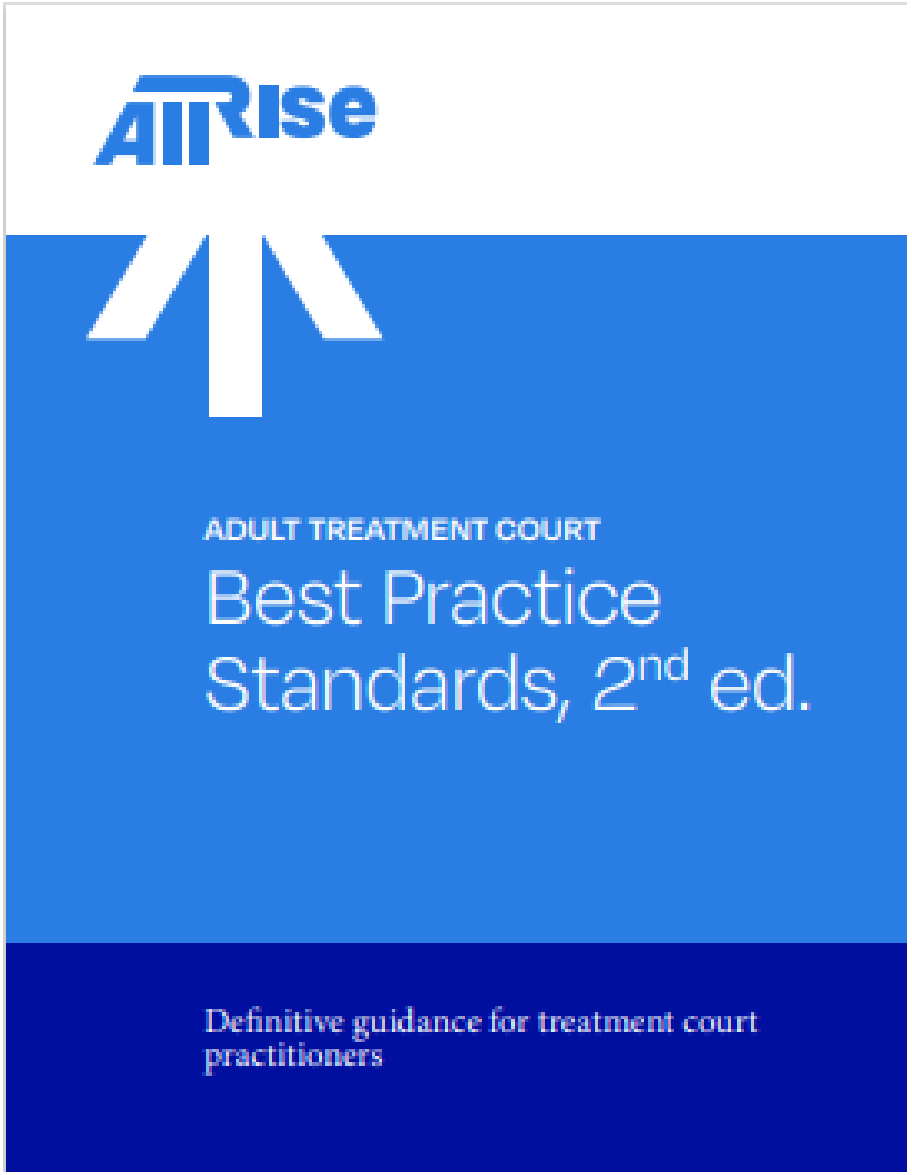
Treatment Court Standards Training



Welcome

Housekeeping Topics

Thank you

Presenter Introductions

Hyperlinks

All Rise Standard I

Target Population

Eligibility and exclusion criteria for treatment court are predicated on empirical evidence indicating which individuals can be served safely and effectively. Candidates are evaluated expeditiously for admission using valid and culturally equitable assessment tools and procedures.

All Rise Standard I

Target Population

Provision A

Eligibility Criteria

- **Objectively** defined
- Written
- Communicated

Exclusion Criteria does not include:

- Motivation for change
- Attitude
- Optimism about recovery
- Likelihood to succeed

All Rise Standard I

Target Population

Provision B

Proactive Recruitment

- **Universal screening**
- Program Brochures
- Defense counsel education
- Jail staff education
- Access to Peer Specialists in the jail
  - PS staff with similar demographics as population being served

All Rise Standard I

Target Population

Provision C

High Risk and **High Need** Participants

- Significant risk of committing new crime
- Failing to complete a less intensive programs

Moderate risk -drug related felonies & compulsive Substance Use Disorder

- Moderate to Severe SUD including:
  - Inability to reduce or control use
  - Persistent cravings
  - Withdrawal symptoms
  - Recurrent binge episodes

No SUD can also be served in tx crt (funding?)

- Persistent mental health disorder
- Significant treatment or social service

Other risk levels –different tracks w/ modified tx and supervision requirements

- Don’t mix risk levels in treatment, court, housing

Risk/Need Matrix

	High Risk	Medium Risk	Low Risk
High Needs	Treatment Court	Treatment Court* OR Diversion Program	Diversion Program
Medium Needs	Treatment Court* OR Diversion Program	Diversion Program	Diversion Program
Low Needs	Intensive Supervision	Diversion Program OR Moderate Supervision	Deflection OR Diversion Program

* Assessed with Compulsive Substance Use Disorder

All Rise Standard I

Target Population

Provision D

Valid Eligibility Assessments

- Risk and clinical assessments
- Valid for sociodemographic and sociocultural groups represented in the program
- Clinical tool evaluates for SUD with:
  - Inability to reduce or control use
  - Persistent cravings
  - Withdrawal symptoms
  - Recurrent binge episodes
- Screen for mental health and trauma symptoms
- Assessors receive training annually
- Offer translators

Valid diagnostic tools for compulsive SUD	
GAIN	TCU
DSM-5	PRISM
CARS	

All Rise Standard I

Target Population

Provisions E & F

Criminal History Considerations

- Predatory Drug Dealers and violent offenders are not categorically excluded barring statutory or other legal provisions
  - TAD Statute
  - Local Temperature

Treatment and Resource Considerations

- Do not exclude from program due to complex needs
- No economic influenced admission requirements
- Offer sliding fee scale
- Must allow MAT and other psychiatric medications

Case Example 1

- Susie is a 24-year-old, Native American female who scores medium risk on the COMPAS-R. Her assessed criminogenic need areas include:
  - Antisocial Cognition
  - Antisocial Associates
  - Substance Use
  - Leisure & Recreation

Her SUD diagnosis is severe opioid use disorder.

What program type(s) could serve Susie?

Case Example 2

- Joe is a 27-year-old, African American male who scores high risk on the COMPAS-R. His assessed criminogenic needs include:
  - Antisocial Cognition
  - Antisocial Associates
  - Family/Marital
  - Substance Abuse
  - Employment/Vocation

His SUD diagnosis is stimulant use disorder sustained remission.

What program type(s) could serve Joe?

Case Example 3

- Jack is a 32-year-old Caucasian male referred as at ATR. He scores high risk on the COMPAS-R. His assessed criminogenic needs include:
  - Antisocial cognition
  - Antisocial personality
  - Antisocial peers
  - Substance Abuse
  - Employment

His substance use diagnosis is stimulant use disorder.

What program type(s) could serve Jack?

Questions

All Rise Standard II

Equity and Inclusion

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

All Rise Standard II
Equity & Inclusion
Provision A

Staff Diversity

- Team Members
- Outreach & Recruitment
- Counselors and Peer Specialists
  - Similar demographics as program candidates and participants

All Rise Standard II
Equity & Inclusion
Provision B

Staff Training

- Staff members are trained to define key performance indicators of cultural equity
  - Resources to define and measure KPI
    - Equity and Inclusion Assessment Tool
    - Racial and Ethnic Disparities Program Assessment Tool
- Annual team trainings – Improves outcomes
  - Promising practices
  - Implicit Bias Training
  - Practical Instruction – Poverty simulations, Social Marketing, conduct exit interviews, conduct focus groups (external evaluator), form a community advisory group

All Rise Standard II
Equity & Inclusion
Provision C

Equity Monitoring

- Team members monitors referrals, admissions, and completion rates – ANNUALLY
- Team members examine efforts from past years
- Team members learn about resources available to monitor cultural equity

All Rise Standard II
Equity & Inclusion
Provision D

Cultural Outreach

- Team takes proactive measures to recruit members of underserved cultural groups
- Review procedures, practices, and policies for recruitment.
- Where did most referrals to the program originate?
  - Who should know this information?
- Where are brochures and other program informational pamphlets located? Who is represented on the brochure?
- Translated program information

Social Marketing

All Rise Standard II
Equity & Inclusion
Provision E

Equitable Admissions

- Referral Sources
- Eligibility Criteria – PDD and violent offender
- Assessment tools
  - Role of evaluator
- Interviewing techniques / rapport building
- No subjective judgement

