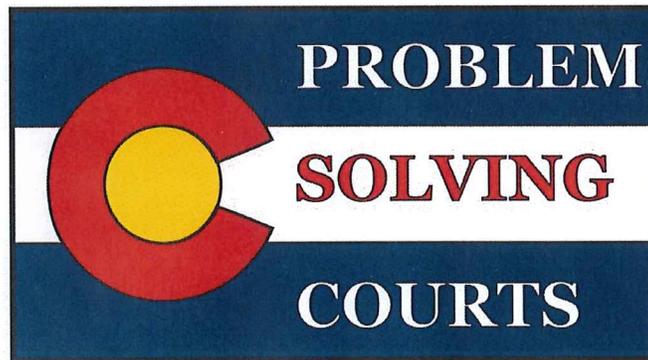




# COLORADO PROBLEM SOLVING COURT ACCREDITATION PROGRAM



*Approved by the PSC Advisory Committee: December 23, 2017  
Amended and approved by the PSC Advisory Committee: December 6, 2019*

Approved by Chief Justice Nathan B. Coats: *Nathan B Coats* Date: *1/23/20*

## [ I. ] INTRODUCTION

Colorado has a robust and growing problem-solving court program that has moved from the experimental stage to implementing proven practices as professionals. As a result, the need has arisen for a system certifying to participants, observers, and the community at large that a given program is a valid problem-solving court that demonstrates fidelity to evidence based and proven effective practices. Such a system facilitates assuring quality outcomes, resourcing programs adequately, sustaining programs, accurately evaluating programs, and educating the public about problem-solving courts. The stakeholders in problem-solving courts across Colorado have developed an accreditation program to facilitate these goals.

## [ II. ] BACKGROUND

Colorado has a long tradition of dedication to providing innovative and effective court services to our communities. In 1992, Colorado pursued its first adult drug court as a pilot program hoping to achieve better outcomes for individuals with substance use disorders in the criminal courts. Over the next 24 years, the problem-solving court movement in Colorado expanded beyond adult drug courts to include, among others: veterans' courts, family treatment courts, driving under the influence (DUI) courts, mental health courts and juvenile drug treatment courts. For information on the current programs in Colorado, please visit [www.coloradoproblemsolvingcourts.org](http://www.coloradoproblemsolvingcourts.org).

In 2008, the Colorado Supreme Court established the Problem-Solving Court Advisory Committee (the "Advisory Committee") to support quality Problem-Solving Court programs. The Supreme Court charged the Advisory Committee with developing effective procedures and strategies for implementing evidence-based practices in Colorado Problem-Solving Courts. In the early stages, the Advisory Committee worked to provide support and advice to proposed or newly established programs. The Advisory Committee continues to provide training materials, education, and mentoring to Problem-Solving Courts. The Advisory Committee has also facilitated the documentation of Colorado-specific best practices and minimum standards. These minimum standards have been created by a multidisciplinary group of practitioners representing Colorado's Problem-Solving Court teams. These standards are based on the proven effectiveness of research-based practices but are adaptable to local conditions. As of 2017, best practice standards had been developed for adult drug courts, DUI courts, family dependency treatment courts, and veterans' courts. Best practices are currently in development for adult mental health courts.

As Problem-Solving Courts have grown in Colorado, so have coordination efforts at every level of government and within the relevant stakeholder agencies as well. The need for education to correct misinformation and misunderstandings about Problem-Solving Courts for resource decision-makers has also grown. The need for Problem-Solving Courts to speak collectively and credibly to decision-makers has also grown substantially.

Colorado Problem-Solving Courts have also enjoyed substantial support from local and state government in recent years. As a result, our programs face closer scrutiny and evaluation in determining whether investments made in these programs are worth continuing and whether the resources given are being used properly.

In 2015, the National Association of Drug Court Professionals introduced new best practice standards based on the latest research for administering Problem-Solving Court programs effectively. At the same time, the founding researcher of modern Problem-Solving Courts, Dr. Douglas Marlowe challenged the profession to adopt a credible system for ensuring fidelity to best practices. In doing so, he noted the need for credible professional standards to facilitate quality services and outcomes, program evaluation, obtaining sustainable funding, compliance with equal protection, sustaining community support, and facilitating informed appellate review.

