


Therapeutic Courts: An Effective Part of the Community Deflection & Diversion Continuum




**Washington State Association of Drug
Court Professionals (WSADCP)**

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Christina Mason, MSW, LICSW, is the Program Manager for King County Drug Diversion Court, a program offering treatment, housing, comprehensive resources, and a structured pathway to felony dismissal for adults charged with felony property and other drug-related crimes. Since 2003, Christina has worked at Drug Court serving in a variety of roles. Her other work has included emergency department social work and outreach and case management with young people who are unhoused. Christina has served on the Board of Directors of the Washington State Association of Drug Court Professionals (WSADCP) and Washington Association of Drug Courts (WADC) since 2020 and is currently the President.



Tanya Sturm, SUDP, MBA, is the Director of Pioneer Counseling - Emerson Clinic in Spokane, Washington. She has been with Pioneer Human Services, working with Spokane's Drug Court and Felony Mental Health Court, since May 2018, and has been in the substance use disorder field since 2014. Tanya is passionate about helping people treat their Substance Use Disorders in order to change their lives and make positive impacts in their community. Therapeutic Courts are a true chance for change; participants have access to resources and support that remove barriers to make long-term sustainable change. Graduates of Therapeutic Courts go on to positively impact families and communities. Tanya has served on the Board of Directors of the Washington State Association of Drug Court Professionals (WSADCP) and Washington Association of Drug Courts (WADC) since July 2022.



Agenda

1. What is a Therapeutic Court?
2. Therapeutic Courts in the Deflection & Diversion Continuum
3. Goals of a Therapeutic Court
4. Who is Eligible & Best Served / Screening Tools
5. How Therapeutic Courts Work:
 - Treatment
 - Resources & Support
 - Structure & Accountability
 - Multidisciplinary Team
 - Role of Judge & Hearings
 - Program Phases / Requirements
6. Outcomes
7. Graduate Perspectives
8. Changed Population / Community Landscape
9. Innovation & Harm Reduction
10. Outreach & Diversion Collaboration



What is a Therapeutic Court?

- Also known as a Treatment Court, Specialty Court, Problem-Solving Court.
- Voluntary alternative to traditional case processing for adults, juveniles, and parents with non-violent criminal charges or open child dependency cases.
- **Public Health & Public Safety** – Address Underlying Substance Use & Other Behavioral Health Needs Contributing to Legal Involvement.
- 30 Years of Research & Best Practice Recommendations –
Published by [All Rise](#) (formerly known as the National Association of Drug Court Professionals)
- Located at Various Court Levels:
 - Courts of Limited Jurisdiction - District & Municipal Courts
 - Superior Courts
 - Tribal Courts
 - Federal Courts



