Best Practice Standards and Fidelity Across All Treatment Courts: Do the Standards Apply?



Disclaimer

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Key Question

Do the adult best practice standards apply to other treatment court types?

- Federal Treatment Courts
- Juvenile drug treatment courts
- ☐ Family drug treatment courts
- Mental health courts
- Veterans treatment courts
- DUI courts
- Reentry Courts



Overview

What is a drug court (a.k.a. treatment court, recovery court, problem solving court, collaborative court, etc.)?

Do the adult drug court best practice standards apply to other treatment court types?

Not possible to cover every best practice in this presentation, so...

- ✓ Premises/principles to think about on whether practices can be generalized
- Examples of what fits, what might fit, what doesn't fit



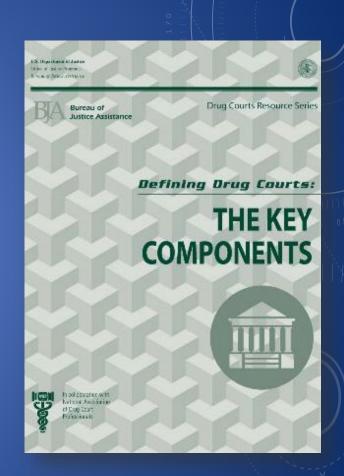
Definitions

Drug Courts

- Original drug court model links the resources of the criminal justice system and treatment programs to increase treatment participation and decrease criminal recidivism
- > Defined by the 10 Key Components



- The state of knowledge as of 1997
- Derived from professional experience
- Contains performance benchmarks
- Emphasizes distinguishing characteristics of DC vs. standard criminal courts
- Defines Drug Court (Treatment Courts)



- > 10 Key Component: Considerations
 - Sometimes the wording of the 10KC makes people believe they only apply to adult drug courts.
 - Same principles apply across all types of treatment courts.
 - If a program doesn't follow the basic drug court model as defined by the key components, then it is not a treatment court.



Principles as defined by the 10 Key Components

- Multi-disciplinary team (Justice System and Treatment)
- Collaboration and information sharing
- Swift entry into treatment and other services (and a range of services to meet individual participant needs)
- Intensive monitoring
- Use of behavior modification (Incentives and Sanctions)
- Staff Training
- Self evaluation and feedback for performance improvement
- Sustainability



The best practice standards operationalize the 10 Key Components: They provide research based practices on HOW to implement treatment courts effectively

They are:

- Research driven
- Peer reviewed
- Easily digestible

Created in 2013/2015 with revisions in language in 2018.

ADULT DRUG COURT
BEST PRACTICE STANDARDS

VOLUME I



NATIONAL ÁSSOCIATION OF DRUC COURT PROFESSIONALS ALEXANDRÍA VEGONA

The Best practice Standards integrate with the 10 Key components.

Volume One

- Target population
- Equity and Inclusion
- Roles and Responsibilities of the Judge
- Incentives, Sanctions and Therapeutic Adjustments
- Substance Abuse Treatment.

Volume Two

- Complementary Treatment and Social Services
- Drug and Alcohol Testing
- Multidisciplinary Team
- Census and Caseloads.
- Monitoring and Evaluation.



Drug Court

Model has been designated as an evidence based practice based on the extensive research



The 10 Key Components vs Best Practice Standards

The 10 KC <u>define</u> treatment courts (the model)

The Standards are the how - how to implement the model for the most effective outcomes (based on the existing research so far)



Can we generalize the standards for the adult drug court population to other treatment court populations?



Generalize

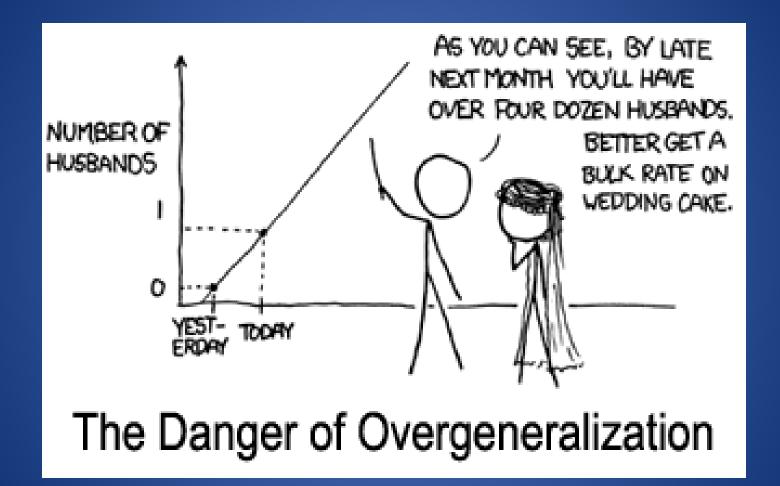
To apply something specific (such as a theory or rule) to larger group

