The Standards, 2nd Edition

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ADULT TREATMENT COURT

Best
Practice
Standards

The definitive guidance for
treatment court practitioners
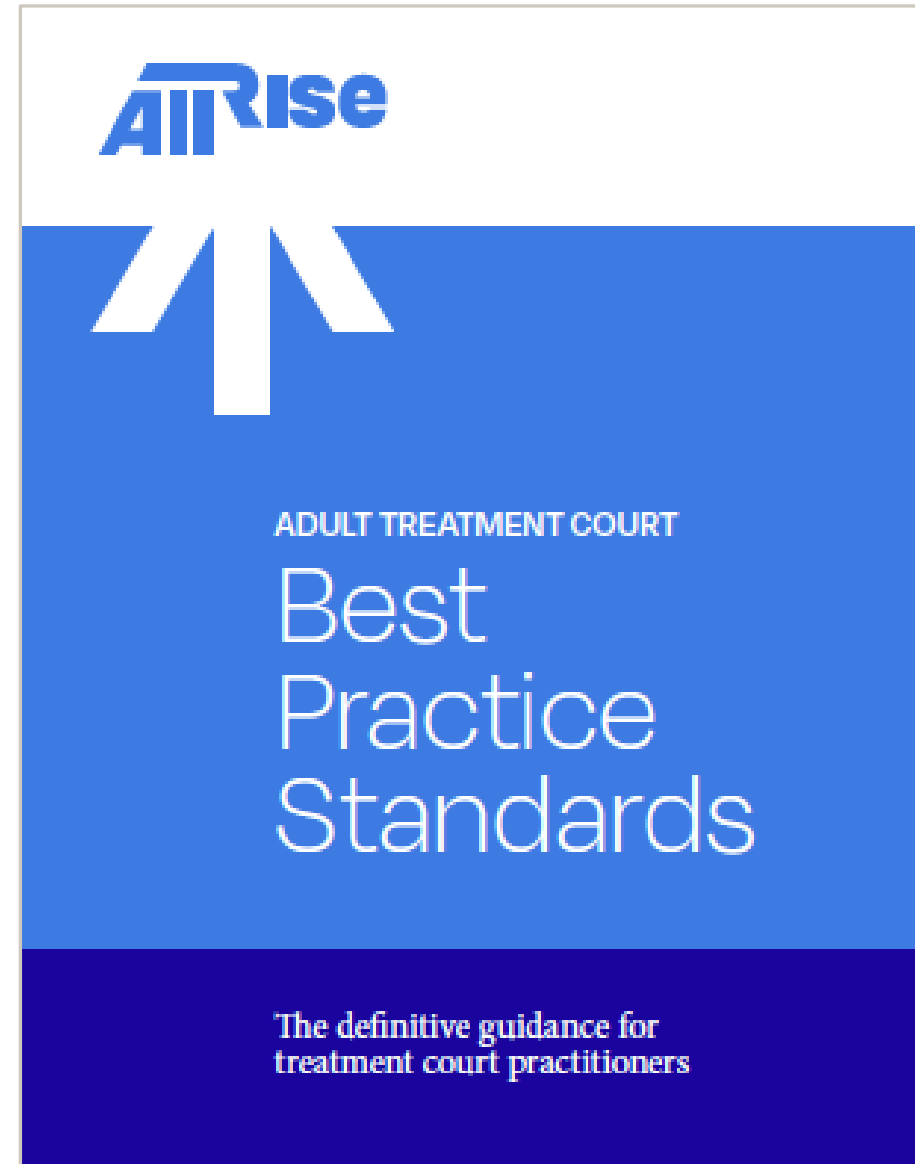
The Standards

I.   Target Population

II. Equity and Inclusion

III. Roles & Responsibilities of the Judge

IV. Incentives, Sanctions, and Service Adjustments **(new title)**

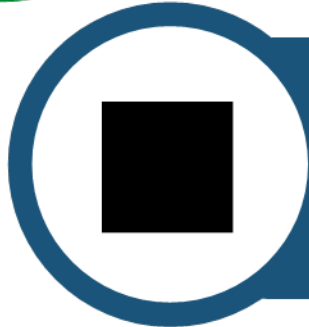V.   Substance Use, Mental Health, and Trauma Treatment and Recovery Management **(new title)**

