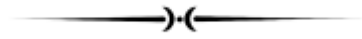
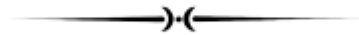


NEW TEAM MEMBER



**WISCONSIN TREATMENT
COURT STANDARDS
TRAINING**



September 2019



Janesville, Appleton, Rice Lake

This project was supported by Grant No. **2018-DC-BX-0154** awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. 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.

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Agenda

New Team Members - Wisconsin Treatment Court Standards Training

8:00 - 9:45 AM

Welcome and Introductions

Standard 1: Commitment to Evidence-Based Practices

Standard 2: Equity & Inclusion

Standard 3: Planning Process

Standard 7: Recordkeeping & Confidentiality

Standard 8: Target Population, Eligibility & Referral

Standard 9: Screening & Initial Assessment

9:45 - 10:00 AM

BREAK

10:00 - 11:45 AM

Standard 10: Case Planning

Standard 11: Treatment

Standard 12: Program Phases

Standard 13: Drug & Alcohol Testing

Standard 15: Training

Standard 16: Community Outreach

Standard 17: Performance Measures & Evaluation

11:45 - 12:45 PM

LUNCH

12:45 - 2:00PM

Standard 14: Applying Incentives, Sanctions & Therapeutic Adjustments

Behavior Modification 101

2:00 - 2:15 PM

BREAK

2:15 - 3:15 PM

Standard 4: Teams

Standard 5: Judicial Interaction & Role

Standard 6: Balancing the Non-Adversarial Approach with Due Process
Concerns

3:15 - 4:15 PM

Role Specific Breakout

4:15 - 4:30 PM

Wrap-up

Wisconsin Treatment Court Standards

Presenter Bios

Heather Kierzek is the Treatment Alternatives and Diversion (TAD) Improvement Specialist with the Wisconsin Department of Justice (DOJ). In this position, she provides technical assistance to the TAD programs through coordinating site visits and corresponding reports that evaluate the programs against the WI Treatment Court Standards. She also provides training on the Standards for individual treatment court teams and programs around the state. Heather assisted with the revision of the Wisconsin Treatment Court Standards in 2018 and helps plan the annual Wisconsin Association of Treatment Court Professionals (WATCP) Coordinator's Conference. Previously she worked as the coordinator for the Columbia County Adult Drug Treatment Court and was a Probation & Parole Agent with the Department of Corrections Division of Juvenile Corrections. She also has experience working as a Juvenile Court School Liaison in Iowa. Heather has a Bachelor's Degree in Political Science from Iowa State University.



Reneé Lushaj is the Treatment Alternatives and Diversion (TAD) Program Manager with the Wisconsin Department of Justice (DOJ). In this position, she manages over 50 Treatment Courts and over 20 Diversion Programs around the state of Wisconsin, which are state-funded annually at over \$6.4 million. Reneé also conducts site visits with the programs and, along with Heather, provides training on the Standards for individual treatment court teams and programs around the state. She serves as a board member of WATCP and assisted in revising the Wisconsin Treatment Court Standards in 2018. She continues to assist with planning both the annual WATCP Statewide Conference and the Coordinator's Conference. Reneé previously worked for the Wisconsin Department of Corrections as a Probation & Parole Agent in Dane County for over five years. She has a Master's Degree in Social Work and a Bachelor's Degree in Social Work and Psychology, both obtained from the University of Wisconsin-Madison.



Katy Burke is the Statewide Problem-Solving Court Coordinator in the Director of State Courts Office, Office of Court Operations. In her role as the state wide coordinator, she provides training and technical assistance to treatment court teams in Wisconsin. Prior to her role in the Office of Court Operations, Burke served as the Vernon County Sobriety Court Coordinator and treatment provider, since its inception in 2011 until her appointment to the state coordinator position in 2016. She holds an A.S. in Criminal Justice and B.S. in Addiction Studies from Viterbo University. Burke is also a certified Clinical Substance Abuse Counselor and previously worked as a sheriff deputy in Vernon County, WI and as a reserve officer in La Crescent, MN.

State Criminal Justice Coordinating Council (CJCC)/Evidence-Based Decision Making

- State CJCC Website - <https://cjcc.doj.wi.gov/>
- WI TAD Statute 165.95 - <https://docs.legis.wisconsin.gov/statutes/statutes/165/95/9>
- TAD Violent Offender Definition - <https://cjcc.doj.wi.gov/sites/default/files/initiative/TAD%20Violent%20Offender%20Definition%20%26%20Considerations.pdf>
- Treatment Court Coordinator's Forum - <https://wiggio.com> (Contact State Courts Coordinator - Katy Burke)
- CJCC Local Program Map - <https://cjcc.doj.wi.gov/local-program-map>

General Websites

- CCI - Center for Court Innovation: <http://www.courtinnovation.org/>
- Justice Center page on Mental Health Courts: <http://csgjusticecenter.org/mental-health-court-project/>
- Justice for Vets: <http://www.justiceforvets.org/>
- NADCP - National Association of Drug Court Professionals: <http://www.nadcp.org/>
- National Rural Institute on Alcohol and Drug Abuse: <http://www.uwstout.edu/profed/nri/>
- NCDC - National Center for DWI Courts: <http://www.dwicourts.org/>
- NCSC - National Center for State Courts: <http://www.ncsc.org/>
- NCSC - National Center for State Courts & Justice Programs Office at American University
- Translating Drug Court Research into Practice (R2P) <http://research2practice.org/>
- NCSC - National Center for State Courts Mental Health Court Resource Guide: <http://www.ncsc.org/Topics/Problem-Solving-Courts/Mental-Health-Courts/Resource-Guide.aspx>
- NDCI - National Drug Court Institute: <http://www.ndci.org/>
- NDCRC - National Drug Court Resource Center: <http://www.ndcrc.org/>
 - Includes numerous sample forms and Training and Technical Assistance resources
- NIC - EBDM - National Institute of Corrections' Evidence-Based Decision Making: <http://nicic.gov/ebdm>
- NIJ - National Institute of Justice page on drug courts: <http://www.nij.gov/topics/courts/drug-courts/pages/welcome.aspx>
- NREPP - National Registry of Evidence-based Programs and Practices: <http://www.nrepp.samhsa.gov/>
- SAMHSA - Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/>
- Tribal Healing to Wellness Courts website: <http://www.wellnesscourts.org/>
- WATCP - Wisconsin Association of Treatment Court Professionals: <http://www.watcp.org/>

National and Wisconsin Treatment Court Standards

- "Adult Drug Court Best Practice Standards Volume I" (NADCP): <http://www.allrise.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf>
- "Adult Drug Court Best Practice Standards Volume II" (NADCP) : http://www.ndcrc.org/sites/default/files/adult_drug_court_best_practice_standards_volume_ii.pdf
- "Wisconsin Treatment Court Standards" (WATCP): <https://www.watcp.org/wp-content/uploads/2018/12/FINAL-WI-Treatment-Court-Standards-2018.pdf>

Cultural Awareness:

- Achieving Racial and Ethnic Fairness in Drug Courts (Marlowe): <http://aja.ncsc.dni.us/publications/courtrv/cr49-1/CR49-1Marlowe.pdf>
- “Cultural Competency: It’s Impact on Addiction Treatment and Recovery”(ATTC): <https://scaoda.wisconsin.gov/scfiles/diversity/DiversityAODAandCulturalCompetence.pdf>
- Drug Court Cultural Needs Assessment (NDCRC): <http://www.ndcrc.org/content/drug-court-cultural-needs-assessment>
- “Meeting the Needs of Women in California’s County Justice Systems: A Toolkit for Policymakers and Practitioners” (Bloom): <http://www.pretrial.org/download/infostop/Womens%20Toolkit.pdf>
- “National Standards for Culturally and Linguistically Appropriate Services in Health Care: Fact Sheet” <https://www.thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf>
- “National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report”: <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>
- “National Standards for Culturally and Linguistically Appropriate Services in Health Care : A Blueprint for Advancing and Sustaining CLAS Policy and Practice”: <https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>
- “SAMHSA Behavioral Health Disparities Impact Statement and the TA Partnership Blueprint for Reducing Disparities/Disproportionalities”: http://www.tapartnership.org/events/webinars/webinarArchives/presentationSlides/20130924_BlueprintWebinarSlides.pdf
- NCSC – National Center for State Courts Mental Healthy Court Resource Guide – Addressing http://www.ncsc.org/~media/Files/PDF/Topics/Gender%20and%20Racial%20Fairness/IB_Summary_033012.ashx

Evaluation and Research

- “Action Research: Using Information to Improve Your Drug Court” (Rempel): <http://www.courtinnovation.org/sites/default/files/Action%20Research.pdf>
- “Assessing the Effectiveness of Drug Courts on Recidivism: A Meta-Analytic Review of Traditional and Non-Traditional Drug Courts” (Mitchell et al.): http://www.courtinnovation.org/sites/default/files/documents/Assessing_Efectiveness.pdf
- “Drug Courts and State Mandated Treatment Programs: Outcomes, Costs, and Consequences” (Carey et al.): <https://www.ncjrs.gov/pdffiles1/nij/grants/223975.pdf>
- “Evaluating Correctional Programs” (Latessa): http://www.unafei.or.jp/english/pdf/RS_No88/No88_11VE_Latessa_Evaluating.pdf
- “Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes, and Costs” (Carey et al.): <https://www.ncjrs.gov/pdffiles1/nij/grants/223853.pdf>
- “Impact of a Mature Drug Court Over 10 Years of Operation: Recidivism and Costs” (Finigan et al.) : <https://www.ncjrs.gov/pdffiles1/nij/grants/219225.pdf>
- “The Multisite Adult Drug Court Evaluation” (Rossman and Zweig): <http://www.nadcp.org/sites/default/files/nadcp/Multisite%20Adult%20Drug%20Court%20Evaluation%20-%20NADCP.pdf>
- “Using Information to Improve Your Drug Court”: <http://www.courtinnovation.org/sites/default/files/Action%20Research.pdf>
- “Multi-Site Adult Drug Court Evaluation: The Impact of Drug Courts, Volume 4” (Rossman et al.): <https://www.ncjrs.gov/pdffiles1/nij/grants/237112.pdf>

Evidence-Based Practices

- Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices: <http://www.nrepp.samhsa.gov/Index.aspx>
- “Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions” (Marlowe): <http://www.ndci.org/sites/default/files/BehaviorModification101forDrugCourts.pdf>
- Best Practices in Drug Courts Presentation by Marlowe: <http://www.tadcp.org/documents/BestPractices-Dr.Marlowe.pdf>
- Drug Court Review: <http://www.ndci.org/publications/drug-court-review/best-practices-drug-courts>
- “What Works? The 10 Key Components of Drug Courts: Research Based Practices” (Carey et al) : http://www.ndci.org/sites/default/files/nadcp/DCR_best-practices-in-drug-courts.pdf

Privacy and Confidentiality

- Federal Confidentiality Laws: 42 C.F.R., Part 2 and HIPAA Powerpoint presentation by Hanson and Raine: http://justiceforvets.org/sites/default/files/2015_conference_web_page/Handouts/CG5/CG-5.pdf
- Freedom of Information Act (FOIA): <http://www.foia.gov/>
- Statutes pertaining to WI public records: <https://docs.legis.wisconsin.gov/statutes/statutes/19/II/21>
- U.S. Department of Health and Human Services HIPAA page: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/>
- U.S. Department of Health and Human Services page on Culturally and Linguistically Appropriate Services in Health and Health Care: <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>
- “Wisconsin Treatment Courts: Best Practices for Record-keeping, Confidentiality and Ex Parte Information”: <http://www.wicourts.gov/courts/programs/docs/treatmentbestpractices.pdf>
- 42 CFR: <http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5;node=42%3A1.0.1.1.2>

Legal

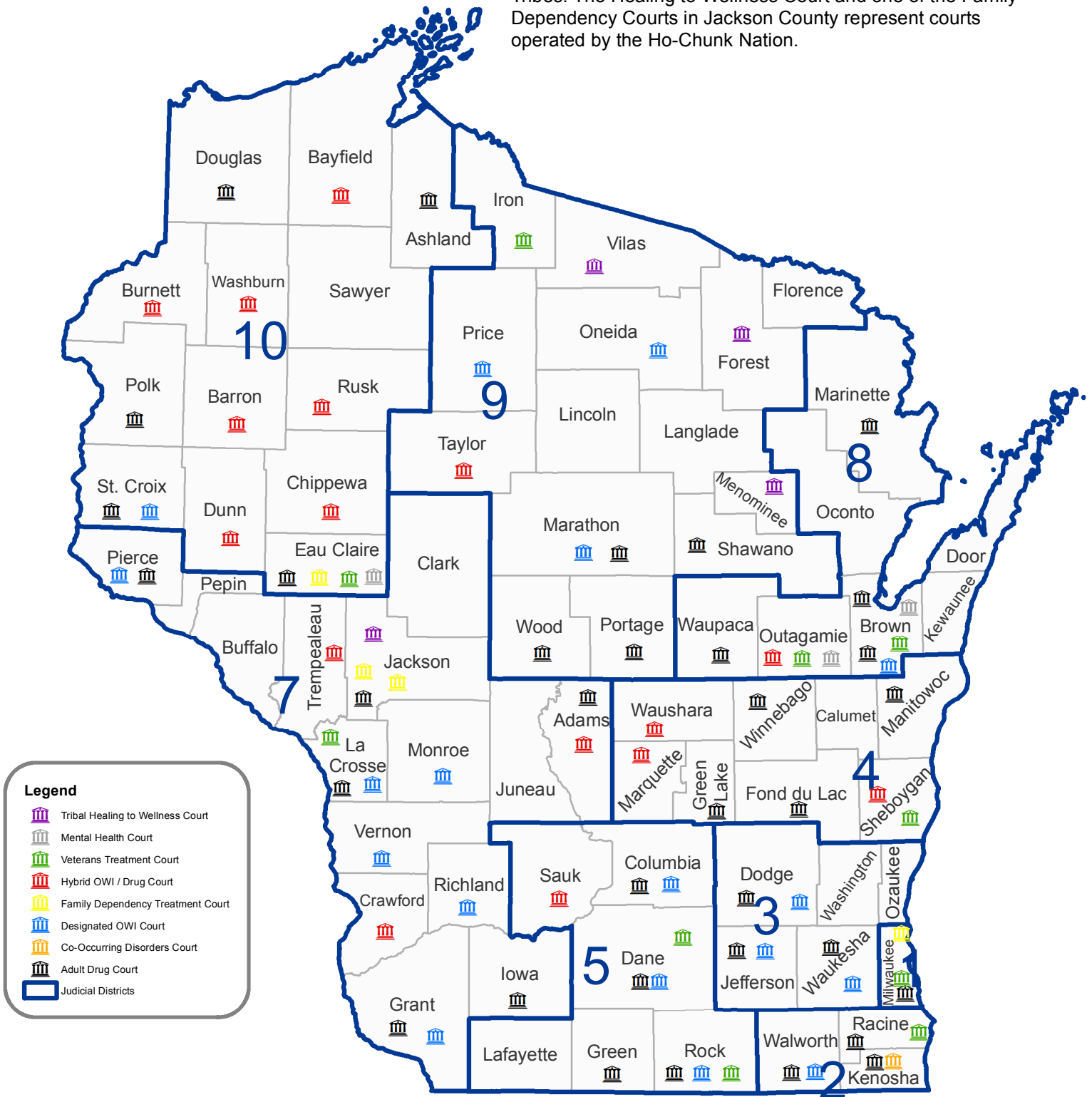
- “Drug Court Judicial Benchbook” (Marlowe and Meyer): <http://www.ndci.org/publications/more-publications/drug-court-judicial-benchbook>
- “Ethical Considerations for Judges and Attorneys in Drug Court” (NDCI): <https://www.ncjrs.gov/pdffiles1/nij/grants/197080.pdf>
- National Association of Drug Court Professionals (NADCP) webinar on Constitutional and Legal Issues: <https://ndcrc.webex.com/ndcrc/lsr.php?RCID=ea1c07cd5e12276f8dc08bd0a5a9d2ee>
- National Drug Court Institute (NDCI) Constitutional and Other Legal Issues in Drug Court: <http://www.ndci.org/law>
- Wisconsin Supreme Court Rule 60 Except: Ex parte Communications: <http://legis.wisconsin.gov/rsb/scr/5600.pdf>

Treatment-related Resources

- Adverse Childhood Experiences Study (ACES) website/questionnaire: http://www.acestudy.org/ace_score
- Culturally and Linguistically Appropriate Services (CLAS) information: <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>
- Michigan Association of Drug Court Professionals presentation on criminal thinking: http://madcp.dreamhosters.com/sites/default/files/4F_Barbour_Criminal_Thinking.pdf
- Texas Christian University (TCU) link to criminal thinking scales: <http://ibr.tcu.edu/forms/tcu-criminal-thinking-scales/>
- Tool for randomizing drug testing: <http://randomization.org/home.htm>

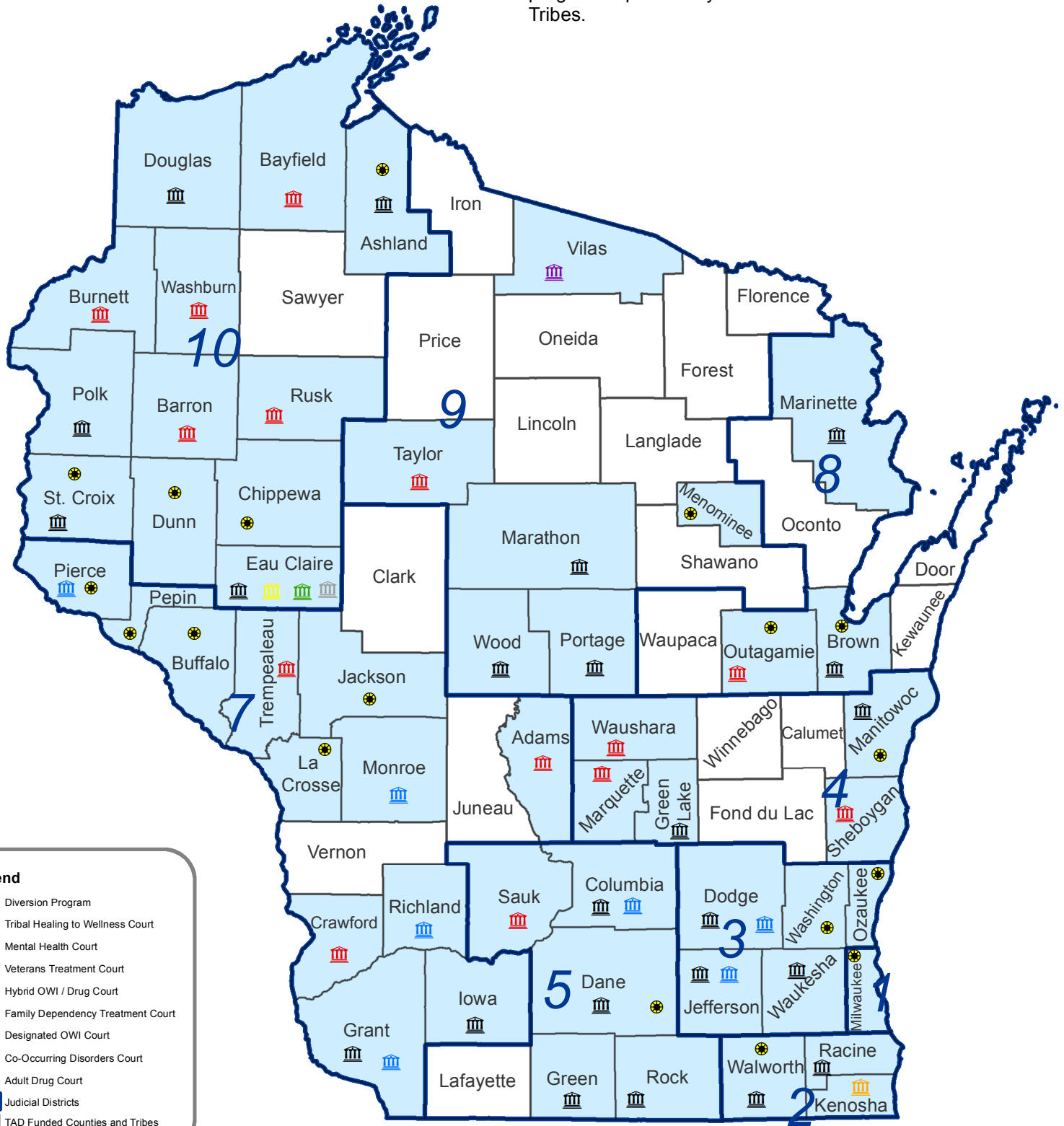
Wisconsin Treatment Courts

The courts in Vilas and Menominee counties represent courts operated by the Lac du Flambeau and Menominee Tribes. The Healing to Wellness Court and one of the Family Dependency Courts in Jackson County represent courts operated by the Ho-Chunk Nation.

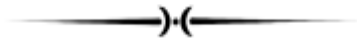


Calendar Year 2019 Wisconsin Counties and Tribes Treatment Alternatives and Diversion (TAD) Funded Programs

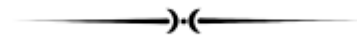
The courts in Vilas and Menominee counties represent programs operated by the Lac du Flambeau and Menominee Tribes.



WI Treatment Court Standards Training



POWERPOINT PRESENTATIONS



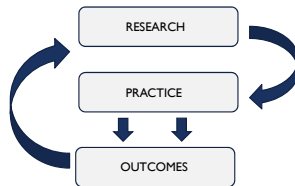
September 2019

STANDARD I – Demonstrated Commitment to Evidence-Based Practices

Wisconsin treatment courts are committed to incorporating **evidence-based principles** in the development of their policies and procedures, including program referrals, design, and deliver of services. Research shows that programs which ignore best practices and fail to have treatment team members attend regular training are those most likely to produce ineffective or harmful results.

WHAT IS AN EVIDENCE-BASED PRACTICE?

- In the criminal justice system, a **partnership** between research and practice.
- Research is used to determine how effective a practice is at achieving **measurable outcomes**, including reduction in recidivism and increasing public safety.



EVIDENCE-BASED PRACTICE PYRAMID

<ul style="list-style-type: none"> Significant sustained reductions in recidivism obtained Multiple site replication Preponderance of all evidence supports effectiveness 		Experimental/control research design with controls for attrition
		Quasi-experimental control research with appropriate statistical controls for comparison group
		Matched comparison group without complete statistical controls
		Conflicting findings and/or inadequate research designs
		Silver and Gold research showing negative outcomes

Source: Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention, Crime and Justice Institute

RISK PRINCIPLE

- Match level of service to the defendant's risk of re-offending
- Based on **static** and **dynamic** risk factors
 - High Risk Participants**
 - Should receive more **intensive intervention**
 - Low Risk Participants**
 - Should receive **minimal intervention**
 - Low Risk Participants**
 - Give stabilization services

NEED PRINCIPLE

- Assess criminogenic needs and target them in treatment
- Criminogenic needs are dynamic risk factors that are proven through research to affect recidivism.

The Big Four Criminogenic Needs

- Anti – social cognition
- Anti – social companions
- Anti – social personality/temperament
- Family and/ or martial

➔

The Lesser Four

- Substance abuse
- Employment
- School
- Leisure and/ or recreation

RESPONSIVITY

- Tailoring interventions to individual learning styles, motivations and abilities can maximize the offender's ability to learn from the intervention.

Initial Needs and Barriers	Responsivity Factors
<p><small>Factors that need to be addressed to increase the participants ability to engage in treatment</small></p> <ul style="list-style-type: none"> ▪ Housing ▪ Clothing ▪ Physical health ▪ Detoxification ▪ Transportation ▪ Child care ▪ Self-care 	<p><small>Individual factors that affect the achievement of treatment goals</small></p> <ul style="list-style-type: none"> ▪ Anxiety/depression ▪ Poor social skills ▪ Self-esteem ▪ Inadequate problem-solving skills ▪ Concrete-oriented thinking ▪ Mental illness ▪ Poor verbal skills ▪ Age, gender, race/ethnicity ▪ Motivational factors ▪ Learning styles

RNR MODEL

- The risk-need-responsivity model states that the **risk and needs** of an offender should **determine the strategies** appropriate for **addressing** the individual's **criminogenic factors**.

