



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

Terrence Walton, Chief Operating Officer
Aaron Arnold, Chief Development Officer

Why Standards?

- ✓ Promote consistent adherence to evidence-based practices
- ✓ Prevent return to old habits (model drift)
- ✓ Protect the model from encroachment
- ✓ Define standards for ourselves

Why Standards?

- ✓ Reduce legal errors
- ✓ Promote equitable treatment and outcomes
- ✓ Provide justification for needed services and financial investment
- ✓ Demonstrate maturity of our profession
- ✓ Because we care about getting it right!

Structure

I. General Principle

A. Provision

B. Provision

✓ **Commentary**

A. Justification

B. Justification


✓ **References**



The Standards

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

The Standards

- VI. Complementary Services
 - VII. Drug and Alcohol Testing
 - VIII. Multidisciplinary Team
 - IX. Census and Caseloads
 - X. Monitoring and Evaluation
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Standard I: Target Population



I. Target Population

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

I. Target Population



New Standards

- A. Objective eligibility and exclusion criteria
- B. Proactive recruitment
- C. High-risk and High-need participants
- D. Valid eligibility assessments
- E. Criminal history considerations
- F. Treatment considerations

Old Standards

- A. Objective eligibility and exclusion criteria
- B. High-risk and high-need participants
- C. Validated eligibility assessments
- D. Criminal history disqualifications
- E. Clinical disqualifications

I. Target Population



A. Objective Eligibility and Exclusion Criteria

- Criteria must be objective and in writing
- **No subjective criteria or personal impressions (suitability)**
 - Motivation for change
 - Complex needs
 - Attitude
 - Optimism about recovery

I. Target Population



B. Proactive Recruitment

- Strive for rapid enrollment
- Educate stakeholders about the program
- Post information in strategic locations
- Offer immediate voluntary pre-plea services
- Ideal scenario: universal screening

I. Target Population



C. High-Risk and High-Need Participants

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

I. Target Population



C. 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!!**



I. Target Population



D. Valid Eligibility Assessments

- Validated risk assessment tool
 - Accurately predicts risk of reoffending or probation revocation
 - Valid for all cultural groups represented in the candidate pool
- Clinical assessment tool
 - Evaluates formal diagnostic criteria for moderate to severe SUD, including cravings, withdrawal symptoms, binge use patterns, and inability to reduce or control use
 - Mental health and trauma screening

I. Target Population



E. Criminal History Considerations

- Persons charged with selling drugs **are not categorically excluded**
- Persons charged with crimes involving violence **are not categorically excluded**
- Candidates are excluded based on current charges or criminal history ONLY if empirical evidence demonstrates that persons cannot be served safely or effectively in treatment court

I. Target Population



F. Treatment Considerations

- Candidates are not excluded because they:
 - have co-occurring mental health or trauma disorders, medical conditions, inadequate housing, or other specialized needs
 - have been prescribed medication for addiction treatment, psychiatric medication, or other medications

Standard III: Roles and Responsibilities of the Judge



III. Judge

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

III. Judge



New Standards

- A. Judicial education
- B. Judicial term
- C. Pre-court staff meetings
- D. Status hearings
- E. Judicial decision making

Old Standards

- A. Professional training
- B. Length of term
- C. Consistent docket
- D. Participation in pre-court staffing meetings
- E. Frequency of status hearings
- F. Length of court interactions
- G. Judicial demeanor
- H. Judicial decision-making

III. Judge



A. Judicial Education

- Judge attends training (conferences, seminars) at least annually on judicial best practices in treatment courts
 - Legal standards and ethics
 - Achieving cultural equity
 - Behavior modification
 - Communication with clients
 - Foundational information about treatment, community supervision, drug and alcohol testing, and performance evaluation

