



Implementing the Adult Treatment Court Best Practice Standards, 2nd Edition Part 1

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Implementing the Adult Treatment Court Best Practice Standards, 2nd Edition

MISSISSIPPI STATE DRUG COURT CONFERENCE

Presenter:

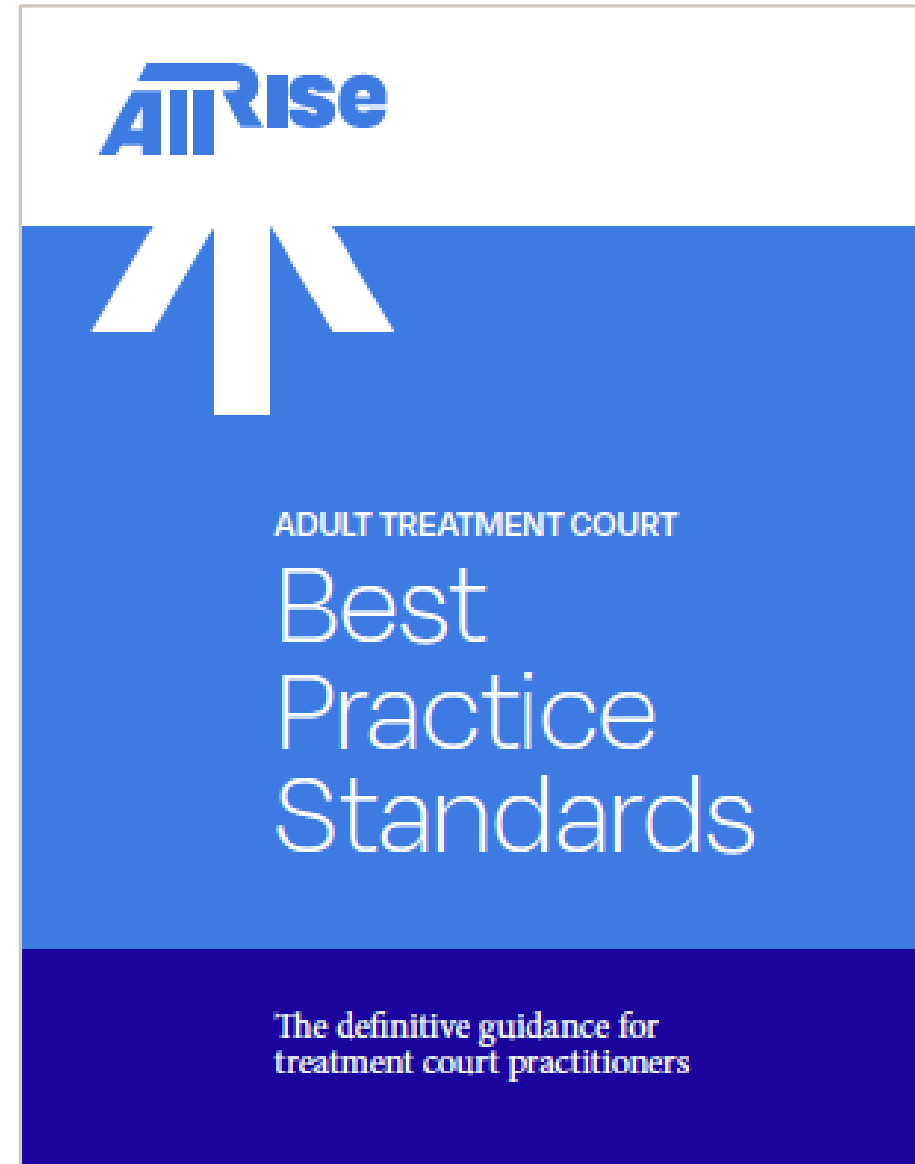
Mike Loeffler

Chief Prosecutor- 1st Assistant District Attorney (retired)

Creek & Okfuskee Counties, State of Oklahoma

The Standards, 2nd Edition

allrise.org/publications/standards/



The Standards

- I. Target Population
- II. Equity and Inclusion
- III. Roles & Responsibilities of the Judge
- IV. Incentives, Sanctions, and Service Adjustments **(new title)**
- V. Substance Use, Mental Health, and Trauma Treatment and Recovery Management **(new title)**

The Standards

- VI. Complementary Services and Recovery Capital **(new title)**
- VII. Drug and Alcohol Testing
- VIII. Multidisciplinary Team
- IX. Coordinated Case Management and Participant Monitoring **(new title)**
- X. Program Monitoring, Evaluation, and Improvement **(new title)**



