

ADULT DRUG COURT BEST PRACTICE STANDARDS

VOLUMES I & II

Why Standards?

- **Put null findings in context (8 - 16%)**
- **Disown harmful programs (6 - 9%)**
- **Prevent regression to old habits (model drift)**
- **Protect “brand name” from incursions**
- **Define standard of care for ourselves**
 - Limit appellate review to conformance with standards rather than creating standards
 - Congressional committees, agencies, etc.

Why Standards? (cont.)

- **Reduce legal & constitutional errors**
 - Procedural due process requires standards, rational basis, and notice of rights being waived
- **Reduce disparate impacts (violations of Equal Protection)**
- **Provide support and political cover for needed services and expenditures**
- **Demonstrate maturity of our profession**
- **Because we care about getting it right!**

Volume I

Volume I

Twenty out of twenty-five states (80%) responding to a national survey indicated they have adopted the Standards for purposes of credentialing, funding, or training new and existing Drug Courts in their jurisdictions.

Volume I

- I. Target Population**
- II. Historically Disadvantaged Groups**
- III. Roles & Responsibilities of the Judge**
- IV. Incentives, Sanctions, & Therapeutic Adjustments**
- V. Substance Abuse Treatment**

Target Population

- Eligibility & exclusion criteria are based on empirical evidence
- Assessment process is evidence-based
 - A. Objective eligibility criteria
 - B. High-risk & high-need participants
 - C. Validated eligibility assessments
 - D. Criminal history disqualifications
 - “Barring legal prohibitions . . .”
 - E. Clinical disqualifications

Target Population

**Don't Treat or
House
High Risk and
Low Risk
Together**

Hx Disadvantaged Groups

- **Equivalent opportunities to participate and succeed in Drug Court**
 - A. Equivalent access (intent & impact)**
 - B. Equivalent retention**
 - C. Equivalent treatment**
 - D. Equivalent incentives & sanctions**
 - E. Equivalent legal dispositions**
 - F. Team training (remedial measures)**

Roles of the Judge

- **Contemporary knowledge; active engagement; professional demeanor; leader among equals**
 - A. Professional training
 - B. Length of term
 - C. Consistent docket
 - D. Pre-court staff meetings
 - E. Frequency of status hearings
 - F. Length of court interactions
 - G. Judicial demeanor
 - H. Judicial decision-making

Incentives & Sanctions

- **Predictable, consistent, fair, and evidence-based**
 - A. Advance notice**
 - B. Opportunity to be heard**
 - C. Equivalent consequences**
 - D. Professional demeanor**
 - E. Progressive sanctions**
 - F. Licit substances**
 - G. Therapeutic adjustments**
 - H. Incentivizing productivity**

Incentives & Sanctions (cont.)

