Adult Drug Court Best Practice Standards, 2nd Edition: A Preview ~ Part 2

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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 Treatment and Social Services** (New Title TBD)

VII. **Drug and Alcohol Testing**

VIII. Multidisciplinary Team

IX. Census and Caseloads

X. Monitoring and Evaluation

Standard II: Equity and Inclusion

II. Equity and Inclusion

A. Staff Diversity
B. Staff Training
C. Equity Monitoring
D. Cultural Outreach
E. Equitable Admissions
F. Equitable Treatment and Complementary Services
G. Equitable Incentives, Sanctions, and Dispositions
H. Fines, Fees, and Costs

II. Equity and Inclusion

2nd Edition Standard II

A. Staff Diversity
B. Staff Training
C. Equity Monitoring
D. Cultural Outreach
E. Equitable Admissions Procedures
F. Equitable Treatment and Complementary Services
G. Equitable Incentives, Sanctions, and Dispositions
H. Fines, Fees, and Costs

Current Standard II

A. Equitable Access
B. Equivalent Retention
C. Equivalent Treatment
D. Equivalent Incentives & Sanctions
E. Equivalent Dispositions
F. Team Training

II. Equity and Inclusion (2nd edition)

- All persons meeting evidence-based eligibility criteria for treatment court receive the same opportunity to participate and succeed in the program regardless of their sociodemographic characteristics or sociocultural identity, including but not limited to their race, ethnicity, sex, gender identity, sexual orientation, age, socioeconomic status, national origin, native language, religion, cultural practices, and physical, medical, or other conditions.
- The treatment court team continually monitors program operations for evidence of cultural disparities in program access, service provision, or outcomes, takes corrective measures to eliminate identified disparities, and evaluates the effects of the corrective measures.

II. Equity and Inclusion ~ Highlights

- What about bias within risk and need assessment tools?
- Which is the bigger risk—bias from a tool or bias from subjective decision making?
- Use culturally-validated tools to determine risk and need levels
- 2nd edition includes an appendix that indicates which commonly used risk and need assessment tools have ben validated for certain culture groups and translated into other languages

II. Equity and Inclusion ~ Highlights

- All team members are trained to :

1. define key performance indicators of cultural equity in their program
2. record requisite data
3. identify cultural disparities in program operations and outcomes
4. implement corrective measures.

- Team members receive at least annual training on evidence-based and promising practices for identifying and rectifying cultural disparities.

II. Equity and Inclusion ~ Highlights

- Conditions that require participants to pay fines, fees, treatment charges, or other costs can disproportionately burden members of some cultural groups.
- Such conditions are imposed only for persons who can meet the obligations without experiencing financial, familial, emotional, or other distress. Monetary conditions, if required, are imposed at amounts that are unlikely to impose undue stress on participants that may impede treatment progress.

Standard IV: Incentives, Sanctions, & Service Adjustments

IV. Incentives, Sanctions, and Service Adjustments

Current title:

Incentives, Sanctions, and Therapeutic Adjustments

2nd Edition Standard IV

A. Goal Classification
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

Current Standard IV

A. Advance Notice
B. Opportunity to Be Heard
C. Equivalent Consequences
D. Professional Demeanor
E. Progressive Sanctions
F. Licit Addictive or Intoxicating Substances
G. Therapeutic Adjustments
H. Incentivizing Productivity
I. Phase Promotion
J. Jail Sanctions
K. Termination
L. Consequences of Graduation & Terminations

IV. Incentives, Sanctions, and Service Adjustments

- The treatment court applies evidence-based and procedurally fair behavior modification practices that are proven to be safe and effective for high-risk and high-need persons.
- Incentives and sanctions are delivered to enhance compliance with program goals or conditions that participants can meet 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.
- Team decisions relating to setting program goals and choosing safe and effective responses are predicated on input from qualified treatment professionals, social service providers, peer recovery specialists, and supervision officers with pertinent knowledge and experience.

IV. Incentives, Sanctions, and Service Adjustments ~ Highlights

- For participants who are at risk for drug overdose or other serious health threats, treatment adjustments include evidence-based health-risk prevention strategies if legally authorized, such as educating participants on safer-use and safer-sex practices and distributing naloxone (Narcan) overdose-reversal kits, fentanyl test strips, or condoms.

- Unless there is imminent public safety risk, jail sanctions are not imposed for distal goals before participants are psychosocially stable and in early remission from their substance use or mental health disorder, they are no more than three to seven days in length, and they are delivered in the least disruptive manner possible

IV. Incentives, Sanctions, and Service Adjustments ~ Highlights

- The treatment court does not deny admission, impose sanctions, or discharge participants unsuccessfully for the prescribed use of prescription medications, including MAT, psychiatric medication, and medications for other medical conditions such as pain or insomnia.

- Staff deliver sanctions pursuant to best practices if nonprescribed use reflects a proximal or willful infraction, such as ingesting more than the prescribed dosage to achieve an intoxicating effect, combining the medication with an illicit substance to achieve an intoxicating effect, providing the medication to another person, or obtaining a prescription for another controlled medication without notifying staff.

IV. Incentives, Sanctions, and Service Adjustments ~ Highlights

- The treatment court does not deny admission, impose sanctions, or discharge participants unsuccessfully for the prescribed use of prescription medications, including MAT, psychiatric medication, and medications for other medical conditions such as pain or insomnia.
- Staff deliver responses pursuant to best practices for the non-medicinal or "recreational" use of marijuana.
- In jurisdictions that have legalized marijuana for medicinal purposes, staff adhere to the provisions of the medical marijuana statute and case law interpreting those provisions.

