All Rise Justice for Vets

# Adult Treatment Court Best Practice Standards

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# Disclosure

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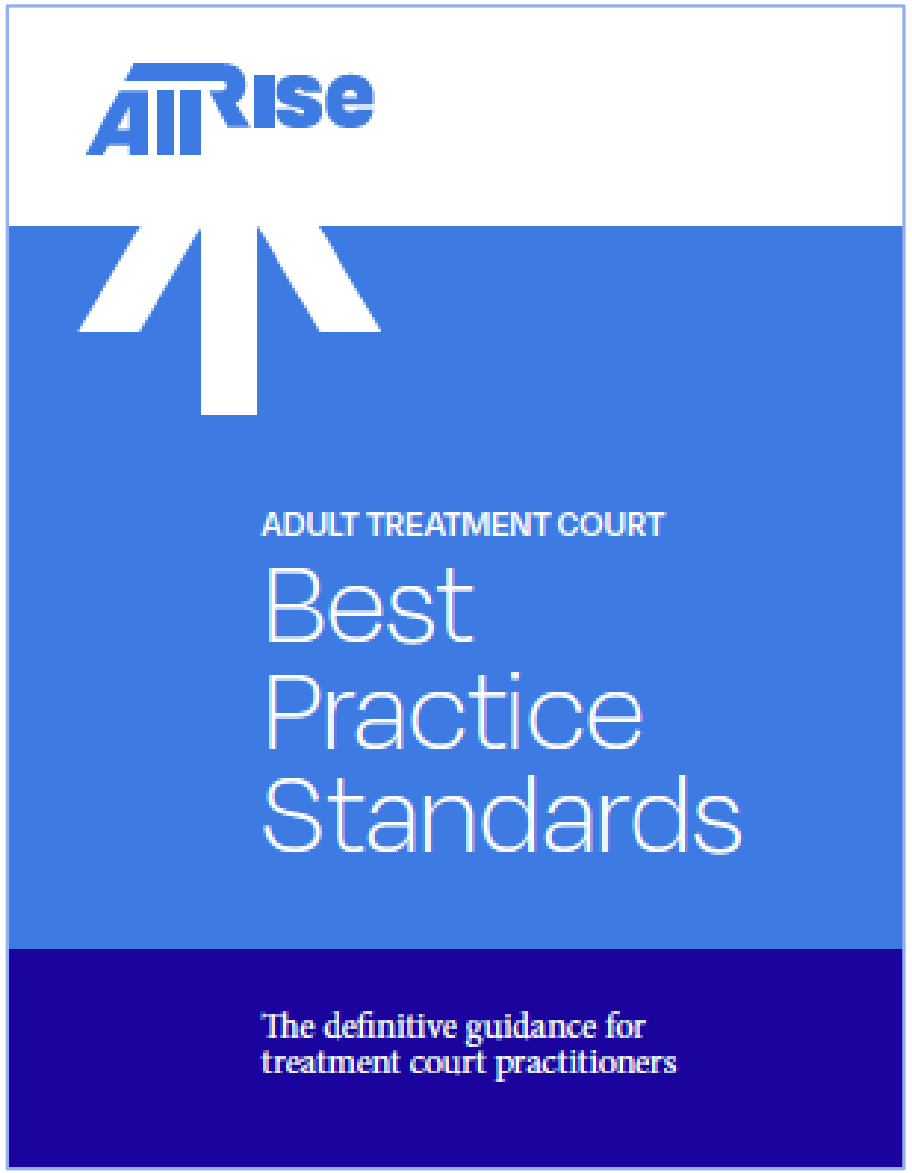
Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

# The Standards

allrise.org/publications/standards/



# The Standards

- Target Population
- Roles & Responsibilities of the Judge
- Multidisciplinary Team
- Substance Use, Mental Health, and Trauma Treatment and Recovery Management
- Complementary Services and Recovery Capital