All Rise Standard II
Equity & Inclusion
Provision F

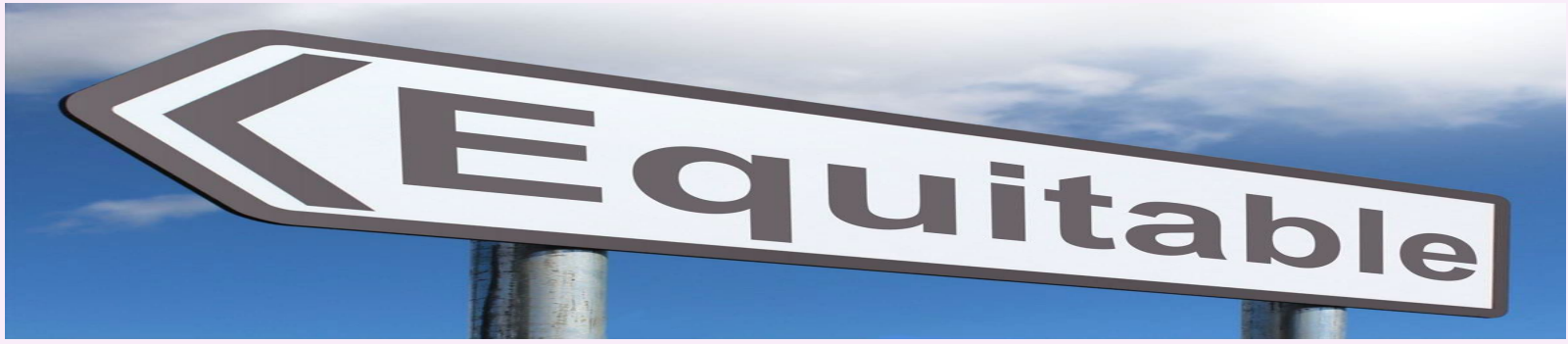
Equitable Treatment & Complementary Services

- Treatment Curriculums
- Role of independent evaluator
- Screen for culturally related stress reactions or trauma

All Rise Standard II
Equity & Inclusion Provision G

Equitable Incentives, Sanctions, and Service Adjustments

- Monitor delivery of responses
- Review data
- I/S ratio
- Team Training
- Behavior Response Matrix



All Rise Standard II

Equity & Inclusion

Provision H

Fines, Fees, and Costs

- $ Obligations can be disproportionately burdensome to cultural groups
- Sliding fee scale

Questions

All Rise Standard III

Role and Responsibilities of the Judge

The treatment court judge stays abreast of current law and research on the best practices in treatment courts and carefully considers the professional observations and recommendations of other team members when developing and implementing program policies and procedures. The judge develops a collaborative working alliance with participants to support their recovery while holding them accountable for abiding by program conditions and attending treatment and other indicated services.

All Rise Standard III

Roles & Responsibilities of the Judge

Provision A

Judicial Education

- Attend annual training conferences or seminars
- Understand how to incorporate specialized information provided by other team members into judicial decision-making
- Understand the way gender, age, and cultural issues may impact participants' success
- Educate judicial system stakeholders and the public about treatment courts

All Rise Standard III

Roles & Responsibilities of the Judge

Provision B

Judicial Term

- Ideally, judge is assigned to treatment court on a voluntary basis and presides for no less than two consecutive years
- Participants should appear in front of the same judge throughout their enrollment in the program
- Substitute judges are carefully briefed during staffing to avoid inconsistent messages, competing demands, or inadvertent interference with treatment court policies or procedures
- Replacement judges receive training on best practices in treatment court and observe staffing and status hearings BEFORE taking the treatment court bench
- If feasible, replacement judges are assigned new participants' cases, while the predecessor judge oversees prior cases to discharge

All Rise Standard III

Roles & Responsibilities of the Judge

Provision C

Pre-court Staff Meetings

- Judge attends pre-court staff meetings routinely and ensures that all team members contribute their observations about participant performance and provide recommendations for appropriate actions
  - Ensure judge has sufficient background information about each case to enable judge to focus attention on delivering informed responses and interventions for participants and reinforce treatment plan goals
  - Pre-court staff meetings should be attended by the judge, defense counsel, prosecutor, treatment representative(s), supervision officer(s), and program coordinator
- Judge gives due consideration to each team members' professional expertise and strategizes with the team to intervene effectively with participants during status hearings

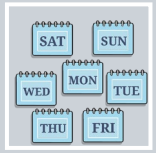
All Rise Standard III
Roles & Responsibilities of the Judge
Provision D

Status Hearings

- Interact with participants in a procedurally fair and respectful manner, develop a collaborative working alliance with each participant to support the person's recovery, and hold participants accountable for complying with court orders, following program requirements, and attending treatment and other indicated services.
  - Participants and the team meet to underscore the program's therapeutic objectives, reinforce its rules and procedures, review participant progress, ensure accountability for participants' actions, celebrate success, welcome new graduates back as healthy and productive members of the community, and call upon alumni to be of services in helping current participants find their way to recovery

Status Hearings-Frequency

Participants appear in court no less than every two weeks during the first two phases of the program or until they are **clinically** and **psychosocially stable** and reliably engaged in treatment



Some participants may require weekly hearings in the beginning of the program to provide for more enhanced structure and consistency, such as persons with co-occurring mental health and substance use disorders or those lacking stable social supports

Participants continue to attend status hearings on at least a monthly basis for the remainder of the program or until they are in the last phase and are reliably engaged in recovery support activities that are sufficient to help them maintain recovery after program discharge

Status Hearings- Participant Interaction

- Interact with participants on average of 3 to 7 minutes
- Measures such as taking intermittent recesses and interweaving well-performing or easier-to-resolve cases with struggling or difficult-to-resolve cases enhance session novelty and reduce repetitiveness, which can improve judicial focus and help to retain the attention of fellow participants and other court observers
    - “Courtroom as a classroom”

Judicial Demeanor

- Covey a respectful and collaborative demeanor
- Employ effective communication strategies to develop a working alliance with participants
- Keep an open mind about factual disputes and actions under consideration
- Take participants' viewpoints into account
- Show empathy for impediments or burdens faced by participants
- Explain rationale for judicial decisions
- Express optimism about participants' chances for recovery
- Provide assurance that staff will be there to support them through the recovery process

All Rise Standard III

Roles & Responsibilities of the Judge

Provision E

Judicial Decision Making

- Ultimate arbiter of factual disputes and makes the final decisions concerning the imposition of incentives, sanctions, or dispositions that affect a participant's legal status or liberty interests
- Make decisions after carefully considering input from other treatment court team members and discussing the matter with the participant (and their legal representative)
- Rely on the expertise of qualified treatment professionals when setting court-ordered treatment conditions
- Do NOT order, deny, or alter treatment conditions independently of expert clinical advice

Questions

BREAK

15 minutes

All Rise Standard VIII

Multidisciplinary Team

A dedicated multidisciplinary team of professionals brings together the diverse expertise, resources, and legal authority required to improve outcomes for high-risk and high-need participants. Team members coordinate their roles and responsibilities to achieve mutually agreed upon goals, practice within the bounds of their expertise and ethical obligations, share pertinent and appropriate information, and avoid crossing boundaries and interfering with the work of other professionals. Reliable and sustained backing from governing leadership and community stakeholders ensures that team members can sustain their commitments to the program and meet participants' and community's needs.

All Rise Standard VIII
Multidisciplinary Team
Provision A

Steering Committee

- Includes leadership of all partner agencies
- Approves program's mission and objectives
- Executes MOUs
- Assigns sustainable personnel and other resources
- Garners political and community support
- Obtains any necessary statutory or other legal authorizations or appropriations

All Rise Standard VIII
Multidisciplinary Team
Provision B

Treatment Court Team

- Dedicated team of professionals responsible for:
  - Developing the ay-to-day policies and procedures
  - Administers the treatment court's operations
    - Reviewing participants' progress during pre-court staff meetings and status hearings
    - Contributing recommendations for needed services and behavioral responses within team members' areas of expertise
    - Delivering or overseeing the delivery of legal representation, treatment, supervision, and other complementary services
- The Policy and Procedure Manual, Participant Handbook, and MOUs between partner agencies clearly specify the appropriate roles, functions and authority of all team members

Multidisciplinary Team

- Meets quarterly during the early years of the program and at least annually thereafter to:
  - Review the program's performance and outcomes
  - Identify service and access barriers
  - Modify policies and procedures, as necessary, to apply best practices and improve efficiency, effectiveness and sociocultural equity
- Includes a judge (or other judicial official), program coordinator, defense attorney, prosecutor, one or more treatment professionals, community supervision officer, law enforcement, and a program evaluator

Judge

- Leads the treatment court team
- Understands technical information provided by other team members
- Routinely attend pre-court staff meetings
- Exercises independent discretion when resolving factual disputes
- Does NOT make clinical diagnosis or adjust treatment services without expert clinical advice
- Open to new information and free from biased preconceptions
- May not delegate decision-making authority to the team or acquiesce to majority rule

Program Coordinator

- Keeps the program running smoothly and efficiently
- Ensures the program meets its obligations to funders
- Manages personnel commitments and adherence to best practices
- Obtains needed resources
- Keeps track of program performance information and participant outcomes
- Assists the judge and other team members in educating the steering committee, advisory group and other stakeholders about the services provided by, benefits of, and challenges faced by the treatment court

Defense Counsel

- Advocate for the participant's stated interests when they conflict with the goals or preferences of the program or other team members
- Obtain informed consent
- Encourage success
- Safeguard due process
- Protect confidentiality
- Protect use immunity
- Advance equal protection

Prosecutor

- Ensures that information related to public safety, victims' interests and accountability for participants receives careful consideration in all team discussions and decisions
- Confirm eligibility
- Ensure informed consent
- Safeguard due process
- Advance equal protection
- Advocate for public interests
- Encourage success

Treatment Representative(s)

- Routinely attend pre-court staffing and status hearings
- Representative must have timely information from direct care providers
- Provide clinical case management
- Appraise direct care providers
- Develop a therapeutic alliance with participants
- Fill treatment gaps
- Assess psychosocial stability, clinical stability and early remission
- Assist the team in avoiding ineffective and harmful sanctioning practices

Treatment Representative(s)

- Ensure culturally equitable and proficient treatment
- Ensure participants' needs are addressed in a manageable sequence
- Focus on helping participants to stay healthy and reach their recovery goals
- Disclose the minimum information necessary to achieve treatment goals and enable other team members to perform their duties safely and effectively

Treatment Representative(s)

- Treatment is NOT responsible for:
  - Enforcing court orders
  - Reporting infractions
  - Imposing sanctions for noncompliance
- Treatment should encourage participants to self-disclose information
- Offer evidence-based recommendations for appropriate treatment responses and for important team decisions, such as phase advancement and delivery of incentives, sanctions and service adjustments.