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

Current title:

Substance Use Disorder Treatment

2nd Edition Standard V

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

Current Standard V

A. Continuum of Care
B. In-Custody Treatment
C. Team Representation
D. Treatment Dosage & Duration
E. Treatment Modalities
F. Evidence-Based Treatments
G. Medications
H. Provider Training & Credentials
I. Peer Support Groups
J. Continuing Care

V. Substance Use, Mental Health, and Trauma Treatment & 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 validly assessed 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.

V. Substance Use, Mental Health, and Trauma Treatment & Recovery Management ~ Highlights

- Participants collaborate with their treatment providers or clinical case managers in setting treatment plan goals and choosing from among the available treatment options and provider agencies.

- Team members serve complementary roles in both supporting participants' treatment preferences and ensuring adequate behavioral change to protect participant welfare and public safety.

- Adjustments to the level or modality of care are based on participants' preferences, validly assessed treatment needs, and prior response to treatment and are not linked to programmatic criteria for treatment court phase advancement.

V. Substance Use, Mental Health, and Trauma Treatment & Recovery Management ~ Highlights

- Participants receive a sufficient duration and dosage of CBT interventions and other needed services (e.g., housing assistance, medication for addiction treatment) to stabilize them, initiate abstinence, teach them effective prosocial problem-solving skills, and enhance their life skills.
- No study has examined effective dosages of counseling sessions in treatment courts. The most closely analogous studies were conducted in community corrections centers and halfway houses and involved samples made up primarily of white men. These studies found that at least 200 hours, and as much as 300 hours, of evidence-based substance use counseling and other CBT counseling was required for effective outcomes among high-risk and high-need individuals

V. Substance Use, Mental Health, and Trauma Treatment & Recovery Management ~ Highlights

- All members of the treatment court team receive at least annual training on trauma-informed practices and ways to avoid causing or exacerbating trauma and mental health symptoms in all facets of the program, including courtroom procedures, community supervision practices, drug and alcohol testing, and the delivery of incentives, sanctions, and service adjustments.
- Participants are not detained in jail custody to achieve treatment or social service objectives. Before jail is used for any reason other than for sanctioning repeated willful infractions or because of overriding public safety concerns, the judge has found that custody is necessary to protect the individual from imminent harm and the team has exhausted all other less restrictive means to keep the person safe.
- Fearing that a person might overdose or be otherwise harmed is not sufficient grounds, by itself, for jail detention.

Standard VI: Complementary Treatment and Social Services

VI. Complementary Treatment and Social Services (Current Standard 6)

A. Scope of Services
B. Sequence and Timing of Services
C. Clinical Case Management
D. Housing Assistance
E. Mental Health Treatment
F. Trauma-Informed Services
G. Criminal Thinking Interventions
H. Family & Interpersonal Counseling
I. Vocational & Educational Services
J. Medical & Dental Treatment
K. Prevention of Health-Risk Behaviors
L. Overdose Prevention & Reversal

VI. Complementary Treatment and Social Services (Current Standard 6)

Participants receive complementary treatment and social services for conditions that co-occur with substance use disorder and are likely to interfere with their compliance in Treatment court, increase criminal recidivism, or diminish treatment gains.

VI. Complementary Treatment and Social Services (2nd Edition Likely Changes)

Moved to Standard 5:

- Clinical Case Management
- Mental Health Treatment
- Trauma-Informed Services
- Prevention of Health-Risk Behaviors
- Overdose Prevention & Reversal

- **Added Content:**

Recovery Capital

Standard VII: Drug and Alcohol Testing

VII. Drug and Alcohol Testing
(Current Standard 7)

A. Frequent Testing
B. Random Testing
C. Duration of Testing
D. Breadth of Testing
E. Witnessed Collection
F. Valid Specimens
G. Accurate & Reliable Testing Procedures
H. Rapid Results
I. Participant Contract

VII. Drug and Alcohol Testing
(Current Standard 7))

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

VII. Drug and Alcohol Testing

(2nd Edition Possible Changes)

- Testing consideration for newer substances and medication interactions
- Practice guidance on mitigating risk of re-traumatization and other harm from observed urine testing

Potential Harms from Observed Drug Testing

ALTHOUGH USUALLY NECESSARY IN TREATMENT COURTS, POTENTIAL HARM MAY RESULT FROM CONDUCTING OBSERVED URINE COLLECTION, FOR EXAMPLE:

- Some individuals, especially those who have survived sexual trauma, may be re-traumatized or otherwise caused distressed by being observed while urinating.
- Being alone in a private, enclosed space with a participant may expose the observer or participant to inappropriate sexual conduct, inuendo, or related allegations.
- The need to match genders between observer and participant may result in mis-gendering of transgender or binary participants.

Mitigating Potential Harms from Observed Drug Testing

1. Observation should be conducted in manner that helps to ensure that no adulterant is being used or bogus urine is being submitted but should be in no closer proximity than necessary. No part of the participant's body or clothing being worn should ever be touched by the observer/collector.
2. Do not insist on being able to directly observe genitals.
3. Use private observation windows when available.
4. Do not use video to observe urines. Even if the camera monitors but does not record video, the observer could inappropriately record the collection on a different device or be accused of doing so.

Mitigating Potential Harms from Observed Drug Testing

5. If allowed by personnel policy and other regulation, allow participants to be observed by someone that matches the gender with which they identify.
6. Consider using two observers if available and preferred by the participant.
7. Seek alternatives to urine testing for individuals whom treatment professionals indicate are likely to be retraumatized by being observed.

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