Actuarial Risk Assessment Tool Examples: <ul style="list-style-type: none"> COMPAS LSI-R RANT ORAS IDA 	Need Assessment Tool Examples: <ul style="list-style-type: none"> TCU GAIN DAST-20 URICA SOCRATES CARS
------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TARGET INTERVENTIONS

Risk Principle: Prioritize supervision and treatment resources for high risk participants	Need Principle: Target interventions to criminogenic needs	Responsivity Principle: Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs.
Dosage: Structure 40% to 70% of high-risk participant's time for 3-9 months	Treatment Principle: Integrate treatment into full sentence/sanction requirements (therapeutic adjustments)	

PUNISHMENT

- Punishment by itself will not change criminal behavior.
 - Focus on **incentives & treatment**
- Produces at best short term compliance.
- Taken alone it actually increases recidivism.
- Can be effective as a behavioral modification support for treatment and rehabilitation (3-5 days)

Figure 3. Duration of Jail Sanction Time Compared with Reduction in Recidivism


TRAUMA-INFORMED APPROACH

Trauma-informed criminal justice responses can help to avoid re-traumatizing individuals, and thereby:

- Increase safety for all
- Decrease recidivism
- Promote and support recovery of justice-involved individuals

Therefore:

- **Never assume** the reasons for their behavior
- Be respectful and give **extra time** in all of your interactions
- Create a **safe environment** for participants





STANDARD 2 – Equity & Inclusion

All persons, including those who have experience sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status shall have the same opportunity to participant in treatment courts.

EQUAL ACCESS

Ensure Equal Access To:

- The program  By creating and utilizing **referral and eligibility criteria** and **screening and assessment tools** that are **nondiscriminatory** in intent and impact
- Tools that have been **validated** for use with members of underserved groups (**including women**)
- **Appropriate levels of care** and **quality treatment**
- Ensure treatment is **accessible** and **culturally competent**
- The same **incentives and sanctions** (for comparable achievements and infractions)  Except when **necessary** to prevent harm

RECOGNITION OF IMPLICIT BIAS

- Provide each treatment team member with **ongoing, current training** to **recognize implicit cultural biases** and **correct disparate impacts** for members who have sustained discrimination or reduced social opportunities



INEQUALITY IN YOUR COURT

Evaluate and Examine:

- Whether participants who have experienced **sustained discrimination or reduced social opportunities** have the same **retention rates and legal disposition** as other participants → **If not, take corrective action to achieve those outcomes**
- Any potential **program disparities** among underserved populations → **Take reasonable actions to prevent or correct any disparities**
- Feedback from program participants on team's **cultural competence and sensitivity** → **Provide training and make program adjustments as needed**

STANDARD 3 – Planning Process

A collaborative process used by criminal justice system stakeholders to plan and design the treatment court program.

ADVISORY BOARD

- Who should be involved?
 - Usually a Criminal Justice Coordinating Committee (CJCC), but can be a separate board
- Timing of meetings and functions
 - Community mapping
 - Review research
 - Review and establish program goals
 - Review and ensure adequate case management and information tracking systems are in place
 - Review and update policies and procedures based on law changes
 - Review and modify forms, MOUs, manuals
 - Review and modify budget

TREATMENT COURT TEAM

- Sustainability
- Set Meeting Times
- Transitioning



POLICY AND PROCEDURE MANUAL				
Mission statement, goals & objectives	Treatment court team & advisory board members	Team member roles/responsibilities & continuity plan	Referral process	Eligibility criteria
Assessment	Program fees (if applicable)	Record-keeping & confidentiality policy	Graduation criteria	Termination process & criteria
Phase structure	Incentives & sanctions guidelines	Testing procedure	Sustainability plan	Program resources

PLANNING AND TRAINING RESOURCES
•NADCP & WATCP Annual Conferences
•NDCI Training
•NDCRC Resources
•Mentor Courts
•National Rural Institute
•Webinars
•WATCP Coordinators' Conference (October 3-4)
•Coordinator's Forum (Wiggio)

STANDARD 4 – Teams

The treatment court team is comprised of a dedicated group of professionals who are responsible for managing and overseeing the day-to-day operations of the program, including the administration of treatment and supervisory services.

TEAMS




ROLE OF THE JUDGE

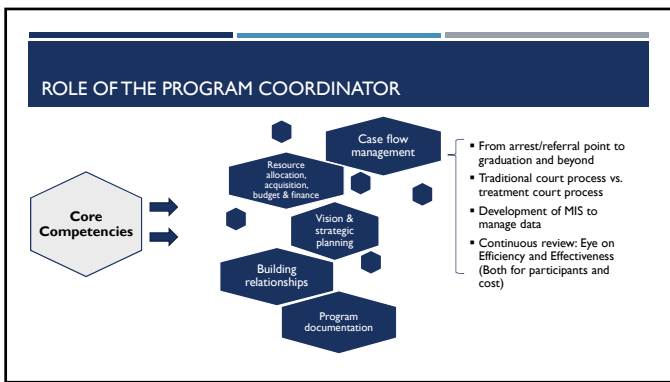
Leads the Treatment Court & the Team

- The role of the Treatment Court judge is different from traditional role
- Still responsible to assure constitutional guarantees of due process, but in consultation with team members
- Judge has disproportionate impact on success of participants
- At least 4:1 (better 6:1 or 10:1) positive to negative response ratio
- Say every positive thing you can honestly say, as often as you can!!

ROLE OF THE PROGRAM COORDINATOR

They keep this well-oiled machine running!!





- ### ROLE OF PROGRAM COORDINATOR
- Responsible for:**
- Maintaining documents and records of program
 - Overseeing fiscal and contractual obligations
 - Facilitating communication between team members and partner agencies
 - Ensuring policies and procedures are followed
 - Overseeing collection of performance and outcome data
 - Scheduling court sessions and staff meetings
 - Orienting new team members

ROLE OF THE CASE MANAGER

Responsible for:

- Case Planning
- Crisis Management
- In Phase I
 - Level of dysfunction is pervasive
 - Brain function severely damaged from years of use
 - Small issues seem insurmountable – all or nothing thinking
 - Keeping appointments is challenging
 - Looking for any excuse to use – **ACCOUNTABILITY IS CRUCIAL**
 - Support system is damaged
- Case manager is sometimes their **ENTIRE** support system

ROLE OF THE PROSECUTOR

Responsible for:

- Leadership is very important
- Advocates** on behalf of public safety & victim interests
- Hold participants **accountable** for obligations of program
- Without support of prosecutor, very difficult to create a best practices court
- Prosecutor as the “**Gatekeeper**” – Is the DA the only source of referral?

IMPORTANCE OF THE PROSECUTOR

Drug Courts that Expected the **Prosecutor** to Attend All Team Meetings Had 2 Times **Greater** Savings

Prosecution Attends Team Meetings	Percent Improvement in Outcome Costs*
Yes N=5	38%
No N=5	14%

*Percent improvement in outcome costs refers to the percent savings for drug court compared to business-as-usual.

Note: Difference is significant at p<.05

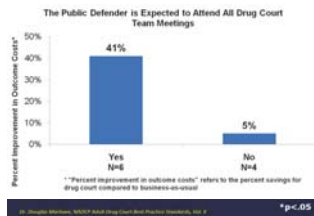
ROLE OF THE PUBLIC DEFENDER

Responsible for:

- May differ depending on whether your court is pre- or post-conviction
- Ensures participants' constitutional rights are protected
- Defense attorney serving on the treatment court Team cannot represent program participants
- A consistent matrix of behavior responses will help guide team and ease conflict for defense attorney
- In post-conviction treatment courts, participation is a condition of probation
- They are entitled to defense representation when they face a jail sanction or termination

IMPORTANCE OF THE PUBLIC DEFENDER

Drug Courts that Expected the **Public Defender** to Attend All Team Meetings Had 8 Times **Greater** Savings



ROLE OF TREATMENT REPRESENTATIVE

Responsible for:

- Addiction counselor, social worker, psychologist, or clinical case manager
- Receives clinical information from various programs responsible for treating participants
- Report this information back to the team
- Contribute clinical knowledge and expertise during team deliberations

IMPORTANCE OF TREATMENT REPRESENTATIVE

Drug Courts that Required a **Treatment Representative** at Court Hearings Had 9 Times **Greater Savings**

Response	Percent Improvement in Outcome Costs
Yes (N=8)	35%
No (N=5)	4%

Percent improvement in outcome costs refers to the percent savings for drug court compared to business-as-usual

© Douglas M. Brown, MADD Adult Drug Court Best Practice Handbook, Vol. 2 p. 105

ROLE OF LAW ENFORCEMENT

Responsible for:

- Typically a police officer, deputy sheriff, highway patrol officer, or jail official
- Law enforcement is the **eyes and ears** of treatment court on the street
- May also assist with home visits, employment visits and urinalysis collection
- Serves as **liaison** between treatment court and police department, sheriff's office, jail, and correctional system

IMPORTANCE OF LAW ENFORCEMENT

Drug Courts that Included **Law Enforcement** as a Member of the Team Had **Greater Cost Savings**

Response	Percent Improvement in Outcome Costs
Yes (N=18)	46%
No (N=6)	25%

Percent improvement in outcome costs refers to the percent savings for drug court compared to business-as-usual

Note: Difference is significant at p<.05

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ROLE OF COMMUNITY SUPERVISION OFFICER

- Typically probation or pretrial services officer

↓

- Some courts may rely on law enforcement

Responsible for:

- Perform drug and alcohol testing
- Conduct home or employment visits
- Enforce curfew and travel restrictions
- Deliver cognitive-behavioral interventions to improve participants' problem-solving skills and alter dysfunctional criminal-thinking patterns

PRE-COURT STAFF MEETINGS

- Required** component of the treatment court model
- Review participant progress, develop a plan to improve outcomes, and prepare for status hearings in court
- Consistent attendance by all team members = significantly better outcomes
 - Treatment courts were **50%** more effective at reducing recidivism when all team members consistently attended staffing's

PRE-COURT STAFF MEETINGS

- Staffing's are presumptively closed
- Contested matters must be addressed and resolved in open court
- Participants may join staffing's when **clinically indicated or necessary** to avoid public disclosure of highly sensitive information

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SHARING INFORMATION

Participants and Staff rate communication among team members as one of the most important factors for success in treatment court

Consistent communication ensures:

- Participants are **not** forced to repeat the same information to multiple people
- Participants receive **consistent messages**
- Participants do not fall through the cracks
- Participants do not elude responsibility for their actions by selectively providing different information to different team members

HIPAA controls how and under what circumstance information may be disclosed (U.S. DHHS, 2003)

- It does not prohibit from sharing information related to substance use and mental health treatment (Matz, 2014; Meyer, 2011b)

TEAM COMMUNICATION & DECISION MAKING

- Team serves essentially as a panel of "**expert witnesses**" for the judge (Bean, 2002; Hora & Stalcup, 2008)
- Team members have an obligation to **contribute relevant observations and insights**
- Triangulation/staff splitting – Placing blame three ways

Recommend use of NIATx Techniques:

- Avoid ego centered communication
- Avoid downward communication
- Attentive listening
- Reinforce others first
- Common ground
- Reframe neutrally
- Inclusive communication
- Understanding
- Empathetic listening
- Sum up

STANDARD 5 –
Judicial Role & Interaction

The effective treatment court judge acts as leader, communicator, educator, community collaborator, and institution builder. The treatment court judge interacts frequently and respectfully with participants, and gives due consideration to the input of other team members.

THE ROLE OF THE JUDGE NO LONGER ENDS AT SENTENCING

- Judge as leader of the treatment court team
- **Continuity of relationship** between judge and participant
 - Admission to Commencement

The Message Is:



“Someone in authority cares and believes I can succeed”

LENGTH OF TERM CONSIDERATIONS

- Preside over the treatment court for no less than **two consecutive years** (Carey, 2012)

Utilizing a trained “back-up” judge vs untrained “stand-in” judge

Same judge presides throughout participants enrollment

IMPORTANCE OF LENGTH OF JUDGES ROLE

- Drug Courts That Have Judges **Stay At Least 2 Years** Had 3 Times **Greater** Cost Savings

Judge Tenure	Percent Increase in Cost Savings	N
Judge is on bench at least 2 years	25%	9
Judge is on bench LESS THAN 2 years	8%	3

Note: Difference is significant at $p < .05$

LENGTH OF COURT INTERACTIONS

- Treatment courts where the judge spends an average of **3 minutes** or greater per participant during treatment court hearings had **153% greater reduction in recidivism**

Helpful Questions to Increase Judicial Interaction

- What types of things did you or can you do to help maintain your sobriety?
- What challenges did you face, and how did you handle them?
- How can treatment court help you with your motivation?
- What are the benefits for you if you don't use? (NADCP Judicial Bench Card)

TRAUMA INFORMED APPROACHES CHANGING THE COURT'S APPROACH

Old Approach

- Adversarial
- Incarcerate
- Punishment
- Order
- Authoritarian

➔

New Approach

- Collaborative
- Supportive
- Healing
- Respectful

Adapted from "Trauma Informed Is Not Enough: Becoming a Trauma Competent Court" presentation by Brian L. Meyer, Ph.D.

JUDICIAL Demeanor & PROCEDURAL FAIRNESS

Judicial Demeanor

- Offers supportive comments
- Stresses importance of clients commitment to treatment and other program requirements
- Express optimism
- Use trauma informed approaches
- Be supportive
- Use motivational enhancements
- Avoid confrontation


Procedural Fairness

- Knowledgeable of participant's case
- Know participant by name
- Encourage success
- Emphasize treatment
- Not intimidating
- Approachable
- *Let participant tell their story*
- Treat fairly and with respect
- Impartial – do not prejudice
 - Implicit Bias

Trauma Informed is Not Enough: Becoming a Trauma Competent Court presentation by Brian L. Meyer, Ph.D.

SUCCESSFUL PRACTICES

- Don't shame or call names
- Follow the experts recommendations
- The team is your "expert witnesses"
 - Listen to the team, but use your discretion
- Adhere to procedural fairness
- Become knowledgeable on the topics of addiction, alcoholism, recovery, brain disorders, mental illness, and pharmacology
- Respond to compliance concerns in a therapeutically appropriate manner
- Rely on your treatment provider(s) to make treatment decisions (increase or decrease dosage and programming)



TREATMENT COURT ENVIRONMENT

Trauma - Informed Courtroom Considerations/ Setup

- Ambient noise, distraction
- Participant amplified
- Closeness to bench
- Participant next to lawyer
- Who is first addressed by judge
- Level of eye contact
- Location of staff

- Order of cases
- Time spent with participant
- Frequency of courtroom sessions
- Judge addresses gallery
- Participant addresses gallery
- Physical contact
- Arranged seating

LANGUAGE MATTERS

- Effective disapproval
 - "Right now, how do you think this behavior has or could hurt you?"
 - "Let's talk about what you could have done instead, and how that would have looked."
 - "I am confident that you are able to turn this around and when you come back next time, I want to hear about how well you are doing."
- Effective reinforcement
 - "I really liked how you (describe compliant behavior) because (describe WHY the behavior was good FOR THE CLIENT)."
 - "Can you see where it might have any long term benefits for you?"
 - "I'm really proud of you. Keep up the great work!"
- Clean/dirty vs. positive/negative
- Addict vs. person with a substance use disorder



THE COURTROOM IS A CLASSROOM

- The judge has the ability to **shape** and **reinforce** individual accountability
- The judge can **communicate** important principles by:
 - Engaging the treatment court audience, the team and setting** examples



JUDICIAL RESOURCES

- Use the NDCI/NJC checklist
- Read the Judicial Benchbook
- NADCP and WATCP Conference
- Judicial Conferences and Seminars

STANDARD 6 – Balancing the Non-Adversarial Approach with Due Process Concerns

Treatment courts must protect a participant's due process and constitutional rights while promoting public safety and working in a non-adversarial fashion.

POLICIES AND PROCEDURES

Develop **written policy and procedures** manual to include criteria for:

Inform participants of policies and procedures (participant handbook)

- Admission
- Sanctions
- Incentives
- Phase Advancement
- Treatment
- Completion Requirements
- Termination/Expulsion

REQUIREMENTS BEFORE ADMISSION

Provide notice to participants of all **legal obligations** and **potential consequences**

Prior to admission **contracts, waivers, policies, procedures, rights and responsibilities** are **reviewed** with potential participants

- Judge confirms participants understand

Allow participants the opportunity to:

- be heard at every stage of the treatment court proceedings
- challenge violation allegations and to present evidence
- engage in non-deity-based treatment and support groups

TREATMENT COURT IS STILL COURT

- Participants have the right to be **represented by counsel at all stages** of the proceedings
 - Defense counsel as a member of the treatment court team **does not** represent individual participants.
- Participants must also make a knowing waiver of **Judicial Conflict Of Interest And Ex Parte Communication** before entering treatment court
 - Make a record of all public treatment court proceedings** as required by **Wisconsin Supreme Court Rule 71.01**

DUE PROCESS

Procedures for drug testing include a **clear chain of custody** for the samples and the opportunity for **timely confirmation testing**

The team and the participant understand that due process rights within a treatment court are separate from DOC supervision and revocation procedures

RECOGNIZE THE ROLES

Each discipline has its own **ethical obligations**, and each represents diverse professional philosophies and interests.

Understand and respect the **boundaries** and **responsibilities** of other team members.

STANDARD 7 – Recordkeeping & Confidentiality

Treatment courts contemplate the integration of criminal case processing and treatment participation. Sharing of limited confidential medical and treatment information is a necessary function of treatment court operations. However, the need to share such confidential information must be balanced with the presumption that the criminal court proceedings are open to the public.

In order to comply with state and federal record keeping expectations for legal and medical information, all problem-solving courts must develop a bifurcated filing system to protect confidential records as much as possible, while still providing a complete record or judicial action in the open court file.

CRIMINAL COURT FILE VS. TREATMENT COURT FILE

Criminal Court File –
Open Record

- Maintained by the Clerk of Court
- Information which pertains to the criminal case
 - Criminal charges, sentencing and judgement of conviction
 - Includes documentation of sanctions which limit participant's liberties (jail sanctions)
 - Admission, Commencement, or Termination documentation

Treatment Court File –
Confidential

- Maintained by Coordinator or Case Manager
- Screening, assessment and admission documents
- Participant Contract
- Testing results
- Progress or Staffing Reports
- Incentive/Sanction Record
- Referral and provider Information

FREEDOM OF INFORMATION ACT (FOIA) - WIS. STAT. S. 19.31 ET. SEQ.

- Laws designed to guarantee that the public has **access to records**
- This pertains to all records **not already required** to be maintained as open for the public

- **"Record"** is any document, regardless of physical form that "has been created or is being kept by" an authority. Wis. Stat. s.19.32(2)
- **"Authority"** includes any of the following having custody of a record:
 - State or local office
 - Elective official
 - Public body, corporate or politic
 - Or a formally constituted subunit of the above
- **"Requester"** is any person who requests inspection or copies of a record, except a committed or incarcerated person. There are many exceptions.

WHY IS THIS IMPORTANT?

- The Court should **not** receive and retain confidential information.
 - **Judicial emails are subject to FOIA**
- Coordinators and case managers should **not** be court employees – all records are then subject to FOIA
- All records to be provided should be reviewed to determine if must be disclosed and whether redactions are appropriate and needed

- Develop policy and procedures for **record keeping** in your program
- Develop process for **open records requests**, orientation of new team members and participants

CONFIDENTIALITY & TREATMENT COURTS

- Treatment information and records are confidential
- In general, they can only be released to others with the informed written consent of the individual, if competent, or the guardian
- The rule covers both verbal information and treatment records
- There are many exceptions
- All records that are created in the course of providing services to individuals for mental illness, developmental disabilities, substance use treatment are confidential
- Treatment records do not include staff's notes or records maintained for their personal use that will not be shared with others

FEDERAL CONFIDENTIALITY LAWS

42 U.S. Code 290dd 42 C.F.R. Part 2

- Confidentiality of Alcohol and Drug Abuse Patient Records – regulates drug and alcohol programs

42 U.S.C. § 290dd-2(a)

- Provides that records of the identity, diagnosis, prognosis, or treatment of any patient shall be confidential and disclosed only for certain authorized purposes, and 42 CFR § 2.12(a) applies these restrictions to substance abuse treatment

RECORD KEEPING & CONFIDENTIALITY

- Obtain all necessary waivers and consents from participants at their orientation to court
- To be legally valid an informed consent document must specify what data may be shared, with whom, and include authorized period of time



TEAM COMMUNICATION

- Therapist/ treatment providers: privilege, signed releases of information
 - Do these cover staffing's?
- Hospitals: HIPAA, release of information
- Health and human services: releases, etc.
- What are the potential consequences for a violation of confidentiality?
- Designated privacy official
 - Review code of ethics, HIPAA, email usage, waiver/consent forms, CORE access, CFR 42, FOIA policies, waiver of ex-parte communication
- MOUs + Judge discussing personal information on the bench

HELPFUL RESOURCES

- HIPAA
- 42 U.S. Code 290dd, 42 C.F.R. Part 2
- Wisconsin Statute Chapter 51.30
- NADCP presentation on confidentiality (Steve Hanson and Valerie Raine)
- Wisconsin Treatment Courts: Best Practices for Record Keeping, Confidentiality and Ex Parte Information
<http://www.wiscourts.gov/courts/programs/docs/treatmentbestpractices.pdf>

STANDARD 8 – Target Population, Eligibility & Referral

Effectiveness is maximized in treatment courts when the target population is high-risk, high-need determined by the use of a validated assessment tool. Eligibility and exclusionary criteria must be objective, clearly documented, measurable and easily communicated to treatment court team members, treatment providers, key stakeholders and community partners.

RISK LEVEL		High Risk	Low Risk
High Needs (dependent)	Treatment Courts	Diversion Programs	
Low Needs (abuse)	Intensive Supervision	Prevention Diversion	

Target Population		High Risk	Low Risk
High Needs (dependent)	<ul style="list-style-type: none"> ✓ Status calendar ✓ Treatment ✓ Pro-social & adaptive habilitation ✓ Abstinence is distal ✓ Positive reinforcement ✓ Self-help/alumni groups ✓ ~18-24 months (~200 hours) 	<ul style="list-style-type: none"> ✓ Noncompliance calendar ✓ Treatment (separate milieu) ✓ Adaptive habilitation ✓ Abstinence is distal ✓ Positive reinforcement ✓ Self-help/alumni groups ✓ ~12-18 months (~150 hours) 	
Low Needs (abuse)	<ul style="list-style-type: none"> ✓ Status calendar ✓ Pro-social habilitation ✓ Abstinence is proximal ✓ Negative reinforcement ✓ ~12-18 months (~100 hours) 	<ul style="list-style-type: none"> ✓ Noncompliance calendar ✓ Psycho-education ✓ Abstinence is proximal ✓ Individual/stratified groups ✓ ~3-6 months (~12-16 hours) 	

(Revising Phases in A&B & DM Treatment Courts, NCJ, January 2017)

Target Population

- **TARGET POPULATION MUST be High-Risk / High-Need (HR/HN)**
 - Treatment Courts are MOST EFFECTIVE on this population
- **Alternate Tracks** if unable to target High Risk / High Need Population
 - Offer modified services to meet the assessed risk and needs
- **DO NOT MIX** participants with different risk levels
 - Consider counseling groups, residential housing unit, court room, waiting room, etc.

(Revising Phases in Adult & DWI Treatment Courts, NDCI, January 2017)

Eligibility Criteria

- **Objective Eligibility Criteria** based on Assessment
- **Clearly Define, Document and Use Eligibility Criteria**
- **APPLYING OBJECTIVE CRITERIA**
 - DO NOT use subjective criteria or personal impressions to determine participants' suitability for the program
- **Screening & Risk/Needs Assessments** completed *before* admission/acceptance decision
- **Medication Assisted Treatment (MAT)** use cannot disqualify someone from consideration
- **Participation is Voluntary**

Eligibility Criteria

Clearly defined objective eligibility criteria

→

Screening and Risk/Needs Assessment completed BEFORE admission

→

Admission occurs as quickly as possible

- 17 or older
- Moderate to severe substance use disorder
- High risk/high need
- Crime related to substance use
- Residency

Ensure moderate to severe substance use disorder and adequate treatment is available. Determine high risk/high need.

Best outcome when admission occurs within 50 days from the time of arrest or triggering event.

Considering Violent Offenders

Things to think about:

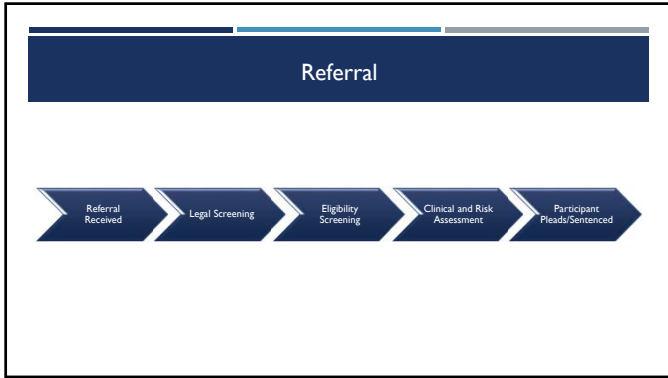
- Funding Source (TAD's "violent offender" exclusion)
- Grant Requirements
- Team/Community Risk Tolerance

Referral Sources

- Judge
- District Attorney
- Defense Attorney
- Law Enforcement
- Treatment Provider
- Probation & Parole Agent
- Case Worker
- Self/family referral
- Pretrial Staff

Referral Process

- Referral source?
- Date of referral?
- Who has access to the referral form?
- Any roadblocks in receiving referrals?
- Who presents the referral?
- Who does the referral actually go to?
- Mapping the referral process & decision points
- Who reviews the referral?