Community Supervision

- Develop a helpful working alliance with participants
- Reinforce prosocial behaviors
- Express appropriate disapproval for undesired conduct
- Address negative or antisocial thought processes
- Teach effective problem-solving and adaptive life skills

Community Supervision

- Duties include:
  - Providing supervision and case planning
  - Encourage success
  - Assess participants' recovery environment (home visits, office visits)
  - Conduct drug and alcohol testing
  - Monitor community service, curfews, home detention, and travel restrictions
  - Deliver CBT interventions
  - Advance sociocultural equity

Law Enforcement

- The “eyes and ears” of the treatment court on the street
- Observe and interact with participants in the community
- Assist with home and employment field visits
- Alert the team about potentially program eligible persons
- Facilitate swift enforcement of bench warrants
- Alert the team of any participant police contact
- Remain vigilant regarding participants with location or association restrictions
- Attend team retreats and offer informed recommendations for program modifications

Program Evaluator

- Ensure program collects relevant and reliable performance and outcome data
- Conduct valid statistical analyses
- Report the results accurately and clearly for grant authorities, policy makers, and other stakeholders
- Exercise quality control over performance and outcome evaluations
- Help staff interpret the implications of the finding for practice or policy improvements
- Assess participants' satisfaction with the services and indicators of their treatment progress

Other Team Members

- Other social service, rehabilitation, child welfare, school, or public health professionals are also included in the team when required to serve participants' needs
  - May attend pre-court staff meetings and status hearings regularly or only attend when there are concerns with the participant enrolled in their services
  - Assists with the development of the program's policies and procedures
  - Attends team retreats and advisory group meetings

Peer Support and Mentors

- Includes certified PRSSs, peer mentors, and self-help group sponsors
- Should NOT be members of the core treatment court team and do NOT share confidential information other than in limited circumstances
- Offer support, advice and camaraderie for participants, as well as access to recovery-supportive recreational activities and emergency peer-respite housing (if available)
- If a treatment court opts to have a PRSS in pre-court staffing, they should focus on sharing their own lived experience and NOT provide input on incentives, sanctions, successful or unsuccessful discharge, or participants' treatment progress

All Rise Standard VIII
Multidisciplinary Team
Provision C

Advisory Group

- Consists of a broad coalition of community stakeholders
- Provides needed resources, advice and support to the program
- Meetings held at least quarterly and open to all interested parties
- Program invites a broad range of stakeholders to attend
- Meetings focus on:
  - Educating the community
  - Gauging how the program is perceived by others
  - Soliciting recommendations for improvement
  - Learning how to effectively access available services and resources

All Rise Standard VIII
Multidisciplinary Team
Provision D

Training and Education

- All team members receive training on:
  - Best practices in treatment court
  - Evidence-based substance use, mental health and trauma treatment
  - MAT and psychiatric medications
  - Complementary services
  - Behavior modification
  - Community supervision
  - Procedural fairness
  - Drug and alcohol testing
  - Legal and constitutional standards

Training and Education

- In the event of staff turnover,
  - New hires receive at least basic orientation on the key components and best practices of treatment courts
  - If feasible, they attend pre-court staff meetings and status hearings before the transition
- Teams should create a guiding mission statement and program objectives
- All team members, including members of the steering committee receive annual booster training

All Rise Standard VIII
Multidisciplinary Team
Provision E

Sharing Information

- Participants provide voluntary and informed consent for staff to share information including:
  - Specifying who is authorized to receive the information
  - What information can be released
  - What steps the participant should take to revoke the consent
  - When consent expires
- Disclosure is limited to the minimum amount necessary
- All team members, participants, and potential candidates understand the ethical obligations of defense attorneys, PRSSs, and treatment professionals and avoid requesting confidential information from them or relying on them to monitor and respond to infractions

All Rise Standard VIII
Multidisciplinary Team
Provision F

Team Communication and Decision Making

- Team members adhere to the practice standards and ethical obligations of their profession and advocate in accordance with these standards
- Team members articulate their positions in a collaborative and non-adversarial manner to:
  - Minimize conflict
  - Lower counterproductive affect
  - Increase likelihood information will be heard
- Non-adversarial does NOT mean non-advocacy

All Rise Standard VIII
Multidisciplinary Team
Provision G

Pre-court Staff Meetings

- Team meets to review participants' progress and consider recommendations for appropriate services and behavioral responses with team members' areas of expertise and training
  - Regular attendance should be required by all team members
- Presumably closed to the public or participants
- No final decisions are reached in pre-court staff meetings regarding disputed facts or legal issues
- Judge summarizes in court what substantive issues were discussed and what uncontested decisions were made

All Rise Standard VIII
Multidisciplinary Team
Provision H

Court Status Hearing

- Provide the judge with an opportunity to interact directly with participants, develop a collaborative working alliance, praise their accomplishments, and hold them accountable
- Team members attend hearings regularly, actively listening and demonstrating the team's unity of purpose
- On occasion, at the request of the judge or when preplanned in pre-court staff meetings, team member participate in the status hearing to provide extra support, fill in missing information, correct or update inaccurate information, and praise and encourage achievements

Questions

All Rise Standard X

Program Monitoring, Evaluation, and Improvement

The treatment court continually monitors its adherence to best practices, evaluates its outcomes, and implements and assesses needed modifications to improve its practices, outcomes, and sociocultural equity. A competently trained and objective evaluator employs scientifically valid methods to reach causal conclusions about the effects of the program on participant outcomes.

All Rise Standard X

Program Monitoring, Evaluation, and Improvement

- Program Monitoring: Examine program's adherence to best practices
- Program Evaluation: Examine effects on participant outcomes
- Program Improvement: Implement and examine corrective measures when needed
- Key Performance Indicators: KPIs
- 7-step Monitoring, Evaluation and Improvement Process

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)

All Rise Standard X
Program Monitoring, Evaluation and Improvement
Provision A

Monitoring Best Practices

- Continuously monitor adherence to best practices
  - Review findings at least annually
  - Implement needed modifications to improve practices, outcomes and sociocultural equity
- Team members complete surveys concerning program's policies & procedures
- Team members analyze KPIs of program service provision
- Performance on KPIs is compared against best practice benchmarks, reported on outcome evals
- Adherence to best practices is reported for same time interval as that for participant outcomes

All Rise Standard X
Program Monitoring, Evaluation and Improvement
Provision A

Monitoring Best Practices

- Collect Core Dataset of KPIs at individual level and report info in outcome evaluations. Benchmarks:
  - Target Population – Approaching 100% who are High Risk/High Need
  - Entry Timeliness – 50 days from arrest to admission
  - Treatment Timeliness – Within 1 week of admission
  - Team Functioning – No. of staff meetings attended by all team members
  - Court Supervision – Participants attend at least 2 hearings/mo. in Phase 1-2
  - Treatment Sessions – Participants attend at least 9 hrs. per week for Phases 1-4
  - Medication Provision – Pct. of participants receiving MAT
  - Community Supervision – attend 4 office sessions/mo. in Phases 1-2; 1 per mo. thereafter
  - Drug and Alcohol Testing – Random testing 2/week during Phases 1-3

All Rise Standard X
Program Monitoring, Evaluation and Improvement
Provision B

Intent to Treat Analysis

- Evaluate program practices and outcomes for all persons who participated in Tx Court, whether they completed program, were discharged, or withdrew voluntarily
  - Caveat: Exclude from analysis persons receiving "neutral discharge" for reasons unrelated to their performance (i.e., they had prior disqualifying conviction on their record).
- If Tx Court has significantly better outcomes than unbiased comparison group when all participants are considered, secondary analysis may determine if outcomes were better for those completing program.
  - To avoid bias in secondary analysis, comparison samples comprise person who were also successfully in their program (e.g., probationers who satisfied conditions for probation)

All Rise Standard X
Program Monitoring, Evaluation and Improvement
Provision C

Comparison Groups

- Unbiased comparison group is required to determine whether Tx Court causally responsible for improving outcomes. Such groups may include:
  - Persons eligible for Tx Court but didn't participate due to lack of program slots
  - Persons arrested in year before Tx Court was founded
  - Persons arrested in adjacent county without a Tx Court
- Comparison group subjects are matched with Tx court participants on variables affecting outcomes (i.e., criminal history, risk level, Tx needs)
- Comparisons not made to persons who: (1) declined to enter Tx Court; (2) denied entry due to Tx needs or criminal histories; (3) voluntarily withdrew from program; or (4) were discharged prematurely.