The Standards

VI.   Complementary Services and Recovery Capital **(new title)**

VII. Drug and Alcohol Testing

VIII. Multidisciplinary Team

IX.   Coordinated Case Management and Participant Monitoring **(new title)**

X.   Program Monitoring, Evaluation, and Improvement **(new title)**
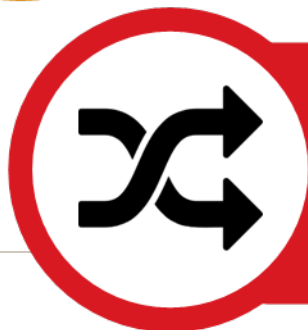
Standard I: Target Population

I. Target Population

A. Objective Eligibility and Exclusion Criteria

- **No subjective criteria or personal impressions (suitability)**
    - Motivation for change
    - Complex needs
    - Attitude
    - Optimism about recovery

I. Target Population

B. Proactive Recruitment

- Rapid enrollment

- Educate stakeholders

- Post information in strategic locations

- Offer immediate pre-plea services

- Ideal scenario: universal screening

I. Target Population

C. High-Risk and High-Need Participants

- HR/HN + prison bound

- High risk = likely to commit a new crime

- High need = moderate to severe SUD
  - Inability to reduce or control substance use
  - Persistent cravings
  - Withdrawal symptoms
  - Recurrent binges

I. Target Population

C. High-Risk and High-Need Participants

- If you must serve other populations (LR or LN), create separate tracks and adjust services and supervision accordingly

Do Not Mix High Risk and Low Risk Participants!!

I. Target Population

D. Valid Eligibility Assessments

- Candidates for treatment court are assessed for their eligibility using **<u>both</u>** a validated risk-assessment tool and a clinical assessment tool

Risk-assessment tools: Predict a person's likelihood of committing a new crime

Clinical assessment tools: Evaluate the formal diagnostic criteria for a moderate to severe substance use disorder

I. Target Population

D. Valid Eligibility Assessments

Risk assessment tools:

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

Clinical assessment tools:

- Global Appraisal of Individual Needs (GAIN)
- Texas Christian University Drug Screen 5
- Structured Clinical Interview for the DSM-5 (SCID-5)
- Psychiatric Research Interview for Substance and Mental Disorders (PRISM)
- Computerized Assessment and Referral System (CARS)

I. Target Population

E. Criminal History Considerations

- Drug sales are **not categorically excluded**

- Violent crimes are **not categorically excluded**

Standard IV: Incentives, Sanctions, & Service Adjustments

Ideal Progression

Distal Goals

Managed Goals

Proximal Goals

IV. Incentives, Sanctions, and Service Adjustments

A. Proximal, Distal, and Managed Goals

- Promixal goals = conditions that participants can meet in the short term (attendance, honesty)

- Distal goals = conditions that participants are not yet capable of achieving consistently (GED, job success, attitudinal change)

- Managed goals = conditions that participants have met and sustained for a significant period

IV. Incentives, Sanctions, and Service Adjustments

A. Proximal, Distal, and Managed Goals

- ***Abstinence is a distal goal for new participants***

- Service adjustments, not sanctions, for substance use ***until early remission*** (at least 90 days of abstinence and lack of serious symptoms)

Clinical Stability

- Not experiencing symptoms that interfere with attending and benefiting from counseling.