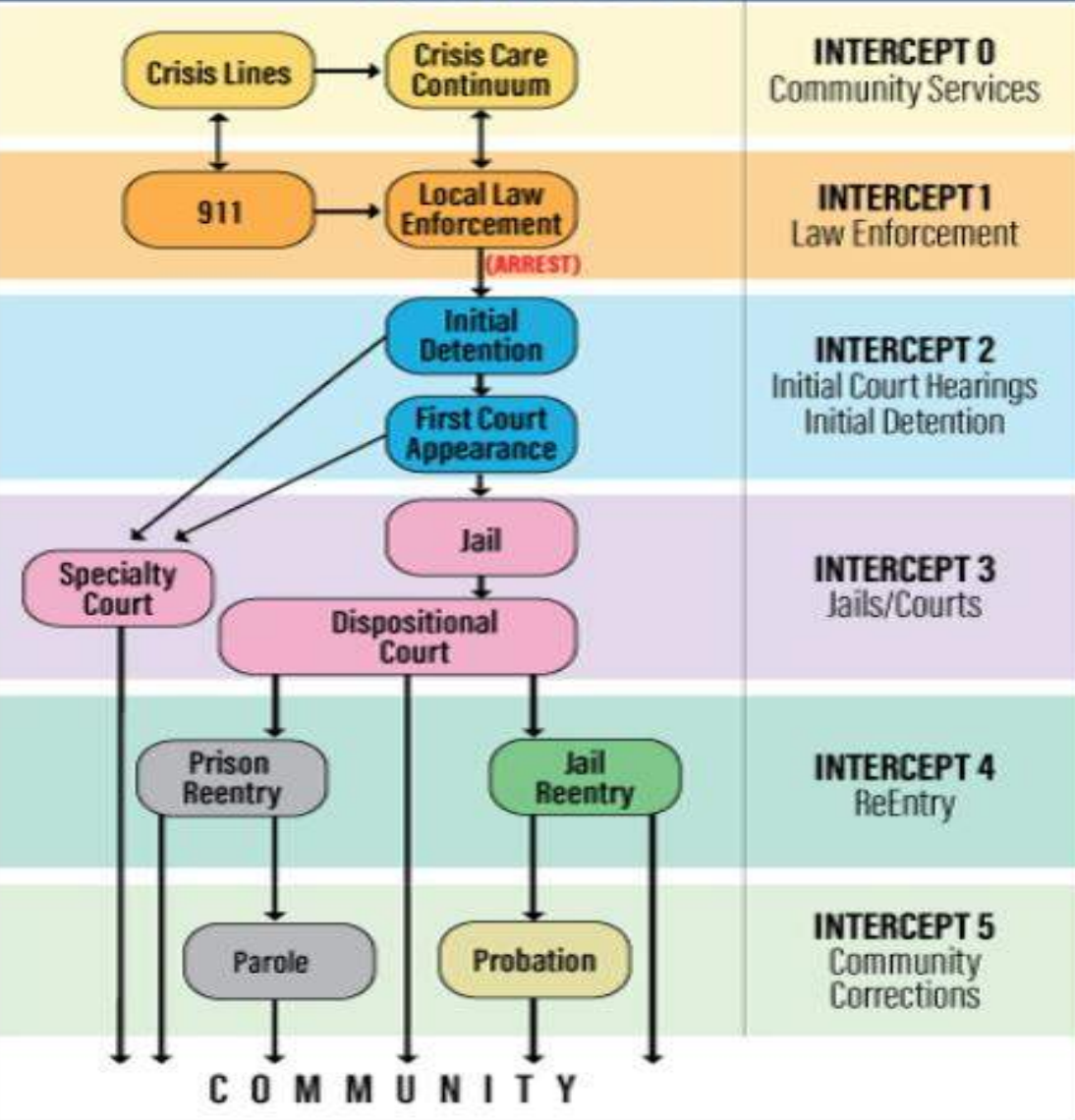
Washington State Landscape

- In 1994: Some of earliest Drug Courts in U.S. began in Washington State.
- Washington State Therapeutic Courts Now Include:
 - Community Courts
 - Drug Courts
 - Family Treatment Courts / Collaborative Courts (Dependency Cases)
 - Impaired Driving (DUI / DWI) Courts
 - Juvenile Courts
 - Mental Health Courts
 - Tribal Healing to Wellness Courts
 - Veterans Courts
- Today 30 counties in WA State have at least one therapeutic court.
- Governed by Therapeutic Courts Statute [RCW 2.30](#)

Administrative Office of the Courts (AOC) list:
courts.wa.gov/tc/index.cfm?fa=home



COMMUNITY



Therapeutic Courts Divert at Intercept 3 (Jails / Courts)



Goals of a Therapeutic Court

- Provide a structured pathway to divert from incarceration, conviction, and/or loss of parental rights.
- Effectively address participants' underlying substance use, mental health, and other needs.
- Improve community safety - break cycle of criminal activity & child neglect.
- Improve the lives of participants, their children, and families:
 - Employment, Education, Vocational Skills
 - Housing Stability
 - Parenting Skills
 - Healthy Relationships, Social Support & Recovery Support
 - Positive Involvement in Community



Who Is Eligible?