Implementing the Adult Treatment Court Best Practice Standards, 2nd Edition Part 2

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Standard V: Substance Use, Mental Health, and Trauma Treatment and Recovery Management



V. Treatment & Recovery Management



B. Collaborative Person-Centered Treatment Planning

- Participants collaborate with treatment provider to set treatment goals
- Team members serve complementary roles in 1) supporting participants' treatment preferences and 2) ensuring behavioral change to protect public safety



V. Treatment & Recovery Management



G. Recovery Management Services

- Recovery management services are *core components* of the program
- Examples include:
 - Benefits navigators
 - Peer mentors/recovery specialists
 - Mutual peer support groups
 - Abstinence-supportive housing, education, employment services

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RECOVERY

V. Treatment & Recovery Management

H. Medication for Addiction Treatment

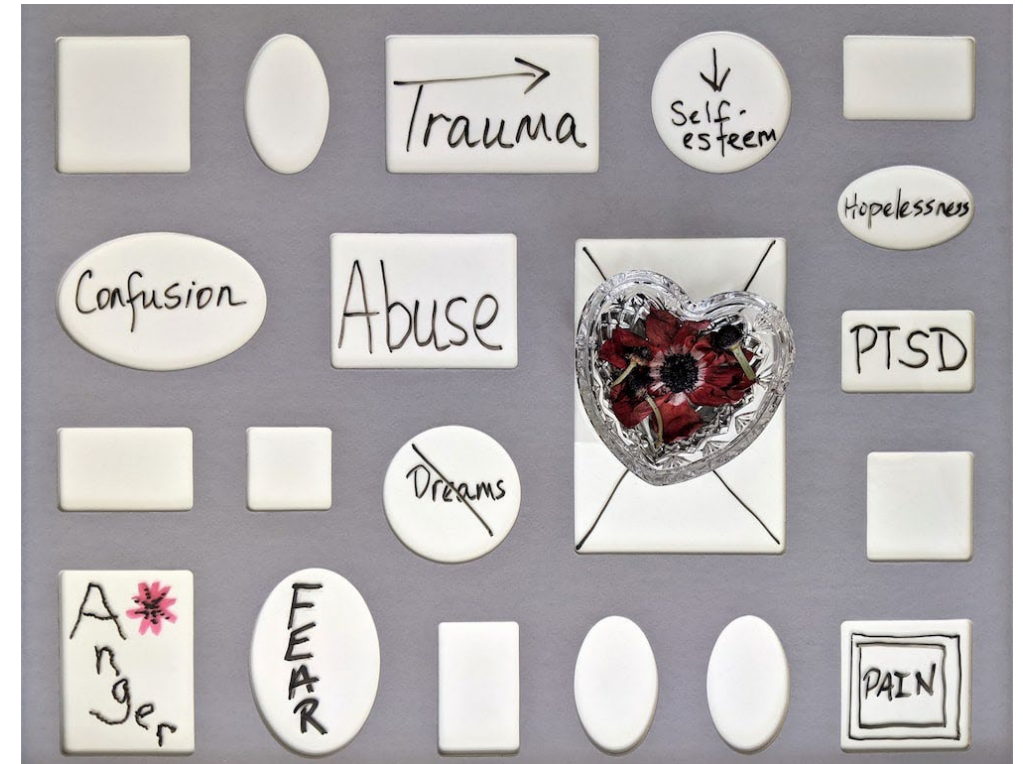
- Screening upon arrest for overdose risk and other indications for MAT
- Referral to a qualified medical practitioner for evaluation
- Rely exclusively on medical practitioners when making MAT decisions (whether to use, choice of medication, dose/duration)



V. Treatment & Recovery Management

I. Co-Occurring Substance Use and Mental Health Disorders

- Screening for mental health and trauma symptoms upon arrest
- Referred for an in-depth assessment
- Team members receive annual training on trauma-informed practices in all facets of the program



V. Treatment & Recovery Management



J. Custody to Provide/While Awaiting Treatment

- Participants are jailed to achieve treatment objectives
- Before using jail, judge must find it necessary to protect the individual from *imminent harm*
- Fear that a person might overdose is not sufficient grounds for jail detention



V. Treatment & Recovery Management



If not jail, what?

- Start MAT if medically indicated
- Report daily to treatment, court, or probation
- Develop specialized group for persons at acute risk for overdose
- Have a responsible family member stay with participant and alert staff to problems
- Daily peer support groups
- Peer specialist accompany participant to treatment, etc.
- Frequent home visits
- Monitored home detention or curfew
- Have participant stay at a temporary peer respite

Standard VI: Complementary Services and Recovery Capital



VI. Complementary Services and Recovery Capital



A. Health Risk Prevention

- Participants receive training and resources on harm reduction measures that are proven to reduce the risk of drug overdose, communicable diseases, and other serious health threats.