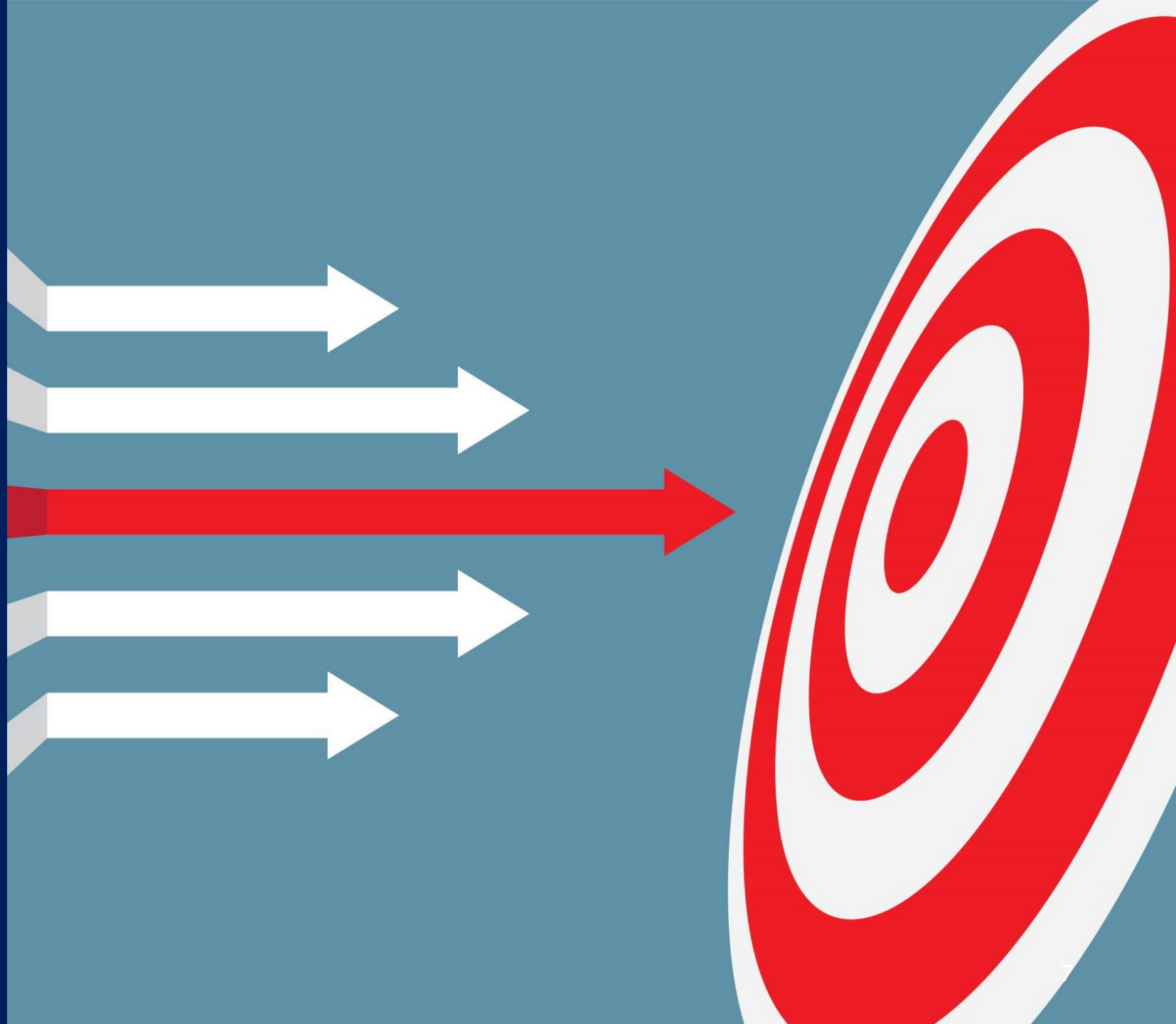
# The Standards

- Community Supervision
- Incentives, Sanctions, and Service Adjustments
- Drug and Alcohol Testing
- Program Monitoring, Evaluation, and Improvement

# Why Standards?

- To achieve best possible results
- To avoid causing harm
- To promote consistency

# Target Population



# Target Population

Eligibility and exclusion criteria for treatment court are predicated on empirical evidence indicating which individuals can be served safely and effectively. Candidates are evaluated expeditiously for admission using valid assessment tools and procedures.

# Target Population

A. Objective Eligibility and Exclusion Criteria
B. Proactive Outreach
C. High-Risk and High-Need Participants
D. Valid Eligibility Assessments
E. Criminal History Considerations
F. Treatment and Resource Considerations

# Target Population

## High-Risk and High-Need Participants

- HR/HN + prison bound
- High risk = likely to commit a new crime
- High need = moderate to severe SUD
  - Inability to reduce or control substance use
  - Persistent cravings
  - Withdrawal symptoms
  - Recurrent binges

# Target Population

## High-Risk and High-Need Participants

- If you must serve other populations (LR or LN), create separate tracks and adjust services and supervision accordingly

**Do Not Mix High Risk and Low Risk Participants!!**

# Target Population

## Valid Eligibility Assessments

- Candidates for treatment court are assessed for their eligibility using **both** a validated risk-assessment tool and a clinical assessment tool

*Risk assessment tools*: Predict a person's likelihood of committing a new crime

*Clinical assessment tools*: Evaluate the formal diagnostic criteria for a moderate to severe substance use disorder

# Target Population

## Valid Eligibility Assessments

*Risk assessment tools*:

- Level of Service/Case Management Inventory (LS/CMI)
- Level of Service Inventory-Revised (LSI-R)
- Ohio Risk Assessment System (ORAS)

*Clinical assessment tools*:

- Global Appraisal of Individual Needs (GAIN)
- Texas Christian University Drug Screen 5
- Structured Clinical Interview for the DSM-5 (SCID-5)
- Psychiatric Research Interview for Substance and Mental Disorders (PRISM)

# Target Population

## Objective Eligibility and Exclusion Criteria

- **No subjective criteria or personal impressions (suitability)**
  - Motivation for change
  - Complex needs
  - Attitude
  - Optimism about recovery

# Target Population

## Criminal History Considerations

- Drug sales are **not categorically excluded**
- Violent crimes are **not categorically excluded**

# Target Population

## Proactive Outreach

- Rapid enrollment
- Educate stakeholders
- Post information in strategic locations
- Ideal scenario: universal screening

# Roles and Responsibilities of the Judge

# Role of the Judge

The treatment court judge stays abreast of current law and research on best practices in treatment courts and carefully considers the professional observations and recommendations of other team members when developing and implementing program policies and procedures. The judge develops a collaborative working alliance with participants to support their recovery while holding them accountable for abiding by program conditions and attending treatment and other indicated services.

# Role of the Judge

A. Judicial Education
B. Judicial Term
C. Pre-court Staff Meetings
D. Status Hearings
E. Judicial Decision Making

# Role of the Judge

## Judicial Education

- Judge attends training annually
  - Legal standards and ethics
  - Behavior modification
  - Communication with clients
  - SUD treatment
  - Drug and alcohol testing

# Role of the Judge

Judicial Term

- Judge serves **voluntarily**
- Judge presides for **at least two years**
- Judge presides **consistently**
- New treatment court judges receive training before starting

# Role of the Judge

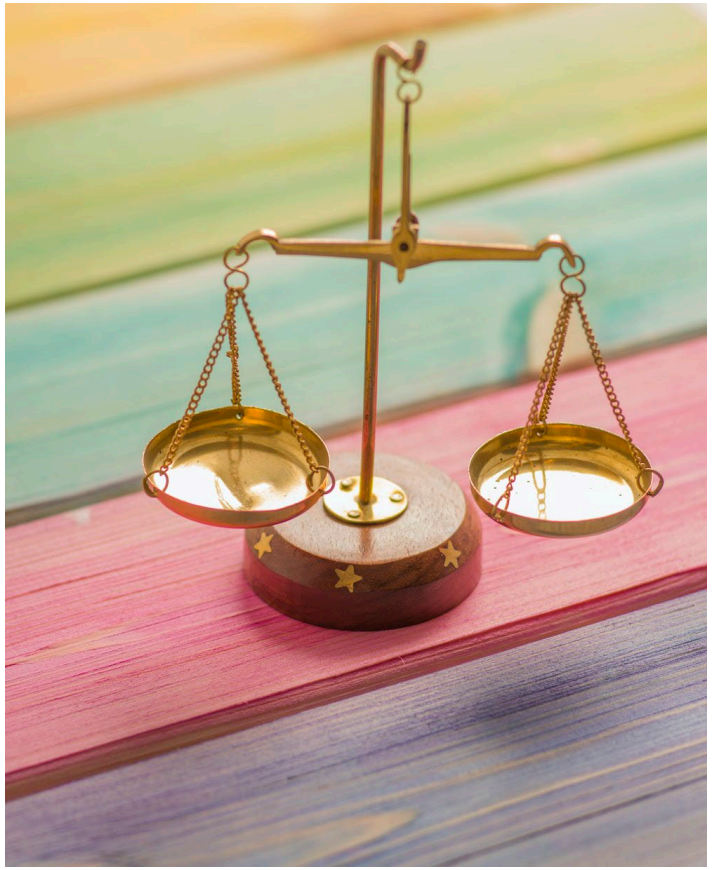
## Status Hearings

- Participants appear in court every 1-2 weeks until clinically stable
- Judge interacts with participants in procedurally fair manner
- Interactions with participants are 3-7 minutes long