All Rise Standard X
Program Monitoring, Evaluation and Improvement
Provision D

Time At Risk

- Tx Court and Comparison Group subjects have same time and opportunity to engage in substance use, crime, other activities (e.g., employment)
  - Comparable start dates and follow-up intervals are used for all groups, if possible
- Outcomes are reported starting no later than date that participants entered TX Court or comparison condition (e.g., probation)
  - Outcomes reported from date of initial arrest or probation violation
- Adjust for time participants were subject to restrictive conditions that reduce their ability to engage in substance use, crime, other activities
  - Jail, Residential Tx

All Rise Standard X
Program Monitoring, Evaluation and Improvement
Provision E

Criminal Recidivism

- Evaluate new arrests, charges, convictions for 3-5 years from admission date
- Also evaluate recidivism from date of initial arrest/probation violation
  - To examine any influence of delayed admission
- Evaluators report all available recidivism measures, discuss implications and limitations of each, and explain why some measures might not be reported
- New crimes are categorized by **offense level** (felony vs misdemeanor)
- New crimes are categorized by **offense classification** (e.g., drug, impaired driving, person, property, etc.)

All Rise Standard X
Program Monitoring, Evaluation and Improvement
Provision F

Psychosocial Outcomes

- Regularly evaluate KPIs of participants' performance while in Tx Court
  - Examples: Attendance rates at app'ts; program completion status; length of stay; drug test results; technical violations; criminal recidivism; receipt of meds, housing, employment
- Evaluator administers self-report assessments to determine if participants:
  - Attained needed Recovery Capital, or
  - Experienced reductions in Psychosocial Problems
    - ✓ Improvements in Mental Health or Trauma symptoms, Family Conflicts
    - ✓ Improvements in Employment, Education
- Post-program outcomes on self-report measures are evaluated and reported when they can be assessed feasibly and affordably

All Rise Standard X
Program Monitoring, Evaluation and Improvement
Provision G

Equity Analyses

- Compare performance on KPIs, perf benchmarks and outcomes between socio-demographic and sociocultural groups
- Trained evaluator administers confidential surveys or focus groups with participants from sociocultural groups
- Confidential info may be obtained respectfully on participants' sociocultural and demographic characteristics not observable or obtainable from databases:
  - Ethnicity
  - Gender Identity
  - Sexual orientation

All Rise Standard X
Program Monitoring, Evaluation and Improvement
Provision H

Timely and Reliable Data Entry

- Team members and service providers are trained how to record reliable and timely monitoring and outcome information:
  - Report into CORE within 48 hours of event (counseling session, drug test, violations)
  - Receive clear explanation why accurate data collection is important
- Include requirements for timely data entry in all MOUs between partner agencies and in direct service contracts
- Provision of information complies with confidentiality/privacy laws
- Data sharing agreements specify duties and responsibilities of parties in safeguarding participant-identifying info.

All Rise Standard X
Program Monitoring, Evaluation and Improvement
Provision I

Electronic Database

- Enter monitoring and outcome data into analyzable database:
  - Rapidly generates summary reports revealing KPIs, outcomes, achieving benchnmarks
- Data entry, storage, transmission complies w/ privacy/confidentiality laws
- Information transmitted via email is encrypted
- Access to specific info is based on staff member's job responsibilities, can't alter data entered by another person or provider
- Authorized levels of access are controlled by trained, designated database administrator

All Rise Standard X
Program Monitoring, Evaluation and Improvement
Provision J

Evaluator Competency and Objectivity

- Evaluator should be Unbiased, Objective and Independent
  - Helps to earn trust of respondents in surveys/focus groups
  - Safeguards participants' confidentiality
- Uses valid research methods
- Determines any Causation between Tx Court and Improved Outcomes
- Seek an Independent External Evaluation at least once every 5 years
- Explore available External Evaluators

Program Annual Performance Report

Agency Name: Click or tap here to enter text.

Program Type: Drug and/or Hybrid Treatment Court w/ Mental Health Supplement

Performance Measure	Target	Data Source	PROGRAM Data
Measure 1a: Average Percent Positive Drug Tests	≤10%	CORE Case Summary, Data Extract	Click or tap here to enter text.
Measure 1b: Average Percent Positive Drug Tests – Continuous Monitoring	≤10%	CORE Case Summary, Data Extract	Click or tap here to enter text.
Measure 1c: Average Time from Last Positive Drug Test to Program Discharge	≥90 days	CORE Data Extract	Click or tap here to enter text.
Measure 2: In-program Recidivism	<15%	CORE Case Summary, Data Extract	Click or tap here to enter text.
Measure 3: Post-program Recidivism (3 yr)	≤25%	Click or tap here to enter text.	Click or tap here to enter text.
Measure 4: Restitution	100%	CORE Discharge Summary, Data Extract	Click or tap here to enter text.
Measure 5: Processing Times	≤50 days	CORE Data Extract	Click or tap here to enter text.
Measure 6: Screening and Assessment	HR/HN: 100% LR/LN: 0%	CORE Data Extract	Click or tap here to enter text.
Measure 7: Discharge Type (Performance target is for the Processing Report)	>=60%	CORE Discharge Summary, Data Extract	Click or tap here to enter text.
Measure 8: Average Length of Stay	≥12 months	CORE Data Extract	Click or tap here to enter text.
Measure 9: Incentives and Sanctions	≥4 to 1	CORE Case Summary, Data Extract	Click or tap here to enter text.
Measure 10: Treatment Services	Low Risk: 100 hours Moderate Risk: 100–200 hours High Risk: ≥200 hours	CORE Case Summary, Data Extract	Click or tap here to enter text.
Measure 11: Frequency of Status Hearings (monthly)	≥2	CORE Case Summary, Data Extract	Click or tap here to enter text.
Measure 12: Frequency of Supervision Contacts (monthly)	≥4	CORE Case Summary, Data Extract	Click or tap here to enter text.
Measure 13: Frequency of Drug Testing (weekly)	>=2	CORE Case Summary, Data Extract	Click or tap here to enter text.

What to do with data?

Group Activity:

- What outcome(s) are not at recommended benchmark?
- Pick an outcome to strategic plan
- Develop at least three next steps

Questions

LUNCH

All Rise Standard IV

Incentives, Sanctions, and Service Adjustments

The treatment court applies evidence-based and procedurally fair behavior modification practices that are proven to be safe and effective for high-risk and high-need persons. Incentives and sanctions are delivered to enhance adherence to program goals and conditions that participants can achieve and sustain for a reasonable time, whereas service adjustments are delivered to help participants achieve goals that are too difficult for them to accomplish currently. Decisions relating to setting program goals and choosing safe and effective responses are based on input from qualified treatment professionals, social service providers, supervision officers, and other team members with pertinent knowledge and experience.

All Rise Standard IV
Incentives, Sanctions, & Service Adjustments
Provision A

Proximal, Distal, and Managed Goals

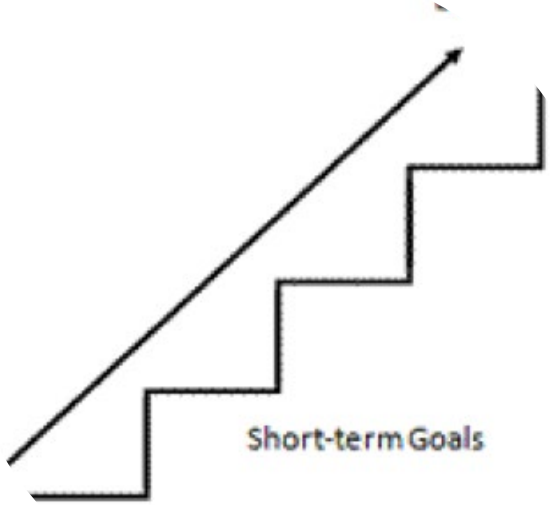
- Treatment court team classifies participants' goals according to their difficulty level BEFORE considering what responses to deliver for achievements or infractions of these goals
  - **PROXIMAL:** A goal the participant can achieve in the short term and sustain for a reasonable period of time
  - **DISTAL:** A goal that is currently too difficult for a participant to achieve currently
  - **MANAGED:** A goal that has been achieved and sustained for a reasonable period of time

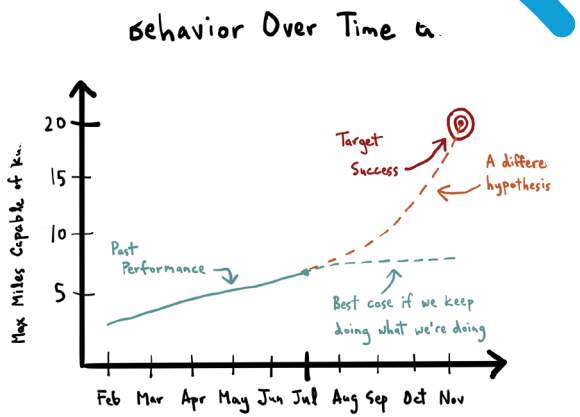
Proximal Goals

- Incentives and sanctions are delivered to enhance compliance with proximal goals
- Remember, incentives are used to encourage new behaviors or sustain positive, pro-social behaviors being displayed
- Sanctions are used to stop negative behaviors or behaviors that are not in line with recovery

Distal Goals

- Service adjustments are delivered to help participants achieve distal goals





Managed Goals

- Once a goal has been achieved and sustained for a reasonable time, the frequency and magnitude of incentives can be reduced, but intermittent incentives continue to be delivered for the maintenance of the goal
- Managed goal infractions often occur when programs advance participants to a new phase before they are ready or without providing needed support to ensure a successful phase transition
- Reasons for a managed goal infraction include:
  - insufficient preparation
  - pink cloud
  - symptom recurrence
  - testing the limits

Determining Proximal, Distal, and Managed Goals

- Clinical considerations, such as mental health or substance use symptoms that may interfere with a participant's ability to meet certain goals, are based on input from qualified treatment professionals, social service providers and clinical case managers.
  - Team judgement, especially input from treatment professionals, is required to determine proximal, distal and managed goals, but some general rules are
    - Attendance is often proximal
    - Truthfulness is proximal
    - Responding to treatment is distal
    - Attitudinal change is distal
    - Problem-solving skills are distal
    - Adaptive life skills are distal.

