is overseen by a multidisciplinary team through regular judicial review, community supervision and treatment, following the evidence-based treatment court model.” OJD noted that the terms “specialty court” and “treatment court” are often used interchangeably, but that “treatment court” tends to be the term used in day-to-day operations, as it succinctly communicates the function of those courts, while “specialty courts” tends to be more formal and used in statute and in the Specialty Courts Case Management System (SCMS).

Treatment Court Principles

OJD first reviewed the Ten Key Components, which provide a framework for the treatment court model. These components were created in 1997 by a group of drug court practitioners based on what they felt was most important in creating and operating a successful treatment court.

OJD then outlined the day-to-day operation of treatment courts in Oregon:

1. Referral and Program Entry
 - a. Eligibility screening
 - b. Plea negotiations
 - c. Admission decision
2. Comprehensive Assessments, Case Planning, and Interventions
 - a. Clinical and criminogenic assessment
 - b. Individualized case planning
 - c. Intensive treatment
 - d. Supervision and drug testing
3. Ongoing Support and Accountability
 - a. Multidisciplinary team staffing
 - b. Regular judicial reviews
 - c. Incentives, sanctions, and service adjustments
 - d. Recovery capital development
4. Program Exit
 - a. Successful completion
 - b. Termination
 - c. Other

OJD noted that there is a circular process between steps two and three above. As individuals engage in treatment, appear before the judge, and participate in the community, they are being monitored, and the team makes any necessary adjustments. The process can be long and rigorous, generally about 12–18 months of regular supervision, treatment appointments, and court appearances.



Court Efficacy and Best Practices

OJD emphasized that program exit is a particularly useful data point for evaluating performance. The data on graduation rates and other program exits can be used to measure whether outcomes are meeting expectations.

Treatment Court Efficacy

OJD highlighted the effectiveness of treatment courts, noting that they are one of the most heavily researched criminal justice solutions and one of the most successful justice system interventions for individuals with behavioral health needs. Success in this context is a decrease in recidivism, so individuals are less likely to be arrested and return to the system.

To illustrate the effectiveness of the model, OJD summarized the findings of a 2020 statewide evaluation of Colorado's Treatment Courts conducted by NPC Research. Those findings included the following:

- Treatment court programs require a lot of commitment and investment to run.
- Treatment courts reduce use of jail and prison, resulting in initial cost savings.
- When treatment courts follow the best practice standards, there are fewer arrests and system avoidance, resulting in some long-term cost avoidance.
- When programs decrease the timeline from arrest to entry, program costs can be reduced.

To illustrate the effectiveness of Oregon's treatment courts specifically, OJD summarized the findings of the 2020–2022 Criminal Justice Commission (CJC) Oregon Treatment Court Recidivism Study. The key finding summarized was that 75 percent of those who successfully completed treatment court were not re-arrested within three years of completion, compared to 41 percent of individuals who participated in but did not complete a treatment court, and 35 percent of individuals who were referred but did not enter a treatment court. CJC will continue to conduct this analysis annually moving forward.

OJD also pointed to its own recidivism analysis to illustrate effectiveness. In that analysis, OJD found that between 80 and 96 percent (depending on treatment court program type) of successful treatment court participants did not have new criminal court filings.

Treatment Court Best Practices

OJD noted that treatment courts are great for a specific population. It is one of multiple justice system pathways and not designed for all justice system participants. Treatment courts are resource intensive and therefore reserved for the population for which these programs will be most effective at reducing recidivism.



The presentation provided an overview of the treatment court best practice standards issued by AllRise (formerly the National Association of Drug Court Professionals). First published in 2015, these standards provide a research-based foundation for operating treatment courts. They were updated in 2018 with additional depth in the underpinning research as well as expanded to program types beyond drug courts. Additional updates to these standards are expected to be published later in 2024.