# Role of the Judge

## Judicial Decision Making

- Judge must make final decisions after considering team input
- Judge relies on qualified treatment professionals
- Judge does **NOT** order, deny, or alter treatment conditions independent of expert clinical advice



# Multidisciplinary Team

# Multidisciplinary Team

A dedicated multidisciplinary team of professionals brings together diverse expertise and resources to improve outcomes for participants. Team members coordinate to achieve mutual goals, practice within the bounds of their expertise, share appropriate information, and avoid crossing boundaries. Reliable backing from governing leadership and community stakeholders ensures that team members can sustain their commitments to the program and meet participants' and the community's needs.

# Multidisciplinary Team

A. Steering Committee
B. Treatment Court Team
C. Advisory Group
D. Training and Education
E. Sharing Information
F. Team Communication and Decision Making
G. Pre-court Staffing Meeting
H. Court Status Hearings

# Multidisciplinary Team

## 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

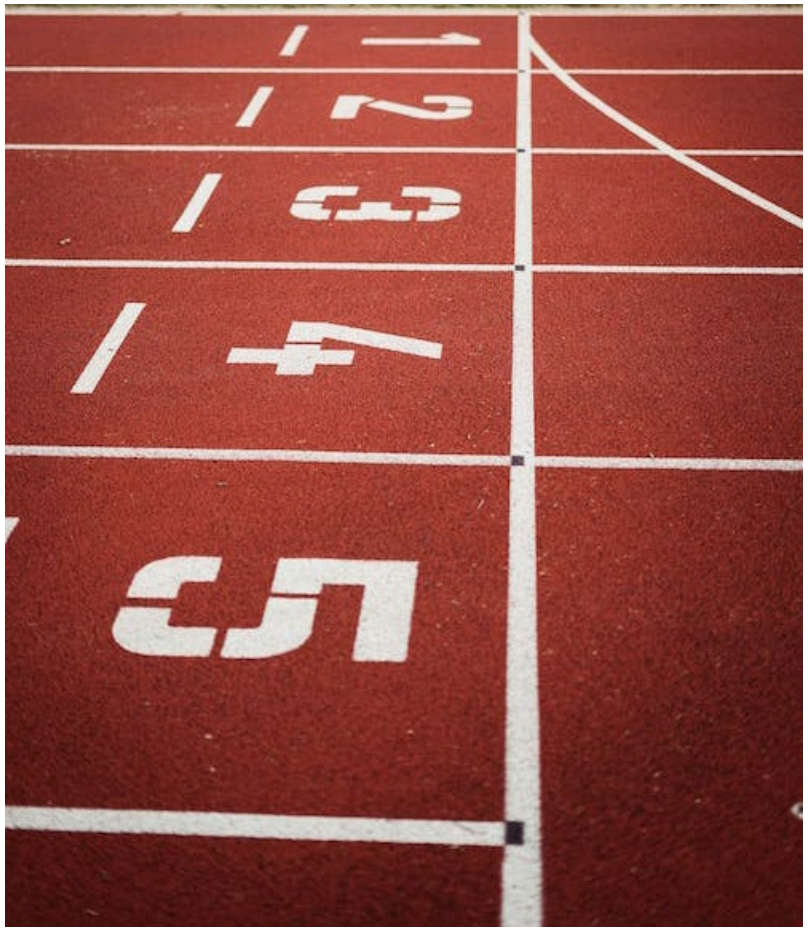
# Multidisciplinary Team

## 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

# Multidisciplinary Team

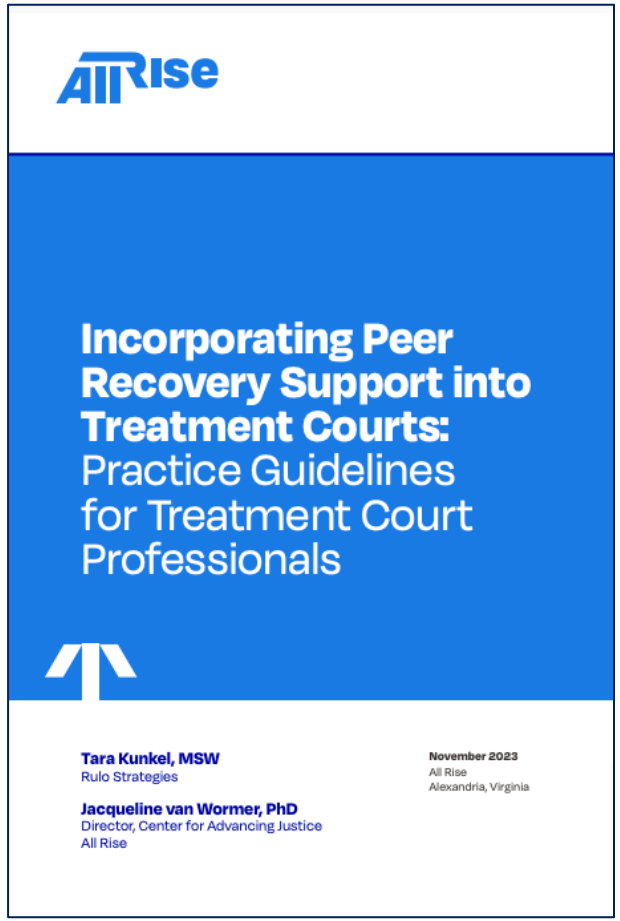
Team members must always
STAY IN THEIR LANES



# Multidisciplinary Team

## A note about peers:

Peer recovery specialists, mentors, etc. serve critical roles in treatment court.