- ### Additional Referral Types
- DOC Alternatives to Revocations (ATR)
 - Extended Supervision Cases (ES)
 - Sentencing After Revocation (SAR)
 - Out of County
 - Previous Participants
 - Transfers

- ### Referral Form Content
- DOB
 - County of residence/Contact information
 - Risk level – do they have a recent assessment? (if available)
 - Dependence diagnosis - do they have a recent assessment? (if available)
 - Current charge – previous convictions
 - Prior treatment
 - SID/SS Number

Main Points to Remember

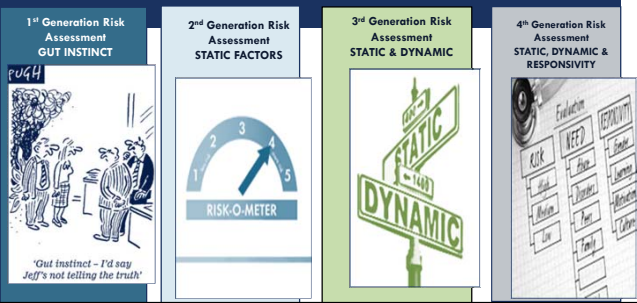
- 1) High-Risk / High-Need Population
- 2) Objective Eligibility Criteria
- 3) Early Identification & Referral
- 4) Use Validated Assessment Tool
- 5) Substance Use Disorder (SUD)



STANDARD 9 – Screening & Initial Assessment

Potential participants are promptly screened and assessed to determine program eligibility and adequate/appropriate treatment services. **Screening** determines if a prospective participant meets predetermined objective requirements for further assessment. Professionals with specialized education and training in the use of tools then conduct validated **risk and needs assessments** to determine a prospective participant's criminogenic risk and treatment needs. Assessment results determine if a person is eligible for treatment court participation.

High Level Overview Of Risk/Need Assessment Evolution



Targeting Interventions

- 
Risk Principle (Who?)
 - Prioritize supervision and treatment resources for higher risk offenders
- 
Needs Principle (What?)
 - Target interventions to address the criminogenic needs directly linked to criminal behavior
- 
Responsivity Principle (How?)
 - Address individual characteristics when matching individuals to appropriate services
 - Responsivity factors - gender, culture, developmental stages, motivation to change, learning styles, etc.

Developing Rapport

- What Brings The Person To The Table?
- Orientation To The Assessment Process?
- Will You Assess During Your First Meeting?
- Single Vs. Multiple-stage?

What Is Risk?

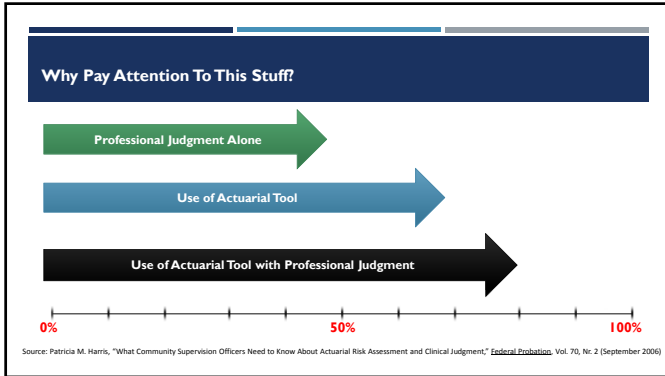
- Risk is derived primarily **by assessing static risk factors**
 - Depending on the tool, **dynamic risk factors** may also factor in.
- What 3 static factors impact a Risk Score **more** than anything else?

A. Gender, Mental Health Diagnosis, Motivation
 B. Treatment History, Mental Health Diagnosis, Support In The Community
 C. Age, Criminal History, Age Of First Arrest

What Is Need?

Criminogenic Need:

- Factors in a **person's life that, if left unaddressed, could lead** to future criminal behavior.



Offense-Specific Screening Tools

Mental Health	OWI	Drugs	Veterans
<ul style="list-style-type: none"> MMPI-2 Personality Assessment Inventory Co-Occurring Disorders Screening Instrument (CODSI) Psychiatric Diagnostic Screening Questionnaire 	<ul style="list-style-type: none"> Impaired Driving Assessment (IDA) DUI-RANT Simple Screening Instrument for Alcohol and Other Drug Abuse (SSI-AOD) 	<ul style="list-style-type: none"> TCU Drug Screens II Substance Abuse Subtle Screening Inventory <ul style="list-style-type: none"> (SASSI) Simple Screening Instrument for Substance Abuse <ul style="list-style-type: none"> (SSI-SA) UNCOPE 	<ul style="list-style-type: none"> Veteran's Alcohol Screening Test

CLINICAL ASSESSMENT

- An intensive bio-psychosocial analysis of the individual's current situation and history, which focused on the nature and the severity of substance use to determine whether the client meets the diagnostic criteria for a substance-related and/or addictive disorder
- Clinical assessments are completed by trained and certified treatment professionals
- Should be based on ASAM and DSM-V criteria
- Results are used to formulate a treatment plan
- Assessment is an ongoing process

Risk and Needs Matrix

	High Risk	Low Risk
High Needs	<ul style="list-style-type: none"> ▪ Supervision ▪ Treatment ▪ Pro-social habilitation ▪ Adaptive habilitation 	<ul style="list-style-type: none"> ▪ Treatment ▪ Pro-social habitation ▪ Adaptive habitation
Low Needs	<ul style="list-style-type: none"> ▪ Accountability ▪ Pro-social habilitation ▪ Adaptive habilitation 	<ul style="list-style-type: none"> ▪ Secondary prevention ▪ Diversion

Example Of Risk

- **Female Client With The Following Information:**
 - Very Little Criminal History, Only 2 Prior Arrests.
 - First Arrest Was At The Age Of 18.
 - She Is 27 Years Old.

What Does This Tell Us?

Overall Risk Potential

Risk

Inherent Recidivism Risk

Overall Risk Potential

Scale 1 2 3 4 5 6 7 8 9 10

Need Scale

		Scale	1	2	3	4	5	6	7	8	9	10
Criminogenic Need Scales												
Criminal Involvement												
	Criminal Involvement	0	1	2	3	4	5	6	7	8	9	10
	History of Non-Compliance	0	1	2	3	4	5	6	7	8	9	10
	History of Violence	0	1	2	3	4	5	6	7	8	9	10
	Current Violence	0	1	2	3	4	5	6	7	8	9	10
Relationships/Lifestyle												
	Current Relationships/Partners	0	1	2	3	4	5	6	7	8	9	10
	Employment/Unemployment	0	1	2	3	4	5	6	7	8	9	10
	Substance Use	0	1	2	3	4	5	6	7	8	9	10
	Social Support	0	1	2	3	4	5	6	7	8	9	10
Personality/Attitudes												
	Criminal Personality	0	1	2	3	4	5	6	7	8	9	10
	Criminal History Self-Rate	0	1	2	3	4	5	6	7	8	9	10
	Attitudes Toward Law	0	1	2	3	4	5	6	7	8	9	10
	Attitudes Toward Prison	0	1	2	3	4	5	6	7	8	9	10
Family												
	Family Contact	0	1	2	3	4	5	6	7	8	9	10
	Family Reception	0	1	2	3	4	5	6	7	8	9	10
Social Exclusion												
	Stigmatization	0	1	2	3	4	5	6	7	8	9	10
	Stigmatization Self-Rate	0	1	2	3	4	5	6	7	8	9	10
	Stigmatization Perceptions	0	1	2	3	4	5	6	7	8	9	10
	Stigmatization Experiences	0	1	2	3	4	5	6	7	8	9	10

STANDARD 10 – Case Planning

Case planning is the process by which the staff and participant identify and rank **criminogenic/responsivity needs** following completion of a validated **risk and needs assessment** tool. This process uses criminogenic and responsivity factors to establish agreed-upon proximal and distal goals and identifies resources to ensure participant success.

WHAT IS CASE PLANNING

Process by which:

- staff and participant **identify and rank criminogenic/ responsivity/ maintenance needs**
 - (following completion of a **validated risk and needs assessment** tool)
- criminogenic and responsivity factors are used to establish **agreed-upon proximal and distal goals**
 - (**identify resources** to ensure participant success)

■ Case plan addresses a broad range of participants needs and is **NOT** the treatment plan

CASE PLAN COMPONENTS

- Identify client risk level and criminogenic needs
- Defines participant responsibilities
- Target moderate/high need and responsivity factors first!
- Clearly/concisely articulate client goals related to their needs – specific goals so participants know what is expected of them – build a roadmap
- Incorporate assessments of readiness for change

Fluid and dynamic document!

At minimum, case plan should be reviewed every six months

RESPONSIVITY NEEDS

- When participants first enter Treatment Court...
- One of the most pressing goals is to ensure that they remain in treatment and comply with other reporting obligations
- Requires resolution of symptoms or conditions that are likely to interfere with attendance or engagement in treatment

Initial Needs and Barriers <i>Factors that need to be addressed to increase the participants ability to engage in treatment</i>	Responsivity Factors <i>Individual factors that affect the achievement of treatment goals</i>
<ul style="list-style-type: none"> Housing Clothing Physical health Detoxification Transportation Child care Self-care 	<ul style="list-style-type: none"> Anxiety/depression Poor social skills Self-esteem Inadequate problem-solving skills Concrete-oriented thinking Mental illness Poor verbal skills Age, gender, race/ethnicity Motivational factors Learning styles

PLANNING AND TRAINING RESOURCES

- Severe Mental Illness
- Homelessness or Unstable Housing
- Trauma
- Motivation
- Withdrawal
- Anhedonia (diminished ability to experience pleasure)
- Other Basic Needs, (dental, eye sight, clothing appropriate for weather, child support, unpaid fines, food share, health insurance, STD testing, transportation, cell phone, medical needs etc.)
- Target these needs → prevent participants from failing or dropping out of treatment early → increase retention

CRIMINOGENIC NEEDS

- If not addressed– participants will have an increased risk to reoffend
- Deliver after the participant has stabilized, once responsivity needs have been addressed
- Criminal Thinking often leads to failure in Treatment Courts

TARGETING CRIMINOGENIC NEEDS

<p>Big Four</p> <ul style="list-style-type: none">▪ Anti-Social Cognition▪ Anti-Social Companions▪ Anti-Social Personality/Temperament▪ Family And/ Or Marital	<p>Lesser Four</p> <ul style="list-style-type: none">▪ Substance abuse▪ Employment▪ School▪ Leisure and/or recreation
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------

DEVELOPING A CASE PLAN

<p>Planning – In collaboration with the participant and the team, <u>define goals and strategies</u></p>	<p>Linkage – Identify services and supports <u>needed</u> for the participant to meet their goals and make appropriate referrals</p>	<p>Advocacy – Help the participant <u>access services</u> for which they are eligible</p>
<p>Monitoring – Maintain <u>ongoing</u> communication with services and supports, and conduct ongoing assessments of the participant's progress</p>	<p>Assessment – Determines participant's needs, wants, strengths and resources</p>	

REVIEW CASE PLAN

Case Plan Is A Dynamic Document

Review And Update **No Less Than Every 6 Months**

INTEGRATED CASE PLAN EXAMPLE

Participant Name: _____ Program Start Date: _____ Date: _____

Substance Use

1. Substance Use: _____

2. Education/Training/Work: _____

3. Social Support (Family): _____

4. Neighborhood Problems: _____

5. Peer Associations: _____

6. Criminal Activities and Network Problems: _____

Substance Use Disorder Clinical Assessment - Date of Assessment: _____

Other Drugs Used: _____

DSM-5: _____

DSM-5 Severity: _____

Treatment Goals: _____

Case Management Assessment - Date of Assessment: _____	
Area	Notes
Substance Use	
Education/Training/Work	
Social Support (Family)	
Neighborhood Problems	
Peer Associations	
Criminal Activities and Network Problems	

INTEGRATED CASE PLAN EXAMPLE

Name: _____ Integrated Case Plan for Person: _____ Date: _____

Substance Use

1. Substance Use

2. Education, Training, Work

3. Peer Associations

4. Personality Characteristics

5. Family

6. Education/Training/Work

7. Information/Insights

Responsibility Factors to be addressed:

1. Instability or Lack of Social Support (e.g., safe housing, etc.)

2. Mental Health Symptoms

3. Health (with/without) Benefits

4. Transportation

5. Motivation

6. Insurance

7. Child Care/Child Care Needs

8. Other _____

Responsibility Factors that support success:

1. _____

2. _____

3. _____

INTEGRATED CASE PLAN EXAMPLE

Name: _____ Date: _____

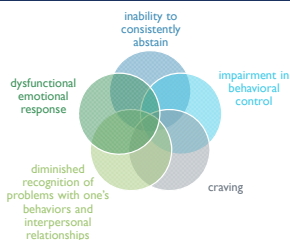
DSM-5 (Mental Health) / Other (Mental Health) / Other (Mental Health) / Other (Mental Health)	Substance Use	Case Management	Collaboration and Referral Goals
Responsibility Factors to address:			
Area of Focus:			
Responsibility Factors to address:			
Area of Focus:			
Responsibility Factors to address:			

Participant Signature: _____ Date: _____ Case Manager Signature: _____ Date: _____

STANDARD 11 – Treatment

Treatment courts must provide prompt admissions to continuous, comprehensive, **evidence-based** treatment, social and trauma informed rehabilitation services to meet a participant's **criminogenic needs** and **substance use disorder** needs.

ADDICTION



Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. (www.asam.org)

Like other chronic diseases, **addiction often involves cycles of relapse and remission.**

LEVEL OF TREATMENT

- Determined by screens, clinical judgment, prior treatment history, assessment, placement criteria
- The level of care is assessed **throughout the phases** of treatment court – includes dosage
- Standardized placement criteria **governs the level of care** that is provided
- Incarceration is **not a tool** to achieve clinical or social service objectives
- Expectation that treatment providers **regularly attend team meetings and status hearings**



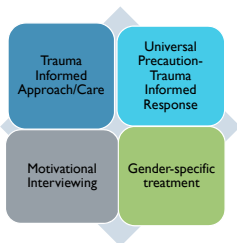
TREATMENT PLAN CONTENT (DHS 75)



- Describe the patient's individual or distinct needs
- Specify short and long-term individualized treatment goals expressed in **behavioral and measurable terms**.
- Explained in a terms that are **understandable** to the patient.
- Expressed as **Specific, Measurable, Attainable, Realistic, Time-specific (SMART)**
- Specify the treatment, rehabilitation, and other therapeutic interventions and services to reach the patient's treatment goals.
- Describe the **criteria for discharge** from services.
- Provide specific goals for treatment of dual diagnosis with **input from a mental health professional**

EVIDENCE BASED

Evidence based practices **should** be incorporated throughout the treatment court process.




TREATMENT RECOMMENDATIONS

- Phase I participants are seen at least once per week by a treatment provider or clinical case manager
- Mental health, addiction, and complementary services are treated with an integrated approach
- Participants encouraged to attend regular support groups or self-help groups such as AA, NA, Smart Recovery
- Final phase should focus on relapse prevention
- Continue support for at least 90 days after discharge from treatment court



EVIDENCE-BASED TREATMENT CURRICULUM EXAMPLES

- Matrix Intensive Outpatient Program
- Dialectical Behavior Therapy (DBT)
- Cognitive Behavioral Coping Skills Therapy
- Multidimensional Family Therapy (MDFT)
- Seeking Safety
- Moral Reconciliation Therapy (MRT)
- Aggression Replacement Training (ART)



DOSAGE AND INTENSITY

- Participants **should receive approximately 200 hours of counseling over 9-12 month period**
- Treatment plans **should include dosage information**

Dosage and Intensity (Adults) Structure 40% to 70% of high-risk offenders' time for 3 to 9 months.				
	Low Risk	Moderate Risk	Moderate/High Risk	High Risk
Dosage	Not Applicable	100 Hours	200 Hours	300 Hours
Duration	Minimal	3-6 Months	6-9 Months	9-18 Months
Intensity	Minimal	Once/week	Twice/week	Three/week or residential

RECOVERY

A person's recovery is built on their strengths, talents, coping abilities, resources, and inherent values. It is **holistic**, addresses the whole person and their community, and is supported by peers, friends, and family members.

The process of recovery is **highly personal and occurs via many pathways** (SAMHSA 2012).

STANDARD 12 – Program Phases

Treatment courts have significantly better outcomes when they have a clearly defined phase structure and specific behavior requirements for advancement through the phases. Phase advancement rewards participants for their accomplishments and puts them on notice that the expectations for their behavior have been raised accordingly. Outcomes are significantly better when rehabilitation programs address complementary needs in a specific sequence.

IMPORTANT POINTS TO KNOW

- Minimum length of a treatment court program is 12-14 months
- Treatment phases are **separate** from treatment requirements
- Phase requirements reflect the **proximal** and **distal** goals of the high risk/high need participant
 - Phase demotion is **contraindicated** and can be detrimental to the participant's success



RISK LEVEL

	High Risk	Low Risk
High Needs (dependent)	<ul style="list-style-type: none"> ✓ Status calendar ✓ Treatment ✓ Pro-social & adaptive habilitation ✓ Abstinence is distal ✓ Positive reinforcement ✓ Self-help/alumni groups ✓ ~18-24 months (~200 hours) 	<ul style="list-style-type: none"> ✓ Noncompliance calendar ✓ Treatment (separate milieu) ✓ Adaptive habilitation ✓ Abstinence is distal ✓ Positive reinforcement ✓ Self-help/alumni groups ✓ ~12-18 months (~150 hours)
Low Needs (abuse)	<ul style="list-style-type: none"> ✓ Status calendar ✓ Pro-social habilitation ✓ Abstinence is proximal ✓ Negative reinforcement ✓ ~12-18 months (~100 hours) 	<ul style="list-style-type: none"> ✓ Noncompliance calendar ✓ Psycho-education ✓ Abstinence is proximal ✓ Individual/stratified groups ✓ ~3-6 months (~12-16 hours)

PHASE I – ACUTE STABILIZATION
60 DAYS


- Court weekly
- Engage with treatment
- Comply with supervision
- Develop case plan
- Weekly office visit
- Monthly home visits
- Weekly random drug testing
 - (minimum of 2)
- Address housing
- Obtain medical assessment
- Change people, places and things
- Curfew 9pm

In Order to Advance:

- Regular attendance at treatment, office visits, **BEING HONEST**
- Sobriety time limit minimum of 14 consecutive days

*OWI***

- Daily Alcohol Testing
- Address Transportation
- Maintain Employment (to extent possible)
- Address statutory-mandated jail



PHASE II – CLINICAL STABILIZATION
90 DAYS


- **Court bi-weekly**
- Comply with treatment and supervision
- Continue addressing medical
- Continue changing people, places & things
- **Review case plan**
- Weekly office visits
- Monthly home visits
- Weekly random drug testing
 - (minimum of 2)
- End of phase begin to focus on Peer Support Groups
- Maintain housing
- Addressing financial
 - (budget assessment)
- Curfew 10pm

In Order to Advance:

- Compliance with Treatment
- Compliance with Supervision
- Sobriety time limit minimum of 30 consecutive days

*OWI***

- Daily Alcohol Testing
- Continue Addressing Transportation



PHASE III – PRO-SOCIAL STABILIZATION
90 DAYS


- **Court monthly**
- Comply with treatment and supervision
- Continue addressing medical
- Continue changing people, places and things
- Review case plan
- **Bi-weekly office visit**
- Monthly home visits
- Weekly random drug testing
 - (minimum of 2)
- **Begin criminal thinking**
- Establish sober network/ pro-social activities
- Curfew 11pm

In Order to Advance:

- Compliance with Treatment
- Compliance with Supervision
- Began pro-social activity
- Began recovery support network
- Sobriety time limit minimum of 45 consecutive days

*OWI***

- Daily Alcohol Testing



PHASE IV – ADAPTIVE HABILITATION
90 DAYS

- Court monthly
- Comply with treatment and supervision
- Continue addressing medical
- Continue changing people, places and things
- Review case plan
- **Monthly office visit**
- Monthly home visits
- Weekly random drug testing
 - (minimum of 2)
- Maintain pro-social activity & recovery network
- Maintain sober network
- Curfew 12 a.m.
- As need based upon assessment:
 - Job training
 - Parenting/family support
 - Vocational training

In Order to Advance:

- Compliance with Treatment and Supervision
- Maintain pro-social activity
- Maintain recovery support network
- Began/maintain ancillary requirements
- Sobriety time limit minimum of 60 consecutive days

*OWJ***

- Weekly Random Alcohol Testing

PHASE V – CONTINUING CARE
90 DAYS

- Court monthly
- Comply with treatment and supervision
- Continue addressing medical
- Continue changing people, places and things
- Review case plan
- **Monthly office visit**
- Monthly home visits
- Maintain housing
- **Random drug testing**
- **Development of continuing care plan**
- Maintain pro-social activity & recovery network
- Maintain sober network
- As need based upon assessment:
 - Job training
 - Parenting/family support
 - Vocational training

In Order to Advance:

- Compliance with Treatment and Supervision
- Maintain pro-social activity
- Maintain recovery support network
- Maintain areas as needed (employment, parent/family support, vocational training, etc.)
- Sobriety time limit minimum of 90 consecutive days

PARTICIPANT HANDBOOK

Includes:

- Phase advancement criteria
- Sobriety time
- Requirements of each phase
- Curfew
- Minimum timeframe for each phase
 - Court appearances
 - Comply with treatment
 - Drug testing
 - Drug/Alcohol free prosocial activities
 - Program fees/court costs
 - Community support meetings
 - 12 step/support meetings
 - Community service
 - Employment
- Ancillary services
- Case management
- Educational/vocational training/GED

STANDARD 13 – Drug & Alcohol Testing

Efficient and accurate monitoring of drug court participants is crucial for long-term program effectiveness. Drug testing serves as a tool for treatment court teams to direct appropriate interventions that support participant goals. In order for case adjudication to be appropriate, consistent, and equitable, drug detection procedures must produce results that are scientifically valid and **forensically** defensible.

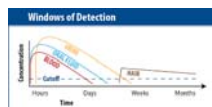
CORNERSTONE OF TREATMENT COURT OPERATIONS

- Monitor use through accurate and rapid detection
- Act as a deterrent for future use
- Provide incentive, support, and accountability to participants
- Tool to direct appropriate interventions



BEST PRACTICES

- Random-2x/week minimum
- Varied methods of testing (urine, blood, breathalyzer, ankle bracelet etc)
- Test as often as possible and for various substances
- Collection should be observed by a trained professional
- Become familiar with drug detection times
- Participants are made aware of policies and procedures related to drug testing



ADULTERATION AND TAMPERING

Common Types of Adulteration

- Dilution (e.g. water loading)
- Addition of a household chemical (e.g. bleach)
- Submission of another's specimen
- Use of diuretics
- Use of synthetic urine delivery devices (e.g. Whizzinator, Urinator, WizClear)

Protocols to Avert Adulteration and Detect Tampering

- Observation by witness of same sex
- Minimal volume requirements
- Limit amount of fluids consumed
- Establish time limit to produce sample
- Observe: Color, appearance, odor, temperature, pH, specific gravity, creatinine

SAMPLE INTEGRITY

- Scientifically valid, therapeutically beneficial and legally defensible
- Maintain record of prescribed medications
- False positives will happen
 - Participants can dispute results
 - No sanction without admission or lab confirmation



CONCLUSION

LACK OF CONSISTENCY CAN BRING ON A LACK OF INTEREST.

- In focus groups, treatment court participants consistently identified frequent drug testing as one of the most influential factors in their success in the program
- The more frequently you perform urine tests, the higher graduation rates and lower recidivism

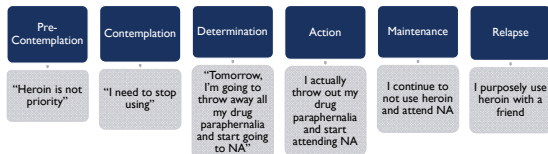
STANDARD 14 – Applying Incentives, Sanctions & Therapeutic Adjustments

Incentives and sanctions for participants' behavior should be administered following **evidence-based** principles of effective behavior modification.

BEHAVIOR MODIFICATION




STAGES OF CHANGE



Focus on Moving to the Next Stage, Not the End Goal

WHAT WORKS?