OJD reviewed some key standards from this publication:

- Equity and inclusion
- Identifying and serving the appropriate target population
- Committed, multidisciplinary team members
- Judges as unique and essential leaders
- Court coordinators as the hub of the treatment court team

Beyond national best practice standards, OJD also reviewed Oregon's Specialty Court Standards, which are developed through a collaboration between OJD and CJC and published by the CJC to provide Oregon-specific guidance. In those guidelines, the target population was expanded to include those with moderate risks and needs as well as high risks and needs. These standards are measured in part through the CJC grant program. The Oregon standards were last updated in 2018, and CJC is expected to update them soon to incorporate new research.

Oregon Treatment Court History

The OJD presentation reviewed national and state specialty court history, starting with the creation of the nation's first drug court in Miami-Dade, Florida (1989) and the second in Multnomah County, Oregon (1991). OJD provided overviews from the statutory, funding, and data perspectives.

OJD pointed to two laws involved in the statutory history of specialty courts. The first, ORS 3.450, defined and structured drug courts when it was enacted by the passage of [HB 3363 \(2003\)](#). The second, ORS 137.680, created by [HB 3194 \(2013\)](#), established CJC as the clearinghouse for best practices and standards development and issuance for specialty courts.

In summarizing the funding history, OJD explained the transition of Oregon's specialty court funding structure from scant local court and partner agency budgets starting in 1991, to the establishment of the CJC specialty court grant program in 2006, to the recent appropriations for family treatment courts and general funds to support specialty court coordinators in 2021 ([HB 5006](#)) and 2024 ([HB 5204](#)), respectively.

OJD summarized the history of specialty courts data collection, noting that between 1991–2020, data had been collected and maintained for various reasons at the local level. In 2003, Oregon established its first drug court database, the Oregon Drug Court Management System (ODCMS), which was given to local programs but not centralized. In 2005, an update

changed ODCMS to the Oregon Treatment Court Management System (OTCMS), and in 2018, CJC procured the Specialty Court Case Management System (SCMS), and the Chief Justice it as the official specialty court case management system. SCMS was fully implemented in 2020, and data expansion and improvement efforts are ongoing.

Oregon Treatment Courts Overview

OJD provided an overview of currently operating treatment courts. First, the presentation explained that the list was updated in December of 2023, but is in flux because some treatment courts are closing while others are coming online. The presentation provided a map of Oregon with icons indicating the current program type and judicial district of the 66 specialty courts.

Oregon Treatment Courts Data Sources and Trends

OJD detailed various specialty court data sources:

- Specialty Court Operating Profiles (SCOP) (collected biennially, used in the CJC grant program, monitors best practices)
- SCMS (entered and updated daily, individual participant focus)

The presentation noted that data improvements are ongoing, including improvements to demographic information, which may be self-reported or observational. Individual specialty courts use data to implement and monitor fidelity to the best practices. OJD uses the data to examine trends both at a local and aggregate level.

OJD presented its analysis of certain trends in specialty courts, including population trends, racial demographics, gender diversity, primary substance by court type, criminal charge trends, risk/need requirements and other eligibility considerations, success rates compared to national averages, participant fees, as well as legal incentives. The trends included the following findings:

- Specialty court populations were impacted by COVID-19 and Measure 110, with COVID-19 having the greater impact
- Other than family courts, men are more likely participants in specialty courts
- Most participants entering criminal or delinquency specialty courts had at least one felony charge
- Risk and need are the primary eligibility considerations in specialty courts
- Some individuals with charges or behaviors indicating potential public safety risks are excluded from some specialty court programs
- Oregon's specialty courts' success rates are comparable to national averages



- Adult Drug Courts and Driving Under the Influence of Intoxicants (DUI) Courts are the most likely court types to charge participant fees
- Family Treatment Courts, Juvenile Treatment Courts, and Veterans Treatment Courts do not charge participant fees
- Legal incentives can help motivate individuals to enter a treatment court

Current Management and Funding

Management, Accountability, and Funding

OJD and CJC are partners in operating specialty courts, with OJD providing programmatic support and CJC providing funding and evaluation. Current accountability and support from OJD include Key Performance Measures, program data, and statewide program operations support. CJC support includes the grant program, quarterly monitoring for grantees, and an annual recidivism study.