The concern is we might:

Over-generalize



Over-generalize





Under-generalize

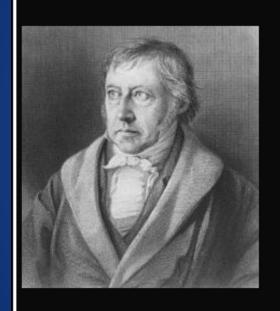








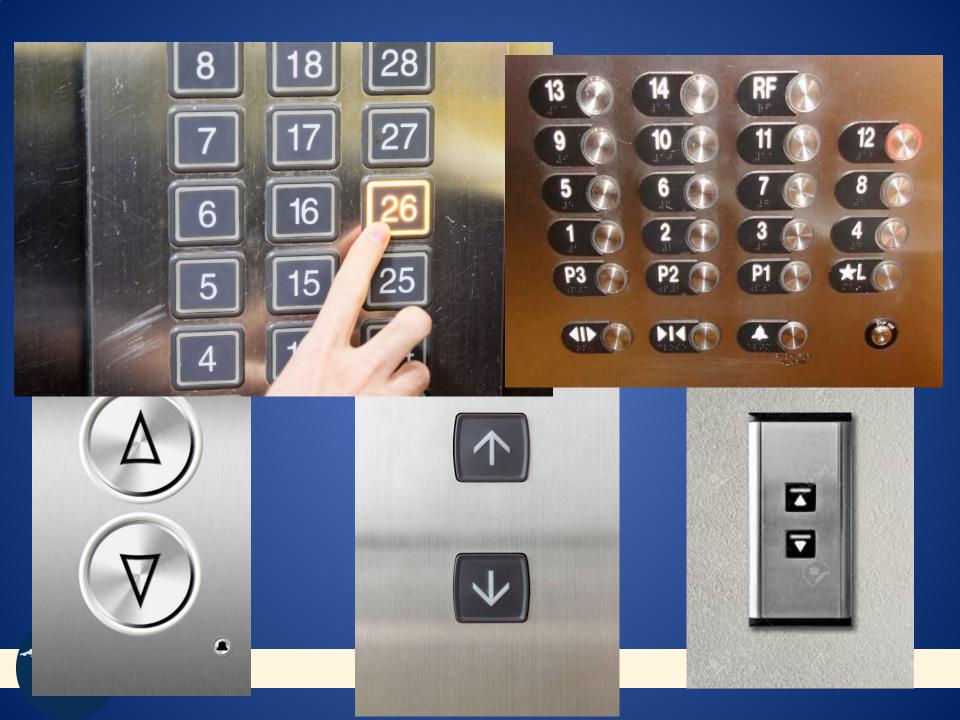
Generalize



An idea is always a generalization, and generalization is a property of thinking. To generalize means to think.

(Georg Wilhelm Friedrich Hegel)



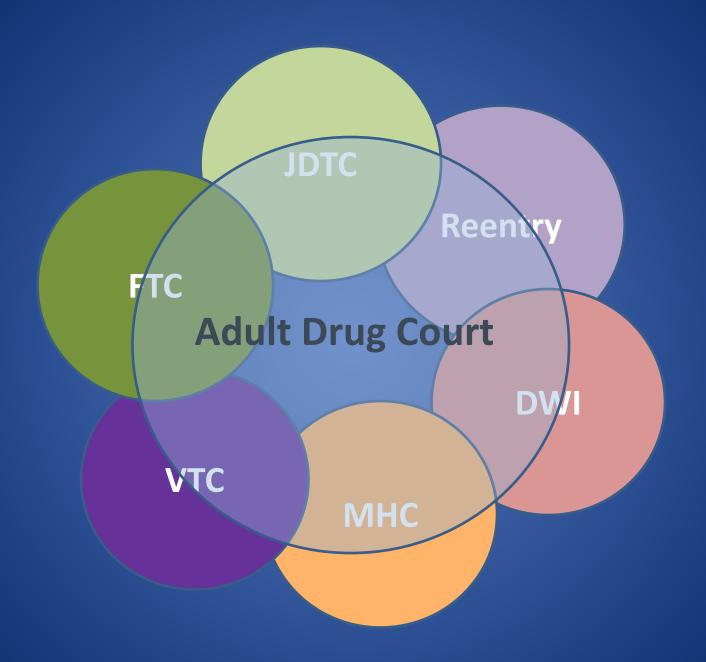


Who are the participants in your adult drug courts?

- ❖ 18-25 year olds?
- Parents?
- Any mental health disorders?
- ❖ Veterans?
- Hybrid courts that take DUI offenders?

