

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

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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
- 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 ASSOCIATION OF DRUG COURT PROFESSIONALS  
ALEXANDRIA, VIRGINIA



# 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 define 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



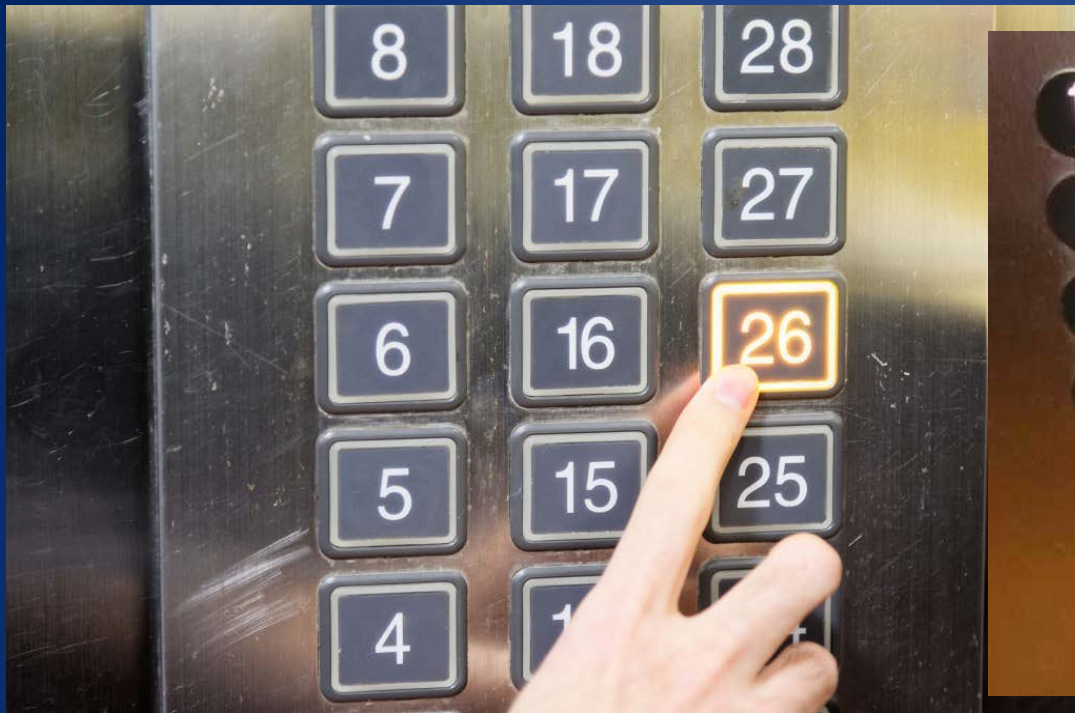
# Generalize



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

(Georg Wilhelm Friedrich Hegel)