➤ Predictable, consistent, fair, and evidence-based

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I. Phase promotion

J. Jail sanctions

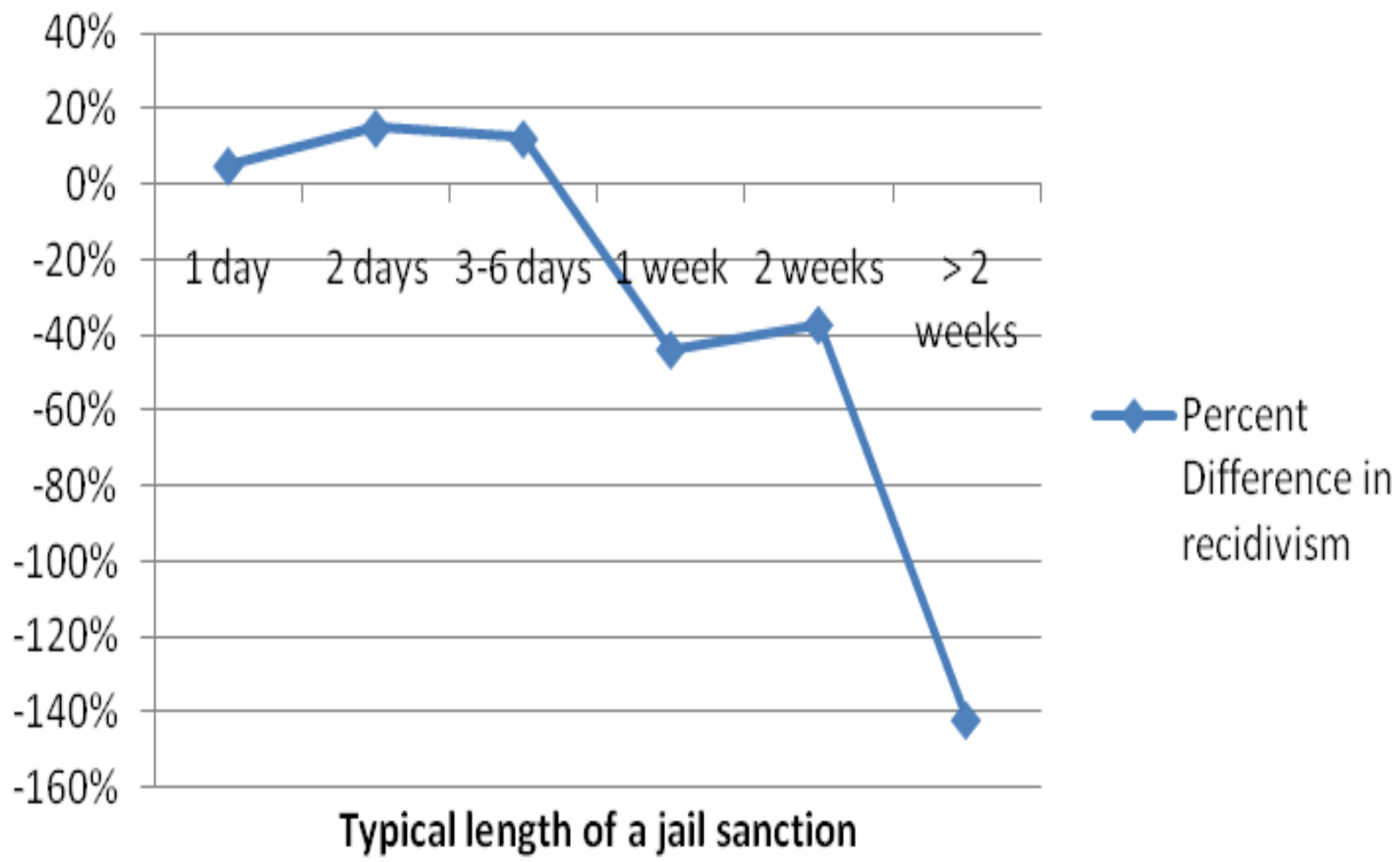
K. Termination

L. Consequences of graduation and termination (leverage)

In

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Percent decrease in recidivism between courts that use differing amounts of jail sanction time



Substance Abuse Treatment

- **Based on treatment needs and evidence-based**
 - A. Continuum of care**
 - “if adequate care is unavailable . . .”
 - B. In-custody treatment**
 - C. Team representation**
 - D. Treatment dosage and duration**
 - E. Treatment modalities**
 - F. Evidence-based treatments**

Substance Abuse Tx (cont.)