VI. Complementary Services and Recovery Capital



B. Housing Assistance

- Participants receive housing assistance for as long as necessary to keep them safe and enable a focus on their recovery.
- Until early remission, participants are referred to housing that follows a “housing first” philosophy and does not discharge residents for substance use.



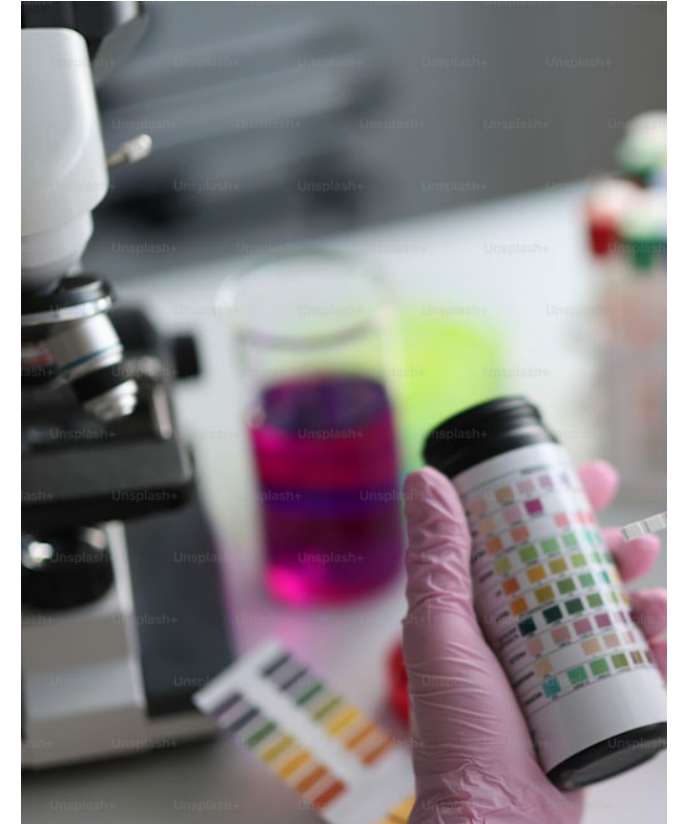
Standard VII: Drug and Alcohol Testing



VII. Drug and Alcohol Testing

A. Frequent Testing

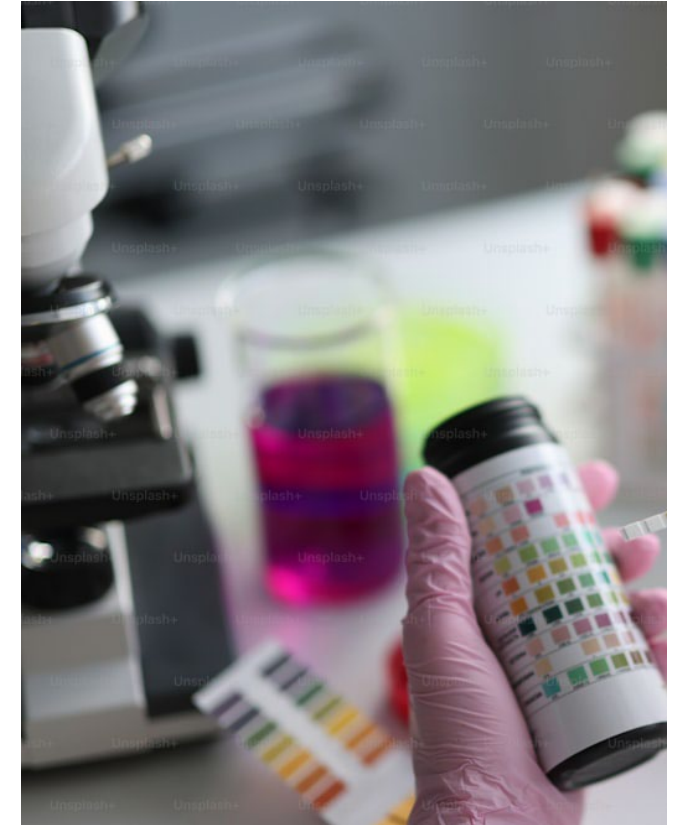
- At least twice per week
- Breathalyzer tests or oral fluid tests are used when recent substance use is expected or more likely