Also, in 2015, the Advisory Committee's charge was renewed by the Colorado Supreme Court. The Advisory Committee's charge was defined to include, among other tasks, developing a strategy to ensure fidelity to recognized evidence-based standards such as the *NADCP 10 Key Components*, develop a strategic plan to ensure sustainability of Colorado's Problem-Solving Courts in terms of community and financial support, and developing a program evaluation strategy for Colorado's Problem-Solving Courts.

In 2016, the Advisory Committee created a subcommittee to establish an accreditation program that would ensure programs identified as "Problem-Solving Courts" adhered to evidence-based practices. The members of the subcommittee were:

Honorable Marla Garrett, Magistrate, 2nd Judicial District

Shawn Cohn, Denver Juvenile Chief Probation Officer, 2nd Judicial District

Honorable David Prince (Chair), 4th Judicial District

Doug Hanshaw, Coordinator, 7th Judicial District

Valerie MacDonald, Coordinator, 9th Judicial District

Honorable Michael O'Hara, 14th Judicial District

Honorable Leroy Kirby, 17th Judicial District

Cathlin Sandler, Deputy Public Defender, 17th Judicial District

Honorable Bonnie McLean, 18th Judicial District

Steve Wrenn, Colorado District Attorney's Council

Dana Wilks, Division of Probation Services

### [ III. ] PURPOSE OF ACCREDITATION

The accreditation program is designed to certify to those within the field and those from other parts of the community that a program called a Problem-Solving Court adheres to evidence-based treatment and research-proven practices. In turn, this will facilitate the goals identified by Dr. Marlowe such as assuring that programs are quality programs, sustaining those quality programs, facilitating communication with other agencies, addressing equal protection rights, and allowing for the appellate court to be informed in a review of these programs.

Colorado’s accreditation program is designed to:

- (1) Be based on Consensus, Evidence Based<sup>1</sup> and Best Practices<sup>2</sup>
- (2) Be of Fidelity to the Problem-Solving Court Model
- (3) Be adaptable to Local Conditions
- (4) Be supportive of Local Innovation Consistent with Evidence Based Practices such as the *NADCP 10 Key Components*
- (5) Be protective of the Confidentiality of the Peer Review Process

## [ IV. ] OVERVIEW

The Colorado Problem-Solving Court Accreditation Program (“PSCAP”) is designed to recognize programs as valid Problem-Solving Courts—in the State of Colorado. The touchstone of accreditation is fidelity to recognized, effective, evidence-based practices. PSCAP is a quality- assurance process designed to evaluate, monitor, and support the development of quality Problem Solving Courts throughout the State of Colorado.

To pursue PSCAP accreditation, an individual program will contact the Statewide Problem-Solving Court Coordinators at SCAO to initiate the application. The coordinators at SCAO will work with the individual programs to ensure applications are complete. Upon completion of the application, the individual program will submit their completed application to the PSC Advisory Committee for review. After submission, the Advisory Committee may pursue a site visit to the program by designating a smaller team from the Advisory Committee to conduct an observation of the program, interview key stakeholders, and observe the docket. Following review of the application and the visit results (if applicable), the Committee will issue a written report and recommendation to the Chief Justice.

Technical assistance will be provided throughout the process to all programs pursuing accreditation. The application process is intended to be interactive to promote early identification of Advisory Committee concerns and questions and to allow applicants to address those concerns prior to the Committee’s final consideration of an application. Initial Accreditation shall last for five years with subsequent reaccreditation every three years thereafter.

## [ V. ] ACCREDITATION

### A. Accreditation

The accreditation process shall be available to existing courts as well as jurisdictions planning a problem-solving court. Full accreditation is reserved for courts that have been operating for at least one year. A program may have one of three accreditation statuses: a) ACCREDITED, b) ACCREDITATION PENDING, or c) NOT ACCREDITED. Within the Accreditation Pending status

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<sup>1</sup> A procedure or practice with empirical support that has proven it meets the minimum industry standards of research, peer review, and replication that reliably produces measurable outcomes when repeated in similar settings and populations.