➤ **Based on treatment needs and evidence-based**

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G. Medications

H. Provider training and credentials

I. Peer support groups

J. Continuing care

Volume II

Volume II

**VI. Complementary Treatment &
Social Services**

VII. Drug and Alcohol Testing

VIII. Multidisciplinary Team

IX. Census and Caseloads

X. Monitoring and Evaluation

Complementary Treatment

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

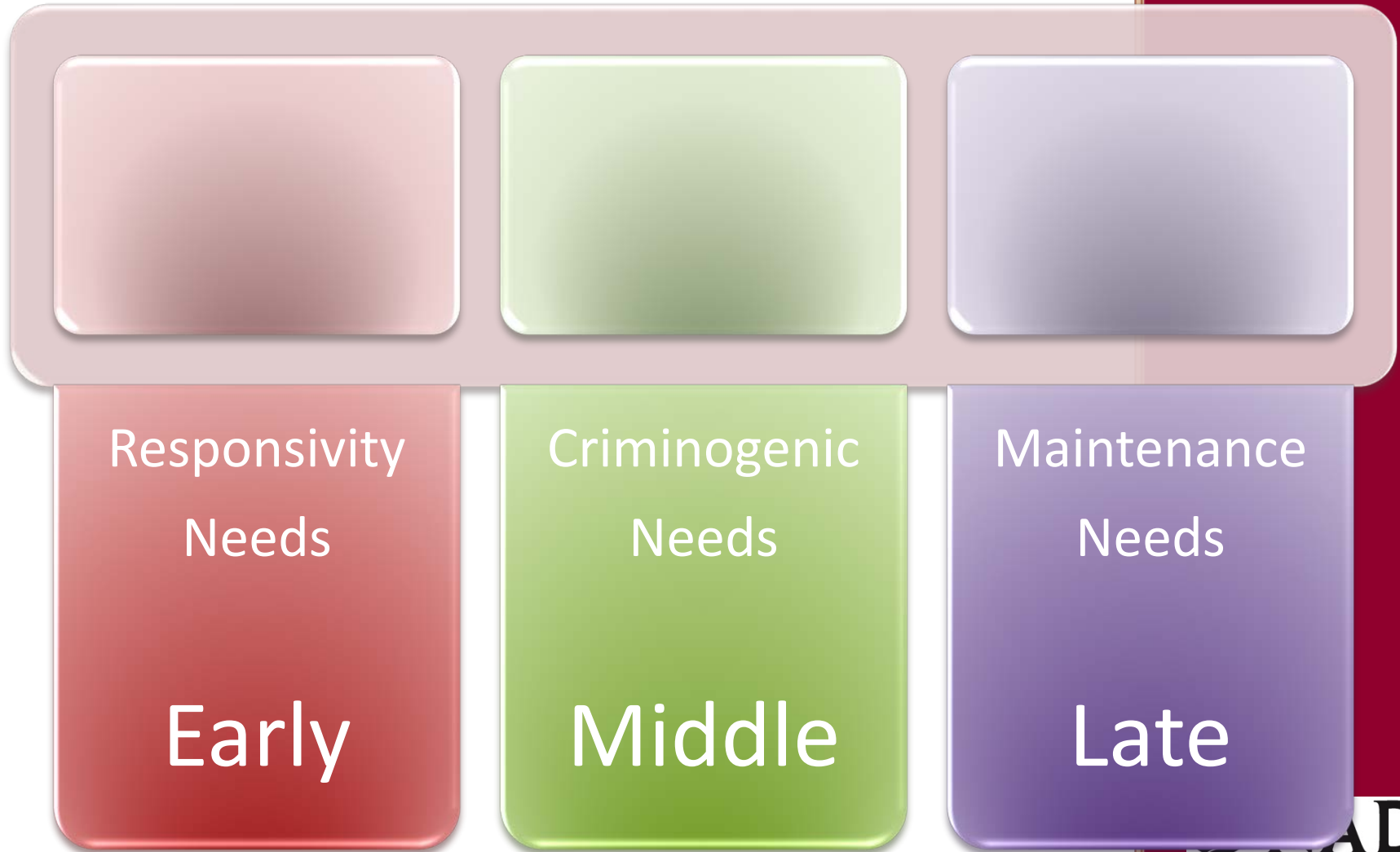
Complementary Treatment

- 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

Complementary Treatment

- G. Criminal Thinking Interventions
- H. Family & Interpersonal Counseling
- I. Vocational & Educational Services
- J. Medical and Dental Treatment
- K. Prevention of High-Risk Behaviors
- L. Overdose Prevention & Reversal

Timing Matters



Drug & Alcohol Testing

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

Drug & Alcohol Testing

- A. Frequent Testing
- B. Random Testing
- C. Duration of Testing
- D. Breadth of Testing
- E. Witnessed Collection

Drug & Alcohol Testing

F. Valid specimens

G. Accurate & Reliable
Testing Procedures

H. Rapid Results

I. Participant Contract

Multidisciplinary Team

A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment and supervision services.