- No persistent or severe cravings, withdrawal symptoms, anhedonia, impulsivity/stress reactivity, acute mental health symptoms, or cognitive impairment.
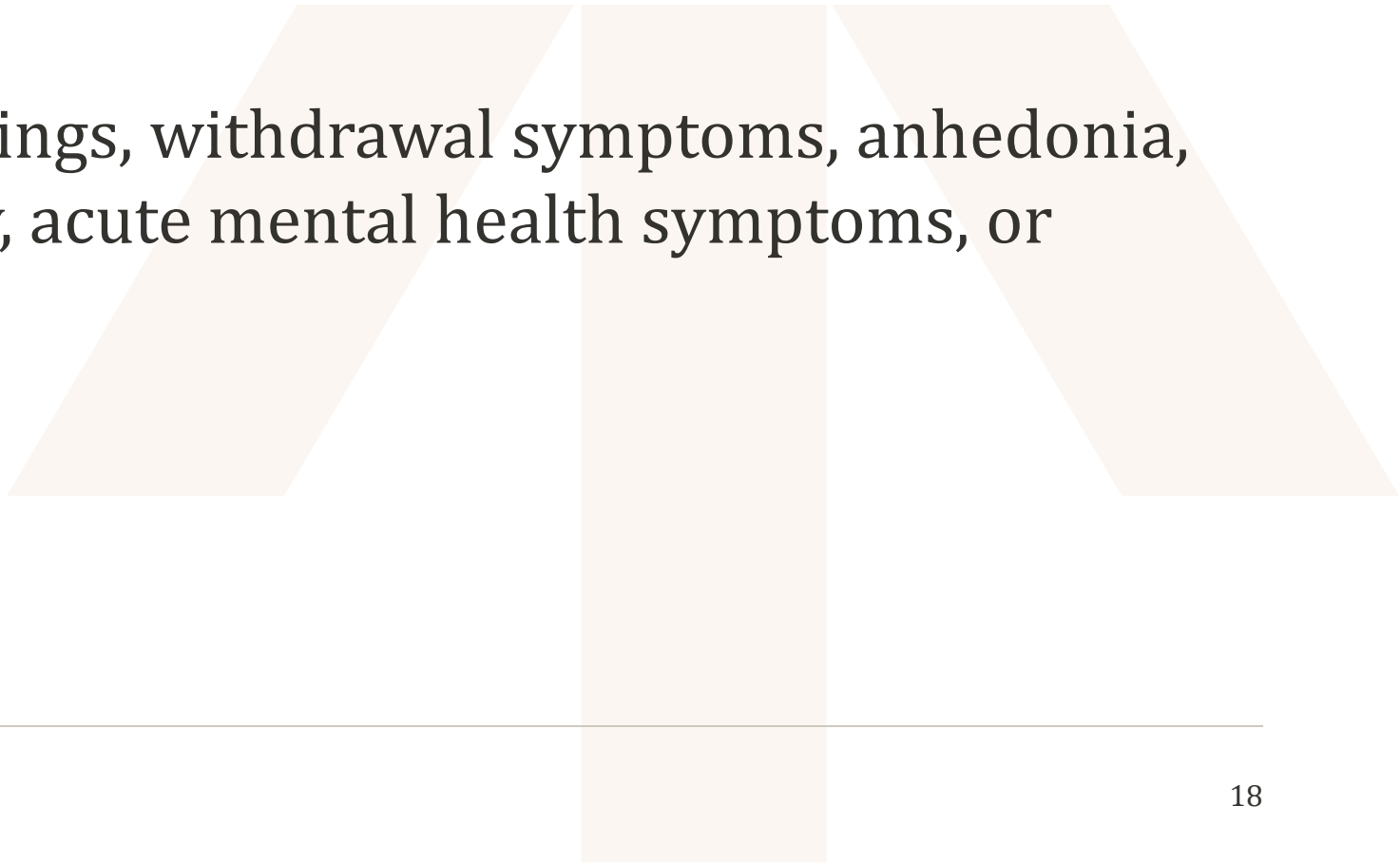
Psychosocial Stability

A participant is psychosocially stable when they have achieved:

- Secure housing

- Reliably attend appointments

- No longer experiencing clinical symptoms that may interfere with the ability to attend or benefit from interventions

- Developed an effective therapeutic or working alliance

IV. Incentives, Sanctions, and Service Adjustments

C. Reliable and Timely Monitoring

- ***Certainty***

- ***Celerity (swiftness)***

- ***Ideal ratio 4:1 incentives to sanctions***

IV. Incentives, Sanctions, and Service Adjustments

E. Service Adjustments

- Treatment may be adjusted (e.g., MAT, trauma services, bilingual services, or culturally proficient treatment)

- Supervision may be increased to ensure participant safety, monitor recovery obstacles, and develop better coping skills

- Teaching responses (e.g., criminal thinking programs) and learning assignments (e.g., thought journaling) help participants achieve distal goals like problem-solving skills

IV. Incentives, Sanctions, and Service Adjustments

E.   Service Adjustments

*Incentives are administered because participants **want them**, and sanctions are administered because they **do not want them**. In contrast, services are increased because participants **need them** (and reduced when they no longer need them).*

-- Standard IV, Commentary (p. 85)

IV. Incentives, Sanctions, and Service Adjustments

G. Jail Sanctions

- Jail has serious negative impacts
- No jail sanctions until less severe sanctions have been unsuccessful
- No jail sanctions for substance use until participants are *psychosocially stable*
- No more than 3-6 days in length

What We Know About Grids / Matrices

THE NOT SO GOOD NEWS

- Sanctions grids or matrices haven't shown a significant impact on recidivism outcomes