Human





Premise - Medical Model

Drug Courts

<u> Medicine</u>

Adult Drug Court

Primary Care (GP, Family Doc)

FTC, JDTC, VTC, MHC, reentry, DWI

Specialists

Are all of the "adult" best practices primary care or are some best practices specific to the needs of the population?



Adult Drug Court Best Practice Standards

The Research on how to implement the model effectively

Research included in the standards was performed in drug courts, but was also pulled from the literature in related fields such as SUD/MH treatment and other services, probation, and corrections



Premise – Two types of BPs

- 1. Best practices that are relevant to your *participants*
 - a. Legal Status
 - b. Human Status
- 2. Best practices that are organizational



- 1. Best practices that are relevant to your participants
 - a. Legal status (BPs may differ for other court types)
 - ✓ Jail sanctions should be less than 6 days

 FTC participants are not in criminal court, some courts are pre-trial
 - ✓ In order to graduate participants must have a sober housing environment
 JTC participants are minors



1. Best practices that are relevant to your participants

- b. Human (Should not differ based on court type)
 - ✓ Incentives/sanctions occur close in time to the participant's behavior

Human behavior modification



Best practices that are organizational (Should not differ based on population)

- ✓ All key team members attend staffings
- ✓ Team members communicates via email
- ✓ Team has MOU
- ✓ Program has P&P manual



Testing the Logic



Standard I: Target Population

Eligibility and exclusion criteria for the Drug Court are predicated on empirical evidence indicating which types of offenders can be treated safely and effectively in Drug Courts. Candidates are evaluated for admission to the Drug Court using evidence-based assessment tools and procedures



Standard I: Target Population

Best Practice Examples:

- High Risk-High Need only OR have different tracks (Participant specific)
- Use validated and standardized risk and needs assessment tools (Organizational)

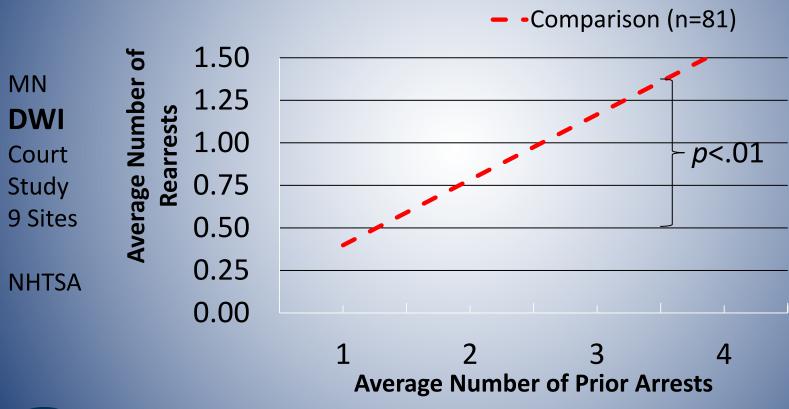


High-Risk High-Need

(Participant Specific)