III. Judge



B. Judicial Term

- Judge is assigned to treatment court on a **voluntary basis**
- Judge presides over treatment court for **no less than two years** (and preferably much longer)
- Judge presides in treatment court **consistently**
- New treatment court judges receive training before taking over
- If feasible, replacement judges are assigned new enrollments while existing cases stay with the prior judge

III. Judge



C. Pre-Court Staff Meetings

- Judge attends pre-court staff meetings routinely
- Judge ensure that each team members contributes their observations and provides recommendation for action
- Judge considers each team members professional expertise and strategies effective responses with the team

III. Judge



D. Status Hearings

- Participants appear in court no less than every two weeks during the first phase or until they are clinically stable
- Participants continue to attend status hearings on at least a monthly basis for their first year in the program
- Judge interacts with participants in procedurally fair and respectful manner, develops working alliance, and holds participants accountable
- Judge's interactions with participants are 3-7 minutes long

III. Judge



E. Judicial Decision Making

- Judge must make final decisions concerning the imposition of incentives, sanctions, or dispositions
- Judge relies on qualified treatment professionals when setting court-ordered treatment conditions.
- Judge's decisions are made after carefully considering input from other team members
- Judge does **NOT** order, deny, or alter treatment conditions independent of expert clinical advice

Standard VIII: Multidisciplinary Team



VIII. Multidisciplinary Team



- A. Team Composition
- B. Pre-Court Staffing Meetings
- C. Sharing Information
- D. Team Communication and Decision Making
- E. Status Hearings
- F. Team Training

New Standards: Don't Know Yet!

VIII. Multidisciplinary Team



A. Team Composition

- Team includes representatives from all partners agencies, including but not limited to:
 - Judge
 - Program coordinator
 - Prosecutor
 - Defense attorney
 - Treatment representative
 - Supervision officer
 - Law enforcement officer

VIII. Multidisciplinary Team



B. Pre-Court Staff Meetings

- All team members consistently attend pre-court staff meetings, where the team:
 - Reviews participant progress
 - Prepares for status hearings in court
 - Does not permit participants to attend (unless there is a compelling reason)
 - Does not allow the public to attend

VIII. Multidisciplinary Team



C. Sharing Information

- Team members share information as needed to gauge participants' progress in treatment and compliance with program conditions
- Agencies execute MOUs for information sharing
- Participants provide voluntary and informed consent to shared specified information regarding treatment progress
- Defense attorneys make it clear to participants and other team members whether they will share participants communications with the team

VIII. Multidisciplinary Team



D. Team Communication and Decision Making

- Team members contribute information, observations, and recommendations based on their professional knowledge, training, and experience
- Judge considers the perspectives of all team members before making decisions that affect participants' welfare or liberty interests
- Judge explains the rationale for decisions to team and participants

VIII. Multidisciplinary Team



E. Status Hearings

- Team members consistently attend status hearings
- During status hearings, team members contribute relevant information or recommendations when requested by the judge or as necessary to improve outcomes or protect participants' legal interests

VIII. Multidisciplinary Team



F. Team Training

- Before starting a treatment court, team members attend formal pre-implementation training to learn best practices and develop effective policies and procedures
- After launching the court, team members attend continuing education workshops at least annually
- New staff receive a formal orientation training on best practices

Standard IX: Census and Caseloads



IX. Census and Caseloads



- A. Drug Court Census
- B. Supervision Caseloads
- C. Clinical Caseloads

New Standards: Don't Know Yet!

IX. Census and Caseloads



A. Drug Court Census

- The drug court does not impose arbitrary restrictions on the number of participants it serves
- The drug court census is based on local needs, resources, and ability to apply best practices
- When the court census reaches 125 active participants, operations are monitored carefully to ensure consistency with best practices

IX. Census and Caseloads



B. Supervision Caseloads

- Caseloads for probation officers or other community supervision professionals must permit sufficient opportunities to:
 - Monitor participant performance
 - Apply effective behavioral consequences
 - Report pertinent compliance information during pre-court staff meeting and status hearings