- **Contingency Management**
 - Receiving incentives for meeting specific behavior goals
- **Proximal vs. Distal Goals**
 - Distal goals are broken into smaller, easier to achieve goals
 - Distal goals become proximal in advanced phases
- **Graduated Incentives and Sanctions**
 - Avoid habituation and ceiling effects

BEHAVIOR MODIFICATION IN TREATMENT COURTS

SANCTIONS: Decrease Behavior

INCENTIVES: Increase Behavior

THERAPEUTIC ADJUSTMENTS: Treat Behavior

SUPERVISION & DRUG TESTING: Monitor Behavior


CERTAINTY & CELERITY

Reliable Detection (Certainty)

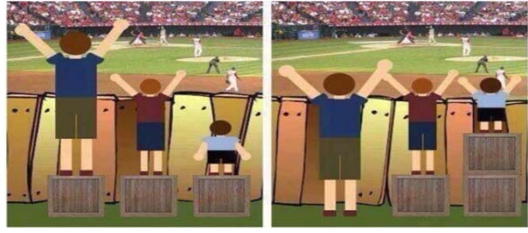
- Detection allows the gathering of information needed by the Judge and Team to determine an appropriate response

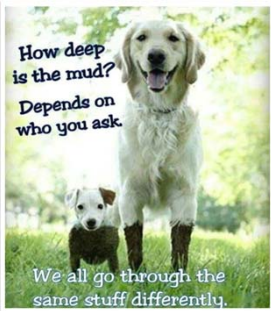
Consistent Detection (Celerity)

- Behavior is connected to an immediate consequence



FAIRNESS





KEEP IN MIND


Understand: this is **about them**, not about you.
Responses are in the **eyes of the behaver**, not you.

CONSIDERATIONS

BEHAVIOR RESPONSES:

- **WHO** are they in terms of risk and need?
- **WHERE** are they in the program (phase)?
- **WHY** did this happen (circumstances)?
- **WHICH** behaviors are we responding to?
 - Proximal or distal?
- **WHAT** is the response choice/magnitude?
- **HOW** do we deliver and explain the response?

TREATMENT / SUPERVISION CHANGES?

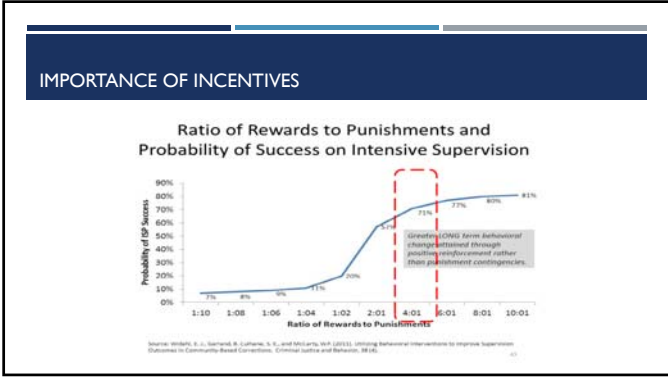


APPLYING INCENTIVES AND SANCTIONS

<p>Each Positive And Negative Behavior Must Be Addressed</p> <ul style="list-style-type: none"> ▪ Aim for a 4:1 or higher ratio ▪ Behaviors must be addressed promptly ▪ Failing to address to address negative behavior condones it ▪ Failing to address positive behavior decreases the likelihood it will be repeated 	<p>Sanctions Proximal Goal Violations Consistently</p> <ul style="list-style-type: none"> ▪ Increase magnitude for subsequent violations <p>Use Therapeutic Adjustments And Low Level Sanctions For Distal Goal Violations</p>	<p>Incentivize Productive Behavior</p> <ul style="list-style-type: none"> ▪ Decrease magnitude of incentives for subsequent productive behaviors <p>Consider Needs And Responsivity Factors When Applying Incentives And Sanctions</p> <p>Reliable Monitoring</p>
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APPLYING INCENTIVES AND SANCTIONS

- **Unearned Leniency**
 - Withhold sanctions only to reward positive behavior
- **Magnitude Of Rewards And Sanctions**
 - Avoid habituation and ceiling effects
- **Fairness**
 - Incentives and sanctions must be perceived as fair to be effective
- **Specificity**
 - Infractions and achievements should be **clearly defined** in objectively measurable behavior terms
 - Incentives and sanctions should also be **clearly defined**
- **Consider Needs And Responsivity Factors When Applying Incentives And Sanctions**
- **Noncompliance Vs. Non-responsiveness**



GRADUATED INCENTIVES

Graduated Incentives			
Severity of Behavior			
	Participation Behavior	Engagement Behavior	Pro-Social Behavior
Prison	First few times behavior is displayed	Medium	High
	Behavior is becoming more frequent	Medium/Low	Medium/High
	Behavior is being consistently displayed	Low	Low
Prob	First few times behavior is displayed	Medium/High	High
	Behavior is becoming more frequent	Medium	Medium/High
	Behavior is being consistently displayed	Low	Medium/Low

GRADUATED SANCTIONS

Graduated Sanctions			
Severity of Behavior			
	Participation Risk	Sobriety Risk	Public Safety Risk
Prison	First few times behavior is displayed	Low	Medium
	Behavior is becoming more frequent	Low/Medium	High
	Behavior is being consistently displayed	Medium	High
Prob	First few times behavior is displayed	Low	Medium
	Behavior is becoming more frequent	Low	Medium/High
	Behavior is being consistently displayed	Low/Medium	High

FACTORS INFLUENCING RESPONSE LEVEL

Mitigating Factors

- Lack of compliance due to physical or mental impairment, as validated by a medical professional
- Has actively and consistently demonstrated positive engagement and progress with treatment court goals
- Higher level sanction would significantly destabilize positive adjustment
- Extenuating personal circumstances/significant life stressors
- Significant time span between violation and discovery
- Engaged in self-correcting behavior specific to the violation of own volition
- Honesty/accepting full responsibility for actions
- Coercion/duress/self defense
- Responsivity needs influencing behavior

Aggravating Factors

- Violation is directly related to current offense
- Continued pattern of previous criminal behavior
- Vulnerability of victim or others
- Extreme cruelty or injury to victim or others
- Weapon or implied weapon usage
- Evidence of escalating mental health symptoms and/or drug/alcohol addiction
- Chronic pattern of violations
- Escalating pattern of violence
- Critical threat to self, participant or community safety

DETERMINE THE RESPONSE

TREATMENT COURT INCENTIVES AND SANCTIONS						
High Incentive	Medium Incentive	Low Incentive	Category	Low Sanction	Medium Sanction	High Sanction
Praise/acknowledgment Graduation	Appointment as co-program peer mentor All-time star Advanced standing First up to court Early release from court	"Good effort" note "Great job" note "I am proud of you and looking forward to seeing you again!" Certificates, letters, medals, banners Honorable mention Certificate of appreciation Letters of commendation Prizes Awards Awards	Verbal* Symbolic Programmatic	"How do you think the behavior has hurt you?" "Why is it important to be on time?" Written assignments Letters of apology Court appearances Activity log Community service Random drug testing	Team forfeitures Loss of program privileges Community service	Sides of prison Advanced placement Prison sentence Parole
Loss of privileges Advanced placement Change of program Demerit Removal of electronic monitoring	Late program Probation/parole revocation Late program status Warning Late curfew Advanced area Monitoring group Monitoring group Detention		Community Liberty or Standing	Advanced curfew/parole Arrest Increased program or case management Increased program contacts	Warning call status of parole Loss of all program privileges Community service Loss of other privileges	Electronic monitoring Revocation of program Prison sentence Prison placement (1-5 years) Loss of leadership position Status reporting

*Verbal responses should be focused on specific behaviors, not critiques of the person

Withholding a sanction is also an effective behavior management technique as an incentive for positive behavior. For example, sanctions for drug use might be suspended to reward honesty and help-seeking behavior.

FISHBOWL



"Research indicates that the fishbowl procedure can bring about **comparable**, or even **better, outcomes** than providing participants with rewards for every achievement." *-Judicial Benchbook*

- Can include a variety of low, medium, and high value incentives
- Important for the participant to know the behavior they displayed, which allowed them to draw from the fishbowl
- Important to be **reinforced by the judge**

KEEP IN MIND

Punishment is NOT the goal of the sanction.

Changing behavior is the goal.

What will they learn from the sanction?

A WORD ABOUT SANCTIONS

PHASE DEMOTION

- Should **VERY RARELY** be used, **IF EVER**
- Once a participant has achieved the goals and been recognized for completing a phase, they should not have to repeat the phase
- Most often, it is more appropriate to do a phase hold or delay in advancement until the participant has returned to pre-violation behavior

JAIL SANCTIONS

- Often **not effective**
- Can make a participant's situation much worse
- Should be reserved for serious infractions
 - Public Safety
 - Illegal Activity
- Preventative detention is illegal

JAIL

Programs that used lengthier jail sanctions had worse recidivism outcomes.

Typical length of a jail sanction	Percent...
1 day	~0%
2 days	~5%
3-6 days	~10%
1 week	~-20%
2 weeks	~-30%
> 2 weeks	~-140%

Figure 3. Duration of Jail Sanction Time Compared with Reduction in Recidivism

Drug Court Review, Vol. VIII, p. 33

STANDARD 15 – Training

To promote effective treatment court planning, implementation, and ongoing operations, treatment courts must assure continuing education of team members. Programs that ignore best practices and fail to attend training conferences are more likely to produce ineffective or harmful results.

TREATMENT COURT TEAM TRAINING

- Continued **training** promotes effective treatment court planning, implementation, and ongoing operations
- Treatment courts **must assure continuing education** of all team members
- Attend annual training workshops and conferences** on best and evidence-based practices, trauma-informed care, implicit biases, and role specific training



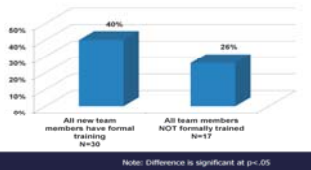
TREATMENT COURT TEAM TRAINING

- Treatment court is **responsible for transition** of new team members
- Including **sufficient training and orientation** training for new team members
- Each treatment team member must **obtain and document** their **continuing education**



FORMAL TRAINING

Drug Courts that Provided **Formal Training for All Team Members** Had **57% Greater Reductions** in Recidivism



Professional Training Opportunities

Make efforts to effectively **use all available resources** including state conferences, national conferences, webinars and other training resources



STANDARD 16 – Community Outreach

Engage in community outreach activities to garner support for the treatment court approach and identify and sustain key partnerships. Community buy-in will help improve program operations and outcomes, help to sustain specialized court dockets, improve access to community resources, and ensure consideration of the community's best interests, including public safety.

COMMUNITY OUTREACH - WHY



- Gain support for the treatment court program
- Long term sustainability
- Decrease negative beliefs regarding addiction
- Promote recovery

TREATMENT COURT ADVISORY BOARD

Criminal Justice Coordinating Council (CJCC) or similar board

- Local government officials, treatment providers, medical providers, law enforcement, business owners, department of corrections, defense attorney, human services, self help community members, etc.
- State resource – Tommy Gubbin, Special Projects Coordinator, Office of Court Operations



WHAT DOES THE BOARD DO?

- Conduct a community mapping exercise
- Develop and review treatment court policy and procedure manual
- Develop community outreach plan and review yearly



COMMUNITY OUTREACH - HOW

- Share information with local civic organizations
- Fundraising (consider ethical implications)
- Town hall/community meetings
- Attend public events –festivals, parades, national drug court month
- Develop a marketing plan
- Track collateral benefits provided by the treatment court
 - community service
 - drug free babies
 - reduction of crime
 - licensed and employed participants
 - restitution and fees paid



STANDARD 17 – Performance Measurement and Evaluation

Treatment courts engage in ongoing data collection, performance measurement, and evaluation to assess adherence to the Ten Key Components, Wisconsin State and NADCP National Standards, **evidence-based practices**, and specific program goals and objectives.

PERFORMANCE MEASUREMENT AND EVALUATION

Performance Measurement

An **on-going process** that provides the treatment court team with timely information to monitor program performance in key areas

Program Evaluation

A **periodic**, often more formal process to review program processes, outputs, outcomes and impact to assess how well the program is working (US Government Accountability Office, 2011)

Understand How the
Program Operates

Identify Areas for
Improvement

Why do Performance
Measurement and Evaluation?

Justify Program Expenditures
and Seek Funding

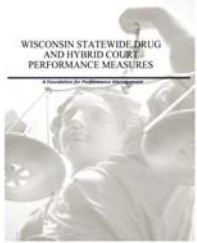
Informed Decision-Making

Performance Measurement	<p>Key program measures and related performance targets</p> <p>More descriptive</p> <p>Ongoing process – can be “early warning”</p>	Evaluation	<p>More systematic studies with specific methodologies</p> <p>Can get more at causality or program attribution</p> <p>Based on activities and outcomes over a set time period</p>
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PERFORMANCE MEASUREMENT

- Performance measurement is real-time; evaluation takes a long time
- Performance measurement does not require a counterfactual comparison group
- Evaluation concerned with problem of “attribution”; not an issue for performance measurement
- Evaluation requires professional expertise; performance measurement designed for use by practitioners

WISCONSIN STATEWIDE DRUG AND HYBRID COURT PERFORMANCE MEASURES



- Performance measures for adult drug and hybrid courts currently available
- New project to develop specific measures for other specialty courts including:
 - OWI
 - Veterans
 - Co-occurring/mental health

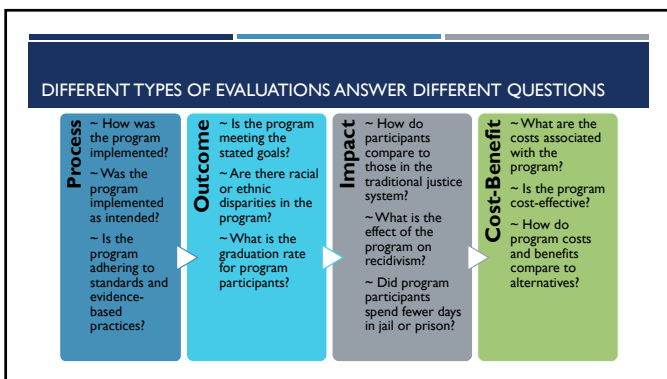
PERFORMANCE MEASURES EXAMPLES				
Outcome Measures	Processing & Admissions	Procedural Fairness	Dosage Measures	Social Functioning
<ul style="list-style-type: none"> • Sobriety • In-Program Recidivism • Post-Program Recidivism • Restitution 	<ul style="list-style-type: none"> • Processing Time • Screening & Assessment • Discharge Type • Average Length of Stay 	<ul style="list-style-type: none"> • Perceived Procedural Fairness 	<ul style="list-style-type: none"> • Incentives & Sanctions • Treatment Services • Status Hearings • Supervision • Drug & Alcohol Testing 	<ul style="list-style-type: none"> • Employment Status • Educational Status • Residency Status

ESTABLISH SYSTEM AND PROCESS FOR DATA COLLECTION

The data collection plan should include the following for each performance measure:

- Who will be responsible for responsible for collecting the data or
- The report or system from which data is currently available
- Frequency of data collection

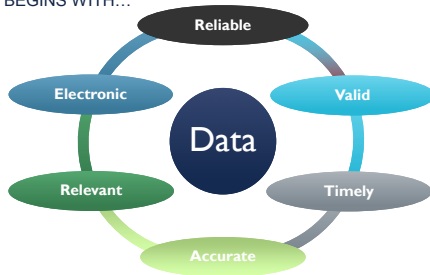
Collect baseline data for each performance measure to assess progress and trends over time.



PARTNERING FOR PROGRAM EVALUATION

- Outside, independent, trained evaluator
- Partner with other courts that are similar to you in type, size, and model
- Partner with a local university
- Review published evaluations
- Valid and reliable data collection is critical

IT ALL BEGINS WITH...



DATA COLLECTION POINTS



- **Participants are referred and screened**
 - Eligibility, program type
- **Participants start the program**
 - Employment, education, medical, mental health, substance use, etc. – one per admission!
- **Updates as they progress through the program**
 - Services, AODA testing, outcomes, incentives, sanctions – by event!
- **Participants complete or terminate the program**
 - Status, services, AODA testing



- Comprehensive Outcome, Research, and Evaluation (CORE) Reporting System was designed for performance measurement not case management
- Available at no cost to both funded and non-funded treatment courts in Wisconsin
- Tracks individuals from the point of referral through program discharge.
- Contact us if you are interested in getting access!



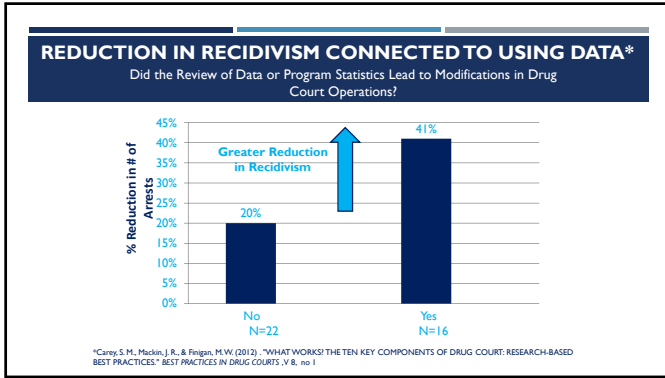
Sample Dashboard

The dashboard includes a search bar at the top, a 'CORE Search' sidebar, and a main area with several data tables. The 'Summary Report' table shows counts for various categories like 'Subtotal/Under Review', 'Pending Admissions', and 'Admission'. The 'Recently Assessed Participation' table lists individual cases with dates and status indicators.



Sample Referral/Admission Screen

The screen displays a form for 'Kelly Clarkson | CORE ID: 130815 | Referred/Under Review'. It includes sections for 'Personal Information' (Name, DOB, Gender, Race, Ethnicity), 'Referral' (Referral Source, Referral Date, Referral Reason), and 'Admission' (Admission Date, Admission Reason). There are also fields for 'Identifiers' like SSN and MHI.



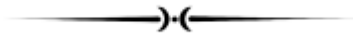
QUESTIONS?

Bureau of Justice Information and Analysis (BJIA)
Wisconsin Department of Justice

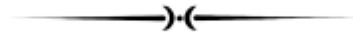
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WI Treatment Court Standards Training



ADDITIONAL RESOURCES



September 2019

CORE COMPETENCIES GUIDE

ADULT DCPI TRAININGS

DRUG COURT JUDGE CORE COMPETENCIES
(The following tasks are intended to be illustrative and not all inclusive)

A drug court judge presides over non-adversarial court appearances for drug court appearances and leads the drug court team in creating a participant focused recovery program.

COMPETENCY 1: Participates fully as a Drug Court team member, committing him or herself to the program, mission and goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Select team members from each discipline and extend an invitation to take part in drug court;
- Schedule planning meetings conducive to the schedule of each drug court team member;
- Develop with team members the structure of program mission; along with goals and objectives during planning process meetings;
- Assure all agreed upon terms of the program structure are memorialized;
- Maintain role as team leader while promoting a productive work environment where each team member can participate without fear

OPERATIONAL DRUG COURT

- Continues to schedule regular meetings, focused on program structure only
- Regularly revisits program mission and goals & objectives with team to assure their efficacy and application
- Schedules team building activities designed to promote and encourage team members

COMPETENCY 2: As part of the Drug Court team, in appropriate non-court settings (i.e. staffing), the judge advocates for effective incentives and sanctions for program compliance or lack thereof.

PLANNING PROCESS

- Discuss with the team when staffings will convene
- Participates in client staffings
- Presides over court sessions
- Learn science-based principles regarding the development and usage of incentives and sanctions
- Explores, along with team, community resources available for the imposition of incentives (i.e. gift certificates for local businesses) and sanctions (i.e. community service at local animal shelter)
- Participate in the development of incentives and sanctions to be used in the drug court program.

OPERATIONAL DRUG COURT

- Participates in scheduled staff meetings to review progress of participants
- Presides over court sessions
- Solicits information regarding participant's progress from every team member in attendance

- Remains abreast of research regarding behavior modification techniques and the imposition of incentives and sanctions
- Imposes incentives and sanctions that are consistent while considering the individual needs of each drug court participants
- Establishes separate meetings to ensure that policy and staffing issues are discussed
- Delivers coordinated response to participants in the courtroom.

COMPETENCY 3: Is knowledgeable of addiction, alcoholism and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

PLANNING PROCESS

- Selects treatment provider who is knowledgeable and informed
- Participates in the creation of a memorandum of understanding reflecting the mutual agreements between the drug court and treatment provider
- Learns about psychopharmacology and addiction.
- Learns about scientific and evidenced based treatment modalities and interventions for the target population.
- Learns about strengths based approaches

OPERATIONAL DRUG COURT

- Participates in regular cross-trainings with the treatment team
- Focuses on strengths based approaches.

COMPETENCY 4: Is knowledgeable of gender, age and cultural issues that may impact the offender’s success.

PLANNING PROCESS

- Selects team members who are culturally competent and familiar with the population from which drug court participants will be selected
- Engages in cultural awareness training

OPERATIONAL DRUG COURT

- Participates in on-going cultural awareness training
- Promotes cultural competency among entire team through outside and cross-training activity

COMPETENCY 5: Initiates the planning process by bringing together the necessary agencies and stakeholders to evaluate the current court processes and procedures and thereafter collaborates to coordinate innovative solutions.

PLANNING PROCESS

- Identifies agencies and stakeholders in the community whom can assist with the development and implementation of the program
- Schedules meetings to bring together all potential agencies and stakeholders
- Participates in open dialogue with community agencies and stakeholders

- Assists in establishment of memoranda of understanding with agencies and stakeholders

OPERATIONAL DRUG COURT

- Acts as a mediator to develop and maintain resources and improve interagency linkages

COMPETENCY 6: Becomes a program advocate by utilizing his/her community leadership role to create interest and develop support for the program.

PLANNING PROCESS

- Share of information regarding the efficacy of drug courts with local civic organizations, other members of the judiciary and the community at large
- Seeks opportunities to illuminate media sources about drug court

OPERATIONAL DRUG COURT

- Acts as a spokesperson for the drug court at various community events

COMPETENCY 7: Effectively leads the team to develop all the protocols and procedures of the program.

PLANNING PROCESS

- Schedules regular meetings with team members to create written protocols and procedures
- Promotes dialogue among team members to create protocols and procedures that address the concerns of each discipline

OPERATIONAL DRUG COURT

- Regularly reviews protocols and procedures to assure their continued applicability and effectiveness
- Monitors drug court process to ensure protocols and procedures are utilized

COMPETENCY 8: Aware of the impact that substance abuse has on the court system, the lives of offenders, their families and the community at large.

PLANNING PROCESS

- Assist in collection of data regarding the offender population
- Seeks competent Evaluator as key team member who will collect relevant data and disseminate to the team

OPERATIONAL DRUG COURT

- Assist in collection of data regarding drug court's impact on offender population
- Request and review process evaluation, ensure to reference original goals and objectives when doing so

- Request and review outcome evaluation, share positive information and address negative information resulting there from

COMPETENCY 9: Contributes to education of peers, colleagues and judiciary in the efficacy of Drug Courts.

PLANNING PROCESS

- Informs judiciary and local bar association about drug court
- Seeks public speaking opportunities to speak about drug courts
- Discusses drug courts with colleagues

OPERATIONAL DRUG COURT

- Oversees integrity of drug court program through quality assurance
- Disseminates information about drug court as frequently as possible

DRUG COURT COORDINATOR CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A drug court coordinator oversees the activity of the team, conducts quality assurance of each team member, maintains client data, remains informed regarding budgetary concerns of the drug court and coordinates services from each discipline, and the local community, in a manner that is most therapeutic to the drug court participant.

COMPETENCY 1: Participates fully as a Drug Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Assists in scheduling planning meetings conducive to the schedule of each drug court team member
- Compromises with team members regarding structure of program (including creating a program mission along with goals and objectives) during planning process meetings
- Memorializes all agreed upon terms of the program structure
- Helps to promote a productive work environment where each team member can participate
- Gathers information needed to keep team members informed

OPERATIONAL DRUG COURT

- Continues to help schedule regular meetings, focused on program structure only
- Regularly revisits program mission, goals & objectives with team to assure there efficacy and application
- Arranges team building activities designed to promote and encourage team members
- Remains watchful and informed on formation of the team
- Conducts regular quality assurance of all services from each discipline and the local community

COMPETENCY 2: As part of the Drug court team, in appropriate non-court settings (i.e. staffing), the coordinator reports on previous incentives and sanctions or lack thereof

PLANNING PROCESS

- Assists in selection of drug court participants
- Works with team to create appropriate incentives and sanctions
- Researches use of incentives and sanctions in other drug courts and collects other data that might assist the team in choosing appropriate incentives and sanctions
- Memorializes selected incentives and sanctions

OPERATIONAL DRUG COURT

- Creates file for each drug court participant
- Maintains ongoing log of incentives and sanctions given to each participant including the date and reason given
- Assures consistency of incentives and sanctions while ensuring each participant is treated as an individual

COMPETENCY 3: Is knowledgeable of addiction, alcoholism and pharmacology generally and applies that knowledge to suggest responses.