# Multidisciplinary Team

## Advisory Group

- A broad coalition of stakeholders (direct care providers, peer specialists, funders, business leaders, community groups, etc.)
- Provides resources, advice, and support for the program
- Meetings held quarterly; open to all interested parties
  - Educate community members about the program
  - Gauge how the program is being perceived
  - Solicit recommendations for improvement

# Multidisciplinary Team

## Precourt Staff Meetings

- Team members brief the judge on participant progress
- Team members have opportunity to be heard on matters within their role and expertise
- Not open to the public or participants
- No final decisions are reached outside the courtroom

# Multidisciplinary Team

## Court Hearings

- Team members attend court status hearings consistently
- At the judge's request, team members may speak in the court proceedings to provide extra support for participants or provide missing information
- Defense and prosecuting attorneys raise any legal and due process concerns they may have
- Treatment providers inform the judge if they have imminent concerns relating to a participant's welfare or treatment needs.

# Substance Use, Mental Health, and Trauma Treatment and Recovery Management

# Treatment and Recovery Management

Participants receive evidence-based treatment for substance use, mental health, trauma, and co-occurring disorders from qualified treatment professionals that is acceptable to the participants and sufficient to meet their treatment needs. Recovery management interventions that connect participants with recovery support services and peer recovery networks in their community are core components of the treatment court regimen and are delivered when participants are motivated for and prepared to benefit from the interventions.

# Treatment & Recovery Management

A. Treatment Decision Making
B. Collaborative, Person-Centered Treatment Planning
C. Continuum of Care
D. Counseling Modalities
E. Evidence-Based Counseling
F. Treatment Duration and Dosage
G. Recovery Managements Services
H. Medication for Addiction Treatment
I. Co-occurring Substance Use and Mental Health or Trauma Treatment
J. Custody to Provide or While Awaiting Treatment

# Treatment & Recovery Management

## Treatment Decision Making

- Treatment requirement are based on valid clinical assessment and recommendations from qualified treatment professionals
- Treatment professionals are core members of the treatment court team

# Treatment & Recovery Management

## Collaborative Person-Centered Treatment Planning

- Participants collaborate with treatment provider to set treatment goals
- What if there's disagreement?
- Can you mandate specific treatment providers?

# Treatment & Recovery Management

## Evidence-Based Counseling

1. Participants receive behavioral therapy/cognitive behavioral therapy
2. Interventions are documented in treatment manuals
3. Providers are trained to deliver the interventions with fidelity
4. Ongoing monitoring of the treatment providers

# Treatment & Recovery Management

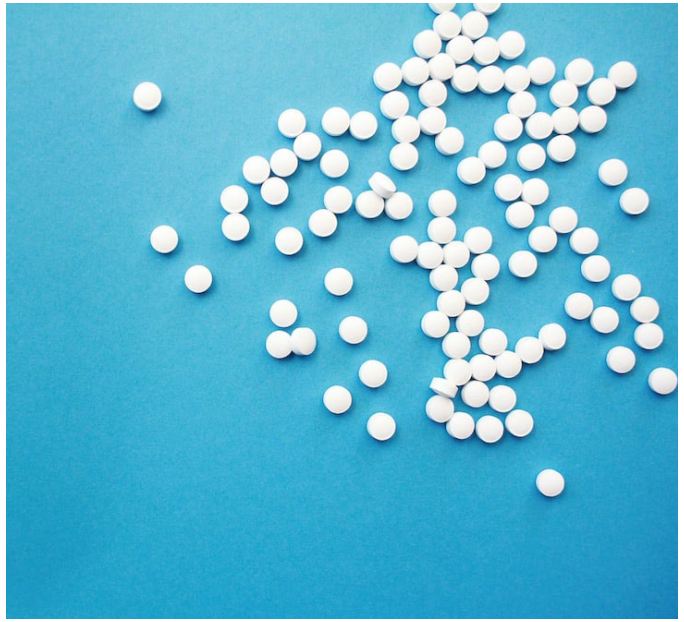
## Recovery Management Services

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

# Treatment & Recovery Management

## Medication for Addiction Treatment

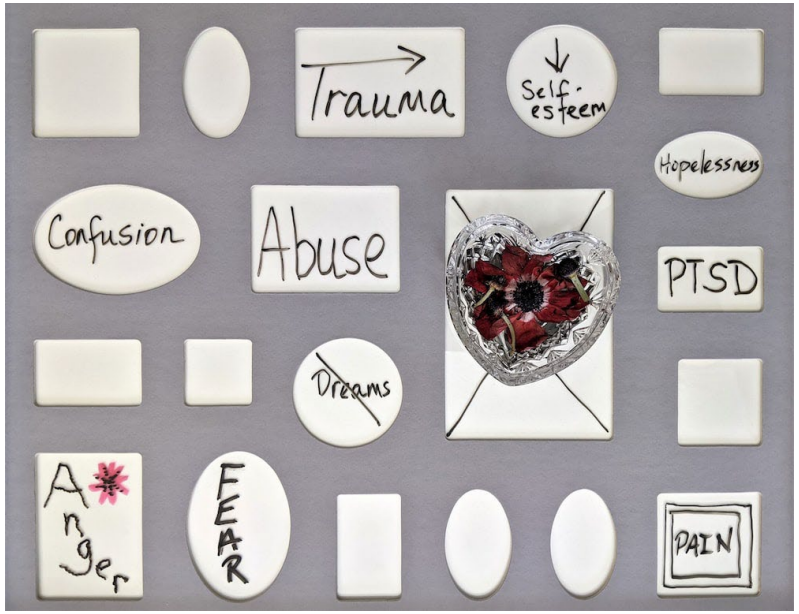
- Screening upon arrest for overdose risk and other indications for MAT
- Referral to a qualified medical practitioner
- Rely exclusively on medical practitioners when making MAT decisions (whether to use, choice of medication, dose/duration)