IX. Census and Caseloads



B. Supervision Caseloads

- When supervision caseloads exceed 30 active participants per officer, operations are monitored carefully to ensure that officers can evaluate participant performance accurately
- Supervision caseloads do not exceed 50 active participants per officer

IX. Census and Caseloads



C. Clinical Caseloads

- Clinical caseloads must permit sufficient opportunities to access participant needs and deliver effective dosages of treatment and complementary services
- Programs operations are monitored carefully to ensure adequate services are being delivered when caseloads exceed:
 - 50 participants for clinicians providing clinical case management
 - 40 participants for clinicians providing individual therapy or counseling
 - 30 participants for clinicians providing both CCM and individual therapy

Standard X: Monitoring and Evaluation



X. Monitoring and Evaluation



- A. Adherence to Best Practices
 - B. In-Program Outcomes
 - C. Criminal Recidivism
 - D. Independent Evaluations
 - E. Historical Discriminated Against Groups
 - F. Electronic Database
 - G. Timely and Reliable Data Entry
 - H. Intent-to-Treat Analyses
 - I. Comparison Groups
 - J. Time at Risk
- New Standards: Don't Know Yet!

X. Monitoring and Evaluation



A. Adherence to Best Practices

- Drug court monitors its adherence to best practices at least annually
- Develops remedial action plan to fix deficiencies
- Examines the success of remedial actions
- Outcome evaluations describe the effectiveness of the drug court in relation to its adherence to best practices

X. Monitoring and Evaluation



B. In-Program Outcomes

- Drug court continually monitors participant outcomes
 - Attendance at appointments
 - Drug and alcohol test results
 - Graduation rates
 - Lengths of stays
 - In-program technical violations and new arrests

X. Monitoring and Evaluation



C. Criminal Recidivism

- Drug court monitors participants' new arrests, new convictions, and new incarcerations within three years of program entry
- Offenses are categorized according to severity (felony, misdemeanor, violation) and nature (person, property, drug, traffic) of the crime

X. Monitoring and Evaluation



D. Independent Evaluations

- A skilled and independent evaluator examines the drug court's adherence to best practices and participant outcomes at least every five years
- The drug court develops a remedial action plan to implement recommendations from the evaluator to improve adherence to best practices

X. Monitoring and Evaluation



- E. Historically discriminated against groups
- Drug court continually monitors admission rates, services delivered, and outcomes achieved for members of groups that have historically experienced discrimination
 - Drug court develops a remedial action plan and timetable to correct disparities and examines the success of the remedial actions [see also Standard II, Equity and Inclusion]

X. Monitoring and Evaluation



F. Electronic Database

- Information relating to services provided and participants' in-program performance is entered into an electronic database
- Statistical summaries from the database provide staff with real-time information concerning the Drug Court's adherence to best practices and in-program outcomes

X. Monitoring and Evaluation



G. Timely and Reliable Data

- Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events
- Timely and reliable data entry is required of each staff member and is a basis for evaluating staff job performance

X. Monitoring and Evaluation



H. Intent-to-Treat Analysis

- Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program

X. Monitoring and Evaluation



I. Comparison Groups

- Outcomes for drug court participants are compared to those of an unbiased and equivalent comparison group
- Individuals in the comparison group satisfy legal and clinical eligibility criteria for participation in drug court, but did not enter drug court for reasons having no relationship to their outcomes
- Comparison groups do not include individuals who refused to enter the drug court, withdrew or were terminated, or were denied entry

X. Monitoring and Evaluation



J. Time at Risk

- Drug court participants and comparison groups have an equivalent opportunity to engage in conduct of interest to the evaluation, such as substance use and criminal recidivism
- Outcomes for both groups are examined over an equivalent time period beginning from a comparable start date
- If participants in either group were incarcerated or detained in a residential facility for a significantly longer period of time, the length of time participants were detained or incarcerated is accounted for statistically in outcome comparisons

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**Thank
You** 