<sup>2</sup> Repeatable procedures and practices that have been proven over time to be effective but do not necessarily have the rigorous research or data to conclude that they are evidence-based.

will be programs working on their initial application and those working to address issues that arose from the review of their application. The Advisory Committee shall provide technical assistance as appropriate to Accreditation Pending programs.

### *B. Accreditation Definitions*

**ACCREDITED:** These programs have received formal accreditation through the recommendation of the Advisory Committee. Programs that have a pending renewal request remain in Accredited status. If a recommendation against accreditation is approved by the Chief Justice, a program may no longer describe itself as Accredited or Accreditation Pending until a new application is submitted.

**ACCREDITATION PENDING:** These programs have submitted an application and are currently under review for full accreditation. This status also describes a program that has received a favorable report on accreditation but has not yet satisfied the one year of operation requirement. If a program has received notice of a denial of accreditation, the program may no longer describe its status as Accreditation Pending. After the initial implementation phase of PSCAP, accreditation applications are expected to be resolved within one year of filing. Programs that receive a report recommending the fulfillment of prerequisites to accreditation may stay in Accreditation Pending status for a reasonable time as identified by the Advisory Committee to fulfill the prerequisites at the discretion of the Advisory Committee.

**NOT ACCREDITED:** These programs have received a denial recommendation following their accreditation review. These programs are not considered to be Problem Solving Courts but a local docket management strategy and are not considered in statewide analyses of Problem-Solving Courts. Programs that are not accredited may not use Problem Solving Court data coding or enter cases into the state management information system (PSC3D at the time of this writing). Absent good cause, a program that has been denied accreditation must remain in that status for a minimum of one year before submitting a new accreditation request. Programs that have not previously applied for accreditation may apply for accreditation as soon as the minimum requirements for application have been met.

**PROGRAMS YET TO APPLY:** These programs have not yet submitted an application to be reviewed by the Advisory Committee and/or do not have standards or supporting research in existence and began operation prior to the accreditation program which consider their program to be a problem-solving court that will be designated as a problem-solving court until standards exist that allow them to apply or they are directed by the Advisory Committee to apply for accreditation.

### *C. Benefits of Accreditation*

Any program recommended for accreditation by the Advisory Committee through PSCAP, upon approval by the Chief Justice, shall be provided with a Certificate of Accreditation signed by the Chief Justice of the Colorado Supreme Court. Accredited programs shall have the right to identify themselves as an Accredited Colorado Problem Solving Court. Accredited programs shall be listed by the Colorado Judiciary. Accredited programs shall

have a priority for accessing Advisory Committee resources such as training, technical assistance and participation in annual conferences such as the Colorado Collaborative Justice Conference and the Colorado Convening on Children, Youth and Families.

The Advisory Committee recommends the Colorado Judiciary prioritize Accredited Problem-Solving Courts for the allocation of resources designated for Problem Solving Courts. Accreditation status shall be used as appropriate for defining statistical and other evaluations of Colorado’s Problem-Solving Courts. Accredited programs shall be included in reports of Colorado’s Problem-Solving Court program such as those made to outside agencies, other branches of government, the public, and the Correctional Treatment Board.

## [ VI. ] PROCEDURE FOR INITIATING ACCREDITATION PROCESS—EXISTING COURTS

### A. *Minimum Criteria*

In order to be considered for accreditation, the applying program must meet the following minimum criteria:

- (1) Joint Approval of Chief Judge, Court Executive, and Chief Probation Officer (or County Child Welfare Administrator for Family Drug Treatment Courts)
- (2) Program Policy and Procedures Manual/Participant Handbook developed
- (3) In operation no less than 1 year
- (4) Completion of Application for Accreditation Review

### B. *Submission Prioritization*

The Advisory Committee shall review applications ongoing throughout the year and will communicate with programs who have submitted a Notice of Intent to Apply regarding subsequent application deadlines. All programs submitting a Notice of Intent to Apply by the identified deadline will be notified of their deadline in order for their accreditation application to be reviewed at an upcoming Advisory Committee meeting. The Advisory Committee or its designee will meet at least twice per year to review new applications and monitor the accreditation progress for programs currently under review for accreditation. Timelines may be extended to accommodate staffing issues. As needed, the following programs will be prioritized for accreditation when ready for Advisory Committee review:

- (1) Programs that have undergone a peer review or an independent review within the last two years and voluntarily choose to share the results of that review for accreditation purposes
- (2) Programs that have established state minimum standards for their PSC type
- (3) All other programs

All accreditation reviews and subsequent follow up are intended to be completed within 6 months following the close of the submission period. Delays in providing supplemental information requested by the Committee may result in an application being moved to the bottom of the review queue or another remedy as identified by the Committee. Incomplete applications

may be rejected in full, in which case a program would need to wait until the next application period to apply again.