Lastly, the presentation touched on the variety of funding sources used by specialty courts. Those sources include state and county general funds, CJC grants, federal grants, health insurance, Measure 57 funds, program fees, private donations and foundation grants, as well as other sources.

Oregon Specialty Court Grant Program

*Ken Sanchagrin,
Criminal Justice
Commission*

[\(slides 40–47\)](#)

The Criminal Justice Commission (CJC) presented to the Task Force on the CJC Specialty Courts Grant Program, providing an overview of the grant program's process, funding sources, and data collection.

Grant Process

CJC walked through the grant process. In the past, grant awards had been more formulaic based on participant counts. Now, with funding not growing, but more and newer specialty courts applying for funds, CJC has turned to a process that focuses on targeting funding to help courts meet, maintain, or improve their adherence to specialty court standards.

The grant process has two initial stages. First, staff analyzes and scores narrative applications in April of the preceding biennium and provides feedback to applicants, including adherence to standards. In stage two, courts submit their final applications to CJC with updated information and budgetary needs. The review considers how those funding requests align with the court's adherence to best practices. Finally, the full CJC commission considers applications and makes the final award decisions.

Turning to their methodology, CJC noted that they try to compare similar courts to each other, for example, Adult Drug Courts to Adult Drug Courts, Family Courts to Family Courts. They look at the average rating for adherence to the different standards and then make decisions based on whether courts fall within one standard deviation of the average, are more than one below, or are greater than one above. Courts that are greater than one standard deviation above the average receive an abbreviated analysis;



those that fall more than one below the average are evaluated more in depth.

Funding Gaps

CJC explained that their grants support only around two thirds of the needs across the state as requested during the grant process. Most of those requests are for personnel and contracted services, and most personnel requests that went unfunded were partner personnel requests, like deputy district attorneys and mental health professionals.

CJC outlined a separate funding program it operates for new specialty court programs, the Implementation Court Grant Award. About \$500,000 to \$1 million has been set aside from grant funds to go to new courts via these awards. This structure avoids having new courts compete with courts that are already established and meeting standards. Six courts were awarded funds through this grant in the most recent cycle.

Finally, CJC discussed a recent funding gap between the funds granted by the CJC grant and the funds requested by specialty courts. This gap was filled legislatively through [HB 5204 \(2024\)](#), which provided an additional \$6.9 million to the grant funds. The grantees, adjusting their requests for the time remaining in the biennium, requested \$5.2 million of the gap funds. Funding challenges include inflation and other funding developments, including gaps between treatment needs and what can be reimbursed by the Oregon Health Plan. The recent conversion of court coordinator funding from grant funding to general funds is anticipated to free up grant funds to cover more gaps in funding for specialty courts.

Overview of Current Practices in Sample Specialty Courts

Joe Vigil, Treatment Court Analyst, Office of the State Court Administrator

Danielle Hanson, Treatment Court Analyst, Office of the State Court Administrator

[Slides](#)

OJD presented on current practices in sample specialty courts, focusing on funding, eligibility metrics, and monitoring success. Individual courts provided information via survey. The Office of the State Court Administrator compiled the information, removing information identifying the individual specialty courts.

OJD selected three sample specialty courts among five court program types surveyed in three district types: (1) Adult Drug Court, (2) Mental Health Court, (3) Veterans Treatment Court, (4) Juvenile Treatment Court, and (5) Family Treatment Court in districts that were either Urban, Rural, or Frontier.

Common Themes

OJD presented common themes that arose out of their compilation of the survey information:

- Courts across Oregon are doing their best with the resources they have.
- If courts cannot meet all the standards, they do their best to meet what they can.