- **Must have a criminal charge or dependency case filed.**
- Some charges prohibited by [RCW 2.30](#) (e.g. serious violent crimes).
- Specific eligibility and exclusion criteria varies by jurisdiction.
- Prosecutor is gatekeeper, must be willing to allow in case.
- **VOLUNTARY – individuals are not mandated to participate, can choose traditional/mainstream case processing instead.**
- Participants waive some rights by choosing therapeutic court (right to a jury trial, etc.)
- Some courts have a try out phase before participants make final decision to opt in.
- Pre-adjudication programs – no plea, charges pending and dismissed upon grad.
- Post plea programs – plea entered, sentencing deferred, successful graduation results in negotiated outcome (lesser conviction / sentence, avoided incarceration).



Drug Court Eligibility Examples

King County

- No Simple Possession Cases – Felonies Only.
- Primarily **Felony Property Crimes** such as:
 - Vehicle Theft
 - Burglary 2nd degree
 - Identity Theft
 - Possession of Stolen Property
 - Organized Retail Theft
 - Residential Burglary
- Some:
 - Delivery & Possession w/ Intent (PWI).
 - Domestic Violence and Assault 3.
- Primarily Pre-Plea. (Full Dismissal Upon Grad.)
- Post-Plea Track added in 2024 w/ additional charges considered.
- Exclusions outlined in [Eligibility Criteria](#).

Spokane County

- No Simple Possession Cases – Felonies Only.
- Similar Charges to King County:
 - Primarily Felony Property Crimes
 - Delivery & Possession w/ Intent (PWI).
 - Domestic Violence and Assault 3.
- Primarily Pre-Plea (Full Dismissal Upon Grad.)
- Post-Plea Track recently added.
- Other Requirements:
 - Have a Moderate to Severe SUD.
 - Live in Spokane County.
 - No unresolved warrants from another jurisdiction.
 - Maximum restitution = \$5,000.
 - **Reasonable connection exists between the alleged illegal conduct and SUD.**

Who Is Best Served by a Therapeutic Court?

Individual Characteristics

- Substantial research identifies which individuals will respond best to therapeutic courts versus less intensive interventions.
- **Evidence-based screening tools** help match participants with appropriate level of treatment, supervision, services.
- **“High Risk / High Need”** individuals require more structure and accountability to be successful in treatment & rehabilitation. This is NOT a risk of violence.
 - Risk = Likelihood of Poor Prognosis in Traditional Treatment, Significant Criminogenic Factors.
 - Need = Level of Behavioral Health Impairment or social service needs.

Community Impact

- Behavioral health needs have progressed to the point community is being harmed (property crimes, child neglect, etc.)
- Court monitoring and accountability needed to ensure public safety.

Risk / Needs Screening Tools

- Administered pre-treatment, by non-clinical staff.
- Helps inform:
 - 1) Appropriateness for therapeutic court vs. less intensive intervention.
 - 2) Recommended level of services & supervision within therapeutic court.

Examples of validated risk-assessment tools commonly used in therapeutic courts:

- RANT Risk and Needs Triage
- ORAS Ohio Risk Assessment System (Community Supervision Tool)
- LS/CMI Level of Service/Case Management Inventory
- LSI-R Level of Service Inventory – Revised

*“Prospective matching studies have confirmed that assigning persons based on a validated risk and need assessment to drug court or DWI court, or to alternative tracks within the programs, produced **significantly higher program completion rates, fewer positive drug tests, lower criminal recidivism, and better cost-effectiveness as compared with programming as usual**, unguided by assessment results.”*

- Adult Treatment Court Best Practice Standards, 2nd edition (2024) p. 15

- Resource: Risk-Need-Responsivity: Recommendations for Community Courts (Center for Justice Innovation)