Compulsive Substance Use Disorder

- Participants with a compulsive SUD receive service adjustments for use, not sanctions, until they are in **early remission**:
  - 90 days without clinical symptoms that may interfere with their ability to attend sessions, benefit from the interventions, and avoid substance use
  - Symptoms include:
    - Withdrawal symptoms
    - Persistent substance cravings
    - Anhedonia
    - Cognitive impairment
    - Acute mental health symptoms, like depression or anxiety

Compulsive SUD

- Persons are considered to be in **sustained remission**:
  - Clinically stable and abstinent for at least 12 months
- Continue to incentivize abstinence for at least one year
- Longer periods or up to 6 months of clinical stability may be required to achieve early remission for persons using highly potent or neurotoxic substances like methamphetamines

Determining Proximal, Distal, and Managed Goals

- Treatment professionals continually assess participants for:
  - Mental health
  - Substance use
  - Trauma symptoms
- Treatment also informs the team when a participant has been clinically stable long enough for abstinence to be considered a proximal goal, and alert the team if exposure to substance-related cues, emerging stressors, or a recurrence of symptoms may have temporarily returned abstinence to being a distal goal

All Rise Standard IV

Incentives, Sanctions, & Service Adjustments

Provision B

Advance Notice

- Providing clear and understandable advance notice to participants about program requirements, the responses for meeting or not meeting these requirements, and the process the team follows in deciding on appropriate individualized responses to participant behaviors:
  - Enforces **rule-governed learning**
  - Provides opportunities for **vicarious learning**
  - Enhances perceptions of **procedural fairness**

Program Documentation

- Ensure potential responses to behaviors are documented clearly and understandably in the Policy and Procedure Manual and Participant Handbook
    - Distribute to all participants, staff, and other interested stakeholders or referral sources, including defense attorneys
- Describe the information in the handbook clearly to participants before they enter the program
    - Judge, defense counsel, prosecutor and other staff ensure candidates understand the information before agreeing to be in treatment court

Program Documentation

- Program documents specify the purpose, focus, and expectations for each phase in the program, the rationale for phase-specific procedures, and the responses that result from meeting or not meeting these expectations
  - Distinguish between proximal, distal and managed goals, and specify different responses for meeting or not meeting these goals
  - Categorize incentives and sanctions as low, medium, or high magnitude
  - Describe the purpose and focus of each phase and the magnitude of responses that are indicated for the specific achievements and infractions of that phase
  - Indicate whether the magnitude of responses may increase for repeated accomplishments or infractions in the phase

All Rise Standard IV
Incentives, Sanctions, & Service Adjustments
Provision C

Reliable & Timely Monitoring

- Best practices for monitoring participant behavior include:
  - Certainty: Behaviors are reliably detected
  - Celerity: Behaviors are responded to swiftly
  - 4:1 incentive to sanction ratio
  - Office, home, and employment visits
  - Drug testing
  - Status hearings

Participant Interactions

Interact respectfully during all encounters

Praise prosocial and healthy behaviors

Model effective ways to handle stressors

Offer needed support and advice

Monitoring Reductions

Supervision conditions can start to be reduced when a participant is **psychosocially stable**

Secure housing

Reliably attending appointments

Clinically stable

Effective therapeutic or working alliance with at least one treatment court team member

Drug testing can be gradually reduced when participants are in **early remission**

90 days of abstinence and no clinical symptoms

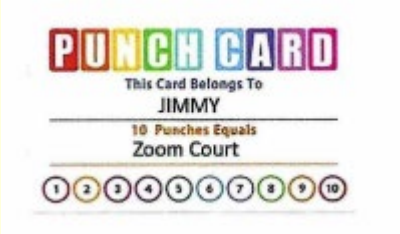
All Rise Standard IV

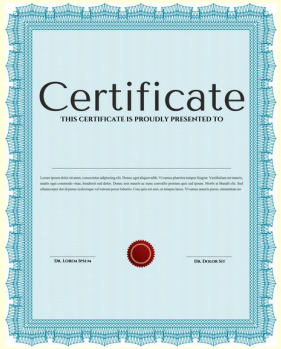
Incentives, Sanctions, & Service Adjustments

Provision D

Incentives

- Incentives are administered because participants want them!
- Examples include:
  - Verbal praise
  - Symbolic tokens (certificates, fishbowl prizes, decision dollars)
  - Reductions in fees or community service
  - Removing restrictions (GPS, curfew, house arrest)





All Rise Standard IV

Incentives, Sanctions, & Service Adjustments

Provision E

Service Adjustments

- Service adjustments are delivered because participants need them!
- Use service adjustments to address distal goal infractions
- Examples include:
  - Supervision adjustments (increase/decrease visits, monitoring)
  - Treatment adjustments (adjust treatment sessions, medications, harm reduction)
  - Learning assignments (CBT assignments, life skills assignments)

All Rise Standard IV

Incentives, Sanctions, & Service Adjustments

Provision F

Sanctions

- Sanctions are administered because participants do not want them!
- Sanctions are delivered for proximal goal infractions
- Examples include:
  - Verbal warnings
  - Courtroom observations
  - Instructive community service
  - Movement restrictions (curfew, travel, association, home detention, jail)
  - Electronic surveillance
  - Team roundtable
  - Day reporting

Sanctions

- Avoid **ceiling** effects
- Delivered calmly without shaming, alarming or stigmatizing participants
- Staff helps participants to understand how they can avoid further sanctions by taking achievable steps to meet attainable goals
- Staff express their belief that the participant can get better and that sanctions aren’t being imposed because they dislike or are frustrated with the participant
- Participants do not lose previously earned incentives, such as program privileges, points, or fishbowl drawings

Sanction Side Effects

- **Response-cost**
- Ratio burden
- Learned helplessness
- Ceiling effects
- Short-lived effects
- Not being taught what to do
- Goldilocks effect

Sanctions

Participants are not returned to an earlier phase or to the beginning of the program

Participants are given a fair opportunity to voice their perspective concerning factual controversies and the imposition of sanctions before they are imposed

Participants receive a clear rationale for why a particular sanction is or is not being imposed

All Rise Standard IV

Incentives, Sanctions, & Service Adjustments

Provision G

Jail Sanctions

- Serious negative side effects from jail sanctions include:
  - Interruption of the treatment process
  - Exposure to high-risk peers and other stressors in the jail environment
  - Interference with prosocial obligations like work, school, or childcare
  - Habituation to the highest-magnitude sanction
- Jail sanctions are used when there is a risk to public safety or participant welfare (use alone is not sufficient)

Jail Sanctions

- Best practices for imposing a jail sanction include:
  - Not in the first 30-60 days
  - Only for proximal goal infractions after low and moderate sanctions have been unsuccessful
  - No more than 3-6 days
  - Not for distal goal infractions
  - Not for treatment
  - Not to deter overdose
  - Not for preventative detention unless no less restrictive option is available

Jail Sanctions

- Participants receive reasonable due process protections before a jail sanction is imposed
- Jail is not used to achieve rehabilitative goals
- If jail is used for any reason other than to avoid a serious and imminent public safety risk or to sanction a participant for repeated infractions of proximal goals, the judge finds by clear and convincing evidence that jail custody is necessary to protect the participant from imminent and serious harm and the team has exhausted or ruled out all other less restrictive means to keep the person safe

All Rise Standard IV

Incentives, Sanctions, & Service Adjustments

Provision H

Prescription Medication

- Do not deny admission, impose sanctions, or discharge participants for use of prescribed medications, including MAT/MOUD, psychiatric medications, and medications for other diagnosed medication conditions
- Participants sign a release allowing communication between the treatment court and prescriber
- Participants inform the prescriber they are in a treatment court program
- Sanctions do not include discontinuing the medication unless approved by a qualified medical practitioner

Non-prescribed Medication Use

- If compulsive or motivated by an effort to self-medicate negative symptoms, respond with service adjustments
- If non-prescribed use reflects a proximal infraction, respond with sanctions
  - Using more than the prescribed dosage to achieve an intoxicating effect
  - Combining medication with an illicit substance to achieve an intoxicating effect
  - Providing medication to another individual
  - Obtaining a prescription without notifying staff
  - Using prohibited non-prescription medications (NyQuil, CBD, etc.)