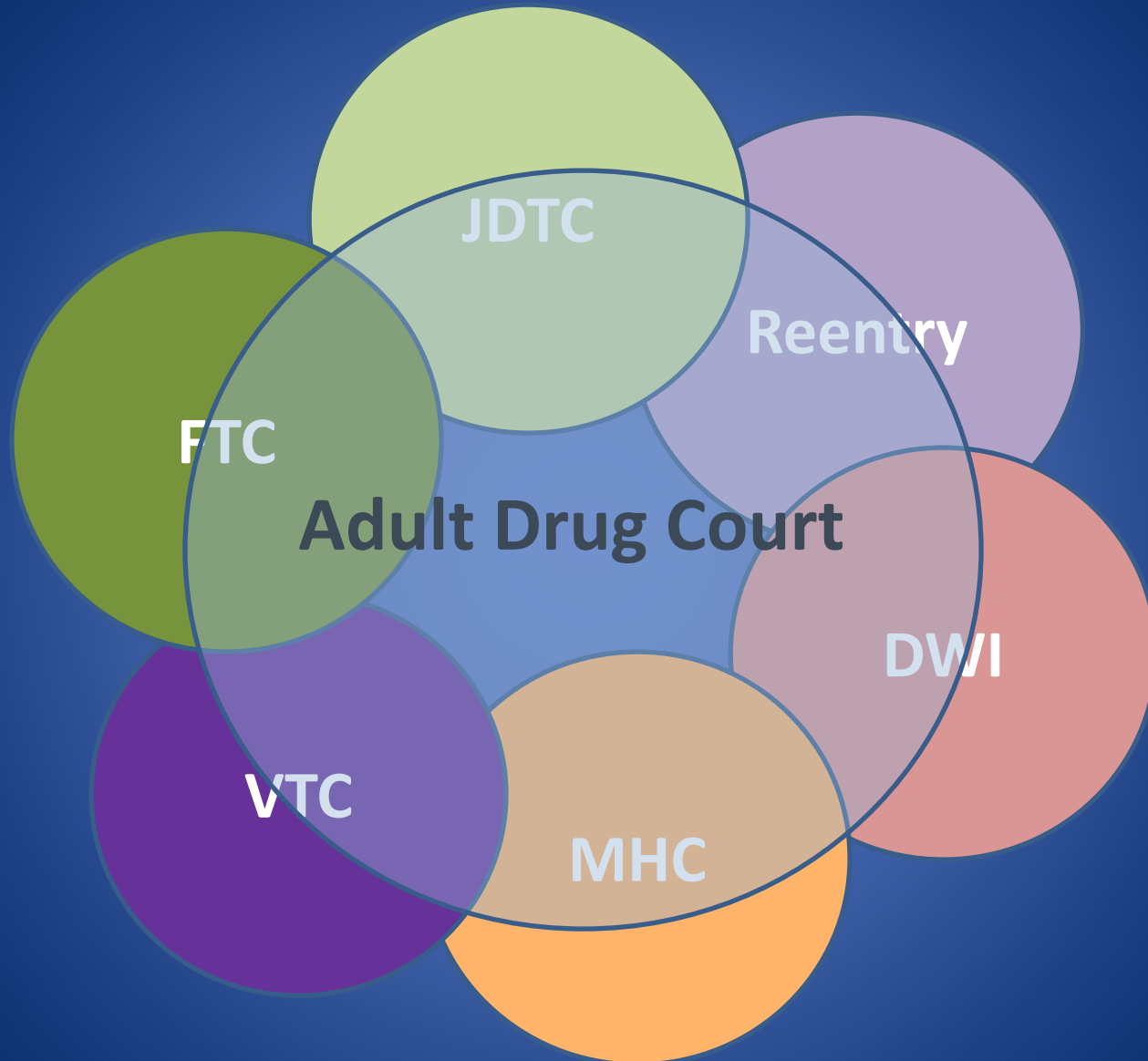


# Who are the participants in your adult drug courts?

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

**Human**





# Premise - Medical Model

## Drug Courts

Adult Drug Court

FTC, JDTC, VTC, MHC,  
reentry, DWI

## Medicine

Primary Care (GP, Family Doc)