# Treatment & Recovery Management

## Co-Occurring 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



# Treatment & Recovery Management

Custody for Treatment Purposes

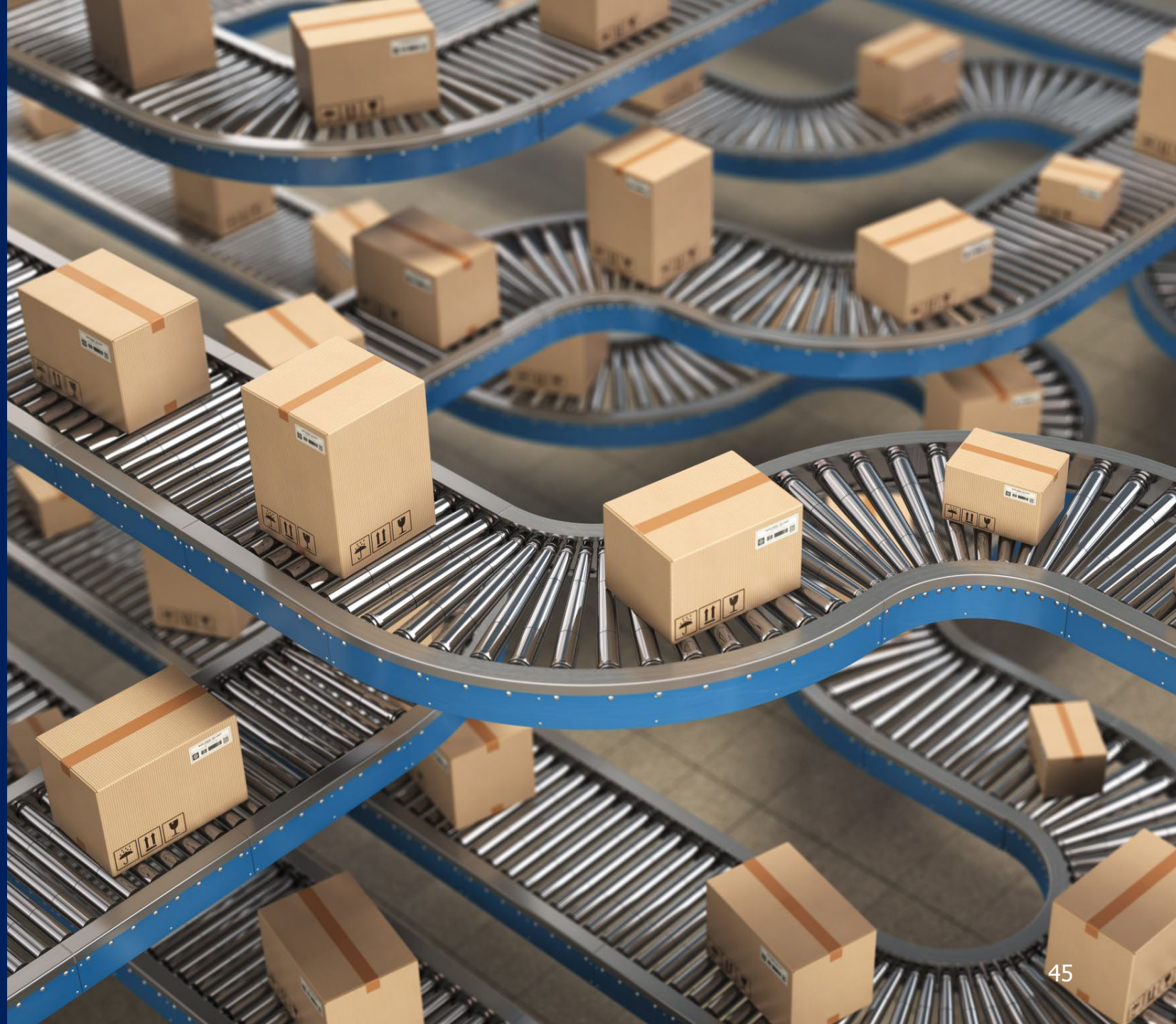
- Participants are NOT jailed to achieve treatment objectives
- Jail only to protect the individual from *imminent harm*
- Fear that a person might overdose is not sufficient grounds for jail detention

# 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

# Complementary Services and Recovery Capital



# Complementary Services and Recovery Capital

Participants receive desired evidence-based services from qualified treatment, public health, social service, or rehabilitation professionals that safeguard their health and welfare, help them to achieve their chosen life goals, sustain indefinite recovery, and enhance their quality of life. Trained evaluators assess participants' skills, resources, and other recovery capital, and work collaboratively with them in deciding what complementary services are needed to help them remain safe and healthy, reach their achievable goals, and optimize their long-term adaptive functioning.

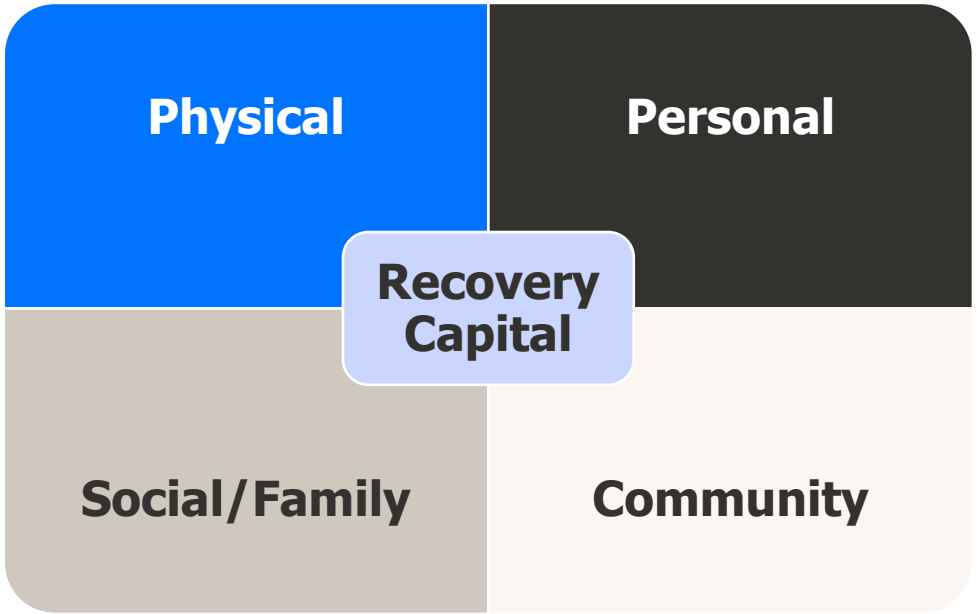
# Complementary Services and Recovery Capital

A. Health Risk Prevention
B. Housing Assistance
C. Family and Significant Other Counseling
D. Vocational, Educational, and Life Skills Counseling
E. Medical and Dental Care
F. Community Activities

# Complementary Services and Recovery Capital

## Recovery Capital

- Most interventions focus on deficits
- Recovery capital refers to ASSETS that participants build to sustain their long-term recovery and pursue long-term goals