PLANNING PROCESS

- Assists in selecting competent and informed treatment provider
- Assists in drafting memorandum of understanding with treatment provider that assures effective information sharing and compliance with all regulations
- Researches effective treatment modalities for offender population
- Creates open dialogue with treatment provider to ensure appropriate treatment
- Gathers information needed to keep team members informed

OPERATIONAL DRUG COURT

- Continues to research effective treatment modalities
- Conducts regular quality assurance to ensure appropriate treatment
- Actively participates in staffings

COMPETENCY 4: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Assists in selecting team members who are gender, age and culturally aware
- Seeks out and arranges training opportunities to inform team members about cultural competence

OPERATIONAL DRUG COURT

- Continues to seek out and arrange training opportunities to inform team members about cultural competence
- Conducts regular quality assurance to assure application of cultural competence by all team members

COMPETENCE 5: Develops team resource strategy to acquire funding. Writes grant applications and manages the program's budget. Creates opportunities to obtain funding and build linkages by supporting team in community outreach and lobbying activities

PLANNING PROCESS

- Obtain training on grant seeking and writing
- Create long-term funding plan, with team, not solely dependent upon grant funding
- Research potential funders and other sources of revenue for program
- Investigate how other programs obtained and maintained funding
- Practice grant writing in advance of actually submitting applications
- Create effective book keeping system including an inventory of drug court supplies

OPERATIONAL DRUG COURT

- Build relationships with any potential funder, including private organizations
- Regularly invite potential funders to drug court events
- Prepare and submit grant applications
- Keep bookkeeping system up-to-date

- Work with Evaluator to obtain persuasive data for potential funders
- Create long term funding strategy

COMPETENCY 6: Participates in the planning process to create and the memorialize program eligibility standards, operating procedures and rules. Assist in the development of the client contract, confidentiality releases and entry procedures. Create memoranda of understanding and linkage agreements.

PLANNING PROCESS

- Assists in scheduling planning meetings conducive to the schedule of each drug court team member
- Brainstorms with entire team on ideal program structure then compromises with team members regarding structure of program during planning process meetings
- Memorializes all agreed upon terms of the program structure
- Gathers information needed for team members to make informed decisions

OPERATIONAL DRUG COURT

- Tailor each required document, including client contract, to the needs of the drug court program
- Work with each discipline to assure all documented procedures, contract, releases, etc. reflect the best, most therapeutic, interest of the client
- Periodically reviews all documents and procedures for continued applicability and efficacy

COMPETENCY 7: Negotiates and monitors treatment and ancillary service contracts. Conducts site visits, reviews progress reports and assists in audits and certification monitoring. Creates and monitors standards for urine collection and compliance reporting. Ensure gender, age and culturally specific treatment services.

PLANNING PROCESS

- Assists in selecting competent team members
- Researches best practices for treatment and ancillary services
- Informs treatment provider about expectations including appropriate progress reports for drug court purposes
- Works with team members from treatment, community supervision and law enforcement to create most effective urine collection and compliance reporting model for the drug court program then seeks input from other team members before finalizing a method
- Helps to promote a productive work environment where each team member can participate
- Gathers information needed to keep team members informed

OPERATIONAL DRUG COURT

- Conducts regular and ongoing quality assurance
- Arranges cultural competence training

COMPETENCY 8: Creates and maintains a data collection system to monitor client compliance, identify trends and provide a basis for evaluation.

PLANNING PROCESS

- Seeks out Management Information Systems (MIS) to collect data
- Works with Evaluator to create an effective method of data collection

OPERATIONAL DRUG COURT

- Consistently inputs data
- Reviews information collected and shares with team members
- Works with Evaluator to interpret statistical relevance

COMPETENCY 9: Create interagency linkages to address client's ancillary needs in the areas of culture, age and gender needs, medical and mental health provision, educational, vocational, skills training and employment training and placement.

PLANNING PROCESS

- Maps out providers in community
- Arranges meeting with providers to begin process of building a relationship

OPERATIONAL DRUG COURT

- Develop memoranda of understanding with providers willing too offer services to drug court clients
- Monitor drug court participant's involvement with ancillary services

COMPETENCY 10: Develop police and corrections linkages to improve supervision and agency coordination.

PLANNING PROCESS

- Assist in selecting team member who can serve as liaison between the drug court and law enforcement
- Schedule meetings with local law enforcement officials
- Create mutually beneficial memoranda of understanding

OPERATIONAL DRUG COURT

- Keep law enforcement informed about progress of drug court clients and supervision efforts
- Extend invitations to all drug court events
- Share statistical data showing positive impact of drug court on local community

COMPETENCY 11: Educate referral sources and the community on eligibility standards and program goals. Encourage team members to educate in their fields and in the community. Develop teambuilding activities and conduct staff replacement training.

PLANNING PROCESS

- Assists in scheduling meetings conducive to the schedule of each drug court team member
- Draft eligibility criteria with input of other team members
- Assist in scheduling presentations to local bar associations and civic organizations
- Arrange team building activities

OPERATIONAL DRUG COURT

- Maintain community outreach
- Continue to arrange team building activities designed to promote and encourage team members

COMPETENCY 12: Manage daily operations and filing systems. Develop and maintain fee systems.

PLANNING PROCESS

- Create system of organization that keeps track of all participants
- Develop rapport with all team members based on information sharing
- Work with team to determine which fees the drug court participants will pay

OPERATIONAL DRUG COURT

- Oversees collection of fees
- Maintains and updates drug court participant files

DRUG COURT PROSECUTOR CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A drug court prosecutor is usually a “gate keeper” and selects offenders who participate in the program; he/she obtains prior criminal histories of offenders, participates in team meetings and attends non-adversarial court proceedings.

COMPETENCY 1: Participates fully as a Drug Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Assists in scheduling planning meetings conducive to the schedule of each drug court team member
- Compromises with team members regarding structure of program (including creating a program mission along with goals and objectives) during planning process meetings
- Assists in gathering data relevant to the population that would be impacted by drug court
- Develops efficient method of conducting legal screens on potential drug court participants
- Assures stringency of program along
- Actively demands participant accountability
- Assists in creating and executing all participant waivers and contracts

OPERATIONAL DRUG COURT

- Promptly conducts legal screens on offenders recommended to drug court
- Assists in executing all participant waivers and contracts
- Advocates for prompt sanctions in response to negative client behavior
- Protects integrity for drug court program by monitoring effectiveness of community supervision
- Maintains up-to-date record of participant performance
- Moves for dismissal of participant from program based on factual history of non-compliance (when appropriate)

COMPETENCY 2: The prosecutor, while in Drug Court, participates as a team member, operating in a non-adversarial manner, promoting a sense of a unified team presence.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Compromises with team members regarding structure of program (including creating a program mission along with goals and objectives) during planning process meetings
- Assists in gathering data relevant to the population that would be impacted by drug court
- Develops professional rapport with team members based on information sharing
- Actively participates in team building exercises

OPERATIONAL DRUG COURT

- Attends regularly scheduled court staffings

- Solicits information regarding participant progress, or lack thereof, from all team members
- Share information regarding status of the drug court and individual clients with drug court team members
- Maintains up-to-date record of participant performance

COMPETENCY 3: As part of the Drug court team, in appropriate non-court settings (i.e. staffing), the prosecutor advocates for effective incentives and sanctions for program compliance or lack thereof.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Assists in researching use of incentives and sanctions in drug court setting
- Actively participates in seeking appropriate incentives and sanctions that benefit local community
- Compromises with team in creating incentives and sanctions and assures final decisions are memorialized

OPERATIONAL DRUG COURT

- Attends regularly scheduled staffings
- Requests appropriate incentives and sanctions, based on participant behavior
- Researches efficacy of drug court’s behavior modification techniques
- Argues for swift response to participant behavior
- Maintains up-to-date record on prior incentives and sanctions given to assure consistency

Competency 4: Ensures community safety concerns by maintaining eligibility standards while participating in a non-adversarial environment which focuses on the benefits of therapeutic program outcomes.

PLANNING PROCESS

- Participates with entire team in creating eligibility criteria for potential drug court participants
- Analyzes population for whom drug court might be most effective based on current offender characteristics

OPERATIONAL DRUG COURT

- Moves for dismissal of drug court participants who no longer meet eligibility criteria
- Monitors participant behavior for compliance and continued eligibility

COMPETENCY 5: Monitors offender progress to define parameters of behavior that allow continued program participation and suggest effective incentives and sanctions for program compliance.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Builds effective means of information sharing with entire team in order to make informed choices for participants
- Compromises with team in creating program procedures and protocol
- Assures each drug court participant is fully advised of requirements of program prior to agreeing to participate
- Assists in completion of all client contracts and waivers

OPERATIONAL DRUG COURT

- Attends regularly scheduled staffings
- Solicits information from team members regarding client compliance
- Vehemently encourages sanctions for client noncompliance and seeks incentives for client compliance
- Files motions or other legal document in order to remove noncompliant participants
- Offers encouragement to participants while reminding them of consequences of noncompliance

COMPETENCY 6: Is knowledgeable about addiction, alcoholism and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Assists in selecting competent and informed treatment provider
- Assists in drafting memorandum of understanding with treatment provider that assures effective information sharing and compliance with all regulations
- Researches effective treatment modalities for offender population
- Creates open dialogue with treatment provider to ensure appropriate treatment
- Researches and studies publications regarding addiction, alcoholism and pharmacology

OPERATIONAL DRUG COURT

- Continues to research effective treatment modalities
- Conducts regular quality assurance to ensure appropriate treatment
- Attends and actively participates in all court sessions and staffing

COMPETENCY 7: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Assists in selecting team members who are gender, age and culturally aware
- Attends training opportunities to inform team members about cultural competence

OPERATIONAL DRUG COURT

- Continues to attend training opportunities to inform team members about cultural competence

COMPETENCY 8: Contributes to the team's efforts in community education and local resource acquisition.

PLANNING PROCESS

- Evaluates whether any potential funding sources exist within the prosecutor's office
- With other team members, attends local civic organizations, bar association and other community meetings

OPERATIONAL DRUG COURT

- Assist in researching any potential funding streams

COMPETENCY 9: Contributes to education of peers, colleagues and judiciary in the efficacy of Drug Courts.

PLANNING PROCESS

- Informs judiciary and local bar association about drug courts
- Seeks public speaking opportunities to speak about drug courts
- Discusses drug courts with colleagues

OPERATIONAL DRUG COURT

- Oversees integrity of drug court program through quality assurance
- Disseminates information about drug court as frequently as possible

DRUG COURT DEFENSE COUNSEL CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A drug court defense counsel informs the drug court participant about the rigors of drug court, preserves all legal rights of the client, advocates for fair and equal treatment of client, participates in team meetings and attends non-adversarial court proceedings.

COMPETENCY 1: Participates fully as a Drug Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Compromises with team members regarding structure of program (including creating a program mission along with goals and objectives) during planning process meetings
- Assists in gathering data relevant to the population that would be impacted by drug court
- Assists in development of efficient method of conducting legal screens on potential drug court participants
- Assures program considers best interest of the client from a legal perspective
- Actively demands participant accountability
- Assists in creating and executing all participant waivers and contracts
- Assures program is not unduly burdensome on client and considers clients integration into law-abiding society

OPERATIONAL DRUG COURT

- Promptly recommends offenders to drug court when appropriate
- Assists in executing all participant waivers and contracts
- Advocates for prompt incentives and sanctions in response to client behavior
- As counsel, shields client from ineffective care; as team member, protects integrity for drug court program by monitoring effectiveness of all components of client care and supervision
- Maintains up-to-date record of participant performance
- As counsel, serves as “voice of client” in pointing out deficiencies of drug court program; as team member, seeks productive means of addressing deficiencies
- Attends all staffings and actively listens for undue encroachment upon client liberties or disparate treatment of participants
- While never breaching attorney-client privilege, when appropriate, encourages clients to be forthcoming and honest regarding their recovery process
- Solicits information from drug court team members regarding client and share relevant information with team members in appropriate and ethical manner

COMPETENCY 2: Evaluates the offender's legal situation and ensures that the offender's legal rights are protected.

PLANNING PROCESS

- Negotiates with prosecutor for optimum incentive to attract potential participants to drug court program
- Contemplates target population, with prosecutor and other team members, considering client's offense and individual circumstances
- Creates waivers and contracts for clients that promotes their best interest
- Prescreens potential drug court participant for suitability in drug court program including considering likelihood of success
- Assure that completion of drug court leaves client in more favorable position than normal course of criminal proceedings
- Design format of entry into drug court that streamlines traditional case processing

OPERATIONAL DRUG COURT

- Insist that legal and clinical screens are promptly conducted
- Ensures prompt admittance into program and start of rehabilitative treatment
- Advises client regarding rigors of drug court program
- Advises client regarding all rights waived as participant in drug court in contrast to rights waived in traditional criminal proceedings
- Assure client understands all waivers and contracts prior to execution of said documents
- Advocates for client to have every opportunity for recovery before involuntary dismissal from program

COMPETENCY 3: While in Drug Court, participates as a team member, operating in a non-adversarial manner while in court, promoting a sense of a unified team presence.

PLANNING PROCESS

- Negotiates with prosecutor for optimum incentive to attract potential participants to drug court program
- Creates and memorializes agreements with prosecutor that are most advantageous to client
- Compromises with team members regarding structure of program
- Attends drug court planning meetings

OPERATIONAL DRUG COURT

- Attends regularly scheduled staffings
- While in court, allows client to address the bench
- Reaches consensus with team regarding effective means of addressing client behavior

COMPETENCY 4: Effectively advises the defendants on their legal rights, legal options, treatment options, program conditions and sentencing outcomes while developing a relationship with the offender that promotes the offender's long term best interest.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Compromises with team members regarding structure of program

OPERATIONAL DRUG COURT

- Prior to recommending client to drug court, discuss legal options with client in unbiased manner
- Goes through each waiver and contract with client advising client about appropriate course of action.
- Encourages client through out the drug court process

COMPETENCY 5: Monitors client progress to support full participation and ensure the appropriate provision of treatment and other rehabilitative services.

PLANNING PROCESS

- Research effective treatment modalities in drug court environment
- Assist in selecting treatment provider for team

OPERATIONAL DRUG COURT

- Questions client regarding effectiveness of treatment and ancillary services
- Conducts quality assurance of treatment and ancillary services

COMPETENCY 6: As part of the Drug Court team, in appropriate non-court settings (i.e. staffing), defense counsel advocates for effective incentives and sanctions for program compliance or lack thereof.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Compromises with team members regarding creation of effective incentives and sanctions

OPERATIONAL DRUG COURT

- Advocates for prompt incentives and sanctions in response to client behavior
- Advocate for client's general well being and productive recovery without mitigating and defending client's behavior

COMPETENCY 7: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Assists in selecting team members who are gender, age and culturally aware
- Attends training opportunities to inform team members about cultural competence

OPERATIONAL DRUG COURT

- Continues to attend training opportunities to inform team members about cultural competence

COMPETENCY 8: Is knowledgeable about addiction, alcoholism and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

PLANNING PROCESS

- Assists in selecting competent and informed treatment provider
- Assists in drafting memorandum of understanding with treatment provider that assures effective information sharing and compliance with all regulations
- Researches effective treatment modalities for offender population
- Creates open dialogue with treatment provider to ensure appropriate treatment
- Researches and studies publications regarding addiction, alcoholism and pharmacology

OPERATIONAL DRUG COURT

- Continues to research effective treatment modalities
- Conducts regular quality assurance to ensure appropriate treatment
- Actively participates in staffings
- Attends all court sessions and staffing

COMPETENCY 9: Contributes to the team's efforts in community education and local resource acquisition.

PLANNING PROCESS

- Assists in seeking potential funding sources
- With other team members, attends local civic organizations, bar association and other community meetings

OPERATIONAL DRUG COURT

- Ongoing research of potential funding streams

COMPETENCY 10: Contributes to education of peers, colleagues and judiciary in the efficacy of Drug Courts.

PLANNING PROCESS

- Informs judiciary and local bar association about drug court
- Seeks public speaking opportunities to speak about drug courts
- Discusses drug courts with colleagues

OPERATIONAL DRUG COURT

- Oversees integrity of drug court program through quality assurance
- Disseminates information about drug court as frequently as possible

DRUG COURT TREATMENT PROVIDER CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A drug court treatment provider provides rehabilitative therapy sessions, drug screening, case management and monitoring for drug court participants in keeping with the holistic recovery of the drug court participant. Additionally, within the bounds of ethics and legalities, a drug court treatment provider shares information regarding the progress of a participant in appropriate settings to all drug court team members.

COMPETENCY 1: Participates fully as a Drug Court team member, committing him or herself to the program mission and goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Familiarize treatment team with difference between traditional treatment and treatment within the drug court confines
- Research ethical and legal constraints of participation as drug court team member
- Attend all drug court planning meetings
- Provide information to other team members regarding ability to divulge information
- Compromises with team members regarding structure of program
- Design treatment program that is specific to drug court participants

OPERATIONAL DRUG COURT

- Attends regularly scheduled staffings
- Provide information regarding drug court participant's progress to each team member
- Productively communicates with team so each member can make informed choices regarding drug court participants
- Protects integrity of drug court program by providing competent treatment
- Remains abreast of best practices of the field.
- Maintains up-to-date record of participant performance

COMPETENCY 2: Ensures that the participant receives the highest level of care available, at a reasonable cost, by all contracted and ancillary service providers. Develop post program services, client outreach, mentor programs and alumni associations.

PLANNING PROCESS

- Serves as effective consumer by seeking cost efficient services for drug court participants
- Attends regularly scheduled planning meetings and actively participates in creating therapeutically beneficial treatment program
- Seeks continuing education opportunities which incorporate drug court training
- Researches mentor and alumni programs

OPERATIONAL DRUG COURT

- Conducts regular quality assurance of all treatment and ancillary services
- Performs case autopsy on charts of participants who are discharged from the program as method of quality improvement
- Creates treatment environment that is encouraging and restorative
- Maintains competent staff

- Regularly reviews all client charts and maintains up-to-date record of participant performance

COMPETENCY 3: Ensures that offenders are evaluated in a timely and competent process and that placement and transportation are effectuated in an expedited manner.

PLANNING PROCESS

- Attends all regularly scheduled planning meetings
- Maps, along with other team members, community resources that can assist program participants at little to no cost
- Creates method of conducting treatment screens that are prompt and efficient

OPERATIONAL DRUG COURT

- Promptly processes referrals to drug court by completing treatment screens efficiently
- Secures assistance from ancillary services as needed for participants

COMPETENCY 4: Develops effective measure for drug/alcohol testing and treatment progress reporting that provide the team with sufficient and timely information to implement incentives and sanctions systems.

PLANNING PROCESS

- Seeks competent staff, or outside source, to perform regular, random and observed drug screens
- Trains treatment staff and drug court team on appropriate method of drug/alcohol screening
- Researches state of the art and cost effective companies to perform screens
- Develops method of documenting drug screen results

OPERATIONAL DRUG COURT

- Implements random system of screening for drug court participants
- Conducts visually monitored screens for each participant
- Maintains up-to-date records of all screens
- Shares information regarding screens with all team members

COMPETENCY 5: Assists in providing advanced training in substance abuse, addiction and treatment methodologies so as to provide the team with a meaningful basis to implement incentives and sanctions systems and design program protocols and procedures.

PLANNING PROCESS

- Performs in-service training of all team members regarding substance abuse addiction and treatment
- Assists in creating appropriate incentives and sanctions system
- Actively participates in design of program protocols and procedures

OPERATIONAL DRUG COURT

- Provides ongoing training to all team members
- Supports most therapeutic application of incentives and sanctions

COMPETENCY 6: As part of the Drug Court team, in appropriate non-court settings (i.e. staffing), the treatment provider advocates for effective incentives and sanctions for program compliance.

PLANNING PROCESS

- Assists in creating effective incentives and sanctions
- Attends all planning meetings

OPERATIONAL DRUG COURT

- Assures incentives and sanctions are given on a consistent and fair basis
- Recommends therapeutic incentives and sanctions
- Considers client behavior and shares relevant information with team

COMPETENCY 7: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Assists in selecting team members who are gender, age and culturally aware
- Attends training opportunities to inform team members about cultural competence

OPERATIONAL DRUG COURT

- Continues to attend training opportunities to inform team members about cultural competence

COMPETENCY 8: Is knowledgeable about addiction, alcoholism and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

PLANNING PROCESS

- Assists in selecting competent and informed team members
- Assists in drafting memorandum of understanding with team members that assures effective information sharing and compliance with all regulations
- Researches effective treatment modalities for offender population
- Creates open dialogue with team members to ensure appropriate treatment
- Researches and studies publications regarding addiction, alcoholism and pharmacology

OPERATIONAL DRUG COURT

- Continues to research effective treatment modalities
- Conducts regular quality assurance
- Actively participates in staffings
- Attends all court sessions and staffing

COMPETENCY 9: Contributes to the team's efforts in community education and local resource acquisition.

PLANNING PROCESS

- Assists in seeking potential funding sources
- With other team members, attends local civic organizations, bar association and other community meetings

OPERATIONAL DRUG COURT

- Ongoing research of potential funding streams

COMPETENCY 10: Contributes to education of peers, colleagues and judiciary in the efficacy of Drug Courts.

PLANNING PROCESS

- Informs judiciary and local bar association about drug court
- Seeks public speaking opportunities to speak about drug courts
- Discusses drug courts with colleagues

OPERATIONAL DRUG COURT

- Maintains integrity of drug court program through quality assurance
- Disseminates information about drug court as frequently as possible

DRUG COURT COMMUNITY SUPERVISION CORE COMPETENCIES (The following tasks are intended to be illustrative and not all inclusive)

A drug court community supervision officer actively monitors drug court participants outside of the drug court setting including conducting home and job visits. All client contact is documented and visits logged to help encourage positive participant behavior.

COMPETENCY 1: Participates fully as a Drug Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Compromises with team members regarding structure of program (including creating a program mission along with goals and objectives) during planning process meetings
- Assists in gathering data relevant to the population that would be impacted by drug court
- Assists in development of efficient method of conducting legal screens on potential drug court participants
- Ensure that criminogenic needs assessment tool is identified.
- Assists in creating all participant waivers and contracts
- Assures program is not unduly burdensome on client and considers clients integration into law-abiding society

OPERATIONAL DRUG COURT

- Promptly recommends offenders to drug court when appropriate
- Assists in executing all participant waivers and contracts
- Execute criminogenic risk needs assessment and assessments on-going and ensure that case plan is developed and modified based upon the assessments.
- Share the criminogenic risk needs assessment with the team.
- Advocates for prompt incentives and sanctions in response to client behavior
- Maintains up-to-date record of participant performance
- Attends and participates in client staffings by providing progress reports, making recommendations, and identifying supervision and ancillary services needed.

COMPETENCY 2: Provides coordinated and comprehensive supervision so as to minimize participant manipulation and splitting of program staff. Develop post program services, client outreach, Mentor programs and Alumni Associations.

PLANNING PROCESS

- Identify community resources to address the needs of the target population.
- Develop comprehensive program policies that govern the supervision of target population that are consistent.
- Assists in the development of an Alumni Association or Mentor Program for target population.

OPERATIONAL DRUG COURT

- Coordinates continuum of care through regular contact with treatment provider.
- Advocates for continuum of care beyond treatment continuum to be inclusive of other community-based sources.

COMPETENCY 3: Develops effective measures for drug testing and supervision compliance reporting that provide the team with sufficient and timely information to implement incentives and sanctions systems.

PLANNING PROCESS

- Learn the basic methods of testing that limit client manipulation that is reliable and effective.
- Design an effective drug testing protocol based upon the target population.
- Design effective home, field and office visit protocols to assist in supervision of the target population.

OPERATIONAL DRUG COURT

- Provides progress reports prior to client staffings.
- Conduct home and field visits using strength's based approach.
- Collect alcohol and drug testing in accordance with policy and report results to team in a timely fashion.
- Recommend appropriate incentives and sanctions based upon information gleaned from supervision.
- Continually assess and review supervision and drug testing protocols and terms and conditions of supervision/probation regularly to ensure they are still working for the target population.

COMPETENCY 4: Coordinates the utilization of community-based services such as health and mental health services, victims' services, housing, entitlements, transportation, education, vocational training, job skills training and placement to provide a strong foundation for recovery.

PLANNING PROCESS

- Assist in identifying community resources to meet the diverse needs of the target population.
- Design an effective case management protocol for target population.

OPERATIONAL DRUG COURT

- Makes on-going referrals for target population that is consistent with the treatment case plan.