All Rise Standard IV

Incentives, Sanctions, & Service Adjustments

Provision I

Phase Advancement

- Program should have a well-defined phase structure that addresses participant needs in a manageable and effective sequence
- Phase advancement occurs when participants have managed well-defined and achievable proximal goals
  - Predicated on objective and observable behaviors and should be described in advance
  - Copious incentives should be provided for a phase advancement
- Phase advancement is distinct from treatment regimens

Phase Structure – Phase 1

- Provide structure, support and education for participants entering the program:
  - Acute crisis intervention services
  - Orientation to the program
  - Ongoing screening and assessment
  - Collaborative case planning
- Usually the shortest phase – approximately 30-60 days
- No minimum sobriety requirement

Phase Structure – Phase 2

- Helping participants to achieve and sustain psychosocial stability and resolving ongoing impediments to service provision
  - Stable housing
  - Reliable attendance
  - Therapeutic alliance
  - Brief periods of abstinence
  - Clinical stability
- Approximately 90 days
- No minimum sobriety requirement

Phase Structure – Phase 3

- Ensuring participants follow a safe and prosocial routine, learn and practice prosocial decision-making skills, and apply drug and alcohol avoidance strategies
  - Abstinence efforts (several weeks or a month at a time)
  - Address criminogenic needs
- Approximately 90-120 days
- No minimum sobriety requirement

Phase Structure – Phase 4

- Teaching participants preparatory skills needed to fulfill long-term adaptive life roles and helping them to achieve early remission
  - Life skills curriculum
  - Time management
  - Job interviewing
  - Personal finance
- Approximately 90-180 days
- 90 days minimum sobriety (though perfection is not expected)

Phase Structure – Phase 5

- Engaging participants in recovery-support activities and assisting the to develop a workable continuing-care plan or symptom-recurrence prevention plan to maintain their treatment gains after program discharge
  - Restorative justice activity
  - Abstinence maintenance
- Approximately 90 days
- 90 days minimum sobriety (though perfection is not expected)

All Rise Standard IV
Incentives, Sanctions, & Service Adjustments
Provision J

Program Discharge

- Avoiding negative legal consequences are used as an incentive for completing a treatment court program
  - Reducing or dismissing the participant's criminal charge(s)
  - Vacating a guilty plea
  - Discharging a participant successfully (and potentially early) from probation
  - Family reunification
  - If possible, criminal charges, pleas or convictions are expunged from the participant's legal record

Unsuccessful Program Discharge

- Participant receives a due process hearing (termination hearing):
  - Right to a fair hearing
  - Notice of the basis for possible discharge
  - Opportunity to present or refute relevant evidence and cross-examine witnesses
  - Right to have violations proven by preponderance of the evidence with the burden of proof on the State
  - Rationale for the court's factual and legal conclusions
  - Adequate record allowing for appellate review
- Treatment court judge can preside over termination hearings
- Treatment court judge should NOT preside over sentencing after termination or resolving underlying legal matters

Unsuccessful Program Discharge

- Judge finds by clear and convincing evidence:
  - Participant poses a serious and imminent risk to public safety that cannot be prevented by the treatment court's best efforts
  - Participant chooses to voluntarily withdraw from the program despite staff members' best efforts to dissuade the person and encourage further efforts to succeed
  - Participant is unwilling or has repeatedly refused or neglected to receive treatment or other services that are minimally required for the person to achieve rehabilitative goals and avoid recidivism

Questions

BREAK

15 minutes

All Rise Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Participants receive evidence-based treatment for substance use, mental health, trauma, and co-occurring disorders from qualified treatment professionals that is acceptable to the participants and sufficient to meet their validly assessed treatment needs. Recovery management interventions that connect participants with recovery support services and peer recovery networks in their community are core components of the treatment court regimen and are delivered when participants are motivated for and prepared to benefit from the interventions.

All Rise Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Provision A

Treatment Decision Making

- Requirements of program are based on valid clinical assessments
- Qualified clinician
- Tx staff are on the team
  - Attend staffing
  - Attend court
  - Educate team
  - Remind team – recovery is gradual process

All Rise Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Provision B

Collaborative, Person-Centered Treatment Planning

- Participant involvement
- Support participant preference
- Monitor behavior change while protecting participant welfare and safety
- Tx providers and defense counsel do not impose sanctions

Continuum of Care

All Rise Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Provision C

- SUD, MH, Trauma, & Co-occurring disorders treatment services provided as soon as possible after arrest
- Services based on validated assessment
- Tx Court offers continuum of care sufficient to meet needs (residential, IOP, co-occurring, medication management, and recovery housing)
- Level of Care (LOC) adjustments based on participant preference, assessed tx needs, and prior response to tx
- Not sanctioned or receive harsher sentence for not responding to LOC that is below what is assessed as needing
- Resource strapped?
  - Community mapping
  - Telehealth

All Rise Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Provision D

Counseling Modalities

- Groups counseling
- Individual sessions
- 12 participants + 2 facilitators
- Group Membership
- Measure readiness
  - https://www.oqmeasures.com/oq-grq/
- Gender specific treatment groups

All Rise Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Provision E

Evidence-Based Counseling

- CBT interventions are documented in manuals and proven to enhance outcomes
- Tx providers are credentialed in field related to SUD or mental health treatment AND
  - Receive at least 3 days of pre-implementation training on the interventions,
  - Annual booster sessions
  - Monthly clinical supervision.
- Sequencing of CBT interventions is important

SUD, MH, and/or trauma → teaching pro-social thinking and problem-solving → developing life skills

Evidence Based Curriculums

SUD	Mental Health and Co-occurring	Trauma	Prosocial thought & Problem solving
Relapse Prevention Therapy	Illness Management & Recovery	Seeking Safety	T4C
Matrix Model	Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking (MISSION)	Helping Women Recover and Helping Men Recover	MRT
Community Reinforcement Approach		Beyond Trauma	Reasoning and Rehabilitation (R&R)
		trauma-focused CBT	
		eye movement desensitization and reprocessing therapy (EMDR)	

Evidence Based Curriculums – cont.

SUD & Prosocial thought	Family Functioning	Cultural Proficient Counseling	Vocational Prep
TCU - CBI	Strengthen Families	Habilitation Empowerment Accountability Therapy (HEAT)	Individual Placement and Support (IPS)
Criminal Conduct & Substance Abuse Tx Strategies for Self Improvement & Change	Multidimensional Family Recovery (MDFR)	LGB-Affirmative CBT (ESTEEM)	Customized Employment Supports (CES)
MRT Modified to Substance Use	Functional Family Therapy (FFT),	Affirmative CBT (AFFIRM)	therapeutic workplace
	Celebrating Families		
	Community Reinforcement and Family Training (CRAFT)		

All Rise Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Provision F

Treatment Duration & Dosage

- Stabilize – Abstinence – teach prosocial problem solving – enhance life skills
- +++ 3 additional months of monitoring
- 12-18 months should address acute needs – Are we treatment those with acute care needs?
- Treatment quality is critical
- 200-300 hours suggested in a study – number of hours does not include hours with peer specialist

All Rise Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Provision G

Recovery Management Services

- Chronic care model – treats compulsive SUD and persistent MH disorders like other chronic medical conditions
- Connection to community recovery support services and recovery networks – WHY?
- Duration of the program
- Delivered when a participant is motivated and prepared to benefit
- Where does sustained recovery “live?”

Recovery Management Services

- Evidence based recovery management services are core components
  - Benefit Navigator
  - Peer Specialist
  - Mutual support groups
  - Abstinence supporting housing, education, employment
- Staff use Peer group prep education
- Twelve-Step Facilitation (TSF) therapy - preparing participants for what to expect in 12-step groups and how to gain the most benefits from the meetings
- Alternatives to 12 Step - Smart Recovery, Rational Recovery, Breaking Free Online, Medication Assisted Recovery Anonymous
- FACT Sheet - Building Recovery-Oriented Systems of Care for Drug Court Participants

Peer Specialists

- Clearly define roles and responsibilities
- Clinical supervision (weekly)
- Supervision by a qualified clinical professional
- Responsibilities / Roles examples:
  - Access to protected health information – YES or NO
  - Attend pre-court staffing – YES or NO
  - Plan pro-social activities – YES or NO
  - Documentation of contacts – YES or NO

All Rise Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Provision H

Medication for Addiction Treatment

- All prospective candidates screened for potential overdose and other MAT indicators – referred to qualified providers if needed
- Assessors are trained to administer screening, annually trained, and stay current with new advances
- **MAT Screening tools**

  - Rapid Opioid Use Disorder Assessment (ROUDA)
  - Texas Christian University Drug Screen 5 – Opioid Supplement
  - Clinical Institute Narcotic Assessment (CINA)
  - Clinical Opiate Withdrawal Scale (COWS)
  - Subjective Opiate Withdrawal Scale (SOWS)
  - Clinical Institute Withdrawal Assessment Alcohol Scale Revised (CIWA-AR)
  - Brief Substance Craving Scale (BSCS)
  - Overdose Risk Assessment Tool (ORAT)

Medication for Addiction Treatment (MAT)

- Rescreen if new symptoms
- Team relies on medical professionals regarding
    - Appropriateness of MAT
    - Type of MAT
    - Dose of MAT
    - Duration
    - Reduction or discontinuation
- ROI between Team and provider
- Team receives annual training
- Educate participants about benefits of MAT and help them cope with negative reactions they receive from fellow members

All Rise Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Provision I

Co-occurring Substance Use & Mental Health or Trauma Treatment

- Screening as soon as possible
- Assessors are trained to avoid retraumatizing
- Regular rescreening for new symptoms
- Integrated models
  - Educate participants
  - Teach ways to self-manage
  - Recognize warning signs
  - Take steps to address emerging symptoms
  - Seek professional help when needed
- Provider training and clinical supervision

All Rise Standard V

Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Provision J

- Custody to Provide or While Awaiting Treatment
- No jail to achieve treatment or social services objectives
- Judge finds clear and convincing evidence that custody is necessary to protect individual AND team has exhausted or ruled out all other options
- Fear of overdose does not equal jail
- If jail due to no other options, released as soon as crisis has resolved
- Uninterrupted MAT, psychiatric or other needed services

Case example – where to start?

Susie

Criminogenic Needs	Clinical Needs	Responsivity Needs
Antisocial Cognition	severe opioid use disorder	Daycare for her 1 and 2 yr olds
Antisocial Associates	Anxiety disorder NOS	Transportation
Antisocial Associates		Food insecurity
Substance Use	SAFETY	
Leisure & Recreation		

Susie was admitted to the treatment court program today. She reports her last use was two weeks ago. She reports she is not taking any prescriptions or over the counter medications. After completing her intake, she needs to complete a urine drug test and pick her kids up from her neighbor who has been helping with daycare. The case worker receives an email from the drug testing agency that Susie tested positive for Fentanyl and meth. Where should the program start with assisting with addressing her needs?