### *C. Application Elements*

The expectation is that submitted documentation shall provide a clear picture of which best practices are being met and how. Any best practices not currently being met may be discussed in the waiver document. The application for accreditation shall contain the following (elements/descriptions):

- (1) Accreditation cover sheet
- (2) Policy and Procedures Manual
- (3) Program description, if not included in policies and procedures
- (4) Goals & Objectives, if not included in policies and procedures
- (5) Drug testing policy, if not included in policies and procedures
- (6) A budget for the program that includes (a) “in kind” sources such as FTE (DA/PD support), etc., and (b) funding sources (if grants or temporary, date when grant/funding expires as well as sustainability plan for after grant ends)
- (7) Past budget details, if available
- (8) Most recent evaluation (internal or third-party), if available
- (9) Other program statistics, reports, and data review, if available
- (10) Example Treatment Plan
- (11) Example staffing report
- (12) Example Case Supervision Plan (e.g. Probation, Dept. of Human Services)
- (13) Contractor List/Contact Info
- (14) List of team members & contact information
- (15) Memorandum(a) of Understanding Between Agencies/Team Member Roles & Responsibilities, if available
- (16) Participant Handbook
- (17) Any related other materials the program wishes to share with the committee

### *D. Peer Review*

The Peer Review process shall remain a separate and confidential method for programs to seek to evaluate and improve their programs and processes. If a program that has completed a peer review wishes to obtain an expedited priority for its accreditation application, it can do so by voluntarily submitting a copy of its final peer review report along with its application materials.

### *E. Treatment Provider Information/Certification*

When possible, in support of the application for accreditation, programs should obtain and include supplemental information regarding the scope of services provided by their licensed treatment provider(s). Appropriate supplements relative to treatment providers may include, but are not limited to: marketing and advertising materials; documentation of certification from Office of Behavioral Health or certification, licensure or accreditation certifying agency; individual credentials or CV of counselors providing substance abuse treatment services; a copy of each referral agreement used; description of all evidence-based treatment(s) used, verification

of current staff training in those evidence based practices (EBP) where applicable, implementation plans for EBPs, and copies of any client handbook or manual in use at the time the application is made and any other relevant information.

#### *F. Notice of Change*

Any accredited program is to provide written notice to the Accreditation Coordinator of any change in team members, substantive program direction (for example a change in target population, program name, type of program, location) not later than forty-nine days after the change takes effect. Notification of changes can be done informally and directed to the Accreditation Coordinator. At any point during the certification period, an interim review for accreditation may be held should the Advisory Committee be advised of a triggering event such as:

- (1) Change in team membership
- (2) New presiding judge
- (3) Treatment licensing
- (4) Significant policy or practice changes (e.g. change in target population) that may substantially affect program fidelity and/or the wellbeing of the participants; or,
- (5) Unethical or illegal policies, behaviors or practices by one or more team member(s) which have or may lead to harm of one or more participant(s)

#### *G. Certification of Application*

In submission of the application for accreditation, the problem-solving court is required to complete the Certification of Review signed by the supervising/presiding judge of the program, the Chief Judge, Court Executive, and the Chief Probation Officer.

#### *H. Request for Waiver of a Fundamental Practice Standard*

The Advisory Committee shall have discretionary authority to waive compliance with an accreditation component and/or adopted fundamental practice standard as necessitated by the local conditions of the program. The Committee shall, in exercising this authority, ensure that the program as a whole continues to adhere to the fundamental tenets of evidence-based practices and the *NADCP 10 Key Components* or other standards relevant to the respective court type.