Multidisciplinary Team

Composition &
Training

Pre-Court Staff
Meetings & Status
Hearings

Team

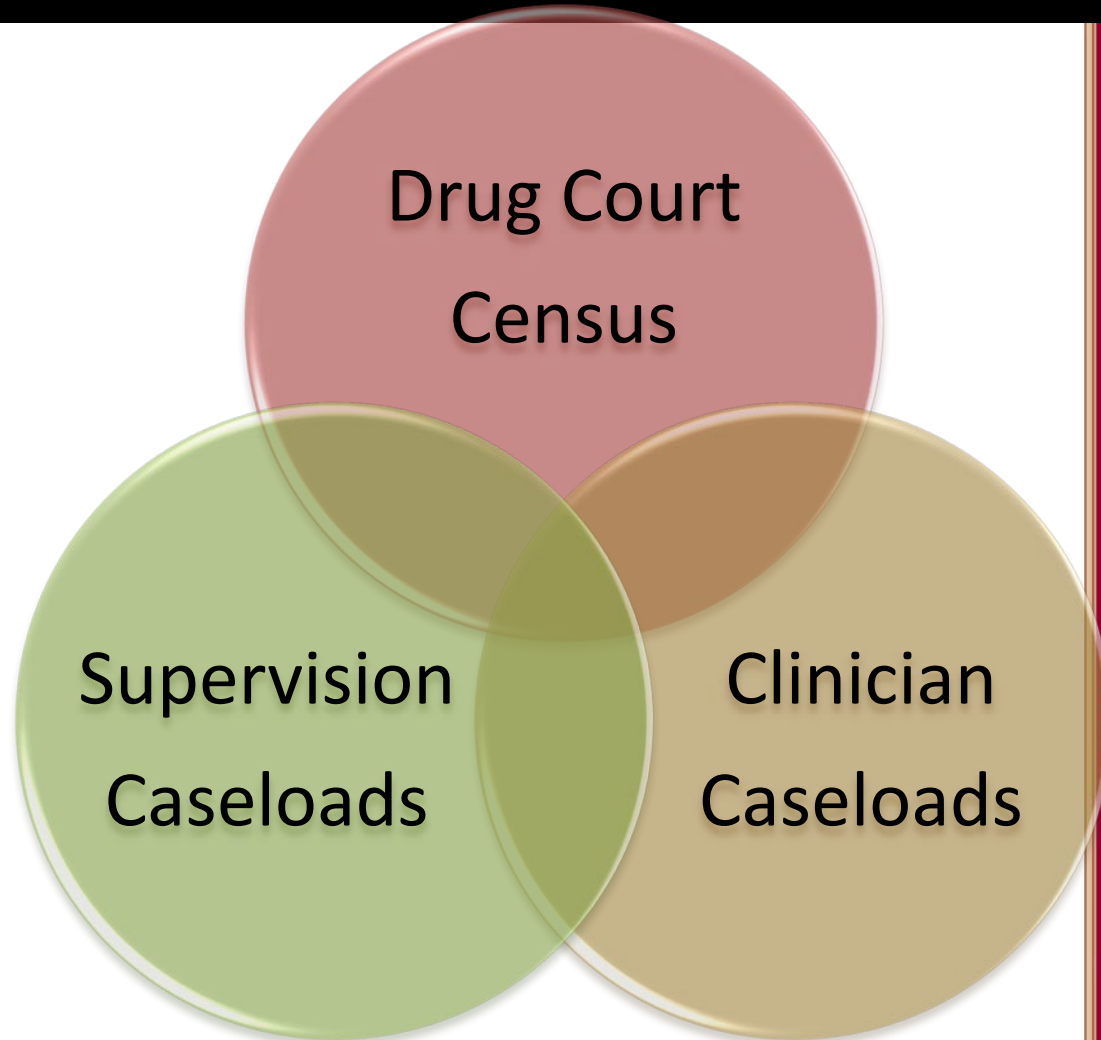
Sharing Information

Communication &
Decision Making

Census and Caseloads

The Drug Court serves as many eligible individuals as practicable while maintaining continuous fidelity to best practice standards.

Census and Caseloads



	High Risk	Low Risk
High Need	30 to 1 (or less)	Probation: 50 to 1 Treatment: 30: 1
Low Need	Probation: 30 to 1 Treatment: 50: 1	200:1 Don't Belong in Drug Court

Monitoring & Evaluation

The Drug Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.

Monitoring & Evaluation

- A. Adherence to Best Practices
- B. In-Program Outcomes
- C. Criminal Recidivism
- D. Independent Evaluations
- E. Historically Disadvantaged Groups

Monitoring & Evaluation

- F. Electronic Database
- G. Timely & Reliable Data Entry
- H. Intent-to-Treat Analyses
- I. Comparison Groups
- J. Time at Risk

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Evaluations

Please remember to fill out our speaker evaluation survey!

Link: <http://bit.ly/2kwDvV9>



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