COMPETENCY 5: Is knowledgeable about addiction, alcoholism, and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

PLANNING PROCESS

- Participates in regular cross training.
- Attends training and develop knowledge in the area of addiction, alcoholism, and pharmacology.
- Attends training on Motivational Interviewing and States of Change.
- Attend training on what is relapse and how to identify relapse triggers.

OPERATIONAL DRUG COURT

- Continues to participate in on-going cross training to remain knowledgeable about addiction, alcoholism, and pharmacology.
- Utilize motivational interviewing techniques when interacting with the target population.

- Note relapse triggers and behaviors in the target population and report in a timely manner to the team.

COMPETENCY 6: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Participates in regular cross training.
- Attends training and develop knowledge in the area gender, age and cultural issues that may impact the target population and community.

OPERATIONAL DRUG COURT

- Continues to participate in on-going cross training to remain knowledgeable about gender, age and cultural issues of the community and target population.

COMPETENCY 7: Contributes to the team's efforts in the community education and local resource acquisition.

PLANNING PROCESS

- Helps to develop PowerPoint's and educational materials for distribution at local and community education opportunities.

OPERATIONAL DRUG COURT

- Acts a spokesperson to community leaders and organizations.
- Provides statistical information to use for grant writing or other funding acquisition.

COMPETENCY 8: Contributes to the education of peers, colleagues and judiciary in the efficacy of Drug Courts.

PLANNING PROCESS

- Helps to develop PowerPoint's and educational materials that are specific about your role to assist with educating peers, colleagues and the judiciary.

OPERATIONAL DRUG COURT

- Acts a spokesperson to peers, colleagues and the judiciary.

DRUG COURT COMMUNITY POLICING OFFICER/LAW ENFORCEMENT CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A drug court community supervision officer actively monitors drug court participants outside of the drug court setting including conducting home and job visits. All client contact is documented and visits logged to help encourage positive participant behavior.

COMPETENCY 1: Participates fully as a Drug Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Compromises with team members regarding structure of program (including creating a program mission along with goals and objectives) during planning process meetings
- Assists in gathering data relevant to the population that would be impacted by drug court
- Assists in development of efficient method of conducting legal screens on potential drug court participants
- Assists in creating all participant waivers and contracts
- Assures program is not unduly burdensome on client and considers clients integration into law-abiding society

OPERATIONAL DRUG COURT

- Promptly recommends offenders to drug court when appropriate
- Assists in executing all participant waivers and contracts
- Advocates for prompt incentives and sanctions in response to client behavior
- Provides up to date information on drug court clients.
- Attends and participates in client staffings by providing progress reports, making recommendations, and identifying supervision and ancillary services needed.

COMPETENCY 2: Provides information of participant appropriateness from law enforcement sources to the team and makes recommendation to the team.

PLANNING PROCESS

- Ensure that the views of law enforcement are identified and consider in the target population selection process.
- Develop comprehensive program policies that govern the supervision of target population that are consistent.

OPERATIONAL DRUG COURT

- Assist in the identification of potential drug court participants

COMPETENCY 3: Facilitates the swift delivery of bench warrants for participants who have absconded from the program.

PLANNING PROCESS

- Develop written protocols for how drug court warrants will be processed and served..

OPERATIONAL DRUG COURT

- Processes and serves warrants

COMPETENCY 4: Acts as a liaison to police agencies, providing education, information and training on the importance of the drug court program to community safety and the benefits of law enforcement in collaborating with the Drug Court.

PLANNING PROCESS

- Helps to develop PowerPoint's and educational materials that are specific about your role to assist with educating peers, colleagues, community agencies and the judiciary.

OPERATIONAL DRUG COURT

- Acts a spokesperson to peers, colleagues, community agencies and the judiciary.

COMPETENCY 5: Is knowledgeable about addiction, alcoholism, and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

PLANNING PROCESS

- Participates in regular cross training.
- Attends training and develop knowledge in the area of addiction, alcoholism, and pharmacology.
- Attends training on Motivational Interviewing and States of Change.
- Attend training on what is relapse and how to identify relapse triggers.

OPERATIONAL DRUG COURT

- Continues to participate in on-going cross training to remain knowledgeable about addiction, alcoholism, and pharmacology.
- Utilize motivational interviewing techniques when interacting with the target population.
- Note relapse triggers and behaviors in the target population and report in a timely manner to the team.

COMPETENCY 6: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Participates in regular cross training.
- Attends training and develop knowledge in the area gender, age and cultural issues that may impact the target population and community.

OPERATIONAL DRUG COURT

- Continues to participate in on-going cross training to remain knowledgeable about gender, age and cultural issues of the community and target population.

COMPETENCY 7: Provides a monitoring function to the team (along with supervision and treatment): i.e. going on joint home visits, reporting on a participant's activities in the community, and supervising participation in community service.

PLANNING PROCESS

- Learn the basic methods of testing that limit client manipulation that is reliable and effective.
- Design an effective drug testing protocol based upon the target population.
- Design effective home, field and office visit protocols to assist in supervision of the target population.

OPERATIONAL DRUG COURT

- Provides pertinent information about participants in staffings.
- Conduct home and field visits using strength's based approach.
- Conducts home visits and trains peers to enhance supervision of participants.
- Collect alcohol and drug testing in accordance with policy and report results to team in a timely fashion.
- Recommend appropriate incentives and sanctions based upon information gleaned from supervision.
- Continually assess and review supervision and drug testing protocols and terms and conditions of supervision/probation regularly to ensure they are still working for the target population.

COMPETENCY 8: Provides assistance, information and support to participants in the community encouraging them to succeed in the program.

PLANNING PROCESS

- Assist in identifying community resources to meet the diverse needs of the target population.
- Assist community supervision officer in designing an effective case management protocol for target population.

OPERATIONAL DRUG COURT

- Makes on-going referrals for target population that is consistent with the treatment case plan in conjunction with the community supervision officer.

DRUG COURT EVALUATOR CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A drug court evaluator assists the drug court team in developing, capturing, and communicating useful and useable information for key stakeholders and other audiences,

COMPETENCY 1: Get involved in the program during the planning process enabling the effective development of a data collection and evaluation components that collect relevant information critical to the program's survival.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Assist teams in ensuring that goals and objectives are measurable and quantifiable.
- Assists in gathering data relevant to the population that would be impacted by drug court

OPERATIONAL DRUG COURT

- Promptly recommends offenders to drug court when appropriate
- Assists in executing all participant waivers and contracts
- Advocates for prompt incentives and sanctions in response to client behavior
- Provides up to date information on drug court clients.
- Attends and participates in client staffings by providing progress reports, making recommendations, and identifying supervision and ancillary services needed.

COMPETENCY 2: Become an adjunct to the team, familiar with its policies and procedures, the program process and the inner workings of the program.

PLANNING PROCESS

- Attend regularly scheduled planning meetings and provide feedback to team as they develop the program design.
- Become knowledgeable of addiction, alcoholism and pharmacology generally.
- Become knowledgeable of gender, age and cultural issues that may impact the community and target population of the drug court program.

OPERATIONAL DRUG COURT

- Attend court sessions to the extent possible to review program design implementation.
- Hold focus groups with participants to the extent possible.
- Interview key stakeholders to the extent possible.

COMPETENCY 3: Utilizes the knowledge and resources of the team to develop a data collection/operating system.

PLANNING PROCESS

- Create with team and maintain data collection and operating system.

OPERATIONAL DRUG COURT

- Train team on data collection and operating system.
- Maintain data collection and operating system.

COMPETENCY 4: Ensures that the information system assists the team in monitoring the progress of the participant in the program and enhances the ability of the team to act immediately when there is noncompliance.

PLANNING PROCESS

- Helps to develop the management information system that allows for the quick assimilation of data for evaluation and day to day operations of the program.

OPERATIONAL DRUG COURT

- Provide reports to the team based upon information gleaned from the management information system.

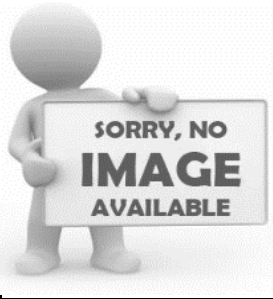
COMPETENCY 5: The data collection/operational system assist the team in monitoring program protocols and procedures to allow the team to react quickly to program deviations and the development of trends.

PLANNING PROCESS

- Educate the team on trends and ways to monitor goal accomplishment.

OPERATIONAL DRUG COURT

- Continuously provides feedback to team on progress toward goals and trends.



TREATMENT COURT CASE STAFFING SUMMARY

Client:	Doe, Jane	DOB: 08/31/1982	Date: 4/1/2019
SPN/Case #:	12345678 / 12345671010	Officer:	Vincent
Phase: 2	CSR Hours: 60/60	Sobriety Date:	9/15/2018 (last pos)
Intake Date: 8/17/2018	Class A/B Misd.	Referral method:	ACOCS- violations
ODL/TDL Status: TDL eligible		Suspension dates:	N/A
Current Risk: Moderate		Current Needs: Moderate	

Risk/Criminogenic Need	Status/Progress/Plan *Focus on Goals for Top 3
1. History of antisocial behavior (Criminal History)	Presenting charge: Forgery, possession, paraphenelia
2. Antisocial personality patterns (Consider Trauma History)	No indication of anti-social personality
3. Antisocial Cognition (Criminal Thinking)	On Step 2 of MRT
4. Antisocial Associates	Jane has been spending time with some old associates from high school who are currently using and who live near mom. Jane has also participated with peer mentors at bowling night. 1. Current Goal - focus on more peer mentor activities.
5. Family/Marital Situation	Accomplished goal! Jane moved out of her (using) boyfriend's house last weekend and is living with her mother who is supportive of treatment
6. School/Work Performance	Making progress on her GED 2. Current Goal: Schedule math test by 3/16/2019
7. Living Situation	Accomplished sober housing goal! Jane moved out of her (using) boyfriend's house last weekend and is living with her mother who is supportive of Jane's treatment plan.
8. Substance Use Disorder/Treatment progress	Client has diagnosed severe substance use disorder (Heroin). Client is on Vivitrol and is tolerating it well. Client is in CBT and was late for last treatment session, but has attended all required sessions. 3. Current Goal: Client is engaged with treatment and is currently working through plans for responding to specific triggers.
Benchmarks accomplished towards phase advancement	The Client has completed all required Phase 2 Benchmarks and is filling out application for Phase 3
Barriers to services and intervention/plan	Client's mother is ill and may need to move into assisted living. If this happens, client will need new housing. Will monitor mother's condition. Continue with current treatment plan.
Summary of Successes	Jane moved away from unhealthy relationship with boyfriend and moved in with supportive mother. Accomplished sober housing goal! Completed all requirements since last court session.
Summary of Infractions	Client is doing very well. No issues with non-adherence.
Recommended Court Responses	Incentive: Judge acknowledgment of progress, made good decision and important progress in moving out of boyfriend's house and in with mother - 12 Hour CSR Voucher, fish bowl for completing all requirements in last two weeks. Acknowledge she is filling out application for Phase 3.
	Other responses: Reinforce message that Jane should avoid her high school friends and focus on more peer mentor activities. Ask Jane to talk about activities she could do instead of spending time with old high school friends. Ask Jane to list her other current goals and plan for completing (see goals above and prompt her if she does not remember).

Completion Date		Drug Test/Device					
Phase 1	10/15/18	Current Device	drug patch			Date Ordered:	10/15/18
Phase 2	1/15/19	Current Device				Date Ordered:	
Phase 3		Positive UA's					
Phase 4		Dilute UA's					114

Residential	NA	IOP/SOP	11/14/17	Boosters	NA	DWI Edu/RO	NA
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Prior Court Reviews

Date	Incentive	Other response
8/18/2018	Acknowledgement (attaboy) of attendance	Behavior chain for use
12/15/2018	Sobriety milestone - 3 months	None



Judicial Bench Card

General Questions

- 1** What types of things did you do or can you do to help maintain sobriety?
- 2** What reconnections or new activities have you built into your life?
- 3** What are some of the community supports you can access?
- 4** What challenges did you face, and how did you handle them?



Other Questions

- 1 What did you do this week to stay sober?
- 2 Describe one of the most important reasons for you to be more honest.
- 3 What does responsibility mean to you?
- 4 What past hobbies or activities are you looking forward to getting re-involved in?
- 5 What are some things in your work or school that are getting in the way of your change efforts?

COMMUNITY DOMAIN

- 6 What can you tell me about your community that helps support your long-term recovery goals?

HEALTH, MEDICAL DOMAIN

- 7 What types of services or resources have you identified that may become a part of meeting other needs that you may have?

PURPOSE DOMAIN

- 8 What are your short-/long-term recovery goals, and how are they meaningful in recovery?

Other Questions



Final Phase of the Program Questions

- 1** Who will you use for support once you finish this program?
- 2** If you find yourself suddenly wanting to get high, what do you do about that?
- 3** What's going to be your biggest challenge after you finish this program? After the participant responds, follow up with:
What are you doing now to prepare to meet that challenge?

Final Phase of the Program Questions



Relapse Prevention

- 1 What are your main relapse triggers?
- 2 Who are your main relapse risks? Who do you need to avoid?
- 3 What are you doing to manage your triggers?
- 4 Do you have a relapse prevention plan? What is it?
- 5 Do you have a plan for what you'll say to your old using friends/relatives?

Relapse Prevention



Motivational Interviewing/ Motivational Enhancement Therapy

- 1** What stage of change are you in?
What does that mean for you?
- 2** What are the motivators for you not to use and to change your life?
- 3** What are the things that might motivate you to use again?
- 4** What changed that helped you move to a different stage?
- 5** What are the benefits for you if you don't use?
- 6** How can treatment court help you with your motivation?

Motivational Interviewing / Motivational Enhancement Therapy



Cognitive Behavioral Therapy

- 1** Can you describe what you are working on in your counseling sessions?
- 2** CBT is about changing your thinking. Can you describe how your thinking has caused problems for you?
- 3** What things have you learned to help change your thinking errors?

Cognitive Behavioral Therapy



Seeking Safety/Trauma Approaches

DON'T ASK WHAT THE SPECIFIC TRAUMA IS

- 1** How have traumas that you have experienced been triggers for use for you?
- 2** Do you have problems dealing with stress?
What helps?
- 3** What things can you do to deal with feelings that your trauma brings up?

Seeking Safety/Trauma Approaches

Judicial Bench Card

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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.



Encouraging Motivation to Change

Am I Doing this Right?

- 1.** ✓ **Do I listen more than I talk?**
X Or am I talking more than I listen?
- 2.** ✓ **Do I keep myself sensitive and open to this person's issues, whatever they may be?**
X Or am I talking about what I think the problem is?
- 3.** ✓ **Do I invite this person to talk about and explore his/her own ideas for change?**
X Or am I jumping to conclusions and possible solutions?
- 4.** ✓ **Do I encourage this person to talk about his/her reasons for *not* changing?**
X Or am I forcing him/her to talk only about change?
- 5.** ✓ **Do I ask permission to give my feedback?**
X Or am I presuming that my ideas are what he/she really needs to hear?
- 6.** ✓ **Do I reassure this person that ambivalence to change is normal?**
X Or am I telling him/her to take action and push ahead for a solution?
- 7.** ✓ **Do I help this person identify successes and challenges from his/her past *and* relate them to present change efforts?**
X Or am I encouraging him/her to ignore or get stuck on old stories?
- 8.** ✓ **Do I seek to understand this person?**
X Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
- 9.** ✓ **Do I summarize for this person what I am hearing?**
X Or am I just summarizing what I think?
- 10.** ✓ **Do I value this person's opinion more than my own?**
X Or am I giving more value to my viewpoint?
- 11.** ✓ **Do I remind myself that this person is capable of making his/her own choices?**
X Or am I assuming that he/she is not capable of making good choices?

BUCKET OF CHANGE QUESTIONS

What do you hope our work together will accomplish?

How would you like for things to change?

Tell me what you don't like about how things are now.

How do you want your life to be different a year from now?

**What do you think you might be able to change?
What ideas do you have for how you could make that change?**

What's the downside of how things are in your life right now?

**What might be the best 3 reasons to change a behavior
that seems to get you into trouble?**

What needs to happen for you to be successful in the treatment program?

**How important is it for you to complete the treatment program? What do
you think has to change to be successful?**

**Complete this sentence: I really must _____ to be
successful in the treatment program.**

**Suppose you continue on as you have been, without changing.
What do you imagine are the worst things that could happen?**

**If you were completely successful in making the changes you want,
how would things be different?**

**Do you remember a time when things were going well for you?
What has changed?**

What are the differences between the person you were 10 years ago and the person you are today?

**How can you make good things happen in your life?
What are you willing to do to make them happen?**

Given what has happened so far, what do you expect might happen if you don't make any changes?

What are 5 things you value most in your life?

What is concerning you most at this time? How could the team help?

Who is a positive support in your life? How can that person help you succeed?

How willing are you to accept help from others? If willing, what help do you need?

What are your strengths? How can your strengths help you succeed?

What are your interests? How can your interests help you succeed?

What do you need most?

What have you learned from your past mistakes?

**What about the treatment program will be the hardest for you and why?
How can we help you overcome that?**

What motivates you to succeed? Why?

What does success mean to you?

What can you do to make your life better?

**What do you want to learn how to do? How will that
knowledge help you after you complete the treatment program?**

Who may get in the way of your success?

If you did poorly, how would you expect the treatment team to respond?

What is something that you succeeded at today?

**What can get in the way of your success? What steps can you
take to overcome those obstacles?**

**How does your current situation need to change so that you're
more successful in the future?**

What hasn't worked for you in the past? What can you do differently?

**List the 3 most important individuals in your life.
How do these people play a positive or a negative role in your life?**

Since your last court appearance, what is one thing you have done to work towards a goal?

What is one task you would like to accomplish before our next appointment?

Tell me one challenge you were faced with since your last court appearance. How did you handle it?

Tell me one positive thing that has happened since your last court appearance?

How would you like things to be different than they are now?

Name at least one thing you are proud of in your life, past or present. Explain what makes you proud of that.

What is something going right in your life currently? What is something in your life that could use some improvement?

What are some specific steps you can take between now and your next appointment to get closer to reaching a goal?

What is your number one goal for the next six months?

What stands between you and success?

How will today matter five years from now?

What is your greatest skill?

What are you looking forward to?

DRUG REFERENCE CHART

Key Facts about Critical Drugs

DRUG CLASS & DRUG	COMMON PRESCRIPTION BRAND AND NAME	DRUG METABOLITE	DETECTION TIMES	
			Urine (Days)	Oral Fluid (Hours)
Amphetamines/ Stimulants				
Amphetamine	Adderall [®] , Benzedrine [®] , Dexedrine [®]	Amphetamine	3-5	Up to 36
Methamphetamine	Desoxyn [®] , Vick's [®] Inhaler, Metabolite of Didrex [®]	Methamphetamine, Amphetamine (metabolite)	3-5	Up to 36
Methylphenidate	Ritalin [®] , Concerta [®] , Metadate, Methylin [®] , Focalin	Ritalinic Acid (metabolite)	Up to 2	Up to 36
Anticonvulsants				
Gabapentin	Gabaron [®] , Neurontin [®]	Gabapentin	1-2	Up to 36
Pregabalin	Lyrica [®]	Pregabalin	1-3	Up to 36
Barbiturates				
Amobarbital	Amytal, Tuinal	Amobarbital	4-6	Up to 36
Butalbital	Fiorinal [®] , Fioricet [®]	Butalbital	4-6	Up to 36
Pentobarbital	Nembutal [®]	Pentobarbital	4-6	Up to 36
Phenobarbital	Belladonna [®] , Luminal [®]	Phenobarbital	Up to 16	Up to 36
Secobarbital	Seconal [®]	Secobarbital	4-6	Up to 36
Benzodiazepines				
Alprazolam	Xanax [®] , Niravam, Xanor [®] , Tafil [®] , Alprolox [®]	Alpha-hydroxyalprazolam	2-4	Up to 36
Chlordiazepoxide	Librium [®] , Tropium [®] , Risolid [®] , Clipoxide [®]	Nordiazepam, Oxazepam, Demoxepam	2-4	Up to 36
Clonazepam	Klonopin [®] , Rivotril [®]	7-aminoclonazepam	2-4	Up to 36
Diazepam	Valium [®] , Apzepam [®] , Vival [®] , Apozeepam [®]	Oxazepam, Nordiazepam, Temazepam	2-4	Up to 36
Flunitrazepam	Rohypnol [®] , Fluscand [®]	7-aminoflunitrazepam	2-4	Up to 36
Flurazepam	Dalmane [®] , Dalmadorm [®]	Desalkylflurazepam, Hydroxyethylflurazepam	2-4	Up to 36
Lorazepam	Ativan [®] , Temesta [®] , Lorabenz [®]	Lorazepam	5-7	Up to 36
Medazepam	Nobrium [®]	Oxazepam	2-4	Up to 36
Midazolam	Versed [®] , Dormicum [®] , Hypnovel [®] , Flormidal [®] , Dormonid [®]	1-hydroxymidazolam	2-4	Up to 36
Oxazepam	Serax [®] , Seresta [®] , Serepax [®] , Sobril [®] , Vapen [®] , Opamox [®] , Oxascand [®] , Vaben [®]	Oxazepam	2-4	Up to 36
Temazepam	Restoril [®] , Normison [®] , Euhypnos [®]	Temazepam, Oxazepam	1-4	Up to 36
Triazolam	Halcion [®] , Novodorm [®] , Songar [®]	Alpha-hydroxytriazolam	2-4	Up to 36
Drugs of Abuse				
Bath Salts	N/A	Various		Up to 36
Cocaine	N/A	Benzoyllecgonine (metabolite)	1-2	Up to 36
Heroin	N/A	6-monoacetylmorphine (metabolite), Morphine (metabolite)	1-3	Up to 36
Marijuana	Marinol [®]	Tetrahydrocannabinol (THC)	1-30	Up to 36
MDMA	N/A	MDMA, MDA (metabolite)	3-5	Up to 36

For more information, visit www.cordantsolutions.com, email info@cordanth.com, or call 1-855-895-8099

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DRUG CLASS & DRUG	COMMON PRESCRIPTION BRAND AND NAME	DRUG METABOLITE	DETECTION TIMES	
MDMA (Ecstasy)	N/A	MDMA, MOA (metabolite)	3-5	Up to 36
Nicotine	N/A	Cotinine		Up to 36
Phencyclidine (PCP)	N/A	Phencyclidine (PCP)	3-7	Up to 36
Spice	N/A	Various		Up to 36
Muscle Relaxants			Urine (Days)	Oral Fluid (Hours)
Carisoprodol	Soma [®] , Equanil [®]	Carisoprodol, Meprobamate (metabolite)	1	Up to 36
Cyclobenzaprine	Flexeril [®] , Lisseryl	Cyclobenzaprine	3-8	Up to 36
Meprobamate	Soma, Miltown [®]	Meprobamate	2-3	Up to 36
Opioids			Urine (Days)	Oral Fluid (Hours)
Buprenorphine	Buprenex [®] , Suboxone [®] , Subutex [®]	Buprenorphine, Norbuprenorphine (metabolite)	2-4	Up to 36
Codeine	Tylenol [®] 3, Tylenol [®] 4, Tylenol [®] 5	Codeine, morphine (metabolite)	2-3	Up to 36
Fentanyl	Actiq [®] , Fentora [™] , Duragesic [®]	Fentanyl, Norfentanyl (metabolite)	1-2	Up to 36
Hydrocodone	Vicodin [®] , Lorcet [®] , Lortab [®] , Hycodan [®] , Norco [®] , Vicoprofen [®] , Anexsia [®] , Bekaid [®] , Hycodan [®] , Xodol [®] , Dicotid [®]	Hydrocodone, Hydromorphone (metabolite)	2-3	Up to 36
Hydromorphone	Dilaudid [®] , Exalgo [®] , Hymorphan [®] , Laudicon [®] , Novolaudin [®] , Palladone [®]	Hydromorphone	2-3	Up to 36
Meperidine	Demerol [®] , Algii [®] , Alodan [®] , Centrolgin [®] , Dispadol [®] , Dolantin [®]	Meperidine, Normeperidine (metabolite)	1-2	Up to 36
Methadone	Dolophine [®] , Methadose [®]	Methadone, EDOP (metabolite)	2-4	Up to 36
Naloxone	Narcan, Suboxone (combo)	Naloxone	2-4	Up to 36
Oxycodone	Tylox [®] , Percocet [®] , Percodan [®] , OxyContin [®] , OxyIR [®] , Roxicodone [®]	Oxycodone, oxymorphone	2-3	Up to 36
Oxymorphone	Opana [®] , Opana ER [®] , Numorphan [®]	Oxymorphone	2-3	Up to 36
Propoxyphene	Darvocet [®] , Darvon [®]	Propoxyphene, Norpropoxyphene (metabolite)	Up to 7	Up to 36
Tapentadol	Nucynta	Tapentadol		Up to 36
Tramadol	Ultram [®] , Ultracet [®]	Tramadol, O-desmethyltramadol (metabolite)		Up to 36
Other			Urine (Days)	Oral Fluid (Hours)
Alcohol	N/A	Ethyl Alcohol	Up to 24 Hours	Up to 36
Alcohol	N/A	Ethyl Glucuronide	80 Hours	Up to 36
Sleep Aids			Urine (Days)	Oral Fluid (Hours)
Zolpidem	Ambien [®]	Zolpidem	1	Up to 36
Zopiclone	Lunesta [®]	Zopiclone	1	Up to 36
Tricyclic Antidepressants			Urine (Days)	Oral Fluid (Hours)
Amitriptyline	Elavil [®] , Endep [®] , Tryptanol [®] , Etrafon [®]	Amitriptyline, Nortriptyline	4-10	Up to 36
Clomipramine	Anafrinil [®]	Norclomipramine	4-10	Up to 36
Doxepin	Adapin [®] , Prudoxin [®] , Sine-	Nordoxepin	2-8	Up to 36
Desipramine	Norpramin [®] , Pertofrane [®]	Desipramine	2-11	Up to 36
Imipramine	Tofranil [®] , Imiprin [®] , Deprinol [®] , Presamine	Imipramine, Desiripramine (metabolite)	2-5	Up to 36
Nortriptyline	Aventyl [®] , Pamelor [®] , Sensoval [®] , Nortriilen [®] , Allegron	Nortriptyline	4-19	Up to 36

NOTE: Detection times in Oral Fluid may extend out to two days depending on drug and extent of use.