A program applying for accreditation wishing to have a fundamental practice waived, as defined in the Colorado Minimum Standards Guidance for the respective program type, shall submit a Request for Waiver of Fundamental Practice for the Advisory Committee to consider during its review (see section IX(a) below).

A Request for Waiver should indicate that all possible options have been exhausted by the team and that in the foreseeable future no new source of service/funding will be able to meet the fundamental practice standard. The Request for Waiver should also explain how the program is able to honor the intent of the Colorado Best Practice Manual and minimum standards for the applicable court type as well as the *NADCP 10 Key Components* (or other

governing document at the national level) if the waiver is granted.

### *I. Submission of Application*

Submissions must be submitted electronically and can be directed to the Accreditation Coordinator at [ColoradoProblemSolvingCourts@judicial.state.co.us](mailto:ColoradoProblemSolvingCourts@judicial.state.co.us) in .pdf format.

## [ VII. ] PROCEDURE FOR REVIEW OF PROPOSED COURT

### *A. Definition*

A program that is not yet in existence or has not yet been operating for one year may apply for accreditation as a Proposed Court. Technical assistance and support will be provided by the Advisory Committee to all programs in this stage to prepare them for the pathway to accreditation. The Advisory Committee may assign a mentor court, or a new program may request one, but it is not guaranteed that a mentor will be able to be assigned. Mentor courts will be matched based upon the ability and availability of a mentor court to provide technical assistance and guidance under the facilitation of the Accreditation Coordinator.

### *B. Request Process*

In order to apply for accreditation as a Proposed Court, a prospective program is to notify the Accreditation Coordinator in writing of their intent to be considered for accreditation. The Accreditation Coordinator will provide a copy of Application for Accreditation-Proposed Court form.

Along with completing the application, the program should obtain at minimum the following:

- (1) Written affirmation of support (or preliminary support that may be conditional on the outcome of the evaluation) from Chief Judge, Court Executive, Chief Probation Officer for program planning and development
- (2) A draft policies and procedures manual that adheres to Colorado best practices and minimum standards
- (3) A draft participant handbook
- (4) List of planning team members and contact information
- (5) Preliminary funding plan
- (6) Preliminary staffing/resourcing plan
- (7) Evaluation of community need for the proposed court
- (8) Other supporting documentation

### *C. Review*

Upon completion of the application form, the prospective program's request and materials will be reviewed by the Advisory Committee, or its designee, to determine suitability of a program. The Advisory Committee, or its designee, will consider in its review: documented needs the program is designed to address, scope of services to be provided by the program; the capability of the program to provide these services as evidenced by supporting program material;

adequacy of resources likely available to support the program; whether the services of the program will be delivered through methods likely beneficial to participants in the program; whether the court program will be operated in compliance with best practices, accreditation requirements and applicable federal and state laws. The Advisory Committee, or its designee, may conduct an informal site visit of the program as a condition of approval and also may offer written recommendations or suggestions as are necessary and appropriate.

#### *D. Issuance of Preliminary Report and Recommendation*

After all requirements for preliminary accreditation have been met by the applicant, the Advisory Committee, or its designee, will issue a written preliminary report and recommendation. If the report contains a positive recommendation, the applicant will be considered in Accreditation Pending status. This status may continue for a period of time not to exceed 18 months to allow for re- evaluation once 12 months of actual operations can be considered. This period may be extended or reduced by the Advisory Committee, or its designee, for good cause shown.

If the preliminary report and recommendation contains a recommendation against approval, a program shall not be in Accreditation Pending status.

#### *E. Planning Stage Review and Recommendations*

A Proposed Court may submit a planning stage review application to the Accreditation Coordinator for review and comment. Such a planning stage review submission would be conducted to assist the local district in evaluating whether to pursue creation of a new court program. Such a planning stage review submission need not include full accreditation application materials but must include the core plan for the contemplated program, an analysis of the community need for the program, and a description of the planned resourcing and staffing for the program.

The Accreditation Coordinator will review the planning stage submission and provide the applicant with an analysis of the proposal with commentary and recommendations. The Coordinator's report shall not be binding on the Advisory Committee in reviewing any future applications for the same program. The planning stage review is intended solely to help the originating judicial district evaluate whether it wishes to pursue a contemplated program and provide technical assistance and resources to the program.