Case example – where to start?

John

Criminogenic Needs	Clinical Needs	Responsivity Needs
Antisocial Cognition	Stimulant use disorder sustained remission	Transportation
Antisocial Associates	Bi-polar II disorder	Dental
Family/Marital		
Substance Abuse		
Employment/Vocation		

Co-Occurring Disorder

John has been in the program for three weeks. When he was released from jail he wanted to start working as soon as possible and he luckily found a job quickly. He also started with IOP and the treatment provider has indicated that he is participating in the groups and has been on time. He is living with his mom who helps with transportation. His mom has reported that he seems less engaged when he gets home and usually just goes to bed. When John met with his coordinator, he said everything is going great because he's working and going to groups. He did admit he's feeling a little low, but he did run into some past using friends the other day. What are the next steps the court/coordinator could take to assist John?

Case example – where to start?

Jack

Criminogenic Needs	Clinical Needs	Responsivity Needs
Antisocial Cognition	Stimulant Use Disorder	Housing
Antisocial Personality		Transportation
Antisocial Peers		
Substance Abuse		
Employment		

Pro-social problem-solving skills and enhance life skills focus

Jack is a 32-year-old Caucasian male. He was referred as an ATR. When he was released from jail 12 weeks ago and admitted to the treatment court program, he was able to move in with his mom. His mom lives on the bus line and is willing to help get him to and from treatment court requirements. He recently completed complete early recovery skills group, he is still participating in relapse prevention group, and he meets with his recovery coach weekly. He has had all negative drug tests. He attends SMART Recovery meetings. He reports he talks with other members about his recovery and finds them supportive. He denies having any significant cravings and when he does, he talks with his recovery coach or peers. What are the next steps the court/coordinator could take to assist Jack?

Post Program Services

- Discharge Summaries
  - Accomplishments
  - Return to use next steps
  - Resource identification
  - Post Program meeting
- Recovery Management Check-ups
  - Scheduled if agreeable
  - Confidential

Questions

Community Mapping

All Rise Standard VI

Complementary Services and Recovery Capital

Participants receive desired evidence-based services from qualified treatment, public health, social service, or rehabilitation professionals that safeguard their health and welfare, help them to achieve their chosen life goals, sustain indefinite recovery, and enhance their quality of life. Trained evaluators assess participants' skills, resources, and other recovery capital, and work collaboratively with them in deciding what complementary services are needed to help them remain safe and healthy, reach their achievable goals, and optimize their long-term adaptive functioning

All Rise Standard VI

Complementary Services & Recovery Capital

Definitions

- Complementary services - strengths-based and focus on helping participants to develop the personal, familial, social, cultural, financial, and other assets that are needed to sustain indefinite recovery and enhance their quality of life
- Recovery capital refers to tangible and intangible assets that participants amass during the recovery process and can draw upon to sustain their long-term adaptive functioning and pursue productive life goals
  - Physical (financial) recovery capital
  - Personal recovery capital (also called human or emotional recovery capital
  - Family or social recovery capital (also called relationship capital)
  - Community recovery capital
  - Cultural recovery capital

All Rise Standard VI

Complementary Services & Recovery Capital

Assessment Tools

Recovery Capital Assessment Tools:

- Assessment of Recovery Capital (ARC)
- Brief Assessment of Recovery Capital (BARC-10)
- Multidimensional Inventory of Recovery Capital (MIRC)
- Recovery Assessment Scale – Domains & Stages (RAS-DS)
- Recovery Capital Index (RCI)
- Recovery Capital Questionnaire (RCQ)
- Recovery Capital Scale (RCS)

Strengths based assessment tools!

All Rise Standard VI

Complementary Services & Recovery Capital

Provision A

Health-Risk Prevention

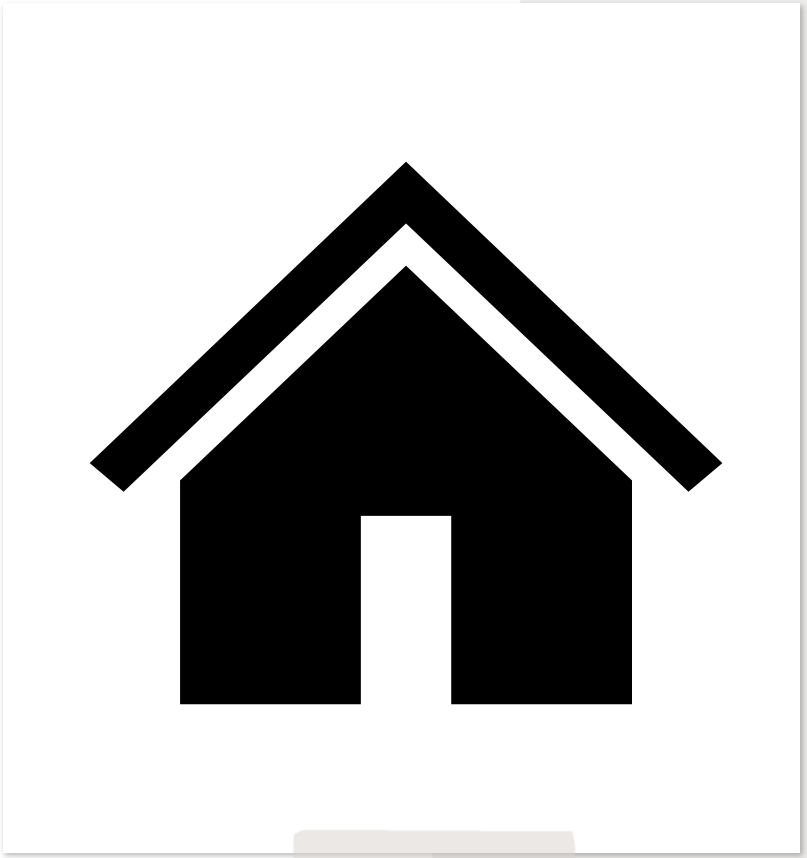
- Education about these measures does:
  - Increase participants' awareness of the potentially dangerous consequences of their behaviors
  - Conveys staff concern for their welfare
  - Prompts them to engage in additional self-protective measures including reducing substance use
- Examples
  - Emergency plan
  - Naloxone education
  - Safer sex education and condom distribution
  - Fentanyl test strips
  - Xylazine test strips
  - Syringe services
- Participants not terminated for using skills
- Annual Team training

All Rise Standard VI
Complementary Services & Recovery Capital
Provision B

Housing Assistance

- For those with unstable or insecure housing, the program will assist with housing
- Understand the different housing models
  - Housing First
  - Recovery Residence,
  - Peer Respite

- Safe and stable housing is a critical component of physical or financial recovery capital



Housing Assistance

We don’t have these resources in our community…

Possible Resources:	
U.S. Department of Housing and Urban Development (HUD) HUD Exchange, Housing First Implementation Resources	NARR-National-Standard-3.0-Compendium.pdf
National Empowerment Center, Peer Respite Resource	Human Services Research Institute, Peer Respite Toolkit
National Alliance to End Homelessness, Toolkits and Training Materials	Corporation for Supporting Housing (CSH), Supportive Housing Quality Toolkit
CSH, Supportive Housing Integrated Models Toolkit	Wisconsin – Recovery Residence Registry Directory
Wisconsin – Peer Respite Information	

All Rise Standard VI
Complementary Services & Recovery Capital
Provision C

Family and Significant Other Counseling

- Define family
- Counseling is offered
  - Early Phases – Decrease family conflict & education
  - Later Phases – Address family dysfunction, improving communication
  - Family composition impacts
- Providers are
  - Qualified and trained to provide family interventions
  - Able to assess power imbalances and safety threats
  - Attend training
  - Participate in clinical supervision

All Rise Standard VI
Complementary Services & Recovery Capital
Provision D

Vocational, Educational, & Life Skills Counseling

- Enhances personal recovery capital
- Qualified professionals assess needs
- Employment or school isn't required until psychosocially stable
- Already employed or enrolled in school participants – work around schedule

Vocational, Educational, & Life Skills Counseling

Preparatory Services:

- Goal setting – career ladder concept
- Organizational skills – how to prepare and meet increase responsibilities
- Job or school seeking skills
- School/Work Role plays
- Continued support to address self-defeating thoughts

Promising Interventions

- Individual Placement and Support Trainers Guide

- Customized Employment Supports Training Manual

- IPS Supported Employment Fidelity Review Manual

- IPS training and technical assistance

All Rise Standard VI
Complementary Services & Recovery Capital
PROVISION E

Medical and Dental Care

- Trained and qualified assessor screens participants for medical and dental care needs and refer
- Benefit navigator helps with enrollment
- Educate participants about importance of routine checkups and benefits of seeing a primary care doctor
- Clinically trained staff member does outreach with medical community about unmet needs to justice involved persons

All Rise Standard VI

Complementary Services & Recovery Capital

Provision F

Community, Cultural, & Spiritual Activities

- Inform participants about local events and cultural or spiritual activities
- Provide safe & rewarding leisure opportunities that support their recovery efforts and enhance their resiliency, self-esteem, and life satisfaction
- Staff do not favor religious, cultural, or spiritual activities, but describe available options
- Educate participants of benefits of these activities
  - Multiple studies referenced within this provision that discuss results for studies on this subject – see Provision F Commentary pg. 170