Some benzodiazepines are detected into common metabolites such as Nordiazepam and Oxazepam. If a prescribed benzodiazepine is not listed, please consult our toxicologist.

References:

- Disposition of Toxic Drugs and Chemicals in Man. Baselt.
- Pain Management Testing Reference. White.

For more information, visit www.cordantsolutions.com, email info@cordanth.com, or call 1-855-895-8099

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Drugs of Abuse Cross Reference Table

AMPHETAMINE

Adderall
Dexedrine
Dextrostat
Liquadd
Benzedrine
Dextroamphetamine
Vyvanse

Lisdexamfetamine
Fenproporex
Amphetamine

METHAMPHETAMINE

Carbox
Benzphetamine (Didrex)
Deprenyl
Desoxyn
Eldepryl
Ensam
Famprofazone
Fencamine
Gradumet
L-Desoxyephedrine
Selegiline
Zelapar

CANNABINOIDS (THC)

Hempseed Oil
Marinol

BARBITURATES

Butalbital

Anoquan
Axotal
Bucet
Endolor
Esgic
Fencet
Fioricet
Fiorinal
G-1
Isocet
Isollyl
Lanorinal
Margesic
Medigesic
Phrenilin
Tencet
Two-Dyne

Phenobarbital

Belladonna
Bellamine
Donnaphen
Donnatal
Luminal
Solfoton

BARBITURATES (cont)

Secobarbital
Seconal
Phenobarbital
Nembutal
Nova Rectal

PROPOXYPHENE

Darvocet
Darvon
Dolene
Genagesic
PC-Cap

Propacet
Wygesic

BENZODIAZEPINE

Alprazolam
Xanax
Alprax
Niravam
Alprazolam IntenSol
Lorazepam
Ativan
Loraz
Lorazepam IntenSol

Nordiazepam

(metabolite of) Chlorazepate
(metabolite of) Chlordiazepoxide
(metabolite of) Diazepam
(metabolite of) Medazepam
(metabolite of) Prazepam

Oxazepam

Serax
Noripam
Ox-pam
(metabolite of) Chlorazepate
(metabolite of) Chlordiazepoxide
(metabolite of) Diazepam
(metabolite of) Medazepam
(metabolite of) Nordiazepam
(metabolite of) Temazepam

Temazepam

(metabolite of) Diazepam
Restoril

Chlordiazepoxide

Librium
Mesural
Silibrin
Libritabs
Librax
Tropium

Flunitrazepam

Rohypnol
Triazolam
Halcion

BENZODIAZEPINE (cont)

Clonazepam
Klonopin
Midazolam
Versed
Estazolam
Prosom
Flurazepam

Dalmane

METHADONE

Dolophine
Methadose

OPIATES

Codeine

Brontex
Cheracol
Cheratussin AC/DAC
Emtec-30
Guaifenesin AC
Guaituss AC
Halotussin AC
Lenoltec No. 1, 2, 3, 4
Mytussin AC
Nucofed
Robafen AC
Robitussin A-C
Tussi-Organidin NR
Tylonol #3

Hydrocodone

Alor 5/500
Anexsia
Anodynos-DHC
Azdone
Bancap HC
Codiclear DH Syrup
Codotuss Liquid
Co-Gesic
Damason-P
Dolacet
DuoCet
Duradyne DHC
Entex
Fentuss Expectorant
G-Tuss Syrup
Hycodan
Hycomine Compound
Hycotuss
Hydrocet
Hydrogesic
Hydromet
Hydropane
Hydrotropine
Hydrotuss Syrup
Hy-Phen

OPIATES (cont)

Hydrocodone (cont)
Lorcet
Lortab
Margesic H
Maxidone
Medcodin Liquid
Norco/ Norcet

Panacet
Polygesic
Repreaxin
Stagesic
Tussion

Tussionex

Vicodin
Vicoprofen
Vi-Q-Tuss Liquid
Vortex Syrup
Zydane

Hydromorphone

Dilaudid
Hydromorph Contin
Hydrostat

Morphine

Astramorph PF Injection
Avinza
DepoDur Dronabinol
Duramorph Injection
Embeda
Imfumorph Injection
Kadian
M-Eslon
Morphine Sulfate
MS Contin Oral
MS/S
MS-IR
OMS Oral
Oramorph SR
RMS Rectal
Roxanol
Statex

Oxycodone

Combunox
Endocet
Endodan
OxyContin
OxylIR
Percocet
Percodan
Roxicet
Roxicodone
Roxilox
Tylox

Oxymorphone

Oxpana

Dihydrocodeine
Synalgos-DC

Drug Name	Street Names	Substance Detected	Physical Symptoms	Dangers	Detection Window
Amphetamines	Speed, Crosstops, Crystal, Ice, Meth, Crank, Bennies, Black Beauties	Amphetamine Methamphetamine	Loss of appetite, irritability, rapid speech, tremors, mood elevation, dilated pupils,	Paranoia, severe depression, hallucinations, hypertension, kidney failure	2-4 days
Barbiturates	Downers, barbs, yellow jackets, red devils, barbies, rainbows, red birds	Butalbital, Secobarbital, Phenobarbital, Pentobarbital, Amobarbital	Sedation, slurred speech, drowsiness, intoxication, rapid pulse, disinhibition disorientation dilated	Rigidity, seizures, painful muscle contractions, paranoia, suicidal ideation, coma,	1-3 weeks
Benzodiazepines	Downers, Roofies, Valium, Librium, Tranks, Roches	Diazepam, Oxazepam, Lorazepam, Alprazolam See Reverse for more.	Sedation, slurred speech, drowsiness, intoxication, rapid pulse, disinhibition disorientation dilated	Rigidity, seizures, painful muscle contractions, paranoia, suicidal ideation, coma,	3-14 days
Cocaine	Coke, crack, blow, nose candy, base, sugar, powder	Benzoylecgonine	Appetite suppression, euphoria, irritability, increased energy, shallow breathing,	Fever, anxiety, tremors, paranoia, psychosis, death from convulsions,	1-4 days
Marijuana	Pot, weed, grass, dope, reefer, hash, blunt, herb, chronic, smoke, maryjane	11-Nor- Δ -9-tetrahydrocannabinol -9-carboxylic acid	Cotton mouth, euphoria, dilated pupils, increased hunger, nausea, laughter, dizziness	Impaired short-term memory, lung damage, psychosis,	1-3 days light use 3+weeks heavy use
MDMA (Ecstasy)	E, XTC, adam, hug, X, Ecstasy, mandy, empathy, mindy, love drug	MDA, MDMA, MDEA	Hypersexuality, elevated mood, euphoria, "out of body" experiences	Permanent nerve damage, depressed immune function	1-4 days
Methadone	Done, junkie juice, fizzies, phy, dollies	Methadone, EDDP	Drowsiness, nausea, constricted pupils, clammy skin,	Suicidal ideation, convulsions, tachycardia, respiratory, depression, coma	1-4 days
Methaqualone	Quaaludes, ludes, heroin for lovers, smarties, mandrake	Methaqualone, Quaalude, Meguin	Sedation, slurred speech, drowsiness, confusion, euphoria,	Anxiety, insomnia, convulsions, coma reduced heart rate and breathing	1-7 days
Opiates	Heroin, morphine, china white, horse, smack, tar, lords	Codeine, Morphine, Oxycodone, Heroin, Oxymorphone, Hydrocodone,	Analgesia, euphoria, sedation, nausea, watery eyes/nose, vomiting	Lethargy, weight loss, shallow breathing, coma, death	2-7 days Heroin <24 hours
Phencyclidine	PCP, angel dust, ozone, wack, peace pill, rocket fuel, boat, hog	Phencyclidine	Increased strength, aggression, paranoia, tremors, panic, visual distortions	Convulsions, muscle rigidity, unpredictable behavior, coma	1-7 days light use 3+weeks heavy use
Propoxyphene	Darvocet, Darvon, Propacet	Propoxyphene, Norpropoxyphene	Drowsiness, dizziness, euphoria headache	Liver toxicity, convulsions, cardio/respiratory depression	1-3 days



EVIDENCE-BASED DECISION MAKING (EBDM) BEHAVIOR RESPONSE GUIDE (DRAFT)

Disclaimer

This document is meant to be used by treatment courts as guidance for determining appropriate responses for behavior. Programs will need to personalize the document with information that is program-specific. This document is not meant to limit judicial independence or professional judgment.

Developed by the EBDM Behavior Response Workgroup
April 15, 2019

Determine Participant Responsivity Factors and Reasonable Expectations

Determine the appropriateness of program expectations and participant behavior based on initial needs and barriers, responsivity needs, and criminogenic needs. Based on the chart below, determine if the behavior being required is a reasonable expectation of the participant. If not, the response level will need to be altered. These factors should be considered, but should not be used to exclude a participant from the program.

Initial Needs and Barriers <i>Factors that need to be addressed to increase the participants ability to engage in treatment</i>	Responsivity Factors <i>Individual factors that affect the achievement of treatment goals</i>	Criminogenic Needs (Big 4/Lesser 4) <i>Individual characteristics that directly relate to the likelihood to re-offend and commit another crime</i>
<ul style="list-style-type: none"> • Housing • Clothing • Physical health • Detoxification • Transportation • Child care • Self-care 	<ul style="list-style-type: none"> • Anxiety/depression • Poor social skills • Self-esteem • Inadequate problem-solving skills • Concrete-oriented thinking • Mental illness • Poor verbal skills • Age, gender, race/ethnicity • Motivational factors • Learning styles 	<ul style="list-style-type: none"> • Anti-social cognition • Anti-social personality • Anti-social companions • Family/marital • Substance abuse • Employment • Education • Leisure/recreation

Determine Proximal and Distal Goals

Proximal – goals attainable in a short period of time

- Stepping stones toward behavior necessary for long-term objectives to be achieved; participant is already capable of performing; increases motivation; allows ongoing feedback; makes long-term goals more manageable.

Distal – goals accomplished over an extended period of time

- Goals established to support long-term, sustained recovery; increased self-confidence and self-assurance; build resiliency; and assist in identifying strengths and weaknesses.

Distal goals can become proximal as a participant advances in the treatment court program.

Comprehensive Case Planning

Case planning is intended to reduce risk by targeting criminogenic needs. Case planning also prioritizes interventions based on need. Responsivity factors should also be considered and addressed throughout the program. Case plans should include proximal and distal goals and be updated as risk, needs, and goals change.

Determine Phase and if Behavior is Related to a Proximal or Distal Goal

Depending on what phase the participant is currently in, determine whether the behavior is related to a proximal or distal goal. It is important to remember that only observable behaviors should be considered. NDCI recommends having 5 phases, minimum days in the phase and minimum days of sobriety before advancing to the next phase.

Determining Proximal and Distal Behaviors					
Did the behavior demonstrate commitment towards achieving or departure from the following goals?					
	Phase 1 Acute Stabilization	Phase 2 Clinical Stabilization	Phase 3 Pro-social Habilitation	Phase 4 Adaptive Habilitation	Phase 5 Continuing Care
Proximal	<ul style="list-style-type: none"> -Attending appointments -Engaging in treatment -Comprehension of program rules -Completing assignments -UA testing -Begin building recovery network -Start changing people, places, and things -Address housing -Building trust and honesty 	<ul style="list-style-type: none"> -Proximal goals of prior phase -Support group attendance -Building recovery skills -Employment/education plan -Short stretches of sobriety -Continue building recovery network -Address medical issues -Address financial issues 	<ul style="list-style-type: none"> -Proximal goals of prior phases -Active employment or attending school -Positive, sober activities -Longer stretches of sobriety -Maintaining recovery network -Begin criminal thinking program 	<ul style="list-style-type: none"> -Proximal goals of prior phases -Longer stretches of sobriety -Relapse prevention -Maintaining recovery network -Address ancillary services 	<ul style="list-style-type: none"> -Proximal goals of prior phases -Stable housing -Stable employment/school -Alumni group participation -Articulate continuing care plan
Distal	<ul style="list-style-type: none"> -Complete abstinence -Employment/education -Maintaining recovery -Stability 	<ul style="list-style-type: none"> -Complete abstinence -Employment/education -Maintaining recovery -Stability 	<ul style="list-style-type: none"> -Complete abstinence -Stability -Maintaining recovery 	<ul style="list-style-type: none"> -Complete abstinence -Stability -Maintaining recovery 	<ul style="list-style-type: none"> -Maintaining recovery

Some information provided in this chart was used with permission from *Revisiting Phases: Risk Matters*, National Drug Court Institute, January 2017.

Determine Behavior Characteristics

The grids below give recommended response levels based on the client’s goals and behaviors. If you are determining positive behaviors that you want to encourage, follow the Graduated Incentives grid. If you are determining negative behaviors that you want to discourage, follow the Graduated Sanctions grid. To use the charts below:

- Determine if the behavior is proximal or distal and frequency of behavior (the rows)
- Determine severity of behavior (the columns)
- The intersection will determine the recommended response level (low, medium, high)

<u>Graduated Incentives</u>				
Severity of Behavior				
		Participation Behavior	Engagement Behavior	Pro-Social Behavior
Proximal	First few times behavior is displayed	Medium	Medium/High	High
	Behavior is becoming more frequent	Medium/Low	Medium/Low	Medium/High
	Behavior is being consistently displayed	Low	Low	Medium
Distal	First few times behavior is displayed	Medium/High	High	High
	Behavior is becoming more frequent	Medium	Medium	Medium/High
	Behavior is being consistently displayed	Low	Medium/Low	Medium/Low

<u>Graduated Sanctions</u>				
Severity of Behavior				
		Participation Risk	Sobriety Risk	Public Safety Risk
Proximal	First few times behavior is displayed	Low	Low/Medium	Medium
	Behavior is becoming more frequent	Low/Medium	Medium	High
	Behavior is being consistently displayed	Medium	Medium/High	High
Distal	First few times behavior is displayed	Low	Low	Medium
	Behavior is becoming more frequent	Low	Low/Medium	Medium/High
	Behavior is being consistently displayed	Low/Medium	Medium	High

M,M,

Participation Behavior: Behaviors that support direct participation in the associated program

Engagement Behavior: Behaviors that demonstrate engagement with the goals of the program outside of the specific setting of the program itself

Pro-Social Behavior: Behaviors that demonstrate building relationships with others that encourage the goals of the program

Participation Risk: Behaviors that negatively impact participation in the associated program

Sobriety Risk: Behaviors that may contribute to relapse for the client’s specific area of intervention

Public Safety Risk: Behaviors that may contribute to a public safety concern, both in regards to the program’s specific area of intervention and/or more generally

Factors Influencing Response Level

Once the recommended response level to the violation is determined utilizing the grid, the team should review the aggravating and mitigating factors chart to determine if the response level should be changed. Use professional judgement to determine if there are factors present that could dictate a change in response level.

Factors Influencing Response Level	
Mitigating Factors	Aggravating Factors
<ul style="list-style-type: none"> ● Lack of compliance due to physical or mental impairment, as validated by a medical professional ● Actively and consistently has demonstrated positive engagement and progress with treatment court goals ● Higher level sanction would significantly de-stabilize positive adjustment ● Extenuating personal circumstances/significant life stressors ● Time span between violation and discovery is substantial ● Engaged in self-correcting behavior specific to the violation on own volition ● Accepting full responsibility for actions/honesty ● Coercion/duress/self-defense ● Responsivity needs influencing behavior 	<ul style="list-style-type: none"> ● Violation is directly related to current offense ● Continued pattern of previous criminal behavior ● Vulnerability of victim or others ● Extreme cruelty or injury to victim or others ● Weapon or implied weapon usage ● Evidence of escalating mental health symptoms and/or drug/alcohol addiction ● Chronic pattern of violations ● Escalating pattern of violence ● Critical threat to self, participant or community safety

Aggravating Factors increase the severity of a behavior. If aggravating factors are present, it may be appropriate to increase the response level.

Mitigating Factors decrease the severity of a behavior. If mitigating factors are present, it may be appropriate to decrease the response level.

Sanction and Therapeutic Response

When holding participants accountable for their behavior, it is important for treatment providers to also evaluate whether an adjustment to the participant's treatment plan is necessary in order to address the behavior. Increased treatment must not be considered a sanction. It is important that therapeutic responses be delivered by the treatment provider to help prevent an aversion to treatment. Programs that do not have the participant's treatment providers as members of the team should ensure treatment providers are notified when sanctions are imposed. This will afford them the opportunity to amend their therapeutic approach as appropriate. Additionally, courts should not impose amendments to the treatment plan (e.g., require the participants to attend additional treatment groups) without first consulting a clinical practitioner.

Determine the Response

Use the *Incentives and Sanctions* chart to select specific incentives or sanctions based on the recommended response level after considering aggravating and mitigating factors.

TREATMENT COURT INCENTIVES AND SANCTIONS						
High Incentive	Medium Incentive	Low Incentive	Category	Low Sanction	Medium Sanction	High Sanction
		<ul style="list-style-type: none"> -“Good effort this week.” -“I appreciate you being on time.” -“I can tell you are working hard to make improvements.” 	Verbal*	<ul style="list-style-type: none"> -“How do you think this behavior has hurt you?” -“Why is it important to be on time?” 		
<ul style="list-style-type: none"> -Phase advancement -Graduation 	<ul style="list-style-type: none"> -Appointment as in-program peer mentor -All-Star list -Fishbowl Drawing -First up in court -Early release from court 	<ul style="list-style-type: none"> -Sobriety chips, keychains, tokens, stones -Handshake, applause -Certificates of achievement -Letters of commendation -Posted accomplishments -Points, stickers 	Symbolic Programmatic	<ul style="list-style-type: none"> -Written assignments -Letters of apology -Court observations -Activity logs -Journaling -Behavior focused homework 	<ul style="list-style-type: none"> -Team Roundtables -Loss of program sobriety time -Community service 	<ul style="list-style-type: none"> -Delay of phase advancement -Phase extension -Termination
<ul style="list-style-type: none"> -Travel privileges -Weekend passes -Overnight passes -Ambassadorships -Removal of electronic monitoring 	<ul style="list-style-type: none"> -Less frequent probation/case manager contacts -Less frequent status hearings -Later curfew -Relaxed area restrictions -Self-help group facilitator 		Community Liberty or Standing	<ul style="list-style-type: none"> -Imposed curfew/earlier curfew -Increased person or area restrictions -Increased program contacts 	<ul style="list-style-type: none"> -Holding cell (return at end of day for court) -Community service -Loss of travel privileges 	<ul style="list-style-type: none"> -Electronic monitoring -No contact orders -Home detention -Day reporting -Flash jail sanction (1-5 days) -Loss of leadership position -Saturday reporting

* Verbal responses should be focused on specific behaviors, not critiques of the person

Withholding a sanction is also an effective behavior management technique as an incentive for positive behavior. For example, sanctions for drug use might be suspended to reward honesty and help-seeking behavior.

← TREATMENT COURT INCENTIVES AND SANCTIONS (CONTINUED) →

High Incentive	Medium Incentive	Low Incentive	Category	Low Sanction	Medium Sanction	High Sanction
<ul style="list-style-type: none"> -Supervised day trips -Supervised social gatherings -Family Day 	<ul style="list-style-type: none"> -Self-improvement services -Resume writing assistance -Job interview prep -GED assistance -Meal prep or nutritional classes -Yoga or exercise classes 	<ul style="list-style-type: none"> -Toiletries -Clothing 	Life Skills	<ul style="list-style-type: none"> -Written assignments -Video assignments -Obtain ID card -Open a bank account 		
<ul style="list-style-type: none"> -Dismissal of the charge -Vacation of a guilty plea -Reduction in the charge -Avoidance of jail/prison -Curtailment of a probation term -Expungement of arrest of conviction 			Legal			<ul style="list-style-type: none"> -Termination -Revocation of probation -Return to regular criminal justice process for sentencing -Stayed sentencing imposed
<ul style="list-style-type: none"> -High denomination gift cards -Concert/sports tickets -Tattoo removal -Savings bonds -Home improvement or car repair assistance -Waiver of fines/fees -Gym, health club, YMCA memberships -Bicycles 	<ul style="list-style-type: none"> -Medium denomination gift cards -Movie passes -Haircuts -Makeup/cosmetics -Bowling, skating, other recreational passes -Diapers -Quilts, blankets, towels -Gas cards -Groceries -Intro memberships to gyms or spas 	<ul style="list-style-type: none"> -Low denomination gift cards -Bus token, cab voucher -Healthy foods/candy/gum -Reading/coloring books -Planners -School/art supplies -Frames/picture albums 	Tangible		<ul style="list-style-type: none"> -Monetary fees for associated program costs -Fees for services provided for costs incurred 	

Withholding a sanction is also an effective behavior management technique as an incentive for positive behavior. For example, sanctions for drug use might be suspended to reward honesty and help-seeking behavior.



NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS NATIONAL DRUG COURT INSTITUTE

Lists of Incentives and Sanctions

Please Note: This list includes annotations to offer helpful tips and cautions, garnered from professional experience and research findings, to assist the reader to effectively apply the responses. A list excluding the annotations can be found at ndcrc.org.

The following lists of incentives and sanctions were collected from hundreds of Drug Courts around the country during NDCI training events. This compilation is intended to encourage Drug Courts to think more broadly and creatively about the types of responses they might provide in their own programs. NDCI faculty grouped the responses into conceptually similar categories and in approximate order of magnitude or severity.

These lists are not intended to be exhaustive. Drug Courts are encouraged to develop their own responses and to gauge the effectiveness of those responses within their programs.

The lists do NOT include therapeutic responses or adjustments to participants' treatment regimens. Treatment adjustments should be based on participants' clinical needs as determined by qualified treatment professionals, and should not be used to reward desired behaviors or to punish undesired behaviors.

Finally, the lists do not refer to the specific target behaviors that the incentives and sanctions should be used to address. For example, research indicates lower magnitude rewards should ordinarily be provided for relatively simpler (or proximal) achievements than for difficult (or distal) achievements. Deciding on the most appropriate magnitude of a response to a particular behavior is beyond the scope of this document, but is addressed in several NDCI publications.