Recommended Target Population

	High Risk	Low Risk
High Needs	<ul style="list-style-type: none">• Supervision• Treatment courts (e.g., drug courts)• Adaptive rehabilitation	<ul style="list-style-type: none">• Treatment• Adaptive rehabilitation
Low Needs	<ul style="list-style-type: none">• Intensive probation (ISP, HOPE)	<ul style="list-style-type: none">• Deflection; banked probation

Adult Treatment Court Best Practice Standards

recommend serving high risk / high needs individuals:

- 1) "At significant risk for committing a new crime or failing to complete less intensive dispositions like probation"
- 1) Have a moderate to severe SUD, serious/persistent mental health disorder, or other social service needs

How Therapeutic Courts Work

Adult Treatment Court Best
Practice Standards



The Right Treatment for Each Individual

Outpatient

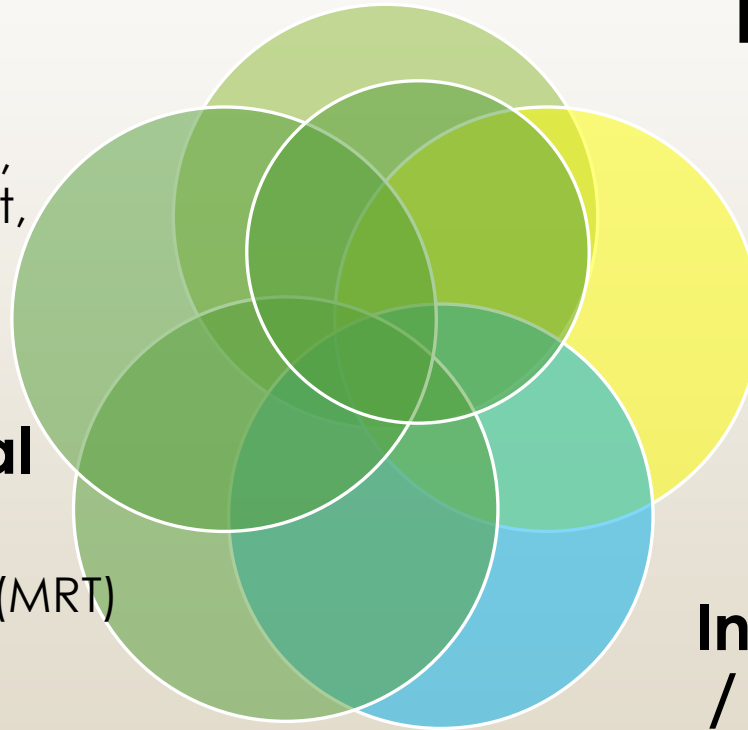
(SUD / Mental Health)

Life Skills:

Parenting Classes,
Vocational Training,
Anger Management,
etc.

Cognitive Behavioral Interventions

- Moral Reconciliation Therapy (MRT)
- Thinking for Change
- DBT



Detox & Inpatient (Residential)

Medications

Methadone, Suboxone,
Sublocade, Naltrexone,
Psychiatric Meds

Individual Counseling / Family Counseling

Resources & Support

to Remove Barriers to Treatment Engagement & Long-Term Success

Basic Needs Referrals:
Food, Clothing

Case Management

Peer Support / Recovery
Support

Transportation &
Child Care

Education &
Employment Assistance

Housing Units / Assistance

Medicaid Navigation &
Healthcare Referrals

WA State ID

Digital / Communication
Literacy & Access

Alumni Group /
Aftercare Support



Structure & Accountability

to assist behavior change

**Clear Expectations
& Consequences**
(Orientation,
Handbook)

**Progress Reports re:
Treatment
Attendance &
Engagement**

**Regular Court
Hearings to Review
Compliance**

**Frequent Random &
Observed Urinalysis
Drug Testing**

**Use of Sanctions &
Incentives for
Behavior
Modification**

**Required
Productivity
(Work, School, etc.)**

**Community Service
Hours**

**Trauma-Informed
Supervision**

Office & Field Visits

**Individualized Case
Planning & Goal
Setting**

It Takes A Village!