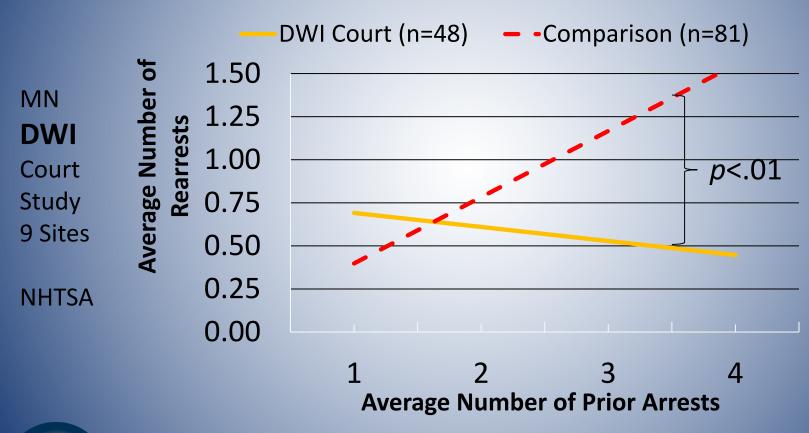


High-Risk High-Need in DWI Court



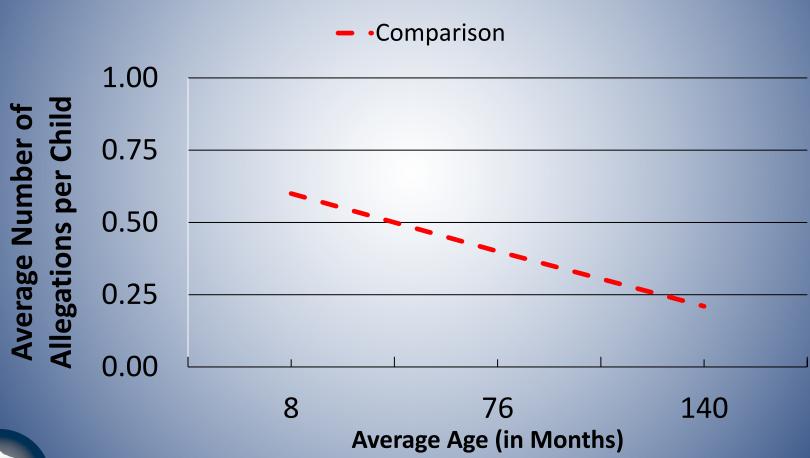


High-Risk High-Need in DWI Court





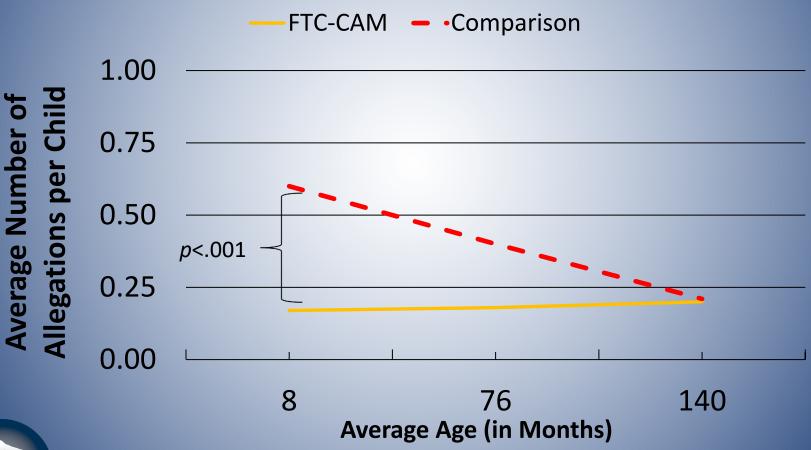
High-Risk High-Need in FTC





High-Risk High-Need in FTC

FTC: "Higher Risk" FTC Participants Did Better





Who Do FTC's Work For?

FTC studies show equivalent or better outcomes:

- Co-occurring mental health problems
- Unemployed
- Less than a high school education
- Criminal history
- Inadequate housing
- Risk for domestic violence
- Methamphetamine, crack cocaine, or alcohol
- Prior CWS history

High Risk!