## **[ VIII. ] PRELIMINARY REVIEW OF APPLICATION FOR ACCREDITATION**

### *A. Advisory Committee Review*

After the application and supporting materials have been confirmed as complete, the Accreditation Coordinator shall forward the packet to the Advisory Committee for review. In forwarding the application, the Coordinator shall provide a summary of the application and indication of whether a site visit is needed or recommended based upon the requirements of the accreditation process.

Upon forwarding the application, the Coordinator shall provide notice to the applicant that the application is under review by the Committee and the anticipated time line for completing the review.

A complete application shall initially be assigned to three committee members to serve as a preliminary Review Group for detailed analysis. One of the three shall be designated to preside over the analysis. The Review Group shall consult with the problem-solving court professionals at SCAO and other experts within or available to the Advisory Committee as the Review Group deems appropriate.

Throughout the analysis, the Review Group shall communicate with the applicant to address questions or concerns as they arise. The purpose of the communications shall be to promote explanations, clarifications, corrections and supplemental submissions to resolve, if possible, questions and concerns prior to the submission of the application to the full Advisory Committee. The applicant shall designate a contact person responsible to engage in these communications. The communications shall be made through the Applicant Coordinator at SCAO or the coordinator's designee.

The applicant shall respond promptly to inquiries or requests from the Review Group. The Review Group shall endeavor to prepare its analysis for submission to the entire Advisory Committee at the Committee's application review meeting next scheduled not less than three months after the submission of the application to the Review Group. The Review Group shall submit to the Advisory Committee an executive summary of its analysis 14 days prior to the Advisory Committee meeting at which the application will be considered and shall present its analysis at the Advisory Committee's application review meeting.

#### *B. Incomplete Application Notice*

If it is determined that an application for accreditation is incomplete at any stage in the application process, the Accreditation Coordinator shall provide the applicant program notice by electronic mail identifying the deficiency and state a deadline to supplement the application. **The Committee reserves the right to reject any incomplete application submissions, in which case the program would have to re-apply.**

Until an application is confirmed as complete, the applicant may withdraw the application for any reason it deems appropriate. When the application is forwarded to the Review Group as discussed above, the Advisory Committee will act upon the application unless it finds good cause to allow withdrawal.

## **[ IX. ] ACCREDITATION REVIEW PROTOCOL**

### *A. Standard of Review*

The Advisory Committee review of the request for accreditation shall focus primarily on the ability of the program to articulate and demonstrate its fidelity to the Colorado Best Practice Manual and Minimum Standards. In formulating its recommendation to the Chief Justice, the

Committee may review and consider:

- (1) The materials submitted by the applicant
- (2) Observations during a site visit to the applicant program, unless waived
- (3) Interviews with team members, and
- (4) Programmatic data available via PSC3D and/or ICON/ECLIPSE or JPOD
- (5) Stakeholder comments

The expectation for accreditation is that a program will adhere to all fundamental practices. It is also expected that a program meets the best practices standards to the best of its ability; however, a waiver of a best practice standard does not need to be submitted for review. Any deviation from a fundamental practice must be accompanied by a waiver. Any practice or component that the Committee has agreed to waive should not positively or negatively impact the overall accreditation recommendation.

#### *B. Scope of Review*

In addition to its evaluation of program fidelity to the applicable Colorado best practices and minimum standards, the Advisory Committee will consider: team and committee(s) membership; mission statement; goals and objectives (strategic plan); structure of model for type of adjudication process; target population; eligibility criteria; disqualification criteria; entry process; phases and phase criteria; termination criteria; graduation criteria; incentives and sanctions model; treatment protocol; supervision procedure/case management model; drug testing policy; data collection plan; ethics and confidentiality; sustainability.

#### *C. Comment Regarding Participant Materials*

The Advisory Committee shall consider the clarity of the participant materials in explaining the program. The Committee shall consider whether the participant materials explain the following:

- (1) Overview of Program
- (2) Phase Requirements
- (3) Drug Testing Requirement
- (4) Rules and Regulations
- (5) Important Points of Contact
- (6) Other Contact Info

The Committee will also evaluate the readability of materials distributed to participants and consider these materials while developing its final recommendation.