VII. Drug and Alcohol Testing

B. Random Testing

- Probability of being tested is the same every day
- Participants are required to deliver a test sample as soon as practicable after notification
 - Max. 8 hours for urine tests
 - Max. 4 hours for short detection tests



Standard VIII: Multidisciplinary Team



VIII. Multidisciplinary Team



A. Steering Committee

- Includes the leadership of all partner agencies
- Develops/approves the program's mission, objectives, MOUs
- Commits to following best practices
- Assigns sustainable personnel and resources to the program
- Secures political and community support
- Meets quarterly during program's early years and semiannually thereafter



VIII. Multidisciplinary Team

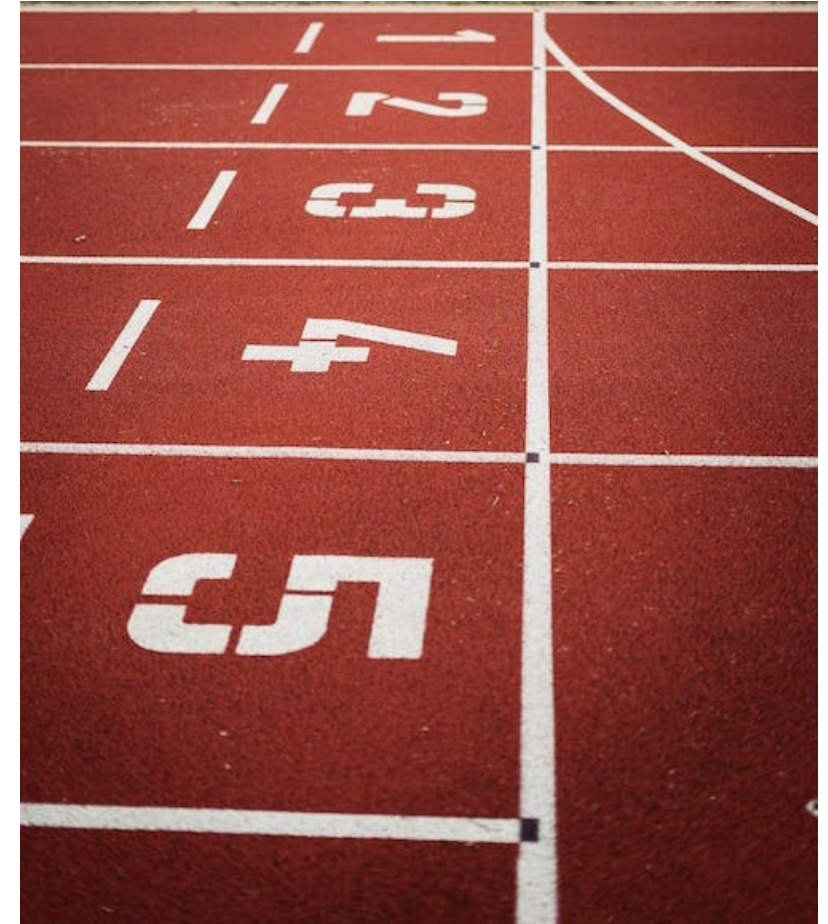
B. Treatment Court Team

- Team include dedicated and trained members, including:
 - Judge
 - Program coordinator
 - Defense attorney
 - Prosecutor
 - Treatment professional(s)
 - Community supervision officer
 - Law enforcement officer
 - Program evaluator

VIII. Multidisciplinary Team



Team members must always
STAY IN THEIR LANES



Standard IX: Coordinated Case Management and Participant Monitoring



IX. Coordinated Case Management and Participant Monitoring

- Standard 9 is currently being written.
- Expected release late 2024.



IX. Coordinated Case Management and Participant Monitoring



- Will address the role of case management and community supervision in supporting participant success.

Case Management +
Community Supervision

IX. Coordinated Case Management and Participant Monitoring



- Will explain how use risk-need-responsivity principles and core correctional practices

Risk-Need-Responsivity +
Core Correctional Practices

Standard X: Monitoring and Evaluation



X. Monitoring and Evaluation



A. Monitoring Best Practices

- Court continually monitors its adherence to best practices
- Reviews findings at least annually
- Implements modifications to improve practices and equity



X. Monitoring and Evaluation



Monitoring and evaluation is important to avoid *downward drift*

X. Monitoring and Evaluation



Monitoring, evaluation, and improvement process:

1. Define key performance indicators
2. Set performance benchmarks
3. Ensure accurate data collection and analyses
4. Examine achievement of performance benchmarks
5. Examine sociocultural equity
6. Implement and examine solutions
7. Set new benchmarks



**Thank
You** 

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