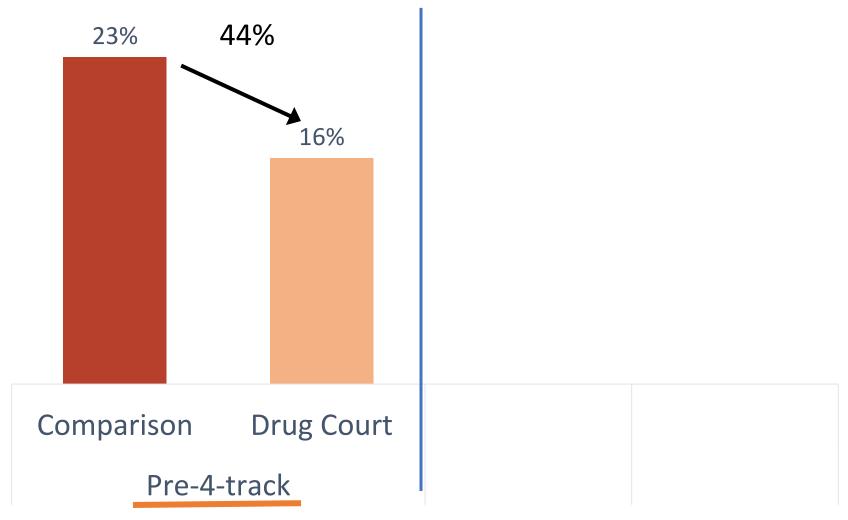


Different Tracks



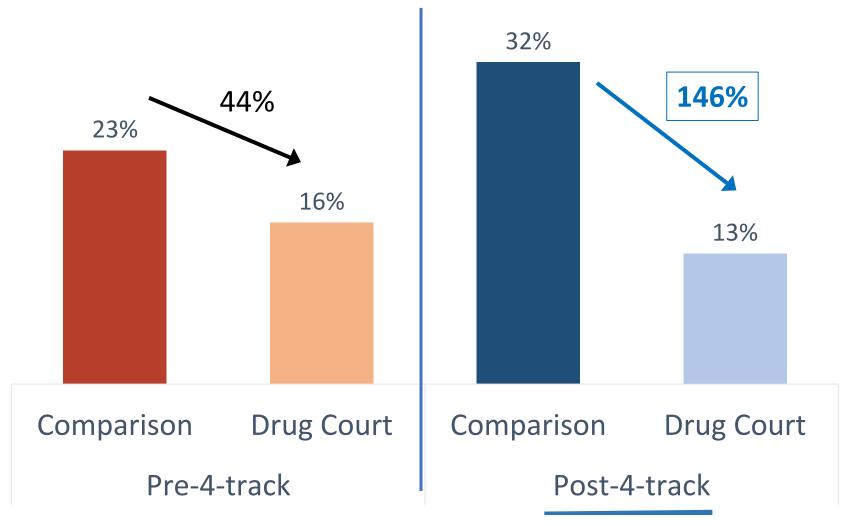
Recidivism Outcomes 4-tracks ADC - MO



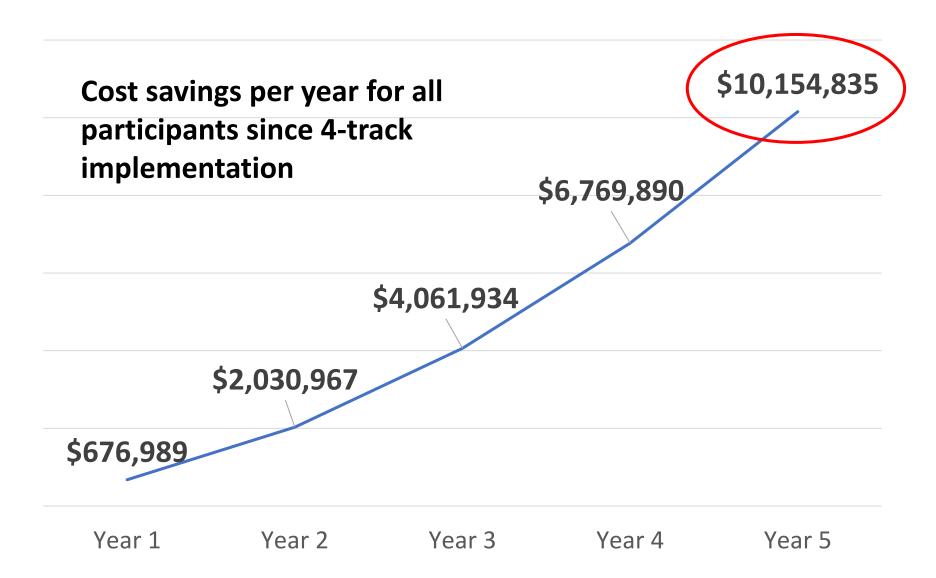


Recidivism Outcomes 4-tracks ADC - MO

Rearrests at 2 Years Post Entry

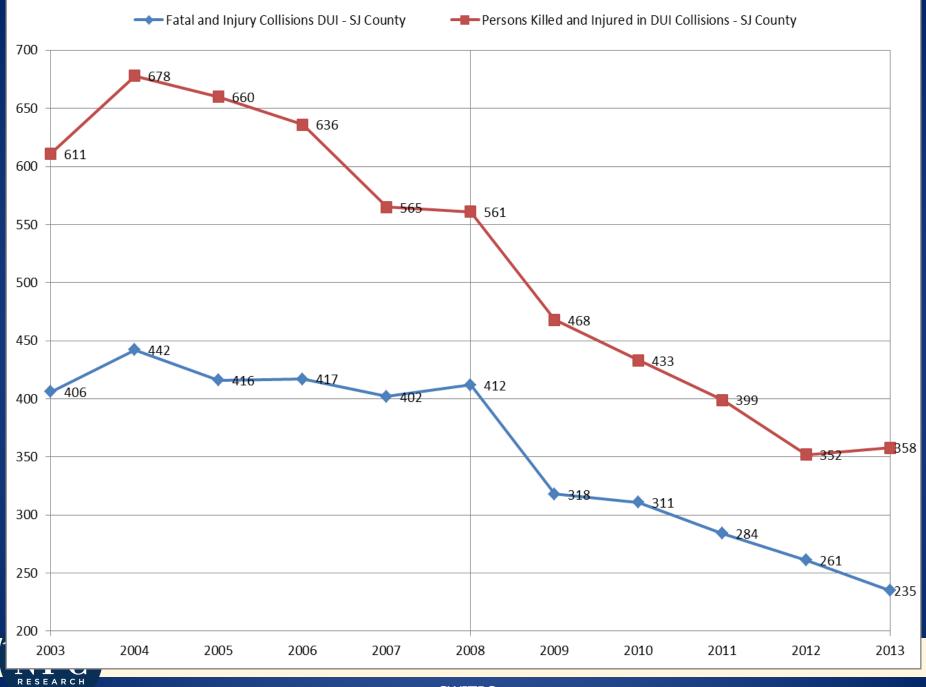


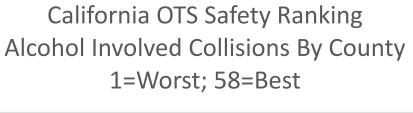
Cost Savings - 4-tracks



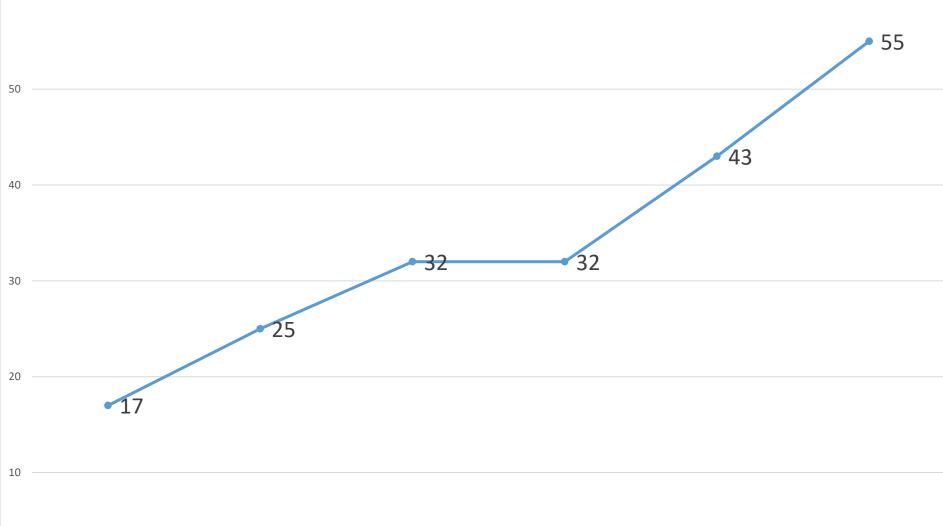
Multi-Track DWI Court (CA)





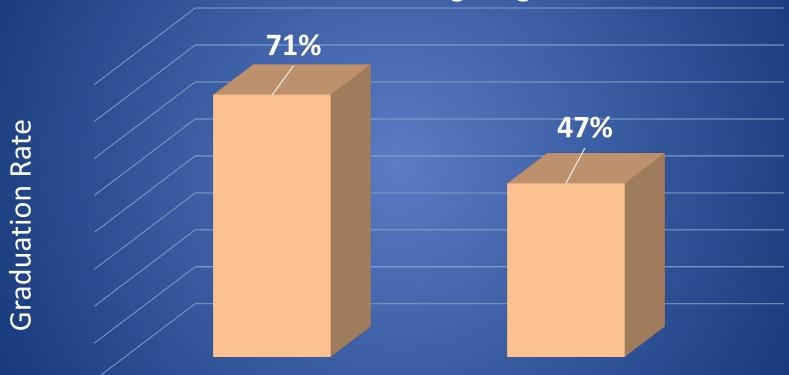


San Joaquin County – 4th best



Validated Assessment

JDTCs that used a validated, standardized clinical assessment to determine clinical needs had 51% higher graduation rates



Uses validated assessment NO validated assessment



Standard I: Target Population

- High Risk High Need only OR have different tracks (Human)
- Use Validated and standardized risk and need assessment tools (Organizational)
 - ✓ Provide services according to assessed need