# Complementary Services and Recovery Capital

## Recovery Capital Assessments

- Assessment of Recovery Capital (ARC)
- Brief Assessment of Recovery Capital (BARC-10)
- Multidimensional Inventory of Recovery Capital (MIRC)
- Recovery Assessment Scale: Domains and Stages (RAS-DS)
- Recovery Capital Index (RCI)
- Recovery Capital Questionnaire (RCQ)
- Recovery Capital Scale (RCS)

# Complementary Services and Recovery Capital

## Health Risk Prevention

- Participants are connected to *harm reduction* resources that are lawful in the jurisdiction
  - Emergency planning
  - Naloxone

# Complementary Services and Recovery Capital

## Housing Assistance

- Safe housing until early remission
- No discharge for substance use
- Abstinence-based housing later

# Complementary Services and Recovery Capital

- Family counseling
- Vocational, educational, and life skills counseling
- Medical and dental care
- Community activities

# Community Supervision

# Community Supervision

Treatment court staff performing community supervision monitor participants using a balanced approach that addresses participants' needs while ensuring compliance with court orders and protecting public safety. Supervision officers obtain objective, verifiable, and timely information about participant performance, progress toward behavior change, and adherence to supervision conditions and program requirements…

# Community Supervision

… Supervision officers identify participants' needs, potential safety risks in the participants' natural social environment, and early signs of impending symptom recurrence in order to respond quickly before they cause serious problems for the participant. All treatment court personnel are trained in the risk-need-responsivity model, core correctional practices, and other evidence-based practices that enhance outcomes and protect participant and community safety.

# Community Supervision

A. Core Correctional Practices
B. Trauma-Informed Supervision
C. Standard Supervision Conditions
D. Supervision Case Planning and Management
E. Supervision Caseloads
F. Office and Field Visits

# Community Supervision

## Core Correctional Practices

Supervision is rooted in CCPs, which include:

- Building effective working alliance
- Offering needed services and support

# Community Supervision

## Trauma Informed Supervision

- Respond to infractions with support, expressing appropriate disapproval without being harsh or punitive
- Deliver instructions, warnings, or sanctions calmly and professionally, emphasizing that assistance is available
- Minimize unnecessary privacy intrusions
- Trauma informed searches

# Community Supervision

## Standard Supervision Conditions

- Avoid standard conditions when possible
- Conditions should be individualized to meet each participant's assessed treatment and supervision needs
- Conditions relating to longer-term goals are reserved for later phases of the program
- Until a condition becomes achievable, service adjustments, not sanctions, are used to help achieve compliance

# Community Supervision

## Supervised Case Planning and Management

- Work *with the participant* to develop individualized case plan
- Case plan is based on a validated RNR assessment and addresses participant's needs in a manageable sequence:
  1. Responsivity needs (housing, transp., clinical symptoms)
  2. Criminogenic needs (substance use, problem-solving skills, peers)
  3. Maintenance needs (employment, household management)
  4. Recovery management needs (recovery support community)

# Community Supervision

## Supervision Caseloads

- Best practice = caseload of 20-30 HR/HR individuals
- If higher, monitor to ensure that participants' needs are being met
- Never exceed caseload of 50 HR/HR individuals

# Community Supervision

## Office and Field Visits

- At least two field visits within the first two months
- Until participants are psychosocially stable, office sessions and/or field visits at least weekly
- Additional visits as needed to meet health and safety needs
- Field visits may be increased when participant is 1) highly vulnerable to antisocial peer influences, 2) repeatedly noncompliant, or 3) a serious safety risk to self or others

# Community Supervision

## Office and Field Visits (cont.)

- Use care when interacting with neighbors, employers, school personnel, or other community members
- Searches and seizures are conducted pursuant to a signed search waiver

# Incentives, Sanctions, & Service Adjustments

# Incentives, Sanctions, and Service Adjustments

The treatment court applies evidence-based behavior modification practices. ***Incentives and sanctions*** are delivered to enhance adherence to program goals and conditions that participants can achieve and sustain for a reasonable time, whereas ***service adjustments*** are delivered to help participants achieve goals that are too difficult for them to accomplish currently. Decisions relating to setting program goals and safe and effective responses are based on input from treatment professionals, supervision officers, and other team members with pertinent knowledge and experience.

# Incentives, Sanctions, and Service Adjustments

A. Proximal and Distal Goals
B. Advance Notice
C. Reliable and Timely Monitoring
D. Incentives
E. Service Adjustments
F. Sanctions
G. Jail Sanctions
H. Prescription Medication and Medicinal Marijuana
I. Phase Advancement
J. Program Discharge

# Incentives, Sanctions, and Service Adjustments

## Proximal, Distal, and Managed Goals

- *Proximal goals* = conditions that participants can meet in the short term
- *Distal goals* = conditions that participants are not yet capable of achieving consistently
- *Managed goals* = conditions that participants have sustained for a significant period

# Incentives, Sanctions, and Service Adjustments

## Proximal, Distal, and Managed Goals

- ***Abstinence is a distal goal for new participants***
- Service adjustments, not sanctions, for substance use ***until early remission*** (at least 90 days of abstinence and lack of serious symptoms)

# Incentives, Sanctions, and Service Adjustments

## Reliable and Timely Monitoring

- ***Certainty***
- ***Celerity (swiftness)***
- ***Ideal ratio 4:1 incentives to sanctions***

# Incentives, Sanctions, and Service Adjustments

## Service Adjustments

- Treatment adjustments (e.g., level of care, MAT, trauma, etc.)
- Supervision may be increased to ensure participant safety, monitor recovery obstacles, and develop better coping skills
- Teaching responses (e.g., criminal thinking programs) and learning assignments (e.g., thought journaling) help participants achieve distal goals like problem-solving skills