#### *D. Completion of Substantive Review by the Committee*

The Accreditation Coordinator will notify the program whether the Advisory Committee:

- (1) Wishes to initiate a site visit
- (2) Requests an update or supplemental materials

- (3) Believes technical assistance is needed prior to proceeding
- (4) Declines to further consider the program for accreditation,
- (5) Will be issuing a written final report and recommendation within twenty-eight days

Such notification will occur in writing and within seven days of review completion.

If the Committee waives the site visit, the Committee shall proceed to prepare its final report and recommendation regarding a program's accreditation to the Chief Justice.

## [ X. ] ACCREDITATION SITE REVIEW PROCESS

### A. *Scope of Site Visit*

Following completion of the review of the accreditation application materials, if the Advisory Committee decides to pursue a site visit to the program, it will notify the Accreditation Coordinator. The Accreditation Coordinator will then contact the program to notify them of the Committee's intent to proceed to the site visit phase. The site visit will be no more than a two-day process and may be abbreviated at the discretion of the Committee. The intention of the site visit is to observe the process without undue burden on the team and program. This accreditation site visit is an entirely separate process than Peer Review. The peer review information will not be shared with the Committee unless the program chooses to disclose the materials with their application.

During the visit, through staff interviews and observance of staffing and court dockets, the Committee will assess adherence to the Colorado best practices and minimum standards.

### B. *Accreditation Review Team*

The Chair of the Advisory Committee shall assign to every accreditation request requiring a site visit an accreditation review team that will be responsible for conducting the site visit as well as reporting recommendations to the Advisory Committee. While all Committee members are part of the review and recommendation process, having a designated team will ensure programs will more expeditiously complete the process and the workload is more distributed. The Accreditation Review Team shall be composed of at least two Committee members or designees and one SCAO staff.

### C. *Unsatisfactory Review*

The Advisory Committee will consider the totality of an applicant program's compliance with best practices and minimum standards. The Committee's report shall identify points of non-compliance with the best practice standards. However, non-compliance designations do not require a recommendation against accreditation nor will compliance designations guarantee an accreditation recommendation. The accreditation recommendation shall be based on the stated standard of review. The Committee shall articulate its analysis of any non-compliance designation in its final report and recommendation.

## [ XI. ] ACCREDITATION DETERMINATIONS

### A. *Final Report*

The Final Report and Recommendation is to be issued within twenty-eight days of the completion of the review by the Advisory Committee. A copy of the Final Report will be given to the program point of contact, Chief Judge, CPO, Court Executive, and presiding program judge.

### B. *Advisory Committee Review*

A majority vote in favor of an application shall be required for the Advisory Committee to decide to recommend a program for accreditation.

### C. *Grounds for Recommendation Against Accreditation or Reaccreditation*

Should the Advisory Committee recommend against accreditation, the Accreditation Coordinator will convey to the supervising judge of the program the following information:

- (1) Notice of the recommendation against accreditation
- (2) Brief statement containing reason for the recommendation against accreditation
- (3) Statement that the recommendation against accreditation will become final unless written objections are submitted
- (4) Written objections must be submitted within 28 days of the Final Report and Recommendation and be signed by the supervising judge. The Advisory Committee shall consider such objections at or before the next accreditation review meeting. The Committee may act on the objections as it deems appropriate in a manner consistent with the procedures and principles of accreditation set forth for this program, including taking one or more of the actions set forth in section IX(D) above. Until such time as the Committee provides written notice of its final decision following consideration of the objections and the Chief Justice takes action on the Committee's recommendation, the applicant's status shall remain Application Pending.

Applications may be denied for one or more of the following reasons:

- (1) Conduct or practices found by the Advisory Committee to be harmful to the health and safety of any participant in the program
- (2) Deviation from the plan of operation initially certified which adversely affects the character, quality, or scope of services being provided to clients
- (3) Failure of the applicant program to cooperate with the Advisory Committee in its review process or investigation
- (4) Failure of the applicant program to provide accurate or reliable information (including omission of information) on the application and its supporting materials, and/or
- (5) Failure to demonstrate the implementation of best practices and minimum standards to a degree that program fidelity is severely compromised.