Multidisciplinary Team

Judge

Defense Attorney

Prosecutor or District Attorney

Court Coordinator / Administrator

Treatment Providers

Case Managers and/or Probation Officers

Peer Specialists

Law Enforcement*

Housing Providers & Other Community Partners

Nationally, Drug Courts where law enforcement is a team member have an 88% greater reduction in recidivism.



Essential Role of Judge & Hearings

Sanctions & Incentives:

- Transparent Requirements & Predictable Consequences
- Reward Compliance - praise, applause, spin/draw prizes (contingency management)
- Sanction Non-Compliance

Range of Sanctions:

- ✓ Writing Assignments
 - ✓ Community Service Hours
 - ✓ Increased Check-In Meetings
 - ✓ Jail (used sparingly in accordance with best practices)
-
- Recovery is a process.
 - Effort & progress acknowledged: show up, be honest, take responsibility.
 - Court as Theater – Others Watching & Learning.

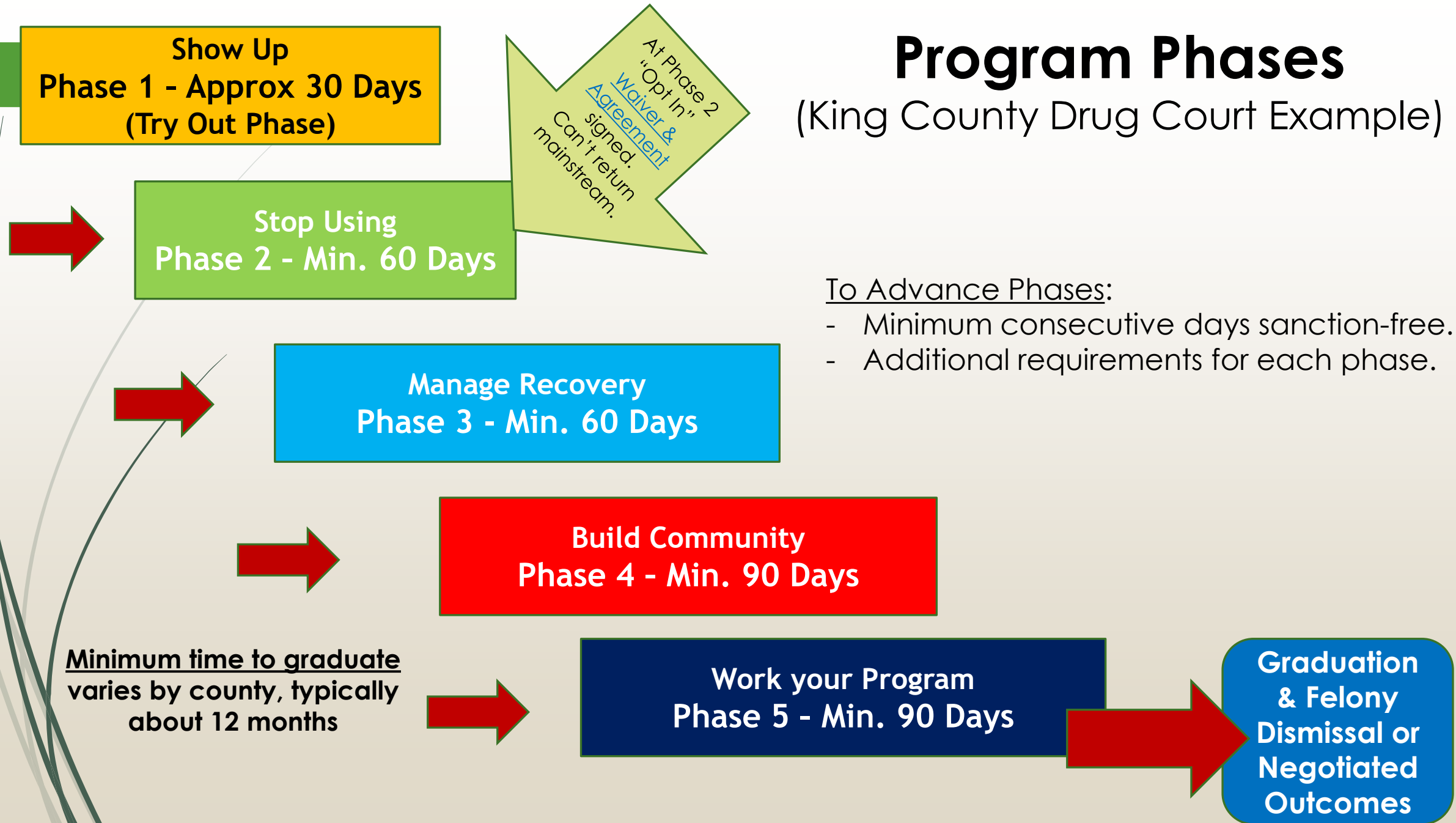


Program Phases

(King County Drug Court Example)

To Advance Phases:

- Minimum consecutive days sanction-free.
- Additional requirements for each phase.



Requirements by Phase (Spokane Drug Court Example)

DRUG COURT TREATMENT PROGRESSION BRIEF OVERVIEW				
PHASE	GROUPS	COURT DATES	SELF-HELPS	OTHER REQUIREMENTS TO PROGRESS TO NEXT PHASE
EE	4 EE groups (2 times per week for 2 weeks)	Return in 1 week	None	<ol style="list-style-type: none"> 1. Completed 4 EE groups 2. Daily Peer Support check-ins 3. Completed MH assessment 4. Met with Attorney before opt-in
Phase I	12 IOP groups (3 times per week for 4 weeks)	Return in 1 week	2	None