# Incentives, Sanctions, and Service Adjustments

## Service Adjustments

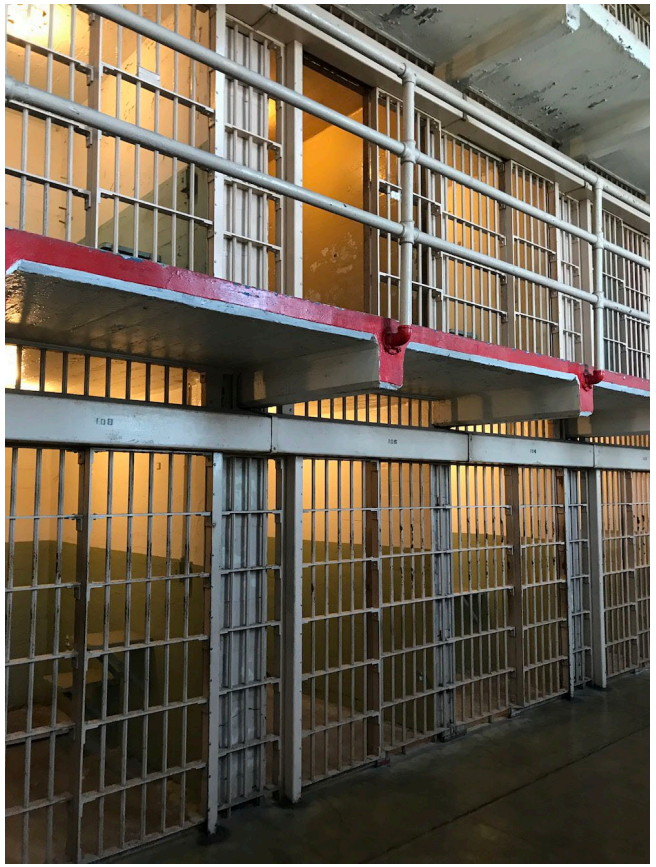
*Incentives are administered because participants **want them**, and sanctions are administered because they **do not want them**. In contrast, services are increased because participants **need them** (and reduced when they no longer need them).*

-- Standard IV, Commentary (p. 85)

# Incentives, Sanctions, and Service Adjustments

## Jail Sanctions

- Jail has serious negative impacts
- No jail sanctions in first 30-60 days
- No jail sanctions until less severe sanctions have been unsuccessful
- No jail sanctions for substance use until participants are ***psychosocially stable***
- No more than 3-6 days in length



# Drug and Alcohol Testing

# Drug and Alcohol Testing

Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of substance use throughout participants' enrollment in treatment court.

# Drug and Alcohol Testing

A. Forensic and Clinical Testing
B. Specimen Options
C. Frequency of Testing
D. Random Testing
E. Duration of Testing
F. Breadth of Testing
G. Specimen Collection
H. Valid Specimens
I. Testing Methodologies
J. Result Evaluation
K. Rapid Results
L. Participant Contracts

# Drug and Alcohol Testing

## Forensic and Clinical Testing

- All participants with a substance use disorder undergo ***forensic*** drug and alcohol testing
- ***Forensic testing*** is conducted by or at the direction of justice system professionals, such as a probation officer of court case manager
- ***Forensic test results*** are used to help gauge participant compliance with court requirements

# Drug and Alcohol Testing

## Forensic and Clinical Testing

- ***Forensic test results*** are shared with the rest of the team and may be used to inform the delivery of incentives, sanctions, and/or service adjustments
- Avoid relying on treatment agencies to conduct ***forensic testing***;
- When unavoidable, such testing is conducted by dedicated and properly trained staff, ***not by participants' counselors***, and all legally required chain-of-custody procedures are followed

# Drug and Alcohol Testing

## Forensic and Clinical Testing

- ***Clinical testing***, if used, is conducted at the discretion of treatment professionals
- ***Clinical testing*** is used solely as a therapeutic tool to assess participants' clinical needs and guide treatment modifications
- Decisions about the frequency of ***clinical testing*** and methods used are left to the treatment provider
- Treatment providers exercise caution, consistent with professional guidelines, when sharing ***clinical test results***

# Drug and Alcohol Testing

## Specimen Options

- Urine testing for forensic abstinence monitoring in most cases
- Urine offers many advantages—including cost, detection window, on-site and laboratory testing options, established forensic standards, and the wide variety of substances that can be detected.

# Drug and Alcohol Testing

## Specimen Options

- If there are compelling case-specific reasons, courts may use other test specimens (e.g., sweat, oral fluids, hair)
- In such cases, testing protocols must be modified to account for differences in detection windows and the range of substances detected

# Drug and Alcohol Testing

## Frequency of Testing

- Urine tests ***at least twice per week*** until early remission, engaged in recovery management activities, and preparing for graduation
- Breathalyzers and oral fluid tests used primarily when recent substance use is suspected
- Sweat patches or CAM devices measure substance use over extended periods of time

# Drug and Alcohol Testing

## 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

# Drug and Alcohol Testing

## Specimen Collection

- Forensic urine collection is generally observed by trained staff
- However, ***trauma-informed collection practices*** should be used when there is significant concern about re-traumatization
  - Adapted observation techniques
  - Unobserved collection with precautions (e.g., searching clothing)
  - Increased dialogue with the participant
  - Providing more time to produce the specimen
  - Alternative specimen collection

# Drug and Alcohol Testing

## Valid Specimens

- Forensic test specimens are examined routinely for evidence of dilution and adulteration
- All urine samples are analyzed for creatinine concentration to detect potential tampering by dilution.
- Urine temperatures are monitored at the collection site

# Drug and Alcohol Testing

## Result Evaluation

- Drug and alcohol test results are typically reported ***simply as positive or negative***
- Treatment courts ***do not attempt to engage in quantitative analysis*** of drug tests or draw conclusions from drug concentrations in urine samples
- Treatment courts ***do not attempt to evaluate results that fall below the cutoff threshold*** for the testing method used

# Program Monitoring, Evaluation, and Improvement

# Program Monitoring, Evaluation, and Improvement

The treatment court continually monitors its adherence to best practices, evaluates its outcomes, and implements and assesses needed modifications to improve its practices and outcomes. A competently trained and objective evaluator employs scientifically valid methods to reach causal conclusions about the effects of the program on participant outcomes.