- Funding requires collaboration with system partners to apply for grants and allow for bandwidth to manage programs, which can be a challenge.
- CJC funds are critical to stable operations.
- All programs are billing health insurance for treatments whenever possible.
- Each program has different eligibility requirements, guided by the community being served, and limited by certain considerations such as restrictions for programs receiving federal funding.
- Monitoring at the local level includes exit surveys and reviewing collected data.
- Additional monitoring resources include more intensive federal and statewide monitoring through funding.

In presenting the survey information, OJD organized responses into the three survey categories: funding, eligibility mechanisms, and monitoring success.

Snapshot of Current Treatment Courts

Urban County Treatment Court

OJD reported some of the responses and conclusions from an urban county treatment court. Diversified funding sources provide the court with flexibility, so uninsured or underinsured participants are not burdened with excessive costs. Private donations and foundations allow the court to support services that federal or state grants do not support.

The surveyed court has minimal exclusionary eligibility metrics and uses a “no wrong door approach,” with all referrals sent to the same place and routed to the appropriate specialty court. The programs use the Risk and Needs Triage (RANT) validated screening tool for adult drug courts. When a participant is referred to a program, they are assessed and then matched to needed services, ensuring that those resources are available in the community before allowing entry.

To monitor success, the surveyed court uses participant surveys, grant-related assessments, and peer reviews.

Rural County Family Treatment Court

OJD reported some responses and conclusions from a rural county family treatment court (FTC). This FTC is newer to grants (within the last four years) and started with the CJC implementation grant. This rural FTC relies heavily on state and local contributions, receiving no direct federal funds, so treatment is limited to what can be billed to health insurance. Nonprofit resources (e.g., an alumni program) help support incentives and costs not covered through grants.



As a family court, the FTC relies on dependency adjudications for eligibility, so they look different from criminal courts. Resource availability also impacts eligibility metrics.

The FTC monitors success through exit surveys, OSCA support, and funding for FTC-specific peer reviews. OJD noted that there are a lot of newer FTCs across the state, so monitoring success will take time as these courts develop. Given that, the state continues to provide ongoing technical support.

Frontier County Mental Health Court

OJD reported some responses and conclusions from a newer frontier mental health court. (MHC) OJD noted that mental health courts in general are newer and are being brought into alignment with national standards. Prior to receiving implementation grant funds, the MHC relied solely on state, county, and local support to get off the ground. They were able to leverage donations and relied heavily on insurance billing.

The frontier MHC is tying their eligibility metrics to research, serving a specific population (those with severe and persistent mental illness). Local dynamics and resource availability also play a role, including what services are available, as well as limitations on docket time, staff time, and funding.

The MHC has no formal reviews currently to monitor success, but with the new funding, they will be able to start doing reviews.

Summary

In summary, OJD noted that successful programs come from consistent funding, collaboration, and adherence to the best practice standards. They also noted that program development takes time as programs grow and specialty court research evolves.

Member Comments and Questions

Facilitated by Chair Rigmaiden

Q: Impact of HB2355, Measure 110, and other Changes on Treatment Court Populations

Chair Rigmaiden turned to comments and questions on the presentations from OJD and CJC.

Joe Garcia, focusing on the CJC analysis of the impacts of Measure 110 on specialty courts, asked if there is any data that goes back farther to [HB 2355 \(2017\)](#) that took the crime of possession of a controlled substance (PCS) from a felony to a misdemeanor. Garcia asked whether there were more impacts from that change and commented that the impacts weren't felt until 12 to 18 months after that, shortly before Measure 110 came. He also commented that for some, the greatest impact was from HB 2355, and provided an example from his department, where the number of people in active supervision went from around 1,400 down to 700 as a result. He noted that the two impacts are often conflated, and that the review committee saw a decline on what was reported as the size and participation in specialty courts.