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

## 2. 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)

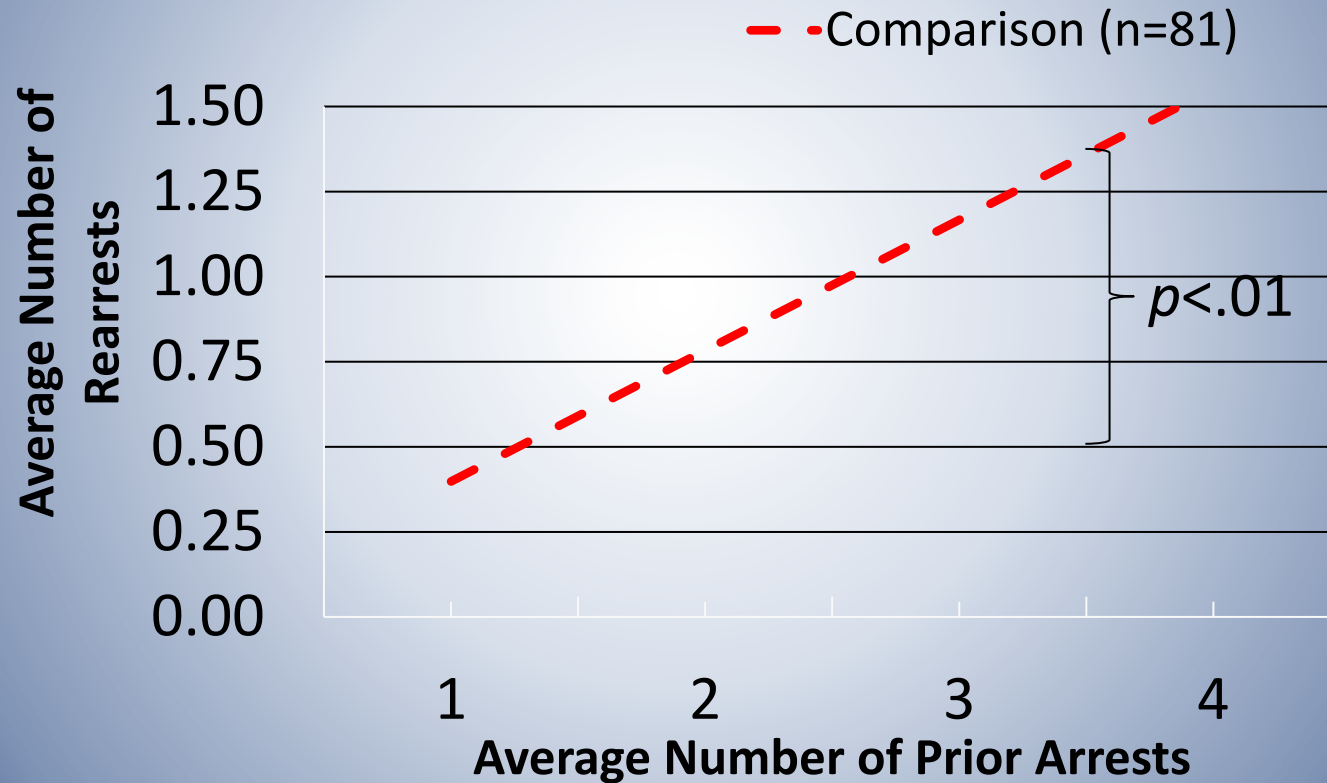


# High-Risk High-Need

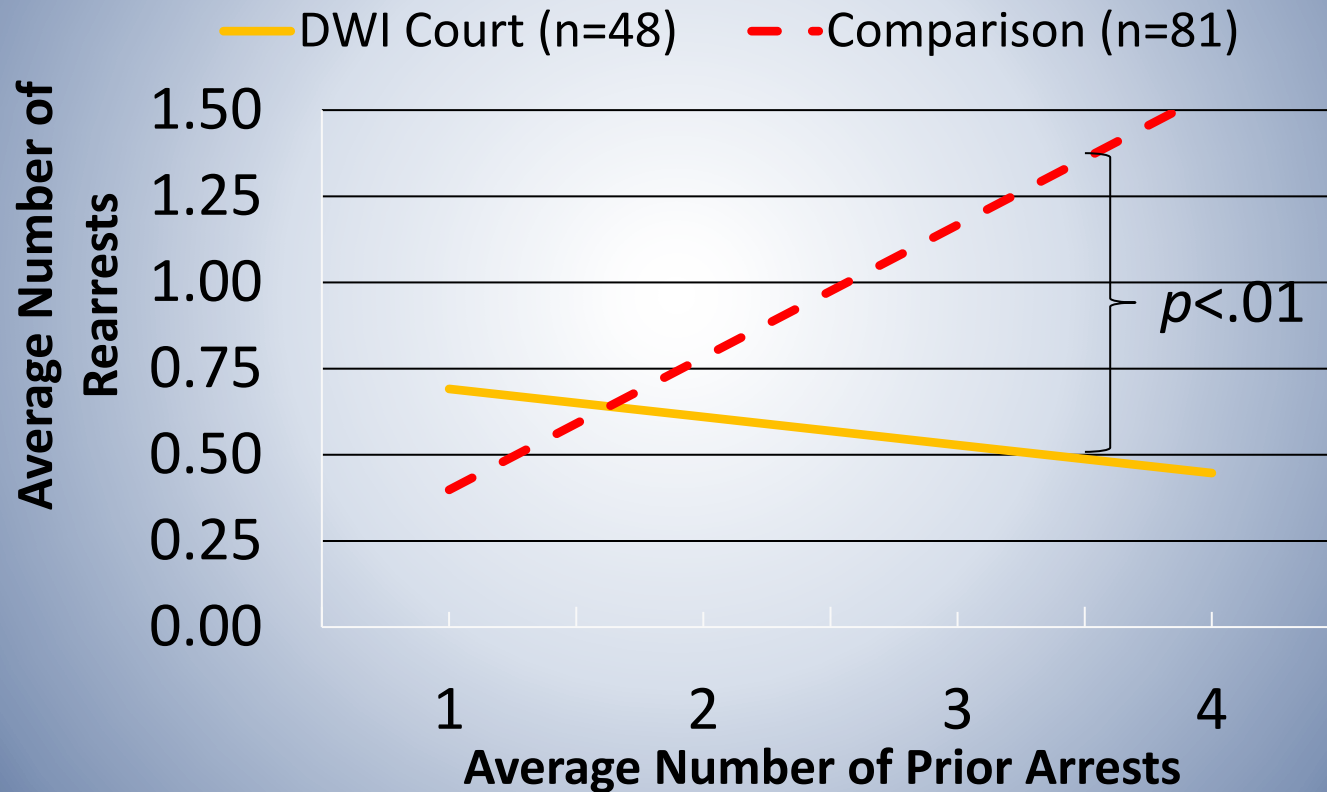