- Evaluations do not include the use of both sanctions & incentives

THE GOOD NEWS

- Grids / matrices are associated with better use of resources & reduced use of incarceration

- Use of incentives improves supervision outcomes

IV. Incentives, Sanctions, and Service Adjustments

I. Phase Advancement

- Goal: address needs in a manageable and effective sequence

- Advance when participant managed a set of proximal goals that are necessary to move on to more difficult distal goals

- Phases are NOT tied to treatment level, dosage, modality

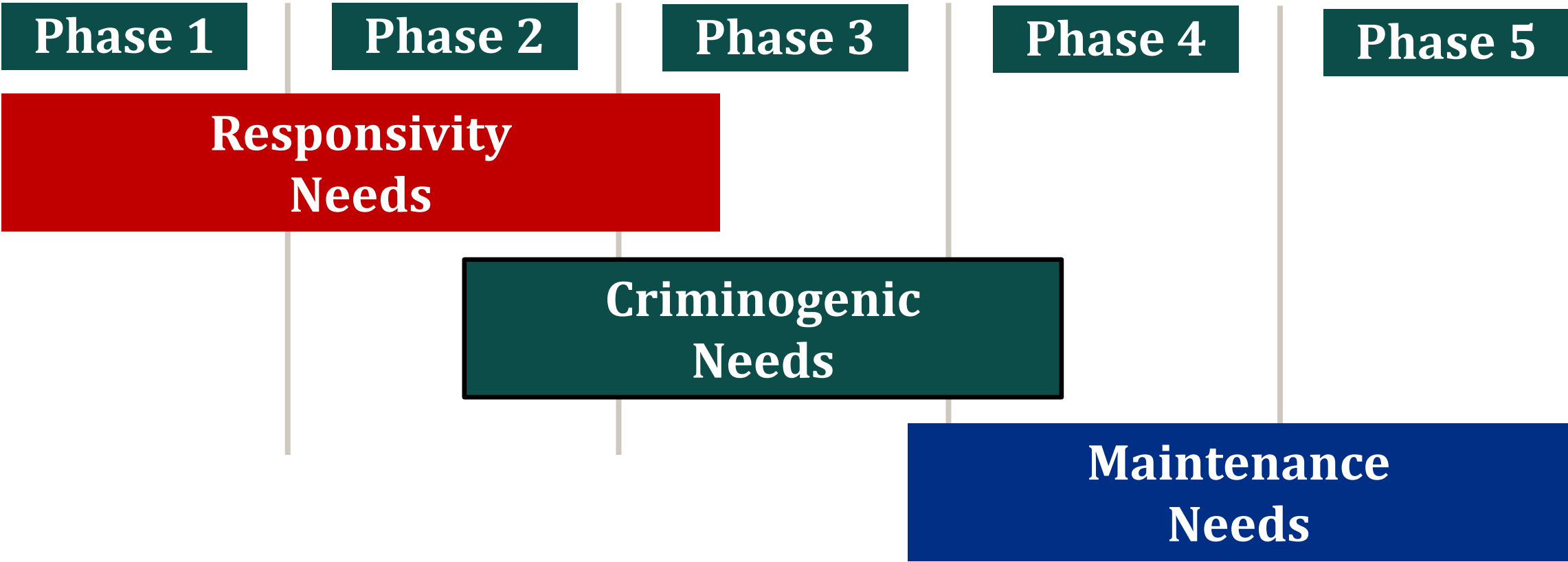# IV. Incentives, Sanctions, and Service Adjustments

I. Phase Advancement

1. Acute stabilization and orientation

2. Psychosocial stabilization

3. Prosocial Habilitation

4. Life Skills

5. Recovery Management

Timing Matters

| Phase 1 | Phase 2 | Phase 3 | Phase 4 | Phase 5 |

Responsivity Needs

Criminogenic Needs

Maintenance Needs

Standard X: Monitoring and Evaluation

X. Monitoring and Evaluation

A. Monitoring Best Practices

- Court <u>continually</u> monitors its adherence to best practices

- Reviews findings at least annually

- Implements modifications to improve practices and equity

X. Monitoring and Evaluation

Monitoring and evaluation is important to avoid ***program drift***

X. Monitoring and Evaluation

Monitoring, evaluation, and improvement process:

1. Define key performance indicators
2. Set performance benchmarks
3. Ensure accurate data collection and analyses
4. Examine achievement of performance benchmarks
5. Examine sociocultural equity
6. Implement and examine solutions
7. Set new benchmarks

All Rise

Thank You

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