Ken Sanchagrin responded that CJC has not been able to review data collected before 2019 because during that time CJC relied on court-reported data, which could be inconsistent due to incentives for grantees to report more participants than were actually active. Sanchagrin noted that Garcia could be right that HB 2355 had an impact and that CJC always starts with HB 2355 because of the departure seen there from the historic probation population. Because HB 2355 focused on first-time felons, it would affect courts with such populations, but it might also impact other courts. Sanchagrin further explained that the conclusion from the CJC study was that Measure 110 did not significantly impact specialty court populations statewide but did have some effect. The takeaway is that specialty courts aren't "dead," as some predicted, but it has changed how they function and the population they serve.

Garcia expressed gratitude that CJC was looking into this work because of the ease of focusing solely on Measure 110 when there have been a host of changes impacting treatment courts. He pointed to the RCT in 2008 to 2009 that drove a lot of the shift in Oregon around Measure 57 cases and the research related to that as an indication of how far back these impacts go. He concluded, saying that there is not only one thing impacting this population and that he's interested in the full story.

Q: DUII Specialty Courts

Related to the OJD overview presentation, Chris Wig asked if there is any thought about why impaired driving courts have not been able to proliferate at effective levels in light of the presentation reporting only two DUII specialty courts in Oregon. He asked if there are any ideas on how to expand those?

Rachael Marks responded that DUII courts can involve political considerations, making the amount of buy-in required to establish them greater than other court programs. Two years back, OJD spoke at the DUII conference about these programs to spread awareness. There can be more steps towards raising awareness about the effectiveness of these programs, and other concrete steps would be of merit.

Wig remarked that we should discuss this further. In his experience, impaired drivers who came through the treatment court he's involved in would be better served by more specialized programming.

Member Discussion

*Facilitated by Chair
Rigmaiden*

[Discussion Topics](#)

Chair Rigmaiden opened the floor to discussion based on the discussion questions provided prior to the meeting (see [Meeting Materials](#)). The Chair started with the first question:

QUESTION 1: Are there informational topics or presentations you would like to see in Task Force meetings, within the four Task Force study directives in HB 4001?

No responses.



QUESTION 2: Are there specific sub-questions you feel are important for the Task Force to address in its findings and recommendations, within the four Task Force study directives in HB 4001?

Access to Courts

Chair Rigmaiden provided an example, saying that one sub-question she had relating to eligibility metrics is whether those individuals who meet eligibility metrics have access to the courts or whether something needs to be done to increase access. For instance, multiple jurisdictions could use a hub-and-spoke model for a Veterans Treatment Court, taking referrals from multiple jurisdictions and allowing all of them to enter a program in a central county.

Accountability and the Judicial System

Ann Marie Simmons combined two questions of interest: how to create accountability that works within the judicial system, judicial code of ethics, and legal requirements in terms of how judges conduct themselves and how to work to hold courts accountable for how treatment courts are doing and how they are achieving goals.

Nonmonetary Accountability Mechanisms

Chris Wig responded further, asking whether all accountability mechanisms are monetary, or if some of them have a nonmonetary component. He added that usually people think of accountability mechanisms as “or else” mechanisms but expressed a desire to tap into the full array of options to achieve goals.

Additional Training

Chair Rigmaiden added that she’s been wondering whether it might be better to ensure courts are adhering to standards through additional training. She used Lane County as an example, describing a treatment court tune up performed there by an outside organization. That tune up provided feedback on what areas needed improvement. The Chair indicated this type of mechanism would help to achieve adherence rather than monetary penalization and noted she would like to explore how to recommend making them more available.

Third-Party Agencies and Review Committees in Other States

Lisa Nichols followed up to these comments, asking if there are examples of third-party agencies or review committees from other states where those trainings happen and if there’s information on doing fidelity assessments to support them. She added a second question related to the CJC presentation: whether there is further data on the requests for funding contractual partnerships, whether those are non-billable services, what percentage of the funding they make up. She indicated a funding request to the legislature could be appropriate for those if they’re not currently being funded.

Chair Rigmaiden clarified the organizations that performed reviews in Lane County and said that they were likely funded through grants. She mentioned that it would be good to set up a presentation on how to get those kinds of trainings and evaluations are set up.