*(Participant Specific)*

# High-Risk High-Need in DWI Court

MN  
**DWI**  
Court  
Study  
9 Sites  
  
NHTSA



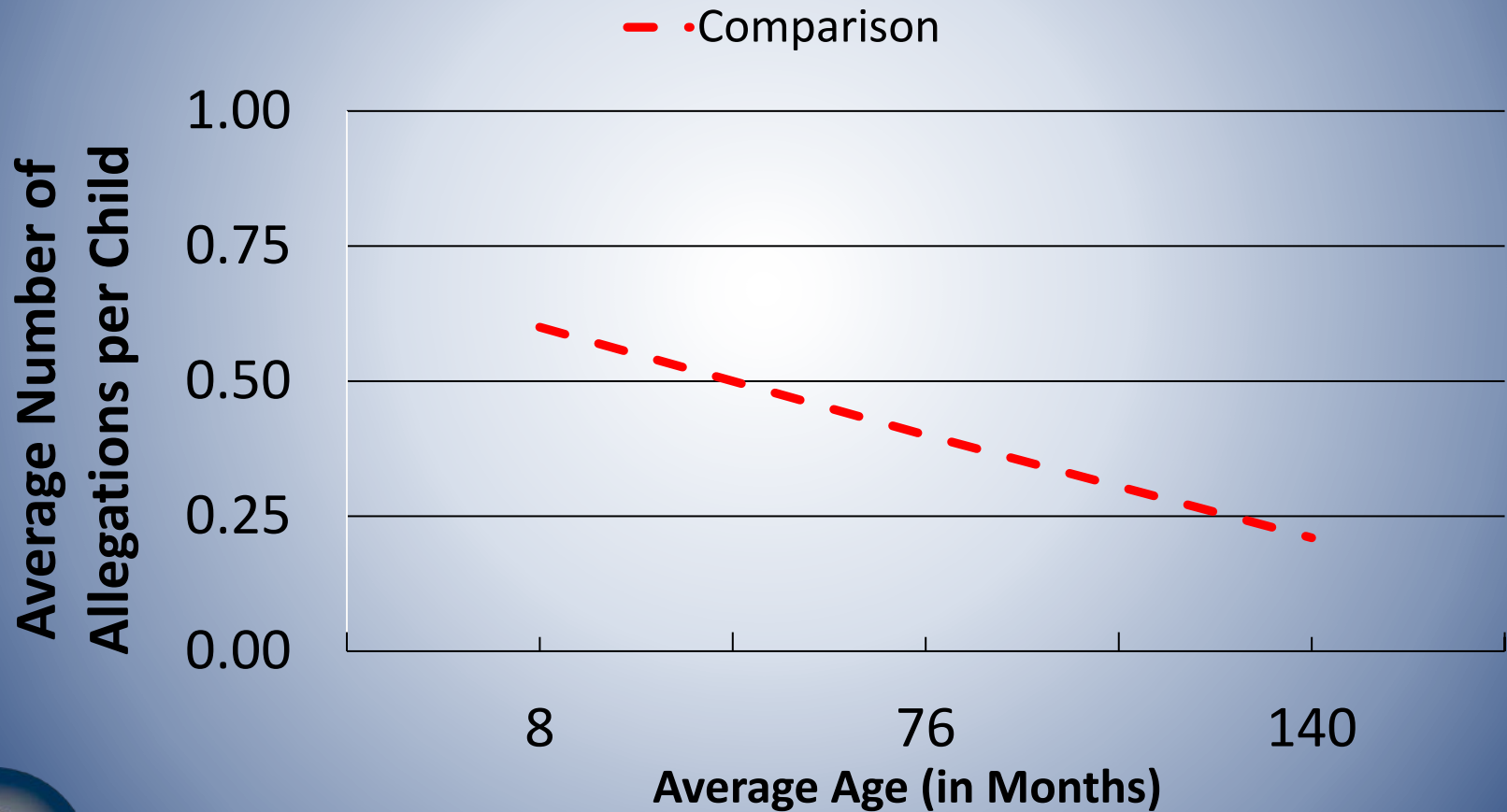
# High-Risk High-Need in DWI Court



MN  