Questions

All Rise Standard VII
Drug Testing

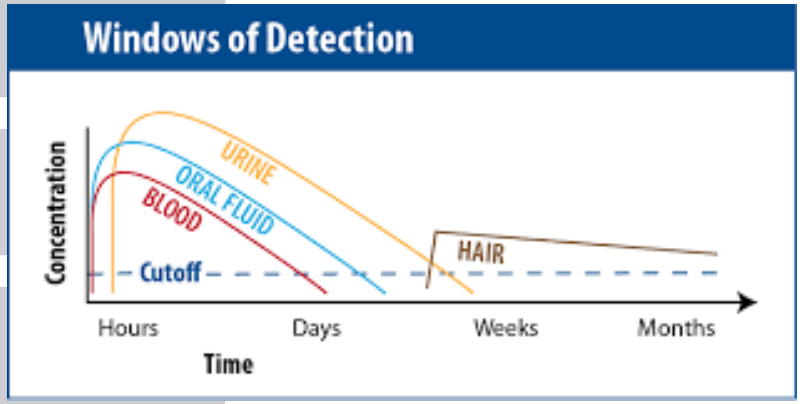
Efficient and accurate monitoring of drug court participants is crucial for long-term program effectiveness. Drug testing serves as a tool for treatment court teams to direct appropriate interventions that support participant goals. In order for case adjudication to be appropriate, consistent, and equitable, 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)

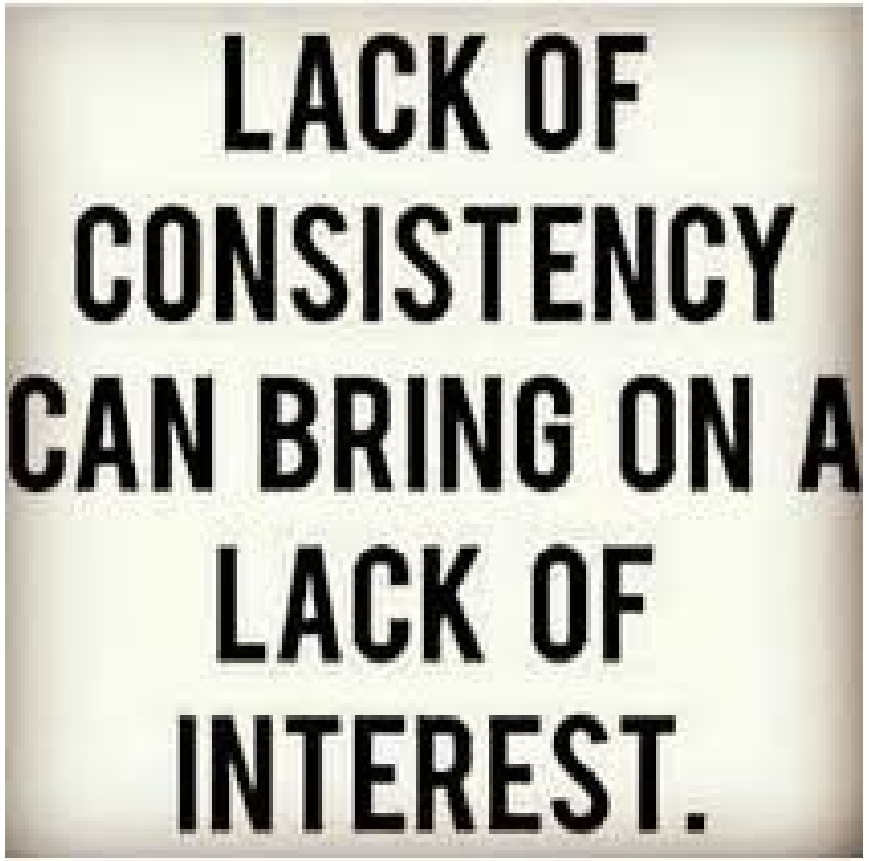
Protocols to Avert Adulteration and Detect Tampering

- 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



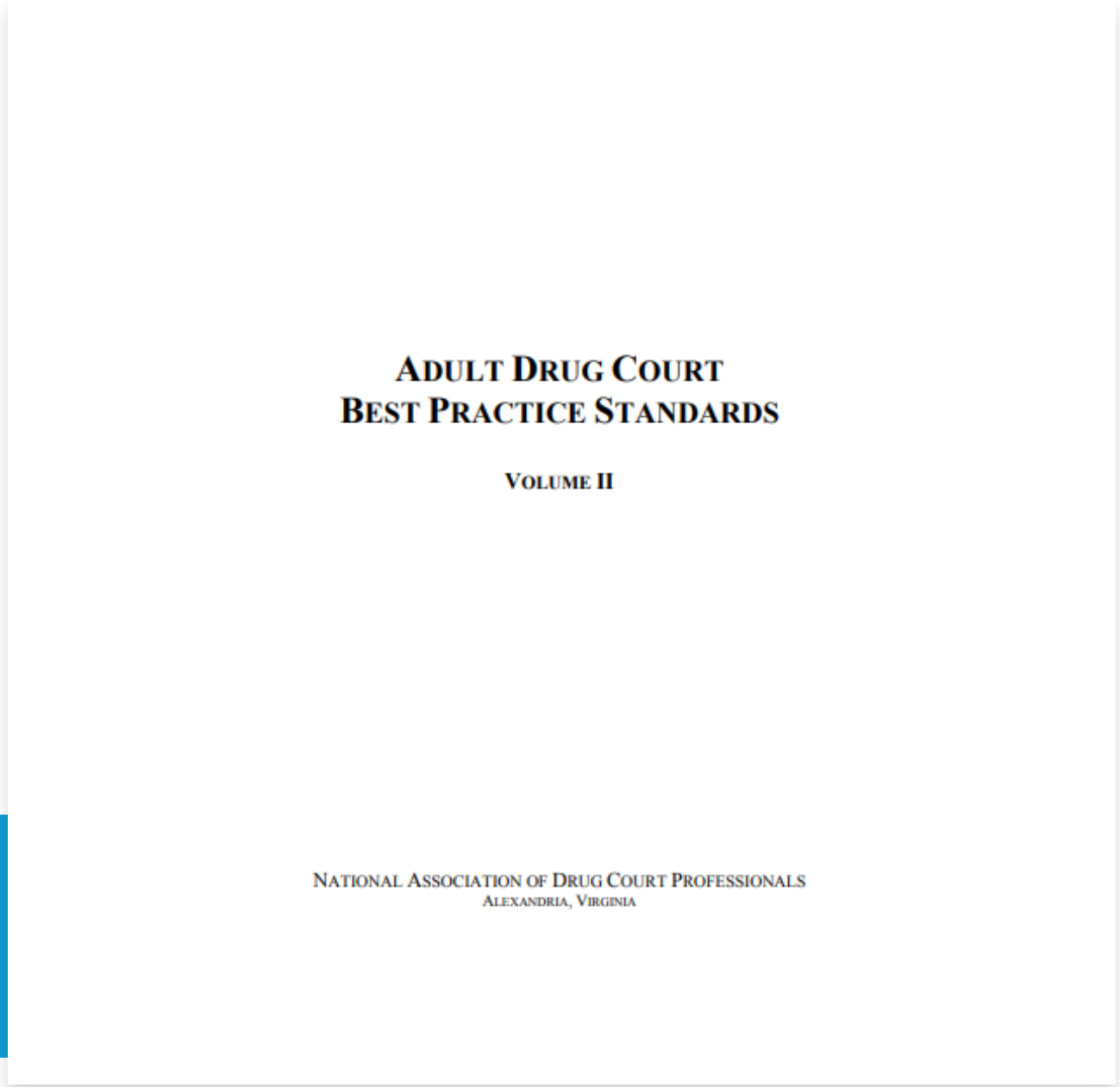
- In focus groups, treatment court participants consistently identified frequent drug testing as one of the most influential factors in their success in the program
- The more frequently you perform urine tests, the higher graduation rates and lower recidivism

Questions

All Rise Standard IX

Census and Caseloads

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



All Rise Standard IX

Census and Caseload

*Updated All Rise provisions are not yet released

All Rise Standard IX

Census & Caseloads

Provision A

Drug Court Census

- Court should not impose arbitrary restrictions on number of participants
- Census is predicated on:
  - Local need
  - Obtainable resources
  - Ability to apply best practices;
    - ✓ 3+ minutes interacting with participants
    - ✓ Team members attending staffings and hearings
    - ✓ Random Drug/Alcohol testing occurring twice per week
    - ✓ Team members receiving best practice training
    - ✓ Treatment agencies communicate with court about participant performance

All Rise Standard IX

Census & Caseloads

Provision B

Supervision Caseloads

- Caseload levels for POs, case managers must permit sufficient opportunities to:
  - Monitor participant performance
  - Apply effective behavioral consequences
  - Report pertinent compliance information
- Caseloads should never exceed 50 per staff
- When caseload exceeds 30 per staff, should monitor program operations carefully.

All Rise Standard IX

Census & Caseloads

Provision C

Clinician Caseloads

- Caseload must permit sufficient opportunities to
  - Assess participant needs
  - Deliver adequate/effective dosages of SUD treatment and indicated complementary services
- Carefully monitor program operations to ensure adequate delivery of services when clinician caseloads exceed:
  - 50 active participants for clinical case management
  - 40 active participants for individual counseling
  - 30 active participants if providing both case management and individual/group counseling

Questions

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Final Thoughts and Questions

Please complete the training survey!!