Incentives

LOW	MODERATE	HIGH
<p style="text-align: center;">Verbal Praise</p> <p>Verbal praise is provided for most routine accomplishments in Drug Courts, including timely attendance at appointments and participation in treatment-related discussions or activities. This is especially important during Phase 1 of the program, when participants have a relatively harder time satisfying basic expectations.</p> <p>All team members should be prepared to offer praise at or near the time that accomplishments are achieved; for example, immediately after a productive counseling session or a drug-negative urine test. The judge later reinforces the praise during court hearings.</p>	<p style="text-align: center;">Reduced Supervision Requirements</p> <p>Participants who have made substantial progress in Drug Court are commonly incentivized by reducing their supervision obligations. For example, they may be permitted to attend less frequent probation appointments or status hearings. Typically, supervision adjustments are made when participants advance to a higher phase in the program.</p> <p>Research cautions that Drug Courts should not hold status hearings less frequently than every 4-6 weeks until participants are in the final phase of the program and have initiated their continuing-care plans. Moreover, treatment services should only be reduced based on a clinical determination that it is therapeutically indicated to do so. Finally, drug testing should not be reduced until after other treatment and supervision services have been reduced, and it is reliably determined that drug use has not recurred as a result.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Less frequent probation appointments • Less frequent status hearings 	<p style="text-align: center;">Supervised Day Trips</p> <p>Day trips differ from the social gatherings described earlier, in that they are held off premises. Typically, they are reserved for participants in the last phase of the program who are being recognized for leaving the “offender” role and assuming a role of “citizen.”</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Fishing trips • Movie outings • Intramural sports • Sporting events • Bowling tournaments • Recovery Olympics
<p style="text-align: center;">Small Tangible Rewards</p> <p>Many participants in Drug Courts are unaccustomed to earning positive reinforcement and respond well to low-magnitude rewards. The rewards are typically given for basic accomplishments during the early phases of the program, such as attending a full week of counseling appointments. The</p>	<p style="text-align: center;">Reduced Community Restrictions</p> <p>Many Drug Courts impose curfews and area restrictions on participants as a condition of entry into the program. After participants reliably engage in treatment and achieve a sustained period of abstinence, they may be rewarded by reducing those community restrictions. For example, curfews may be extended from 8:00</p>	<p style="text-align: center;">Travel Privileges</p> <p>In anticipation of commencement from the program, participants’ travel restrictions may be formally lifted, allowing them to leave the county or state for a weekend, extended weekend, or week-long interval. Typically, phone-ins are required to ensure continued contact with the treatment program or supervision</p>

<p>goal is to instill hope and encourage compliance with the treatment regimen.</p> <p>The rewards are typically structured so as to increase participants' involvement in productive activities, and may contain pro-sobriety messages, toll-free phone numbers for local treatment services, or the Drug Court's logo.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Bookmarks • Bus tokens • Phone cards • Healthy foods (e.g., juice, tea, granola bars, fruit, trail mix) • Coffee mugs • Birthday or holiday cards • Books or children's books • Planners or calendars • School supplies • Toiletries • Underwear • Frames for certificates • Picture albums • Serenity Stones • T- Shirts with inspirational sayings or quotes 	<p>pm to 10:00 pm.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Later curfews • Relaxed area restrictions 	<p>officers.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Weekend pass out of county • Phone check-in s may be required
<p style="text-align: center;">Recognition in Court</p> <p>Formal recognition is provided in court when participants meet substantial milestones in the program, such as completing a standardized treatment curriculum or achieving 30 consecutive days of sobriety. In addition to verbal praise, participants may receive a handshake from the judge, a round of applause in open court, and/or a certificate of accomplishment.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Handshake from the judge • Round of applause in 	<p style="text-align: center;">Enhanced Milieu Status</p> <p>As noted previously, many Drug Courts reduce supervision requirements — and, unfortunately, sometimes treatment requirements — as an incentive for good behavior. Participants may, for example, be permitted to leave court immediately after their appearances or attend fewer probation appointments.</p> <p>Although this approach can be effective, it risks precipitating relapse if the services are reduced too rapidly. Moreover, it may reduce opportunities for new participants to interact with their successful peers, because the most successful cases will end up spending the least amount of time on</p>	<p style="text-align: center;">Large Tangible Rewards</p> <p>In the later phases of the program, participants may earn tangible rewards of more substantial value or impact. As is typical, these rewards are used to encourage pro-social and healthy leisure activities, or to assist with adaptive activities of daily living.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Commemorative gift issues of the "Big Book" or other readings • Concert tickets • Sports tickets • Autographs (musicians and actors frequently

<p>court</p> <ul style="list-style-type: none"> • Certificate of accomplishment for achieving a clinically important milestone 	<p>site in the program.</p> <p>For these reasons, many Drug Courts <i>elevate</i> the status of successful participants in the milieu, and <i>increase</i> their involvement in the program. For example, participants who have achieved stable abstinence, obtained a job, and are actively involved in the 12-Step community, may become peer-support mentors in the Drug Court or may lead discussions in the group counseling sessions. Typically, they do not interact with new participants outside of the program, but rather serve as on-site mentors where there is concurrent professional supervision.</p> <p>Examples of the names or titles assigned to these positions include:</p> <ul style="list-style-type: none"> • Appointment as in-program peer mentor • Assistant group leader • Self-help group facilitator • All-Star List or Dean's List 	<p>offer these as a public service to programs treating addiction)</p> <ul style="list-style-type: none"> • Tattoo removal • Yoga or Tai Chi classes • Health club memberships • Savings bonds • Home improvement or car repair assistance • Waiver of fines or fees • School or tuition fees • Donated education courses
<p style="text-align: center;">Symbolic Rewards</p> <p>Symbolic rewards may be inexpensive, but they have high emotional impact in the recovery community. Due to their symbolic value, they are generally viewed as being higher in magnitude than the small tangible rewards listed above. Typically, they are delivered to commemorate the achievement of a clinically meaningful milestone, such as 90 consecutive days of abstinence.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Sobriety chips • Sobriety key chains • Sobriety tokens • "Live Strong" bracelets • Copies of addiction readings such as the AA "Big Book" 	<p style="text-align: center;">Moderate Tangible Rewards</p> <p>As noted earlier, many participants in Drug Courts are unaccustomed to positive reinforcement and respond well to tangible rewards. As participants make positive progress in the program, the magnitude of the rewards progressively increases. The rewards typically encourage engagement in productive or healthful activities.</p> <p>Examples of moderate rewards include:</p> <ul style="list-style-type: none"> • Gift certificates (typically \$5 to \$20 value) • Movie passes or movie rentals • Admission passes to amusement parks or sporting events • Introductory memberships to spas or gyms • Haircuts • Makeup or cosmetic sessions • Groceries • Work or school clothing or 	<p style="text-align: center;">Point Systems</p> <p>Point systems can enable Drug Courts to offer large tangible rewards at a reasonable expense. Rather than earning rewards for each accomplishment, participants earn points or vouchers for satisfying the conditions for phase advancement or other major accomplishments. The points are banked until participants enter the last phase of the program, and they can then trade in the points for a substantial prize. Some programs also offer bonus points for unusual accomplishments, such as receiving a job promotion or earning a GED.</p>

	<ul style="list-style-type: none"> shoes • Bowling, skating or other recreational passes • Quilts, blankets, towels • Watches • Calling cards • Gas cards 	
<p>Posted Accomplishments</p> <p>Evidence of exceptional accomplishments may be openly posted in the Drug Court. For example, pro-s obriety artwork or essays, photographs of participants receiving a diploma or GED, or letters of commendation from employers, may be publicly displayed in the courtroom, treatment program, or probation office.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Pro-s obriety artwork or writing essays displayed in the courtroom, treatment program or probation office • Photos of participants receiving GEDs or other awards • Letters of commendation from employers or teachers 	<p>Fishbowl Drawings</p> <p>Many Drug Courts are stretched for resources and may have difficulty offering rewards of more than minor value. The “fishbowl procedure” allows Drug Courts to provide tangible rewards at lesser cost.</p> <p>Rather than earning tangible rewards for each accomplishment, participants earn <i>chances</i> to draw paper slips from a fishbowl. The slips award a combination of some tangible prizes and a greater percentage of non-tangible incentives, such as certificates of accomplishment. There may also be 1 or 2 prizes of substantial value (\$25 to \$50), but the odds of drawing them are small.</p> <p>Research indicates that the <i>opportunity</i> to earn a substantial reward can be as reinforcing, or more reinforcing, than earning smaller rewards each time. It also adds entertainment value for persons who typically lack pleasurable, pro-social activities in their lives.</p> <p>A major advantage of this approach is that participants can earn multiple rewards in the same week (i.e., multiple draws) without incurring undue costs to the program. For example, participants may earn separate draws for attending counseling sessions, delivering drug-negative urine samples, and appearing in court.</p>	<p>Ambassadorships</p> <p>Ambassadorships are typically reserved for graduates or individuals making stellar progress in the program. This status enables participants or alumni to represent the Drug Court to outside agencies, such as the public, church groups, legislators, or the media.</p> <p>Commonly, the participants first take classes or sessions to prepare them for public speaking, and to assist them to tell their stories effectively and in a manner that is comfortable for them.</p>
<p>Written Commendations</p> <p>Written commendations may be shared by participants (assuming they choose to do so) with outside parties, such as</p>	<p>Self-Improvement Services</p> <p>Self-improvement services differ from the routine interventions provided to all participants. These are personalized services designed to help</p>	<p>Commencement Ceremony</p> <p>Virtually all Drug Courts put great thought and effort into their commencement or graduation ceremonies.</p>

<p>employers, family members, or school administrators. They typically inform “to whom it may concern” that the participant has achieved a substantial period of <u>stable</u> sobriety and law-abiding behavior. Because the participant has “turned a corner” and made a significant shift in progress, he or she might be trusted to return to previous activities or roles, assuming that supervision and treatment in the Drug Court will continue.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Letters of Attainment from the judge • Progress Reports or Report Cards from treatment providers or probation officers 	<p>participants excel in productive lives, and are used to highlight substantial progress participants have made towards assuming pro-social life roles. The implicit message is that the program is investing in the participant’s future accomplishments.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Resume writing assistance • Dress for Success • Job interview preparation classes • Pre-vocational assistance • GED, literacy, or educational assistance • Public speaking pointers • Meal preparation or nutritional classes • Yoga or exercise classes 	<p>Elements of the ceremonies include:</p> <ul style="list-style-type: none"> • Robes and “Pomp and Circumstance” • Flowers, plaques, and framed diplomas • Pictures taken with the staff and judge • Delivering thankfulness speeches • Hearing speeches from local or national celebrities and politicians • Words of redemption and congratulation from the arresting police officer • Media coverage or interviews bearing witness to graduates’ success
	<p style="text-align: center;">Supervised Social Gatherings</p> <p>Participants who have begun to assume appropriate life roles may earn inclusion in social gatherings coordinated by the Drug Court staff. These events are designed to provide healthy recreational experiences and opportunities for participants to practice appropriate social interactions in non- drug-related situations.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Picnics or parties • Sober dances • Recovery games or activities • Picture day (formal portraits taken) • Family day (food and games provided to invited family members and friends) 	<p style="text-align: center;">Legal Incentives</p> <p>Commencement from Drug Court virtually always leads to substantial legal incentives.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Dismissal of the charge(s) or vacation of a guilty plea • Reduction in the charge(s) • Reduction of the sentence • Avoidance of jail or prison • Curtailment of a probation term or “tail” • Consolidation of multiple probationary terms • Expungement of the arrest or conviction record



Sanctions

LOW	MODERATE	HIGH
<p style="text-align: center;">Verbal Admonishments</p> <p>Verbal admonishments may be delivered by any staff member and are ideally delivered at or near the time an infraction has occurred; for example, immediately after a missed counseling appointment or drug-positive urine test. The judge later reinforces the admonishment during court hearings.</p> <p>Research indicates admonishments should never be delivered in a disrespectful, insulting, or threatening manner. The important points are to: (a) clarify the nature of the infraction, (b) emphasize the expectation of compliance in the program, (c) indicate what sanctions await future transgressions, and (d) consider what alternative actions the participant should take in the future.</p>	<p style="text-align: center;">Increased Supervision Requirements</p> <p>Participants may be required to attend more frequent probation appointments, case management sessions, or status hearings in court.</p> <p>They may also be required to undergo more frequent drug testing, or more frequent home or community visits by probation officers or other supervision agents.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • More frequent probation appointments • More frequent status hearings 	<p style="text-align: center;">Day Reporting</p> <p>Participants may be required to go to a day-reporting center, correctional halfway center, or probation program on a daily basis for several hours each day, often including weekends. Required activities may include drug testing, counseling sessions, cognitive-behavioral “criminal thinking” interventions, and job training. The purpose is to substantially restrict and structure participants’ free time.</p> <p>Common example includes:</p> <ul style="list-style-type: none"> • Several hours per day or week at probation office or other reporting center probation appointments
<p style="text-align: center;">Letters of Apology</p> <p>Participants may be required to write letters of apology to the program or persons they have negatively impacted. They are typically asked to describe their non-compliant or inappropriate behavior, analyze what went wrong, and consider how they will react differently in the future.</p> <p>Sometimes, participants are required to read the letter in court or during a counseling session. This decision is based on the severity of the infraction, and whether there are any clinical</p>		<p style="text-align: center;">Electronic Surveillance</p> <p>Participants may be required to wear an ankle monitoring device, SCRAM® detection device, or other GPS or phone monitoring device.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Ankle monitor • SCRAM® device • Car interlock device

<p>contraindications to having the participant speak in public or publicly disclose the nature of the event.</p> <p>For participants who are illiterate or have difficulty writing or staying cognitively focused, tape recordings may be used in lieu of written letters.</p>		
<p style="text-align: center;">Essay Assignments</p> <p>Essays are typically longer than letters and may require some degree (typically minor) of independent research.</p> <p>Staff members generate a list of topics relevant to recovery, and develop a “lending library” of easy-to-dig est pamphlets, fact sheets, audio tapes and books on those topics.</p> <p>Common topics may include:</p> <ul style="list-style-type: none"> • Definition of recovery • Relapse triggers • Drug refusal skills • Managing cravings • Lying and dishonesty • The disease of addiction • The impact of addiction on the family • The role of treatment • The role of peer support groups <p>*Tape recordings may be used in lieu of writing assignments for participants who are illiterate or have difficulty writing.</p>	<p style="text-align: center;">Useful Community Service</p> <p>Community service keeps participants supervised and away from problematic interactions in their neighborhoods. It may also teach useful or adaptive life skills, provide a sense of accomplishment, and offer an opportunity to make restoration to the community.</p> <p>The severity of the infraction(s) usually determines the number of hours in a day, and the number of days, the participant must report for community service.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Set up for or clean up after treatment sessions, court sessions or graduation ceremonies • Wash police cars • Clean the jail, courthouse, treatment facility or probation office • Pick up trash on the roadside • Sweep gyms or other facilities • Clean graveyards • Clean animal shelters • Assist with Habitat for Humanity • Work in a soup kitchen • Staff community events • Clean Sheriff’s horse stalls 	<p style="text-align: center;">Home Detention</p> <p>Participants may be required to remain in their homes except for specifically authorized activities, such as work, school, or treatment appointments. Compliance with the curfew is typically enforced via random telephone monitoring calls with voice confirmation, anklet monitors, or random home visits by probation officers</p> <p>Common example includes:</p> <ul style="list-style-type: none"> • Phone monitored curfew
<p style="text-align: center;">Daily Activity Logs</p> <p>Participants may be required to carefully plan out in advance the activities they expect to engage in during the coming week. Then, they use an activity log or spreadsheet to</p>	<p style="text-align: center;">Monetary Fines or Fees</p> <p>Monetary <i>fin</i>es are often set by law for particular offenses, and in some jurisdictions may not be increased for technical violations or other infractions.</p> <p>In contrast, <i>fee</i>s are typically assessed</p>	<p style="text-align: center;">Flash Jail Sanctions</p> <p>Research reveals that “flash” jail sanctions of no more than approximately 3 to 5 days can be effective at reducing noncompliant behavior. If, however, jail sanctions are</p>

<p>monitor their compliance with, and deviations from, the intended schedule. This information is reported back to staff and the court, and used to identify problematic times and situations in which drug use or other infractions are likely to occur. Contingency plans are then developed to avoid such problematic situations.</p> <p>Activity logs are commonly used for participants who are resistant to thinking in advance about their actions, or who engage in impulsive decision-making.</p> <p>Common example includes:</p> <ul style="list-style-type: none"> • Monitor and report on adherence to pre-set daily routine 	<p>for services provided to participants or for costs incurred by the program. For example, participants who challenge positive drug tests may be required to pay the costs of retesting if the positive test results are confirmed. Similarly, participants might be charged for missed counseling sessions (although perhaps not for attended sessions if they are on a sliding payment scale).</p> <p>It is important not to allow fines or fees to build up beyond participants' realistic ability to pay. Once the ability to pay has reached a ceiling, the use of non-monetary sanctions is preferable.</p>	<p>imposed too frequently, for minor or first-time infractions, or for longer intervals of time, they can quickly become ineffective and cost-prohibitive.</p> <p>Commonly, the first (or perhaps second) time a jail sanction is imposed, participants are permitted to serve the sanction at a relatively convenient time, such as over a weekend, during consecutive weekends, or after arrangements for childcare or other obligations have been made. The purpose is to avoid interfering with productive and pro-social obligations. After repetitive infractions, however, participants might be taken directly into custody without an opportunity to prepare.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Ideally 1 to 5 days • May be served on weekend or other pre-planned time
<p style="text-align: center;">Journaling</p> <p>Journaling focuses on more than events or schedules. Participants also monitor and document their thoughts, feelings and attitudes through descriptive writing assignments. This information is used to identify emotional triggers for drug use and topics for discussion in counseling.</p> <p>Journals are often used for participants who are non-insightful, and who tend to act out before they think about their motivations for doing so.</p> <p>Common example includes:</p> <ul style="list-style-type: none"> • Monitor and report on thoughts, feelings and attitudes associated with drug use or antisocial activities 	<p style="text-align: center;">Holding Cell</p> <p>Participants may be escorted by the bailiff or sheriff's deputy to a holding cell adjacent to the courtroom or elsewhere in the courthouse. The participant may be held in the cell for the remainder of the court session and then brought back for an appearance at the end of the day. The purpose is to give the individual a "taste" of detention without incurring the costs of transportation or having the individual processed into the jail.</p> <p>Common example includes:</p> <ul style="list-style-type: none"> • Remain at courthouse and return for status review at end of court session 	<p style="text-align: center;">Termination</p> <p>The ultimate sanction in Drug Court ensues from an unsuccessful termination. Participants may receive a criminal record of a conviction, with attendant collateral consequences such as ineligibility for certain public benefits. Participants may subsequently be sentenced on the original charge(s), have their probation or parole revoked, or receive a jail or prison disposition.</p> <p>Depending on the jurisdiction and the nature of the waivers that are executed to enter the program, participants may, or may not, receive credit for time served in the Drug Court. They also may, or may not, receive an augmented sentence or disposition as a result of their failure to comply with the Drug Court requirements.</p>

<p>Life Skills Assignments</p> <p>Participants may be required to investigate how to accomplish a specific task of daily living. They may need to gather relevant information from staff members, other participants, family members and friends; engage in preparatory actions; develop a plan of action; receive feedback on their plan of action; execute the plan; and take corrective steps, where needed.</p> <p>The task is logically linked to areas of difficulty in the participant’s adaptive functioning.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Open a bank account • Obtain a state identification card • Reinstate a drivers license • Enroll in GED, H.S. or college classes • Prepare for or conduct a job search 		
<p>“Jury Box” Observation</p> <p>Many Drug Courts require noncompliant participants to sit in the jury box or other designated area of the courtroom to observe the Drug Court proceedings for a day, several days, or a week. This is frequently used to keep participants away from problematic interactions in their neighborhoods. It is also used for participants who tend to be untruthful in their interactions with staff, because they can see how manipulative behaviors appear to observers.</p> <p>For more serious or repetitive infractions, participants may be required to observe non-dru g</p>		

<p>court proceedings, such as bail hearings or criminal trials. The purpose here is to witness what happens to individuals who do not succeed in Drug Court or who are processed through traditional criminal justice channels.</p>		
<p style="text-align: center;">Increased Community Restrictions</p> <p>The Drug Court may impose additional curfews, area restrictions, association restrictions, or restricted driving privileges. For example, participants may be forbidden from associating with particular individuals, going to particular neighborhoods, being out of their homes after 8:00 pm, or driving their car for purposes other than for work or school.</p> <p>Unless curfews are phone-monitored, and unless probation officers, community corrections officers or the police monitor participants' obedience to other restrictions, they may be expected to have little effect.</p> <p>Common examples include:</p> <ul style="list-style-type: none"> • Earlier curfew • Increased person or area restrictions 		
<p style="text-align: center;">Team Round-Tables</p> <p>Team round-tables are typically used for participants who are in danger of failing out of the Drug Court due to noncompliance with basic expectations, such as failing to show up for counseling sessions or being untruthful.</p> <p>The entire Drug Court team meets with the participant to offer feedback and direction from multiple sources in a cohesive and unified way. This</p>		

is often effective in reducing splitting and triangulation of staff by manipulative individuals.		
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Denver Drug Court

SANCTIONS AND INCENTIVES

Sanctions are the imposition of a consequence, perceived as negative by the receiver, as a direct result of a prohibited activity. Incentives are responses to compliance, perceived as positive, by the receiver. At each court review hearing, participants may be subject to sanctions or incentives based on their performance and program compliance for the reporting period. Both compliant and noncompliant behaviors may be addressed with incentives and sanctions ordered to reinforce the participants' choices and behaviors. The noncompliant behaviors, that are proximal behaviors, receive more severe sanctions. When ordering Sanctions, the judge considers the number of previous sanctions, the participant's current phase level, and the participant's attitude and admittance of the behavior. Sanctions are intended for immediate imposition and should be graduated per episode of non-compliance. Incentives are awarded to recognize participants for their efforts in recovery and to reinforce their positive behaviors. Incentives are granted on an as-earned basis.

The table below outlines the schedule of responses to a variety of behaviors. The judge may choose any of the below listed incentives or sanctions after considering an individual's behavior and case history.

RESPONSES TO BEHAVIOR	
ACHIEVEMENTS	INCENTIVES
<ul style="list-style-type: none"> ▪ Attending all court appearances ▪ Negative drug test results for period of time ▪ Attendance and participation in treatment ▪ Attendance and participation in support meetings ▪ Completion of GED ▪ College enrollment and attendance ▪ Job promotion ▪ Compliance with treatment/supervision plan ▪ Voluntary Speaking Engagements ▪ Artwork, Essays, Journals ▪ Phase Advancement 	<ul style="list-style-type: none"> ▪ Recognition and Praise by the Judge ▪ Courtroom recognition/STAR Board ▪ Certificates of achievement ▪ Buss Passes ▪ Movie/Event tickets or gift cards ▪ Reduction in Fines and Costs ▪ Reduction in UPS ▪ Decreased court appearances ▪ Phase advancement ▪ Voucher Assistance ▪ #1 on Docket of Choice ▪ Haircut/manicure/pedicure ▪ Food /Grab Box
CHOICES	SANCTIONS
<ul style="list-style-type: none"> ▪ Missed court appearances ▪ Missed appointment with probation officer ▪ Missed support meetings ▪ Violation of court order ▪ Positive drug test ▪ Missed drug test (considered a positive drug test) ▪ Tampered drug test ▪ Missed treatment ▪ Inappropriate behavior at treatment facility ▪ New DUI or felony conviction ▪ Driving while license suspended/revoked ▪ Failure to perform sanctions ▪ Noncompliance with treatment plan ▪ Dishonesty 	<ul style="list-style-type: none"> ▪ Reprimand from the Judge ▪ Increased court appearances ▪ Increased drug testing (Colorline) ▪ 30 support meetings in 30 days ▪ Day Reporting to Probation, Court or facility ▪ Curfew Imposed ▪ Increase Probation Office Visits ▪ Work Release ▪ Additional community service hours ▪ Essay presented to Judge or gallery ▪ Attendance at Orientation, Graduation or docket ▪ Area/Association Restriction ▪ Placement on EHM, GPS or SCRAM ▪ Saturday Work Program ▪ Sentence to Jail 1 to 30 days ▪ Delay in Phase change or regress to a prior Phase



NDCI

NATIONAL DRUG COURT INSTITUTE

Sample New Staff Orientation Sheet for Drug Court

Welcome to your new role with Drug Court. Please complete the following check-list to learn about Drug Courts and how your role on the team can positively change lives.

Received/Read the Policy Manual

Received/Read Participant Handbook

- Understand the Phase Structure & Phase Requirements

Review the Courses on Treatment Courts Online www.treatmentcourts.org:

NDCI Training Videos	Role of Treatment Provider	Role of Coordinator
Role of Probation Officer	Moral Reconciliation Therapy	ASAM Criteria
Drug Testing	Drug Use and Addiction	Cultural Competency
Trauma Informed Care	Incentives & Sanctions	Maximizing Participant Interactions
Role of Defense Attorney	Confidentiality	Procedural Fairness
Building Capacity	Role of the Prosecutor	Evidence-Based Practice

Review the Following NADCP Publications:

- **Adult Drug Court Best Standards Volume I & II**
<https://www.ndci.org/resources/publications/standards/>
- **Targeting the Right Participants for Adult Drug Court**
https://www.ndci.org/wp-content/uploads/Targeting_Part_I.pdf
- **Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions**
<https://www.ndci.org/wp-content/uploads/BehaviorModification101forDrugCourts.pdf>
- **Six Steps to Improve Outcomes for Adults with Co-Occurring Disorders**
<https://www.ndci.org/wp-content/uploads/C-O-FactSheet.pdf>

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