Transparency of Data

Chris Behre mentioned that one possible nonmonetary route to explore would be to increase transparency of prosecutorial data surrounding



whether and when they decide that an individual is ineligible for a treatment court, whether that is at the charging stage or offer stage. He noted that ethical and confidentiality considerations may affect the details that can be shared, but that transparent data would help determine where the state may be intervening or failing to make offers to individuals who should be eligible. Chair Rigmaiden asked who could talk to about that, and Behre responded that prosecutors would have to look into how to share that information.

Process Evaluations

Joseph Garcia noted that accountability mechanisms typically assume you're not doing something right. In the beginning of specialty courts, a third party would do a process evaluation on whether the court was following the 10 key components. But as the years went on, there were fewer reevaluations. Peer reviews can be burdensome, and Garcia said that he's hoped for some kind of certification process where a third-party service could create a process evaluation, certifying those programs that meet the standards at a certain level. Then every two years, the party would conduct a reduced recertification review. This structure would create more consistency for courts to know how they're doing in adherence with the standards.

Need for Compatible Data Systems

Kathy Brazell Sévos discussed the treatment provider perspective, saying it would be great to strive for compatible data systems. Currently, SCMS cannot ingest data from medical records, so it requires duplicate data entry into the system because providers have state and federal guidelines on data entry. Second, she noted that they bill insurance for all direct activities provided to clients. However, there are treatment-adjacent services that they carve out in the budget to meet best practices. The current CJC applications are focused on personnel, but it would help to look into activity-based funding for non-insurance billable activities. She noted that CJC was unable to meet the request in the last cycle, and that it would be helpful for the Task Force to know what needs to be funded in the treatment arena in a future presentation.

Need for Stable Funding

Chair Rigmaiden commented that Sévos's questions fit well into the question about more stable funding and that it would be great to have a presentation on funding sources, specifically for treatment elements that are not billable to health insurance.

Best Practices Not Funded by Grants

Ann Marie Simmons discussed how there are best practices and standards and key components, such as drug testing, that are not paid for by any bucket other than grant programs, which can leave different counties in different positions depending on how their urinalyses are structured and implemented. Therefore, funding to meet best practice standards, although critical, is not always achieved in practice.

State Appropriations

Chris Wig added that he questions whether there's a better way to disperse funding than biennial requests approved by elected officials. He asked whether there could be a more legislatively driven appropriations process



that is structured within the state's budget writing process. He clarified that the state could appropriate those funds on a more level playing field than requiring courts apply for grants, which would lower the burden on court coordinators and free them up to focus on achieving outcomes.

Chair Rigmaiden commented that court coordinators' time is wholly consumed by the application process during those times.

QUESTION 3: Do you have any questions or items you would like to discuss about the purpose(s) or goal(s) of specialty courts?

*Other Applications of
Specialty Court Model*

Chris Wig expressed a desire for the Task Force to discuss other applications of therapeutic jurisprudence principles that are effective for behavior change, including applications not seen in Oregon, like interpersonal violence and reentry courts.

Chair Rigmaiden noted that a New Mexican judge presented to an AllRise conference on a domestic violence court that incorporated concepts from treatment courts. The Chair indicated that we could do that in Oregon, but that she was unaware of any, including reentry courts. She said that these existed at the federal level but not at the local level, to her knowledge.

Joseph Garcia explained that Douglas County has a domestic violence court that has been operating for some years, but that it hasn't been eligible for funding because of its program type. He added that, because the program has some other components that vary from treatment courts, they haven't sought outside funding. His office dedicates a probation officer to support that court, and he said it would be great to expand that program. He indicated Judge Johnson could possibly speak to the program.