Phase II	24 IOP groups (3 times per week for 8 weeks)	Return in 2 weeks; <i>if non-compliant return next week</i>	2 <i>(1 if enrolled in HS+/GED)</i>	<ol style="list-style-type: none"> 1. Sponsor/triad (ROI) 2. Home Group verification 3. PCP/Wellness (ROI) 4. Attended a DC graduation 5. HS+/GED verification (or verification that it has been requested) or enrollment 6. Paid 20% restitution 7. 30 days of 100% compliance to move any phase (and current with ISP) 8. Completed TCU at assessment update (add completed checklist to Cred)
Phase III	20 OP groups (2 times per week for 10 weeks)	Return in 3 weeks; <i>if non-compliant return next week</i>	3 <i>(2 if enrolled in HS+/GED)</i>	<ol style="list-style-type: none"> 1. Begin HS+/GED (if required) or provide proof of GED 2. Paid 50% restitution 3. 30 days of 100% compliance to move any phase (and current with ISP)
Phase IV	24 OP groups (2 times per week for 12 weeks)	Return in 4 weeks; <i>if non-compliant return next week</i>	3 <i>(2 if enrolled in HS+/GED)</i>	<ol style="list-style-type: none"> 1. Have stable housing 2. 30 days of 100% compliance to move any phase (and current with ISP) 3. Paid 75% restitution
Phase V	4+ OP groups (1 time per week until graduation)	Return in 4 weeks; <i>if non-compliant return next week</i>	2 <i>(1 if enrolled in HS+/GED)</i>	<ol style="list-style-type: none"> 1. 4 months clean date 2. Roadmaps Completed 3. HS+/GED completed (if required) 4. Final Triad (two with same sponsor, completed last month) 5. Paid 100% restitution to grad 6. 60 days of 100% compliance to grad 7. Aftercare plan completed/presented in court 2 weeks prior to grad 8. TCU/Exit Interview (per PC)

Outcomes

Reduced Recidivism:

88% of Washington State Drug Court participants have no new felonies at 36-month follow-up per DSHS analysis. 77% have no new crimes at any level (including misdemeanors).

Not just graduates – all participants!

Significant since majority had prior convictions (average 5 prior felonies, 9 prior misdemeanors).