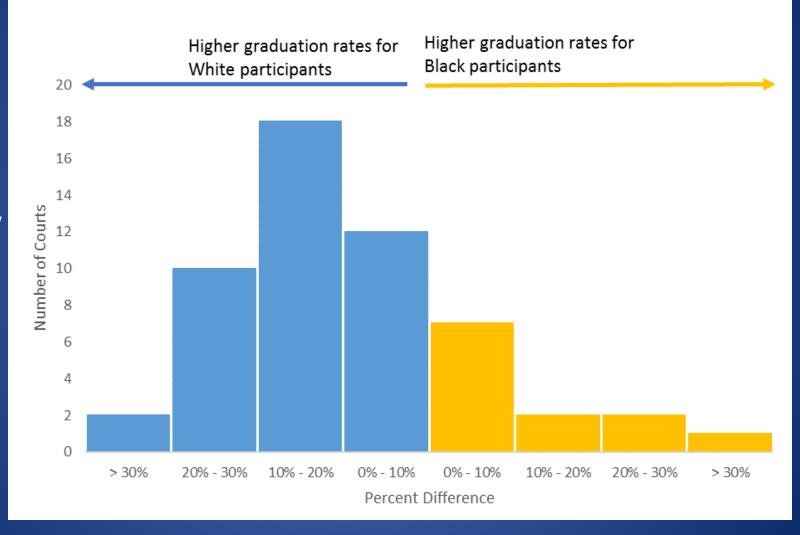
Standard II: Equity and Inclusion

Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the Drug Court



Disparities in graduation rates vary across programs of all types

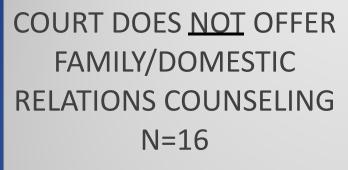
Adult, DWI Reentry



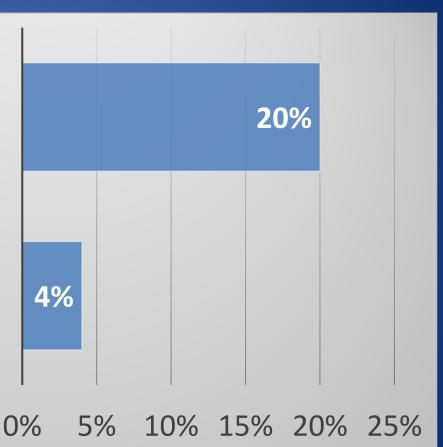


Courts that offered family/domestic relations counseling 5 times less disparity*

Adult, DWI Reentry



COURT OFFERS
FAMILY/DOMESTIC
RELATIONS COUNSELING
N=110







In contrast, Courts that required participants to pay court fines and fees in order to graduate had **two times greater** disparity in graduation rates



Individual specific, not population according to court type



Standard II: Equity and Inclusion

Organizational



When considering each best practice:

- Consider the intention behind the practice (look deeper)
- Avoid being too literal
- Use common sense

Examples:

- Courts with 125 or fewer participants have better outcomes
- To graduate, participants must have a job or be in school



Courts with more than 125 participants

- Judge spent less time per participant
- Team members less likely to attend staffing and court
- Drug testing was less frequent
- Court appearances were less frequent

Conclusion:

All courts must have fewer than 125 participants

If you're court has more than 125 participants you must increase capacity to ensure that other best practices are still in place





To graduate, participants must have a job or be in school



Standard III: Role of the judge

The Drug Court judge stays abreast of current law and research on best practices in Drug Courts, participates regularly in team meetings, interacts frequently and respectfully with participants, and gives due consideration to the input of other team members



Standard III: Role of the judge

Best Practice Examples: (Organizational or Population/Specific or Human?)

- Participants have status review sessions every
 2 weeks, or once per week, in the first phase
- Is this about whether the participants need to be in contact with the court (participant specific),
- or whether the court needs to track participants that frequently to respond appropriately and rapidly (organizational)?



Standard III: Role of the judge

Best Practice Examples: (Organizational or Population/Specific or Human?)

- Participants have status review sessions every 2 weeks, or once per week, in the first phase (both)
- Judge spends an average of 3 minutes or more per participant during status review hearings (both/human)
- The judge's term is as least 2 years or indefinite (both/human)
- The judge was assigned to drug court on a voluntary basis (organizational)



Standard IV: Incentives and sanctions

Consequences for participants' behavior are predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification

Organizational and Human



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



All **key** team members attend pre-court team meetings (staffings) and court sessions

(judge, prosecutor, defense attorney, treatment, program coordinator, and probation)

Take a step back...

Premise: Purpose of the team?

Perspectives/Good Information



Population Specific: Who needs to be on your team?

People who are legally required and people who have access to important information about your participants

Adult Treatment Courts

- ✓ Judge
- ✓ Prosecutor
- ✓ Defense attorney
- ✓ Treatment
- ✓ Supervision/case manager
- ✓ Program coordinator

Consider:

function of each

team member?



Population Specific: Who needs to be on your team?

People who are legally required and people who have access to important information about your participants

Adult Treatment Courts

- ✓ Judge
- ✓ Prosecutor
- Defense attorney
- ✓ Treatment
- ✓ Supervision/case manager
- ✓ Program coordinator

Family Treatment Courts

- → Judge
- → Child attorney/GAL
- → Parent attorney
- → Treatment (family focus)
- → Child Welfare/Supervision/LE
- → Coordinator



Population Specific: Who needs to be on your team?

People who are legally required and people who have access to important information about your participants

Adult Treatment Courts

- ✓ Judge
- ✓ Prosecutor
- Defense attorney
- ✓ Treatment
- ✓ Supervision/case manager
- ✓ Program coordinator

Juvenile Treatment Courts

- → Judge
- → Prosecutor
- → Defense attorney
- → SUD/MH Tx
- → Supervision/LE/CW/School
- → Coordinator



Population Specific: Who needs to be on your team?