*Older Approaches
Before Recent High
Risk/High Need Focus*

Garcia added that he has seen the shift in focus to high-risk/high-need individuals and the challenges with substance abuse over the past four to five years. He is hoping to revisit the conversation around traditional possession-based drug courts, noting that those programs, before the high-risk/high-need transition, were successful and paved the way for today's programs. Those programs weren't part of the conversation in the recriminalization efforts, which focused on deflection. In the past, these programs did involve diversions, conditional discharges, and a wraparound service approach. While current programs moved in the high-risk/high-need direction, Garcia sees an opportunity to revisit this earlier model to help some jurisdictions. He noted his county isn't doing deflections, so their law enforcement have every intention to arrest people for possession cases again. He would like to see a way to give those people a chance at diversion.

Chair Rigmaiden distinguished simple possession cases that can be diverted, noting that they are still coming into treatment court if they are moderate- to high-risk and need. Taking people that don't meet those criteria can be harmful to the participant unless there is a separate low-



*Early Intervention for
Young Offenders*

risk/need track. She added that it would be worth talking about funding to create low-risk/need tracks for conditional discharges and diversions.

Garcia commented that new research is contradicting the common thought that young offenders with no history are low-risk, adding that courts are missing an opportunity to intervene early when risk is high. He noted that the movement to current models was based on getting the best return on investment, but that courts may be missing other opportunities.

Chair Rigmaiden remarked that she had not considered that a Level of Service/Case Management Inventory (LS/CMI) tool could be invalid for young individuals.

*Possible Addition of a
Low Risk/Need Track*

Chris Wig posited whether there's a way to nestle a low-risk/need track inside what the legislature has stipulated as deflection. He said that the new law gives defendants "three bites at the apple." If they are unsuccessful with deflection, they have an opportunity for conditional discharge, and if unsuccessful with that, probation. Integrating a low-risk/need track in those middle steps may be a strong way to treat them. He added that it is likely many will fail at deflection. Adding to the conversation on risk assessments, he added that Oregon is not using the appropriate risk assessments for impaired drivers, and that a change to an appropriate one would more accurately divert them to beneficial programs.

*Lower-Level
Interventions and Grant
Cycle Challenges for
Treatment Providers*

Sévos agreed that for 18–25-year-olds in the Measure 11 population, researchers determined that their substance issues had not grown into addiction on their assessment tool because of a lack of long-term experience, but that intervention at that stage is helpful for younger offenders. She noted that the Sanctions Treatment Opportunities Progress (STOP) Court was highly effective for lower-level crime. Turning to the grants and the two-year cycle, she said that for treatment providers, the timing is tough. Because they rarely have a contract signed before January 1, they go from July 1 to January 1 floating with no idea of what the funding will be or how the contract will look while still being expected to provide high level services. She noted the awards don't even get to the county until October 1.

*Need for
Wraparound Services*

Laura Ruggeri added a sub-question under funding and accountability measures, noting that part of the wraparound services her clients need is related to housing and childcare. She said that sometimes the barrier for clients is that they don't have the support and stability in other areas of their lives to be able to make obligations. To that end, she asked if there's a possibility of looking to other sources of funding for treatment courts that would support those needs. With a reduction in recidivism, finding clients long-term stability and housing and pulling in community partners like low-income housing, incorporating those into court programs, would be beneficial.



Chair Rigmaiden commented that it would be interesting to ask the legislature to explore increasing funding to support childcare needs for treatment court participants.

Wrap Up and Third Meeting Preview
Chair Clara Rigmaiden

Chair Rigmaiden summarized the planned topics for the next meeting on August 9, 2024. That meeting will include presentations and discussions on eligibility mechanisms, including both national standards and information on practices in Oregon.

Public Comment *None*

- Meeting Materials**
- *Overview of Current Practices in Sample Specialty Courts* ([link](#))
 - *Member Discussion Topics* ([link](#))
 - *Overview of Oregon Treatment Court Programs HB 4001* ([link](#))

Future Meeting Dates

Aug. 9, 2024
Aug. 23, 2024
Sept. 6, 2024
Sept. 20, 2024
Oct. 11, 2024
Oct. 25, 2024
Nov. 8, 2024
Nov. 15, 2024