- **Increased Employment & Earnings:** Sustained 231% increase in employment and a 191% increase in earnings for Washington State Drug Court participants at 18-month follow-up, per DSHS analysis.
- **Upstream Impact:** Many therapeutic court participants are parents of minor children.

Cost Savings

- Washington State Institute for Public Policy (**WSIPP**) **classifies Drug Courts and Mental Health Courts as evidence-based programs for reducing crime** & concludes they produce a return on investment for taxpayers.
- Analyses of a WA State Mental Health Court and Family Treatment Court found savings from reduced recidivism, lower rates of hospitalization, fewer emergency department visits, less involvement in the child welfare system, and fewer children born drug affected.
- DSHS analysis of drug court participants in Washington State found significant reductions in crime for drug court participants create a **net taxpayer benefit of \$22,000 per participant, or a \$4 return on every \$1 invested.**



What Graduates Say Helped Most / Makes Them Proud

Feedback from anonymous King County & Spokane County Drug Court graduate exit surveys

“The ability to learn more about myself and on how to regulate my emotions and take control of my life.”

I’m proud of: “Getting back my sobriety, starting my family and being able to work.”

“Drug Court makes you feel like if you mess up, it is not the end of world. You can come back and keep trying until you are on the right path and do get it. I got a lot of support. I needed that much support and I finally got it.”

“The fact that I had something to keep me organized and accountable. It was something to keep me focused and provided me with a goal to keep me on track.”

“Having a longer period of accountability to build my recovery and my clean time before losing that consistency and accountability.”

“Giving me access to stable living, treatment, counseling.”

“All the resources is unbelievable. I can’t really point to one specifically, but housing and helping to find employment are a couple.”

I’m proud of: “Being a good father and role model for my child.”

“The people in Drug Court. The judge, [treatment agency], and the case managers.”

“Multiple drug tests every week.”

“The one-on-ones with my counselor.”

“Putting structure in my life.”

I’m proud of: “myself for completing the program.”



Ron's Story Spokane County Therapeutic Court

[Spokane County therapeutic court diverts 32 defendants from prison | Spokane News | khq.com](#)



Changed Population / Community Landscape



Challenges Post-Blake, Post-Pandemic:

- Loss of Treatment and Stabilization Options In Custody & In Community.
- High Level of Criminal History & Involvement.
- Severity of SUD & MH Disorder / Level of Impairment.
- Open Air Drug Use in Community.
- Increased Homelessness / Lack of Affordable Housing.

What Is Working:

- Crisis & Stabilization Centers with structured program follow-up.
- Example: Spokane Regional Stabilization Center:
 - Stabilization and Detox (3-7 days)
 - Inpatient for MH & SUD (28-59 days)
 - Used before or mid therapeutic court. Police can bring directly.
- Inpatient to Housing.

Innovation & Harm Reduction



- Abstinence Requirements & Self Reporting Incentives.
- MOUD (Methadone, Suboxone, Sublocade, Naloxone).
- Narcan for Opioid Overdose Reversal.
- Referral Relationships - Public Health & Community Providers.
- Use of Peers & Peer Partnerships.
- Hybrid Court & Services.
- Housing Policies.
- Family / Relationship Counseling (Optional).
- Alumni Meetings.
- Recovery Capital Assessments.
- Individual Case Management Plans (Goal Setting).

Outreach & Collaboration with Diversion Programs

- Law Enforcement Outreach.
- Proactive Outreach to Potential Participants.
- Prosecutor's Office – diversion program coordination (Drug Court, LEAD, pre-filing, etc).
- Therapeutic Court Collaboration with:
 - Recovery Navigator Program (RNP)
 - LEAD
- Treatment Provider:
 - Able to assess individuals while incarcerated.
 - Seamless discharge from jail to treatment (outpatient, inpatient).
 - Provides both SUD & mental health treatment.
 - Serves various Therapeutic Courts & Diversion Programs.
 - Works with other diversion and stabilization programs.





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Questions?