# Program Monitoring, Evaluation, and Improvement

A. Monitoring Best Practices
B. Intent to Treat Analysis
C. Comparison Groups
D. Time at Risk
E. Criminal Recidivism
F. Psychosocial Outcomes
G. Timely and Reliable Data Entry
H. Electronic Database
I. Evaluator Competency and Objectivity

# Program Monitoring, Evaluation, and Improvement

## Monitoring Best Practices

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

# Program Monitoring, Evaluation, and Improvement

Monitoring and evaluation is important to avoid ***downward drift***

# Program Monitoring, Evaluation, and Improvement

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. Implement and examine solutions
6. Set new benchmarks

# Ask the Expert

https://allrise.org/trainings/ask-the-expert/

## Office Hours

Scheduled times with experts on various key topics

## Submit a Question

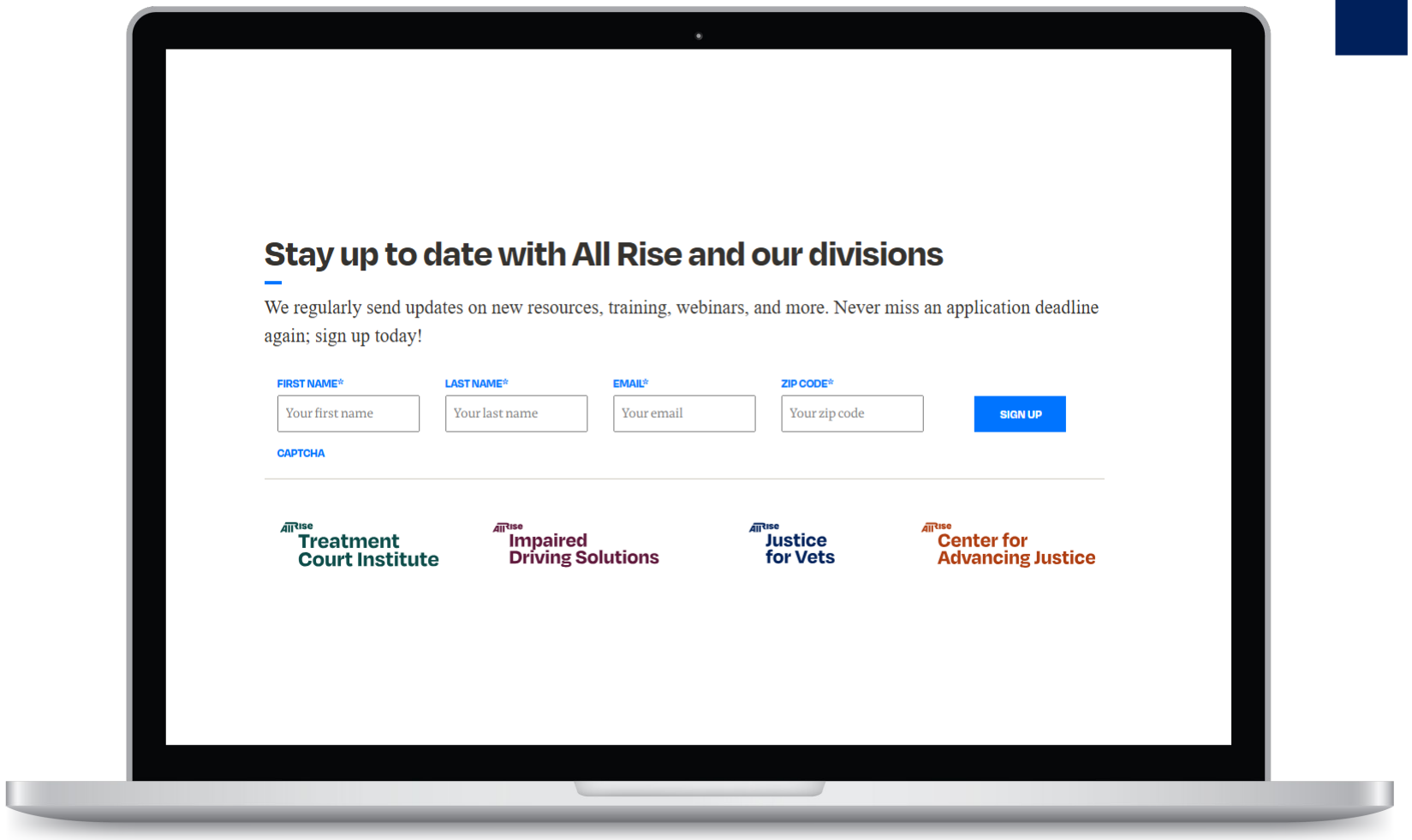
Submit a question to the All Rise team

## Schedule a Consultation

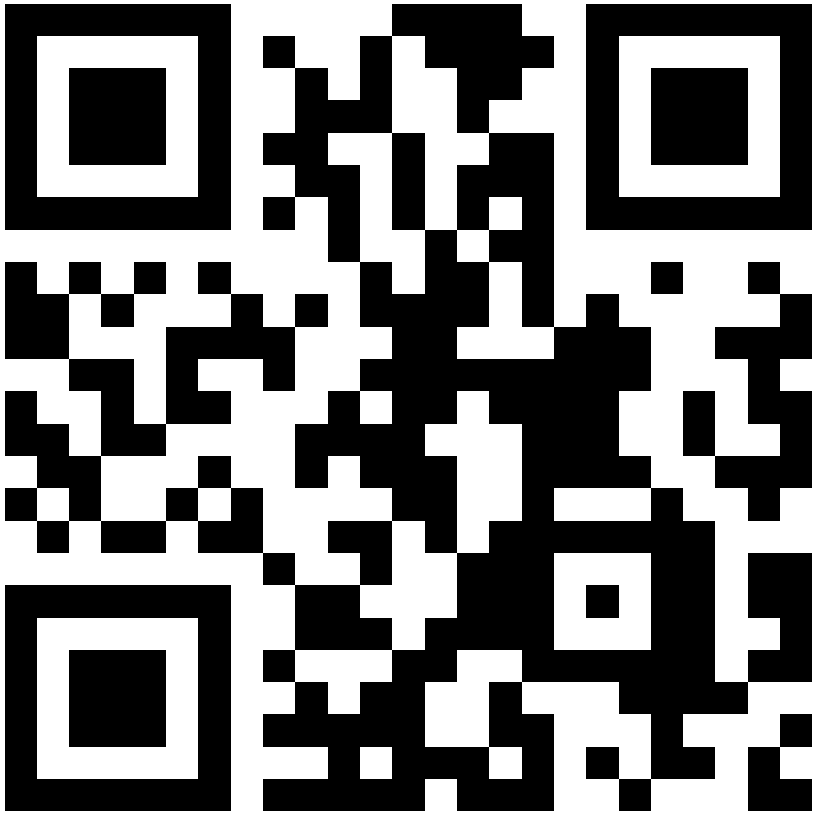
Schedule a consultation with the All Rise team

# All Rise Email Blast

Scroll to the bottom of AllRise.org to sign up!



# Evaluations



1. On your compatible phone or tablet, open the built-in camera app.
2. Point the camera at the QR code.
3. Tap the banner that appears on your phone or tablet.
4. Follow the instructions on the screen to complete the evaluation.
5. After completion, you will be provided with a certificate that can be saved and printed.

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# QUESTIONS?