People who are legally required and people who have access to important information about your participants

Adult Treatment Courts

- ✓ Judge
- Prosecutor
- Defense attorney
- Treatment
- Program coordinator

- → Judge
- → Prosecutor
- → Defense attorney
- \rightarrow SUD
- Supervision/case manager \rightarrow Supervision/LE/E-monitoring
 - → Coordinator



Population Specific: Who needs to be on your team?

People who are legally required and people who have access to important information about your participants

Adult Treatment Courts

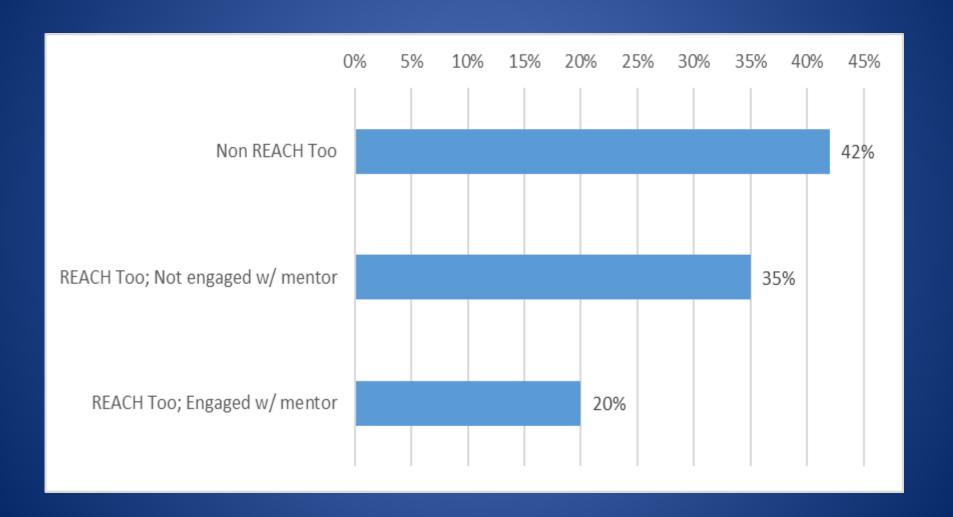
- ✓ Judge
- ✓ Prosecutor
- ✓ Defense attorney
- ✓ Treatment
- ✓ Supervision/case manager →
- ✓ Program coordinator

Veterans Treatment Courts

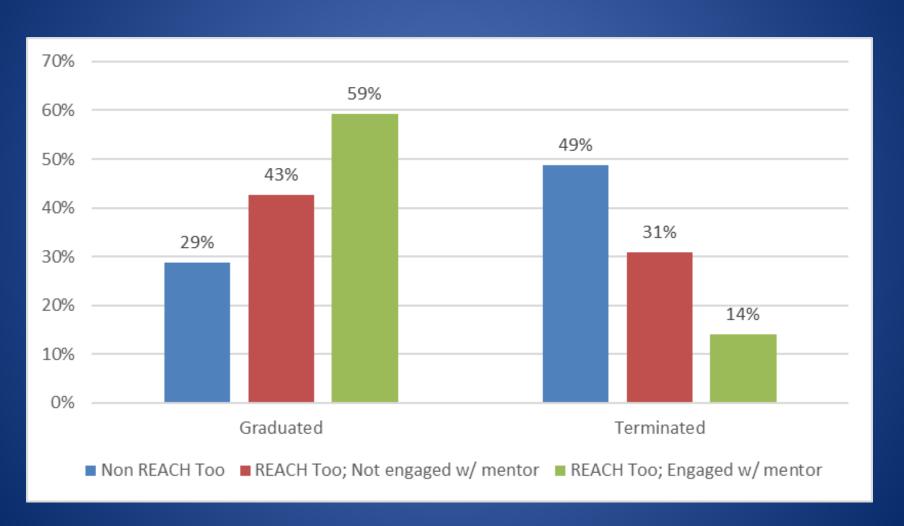
- → Judge
- → Prosecutor
- → Defense attorney
- → SUD/MH/Trauma/Peer Mentors
- → Supervision/LE/Peer Mentors
- → Coordinator



Participants Engaged in Peer Support had Fewer Positive Drug Tests



Participants Engaged in Peer Support were more likely to graduate



Population Specific: Who needs to be on your team?

People who are legally required and people who have access to important information about your participants

Adult Treatment Courts

- ✓ Judge
- ✓ Prosecutor
- ✓ Defense attorney
- ✓ Treatment
- ✓ Supervision/case manager →
- ✓ Program coordinator

Mental Health Courts

- → Judge
- → Prosecutor
- → Defense attorney
- → SUD/MH/Trauma/Peer Mentors
- → Supervision/LE/Peer Mentors
- → Coordinator



Standard X: Monitoring and Evaluation

Methods: Organizational

Outcomes studied: Some are population specific

(e.g., FTC outcome would include reunification



Questions?

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