## [ XII. ] MAINTENANCE OF ACCREDITATION & RENEWAL

### A. *Continuation of Accreditation*

An accredited program or program pending accreditation may be subject to administrative review to ensure compliance with the applicable Colorado best practices and minimum standards. Such administrative review will be at the discretion of the Advisory Committee.

Any program that wishes to terminate its program should provide to the Accreditation Coordinator a written notice of its intent prior to the termination of the program.

### B. *Renewal of Accreditation*

After a period of five years from initial accreditation and three years from a reaccreditation, all accredited programs need to submit a Request for Renewal of Accreditation no later than six months prior to the current accreditation expiration. During the period of review for the renewal request, programs will remain under the “accredited” status. Programs whose prior accreditation has expired that have not timely submitted a request for renewal may be involuntarily designated as unaccredited, absent good cause.

A program that has been previously accredited may be considered for accreditation renewal on a less intensive scope of review. Programs that have lost accreditation and are seeking reaccreditation will be subject to a full accreditation review.

### C. *Expedited Accreditation Renewal Process*

An accredited program is to follow the following procedures to initiate an accreditation renewal review by the Advisory Committee. Not less than six months prior to the actual expiration date of the accreditation certificate, a program or its designee, with the joint approval of its Chief Judge, Court Executive, and Chief Probation Officer must submit to the Accreditation Coordinator the following:

- (1) Request for Accreditation Renewal
- (2) Statement of Compliance with current Colorado fundamental and best practice standards
- (3) Statement of Compliance with Accreditation Program
- (4) Update on any waivers previously obtained and their applicability to current local conditions
- (5) Current team members and contact information
- (6) Qualifications of current treatment provider
- (7) Other issues determined relevant for review as identified by the applicant or the Advisory Committee (e.g. follow-up questions specific to past review or knowledge of program or changes in evidence-based practices)
- (8) Updated policies and procedures manual
- (9) Other supporting documents relevant to accreditation renewal.

#### *D. Determination of Accreditation Renewal Request*

Upon receipt of a complete request for accreditation renewal, the Advisory Committee shall schedule a review of the request at its earliest convenience. If no site visit from the Advisory Committee to the program regarding accreditation has been conducted within 6 years of the renewal request or other grounds exist, the Committee may require a site visit.

If the Committee believes accreditation renewal is appropriate, the Committee is authorized to issue the renewal recommendation to the Chief Justice. If the Committee believes additional information is needed, such as further information related to prior waivers, it may seek that information from the applicant at its discretion. If the Committee concludes accreditation renewal is not appropriate, the Committee shall thereafter follow the procedure for accreditation revocation.

The Advisory Committee may provide an executive summary of the accreditation renewal review to the supervising judge of the program and Court Executive, CPO, and Chief Judge. Additionally, at the request of the Committee, the Accreditation Coordinator may schedule a phone call with the program to address questions that may arise during the review. Accreditation renewal is valid for three years from the date of the expiration of the prior accreditation.

#### *E. Grounds for Revocation of Accreditation*

The Advisory Committee may recommend to the Chief Justice revocation of any issued accreditation. Should a program be subject to an accreditation revocation action, the Accreditation Coordinator will issue written notice to the presiding judge, chief probation officer, chief judge and court executive stating the reasons the program is being considered for a revocation of accreditation and direct the program to show cause as to why the accreditation should not be revoked. The program subject to revocation must provide to the Advisory Committee within fourteen days, or such longer time as the Committee may authorize for good cause, any justification or documentation in support of their position to remain accredited. Programs subject to revocation proceedings will be deemed in Accreditation Pending status until the conclusion of Advisory Committee review.

Accreditation may be revoked for one or more of the following reasons:

- (1) Substantial changes in target population
- (2) Substantial changes in team members impacting fidelity of the program
- (3) Change in support of district leadership
- (4) Significant policy or practice changes that may substantially affect program fidelity and/or the wellbeing of the participants.
- (5) Unethical or illegal policies, behaviors or practices by one or more team member(s) which have or may lead to harm of one or more participant(s)