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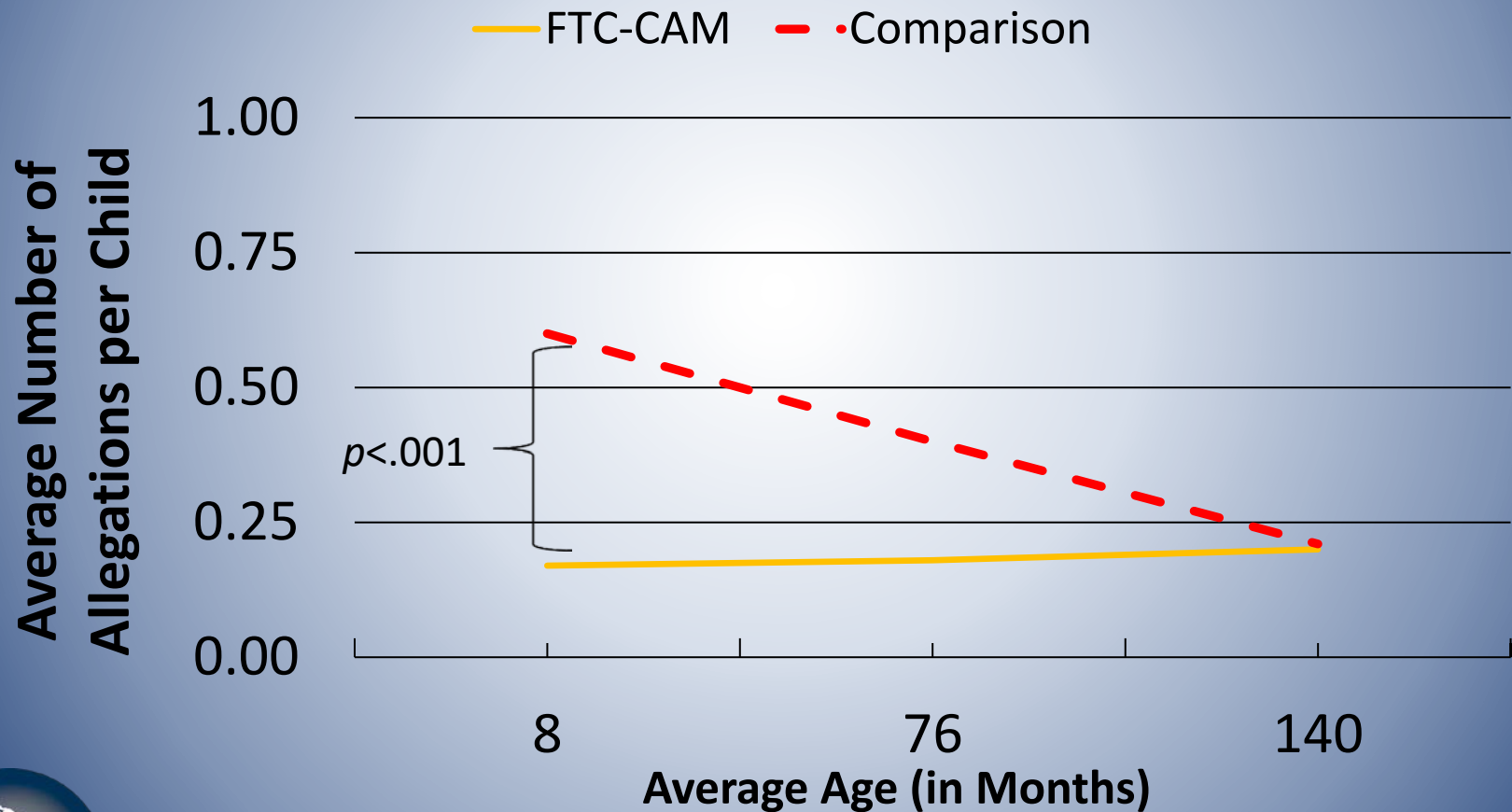
**DWI**: Higher risk DWI had better outcomes

# 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!**

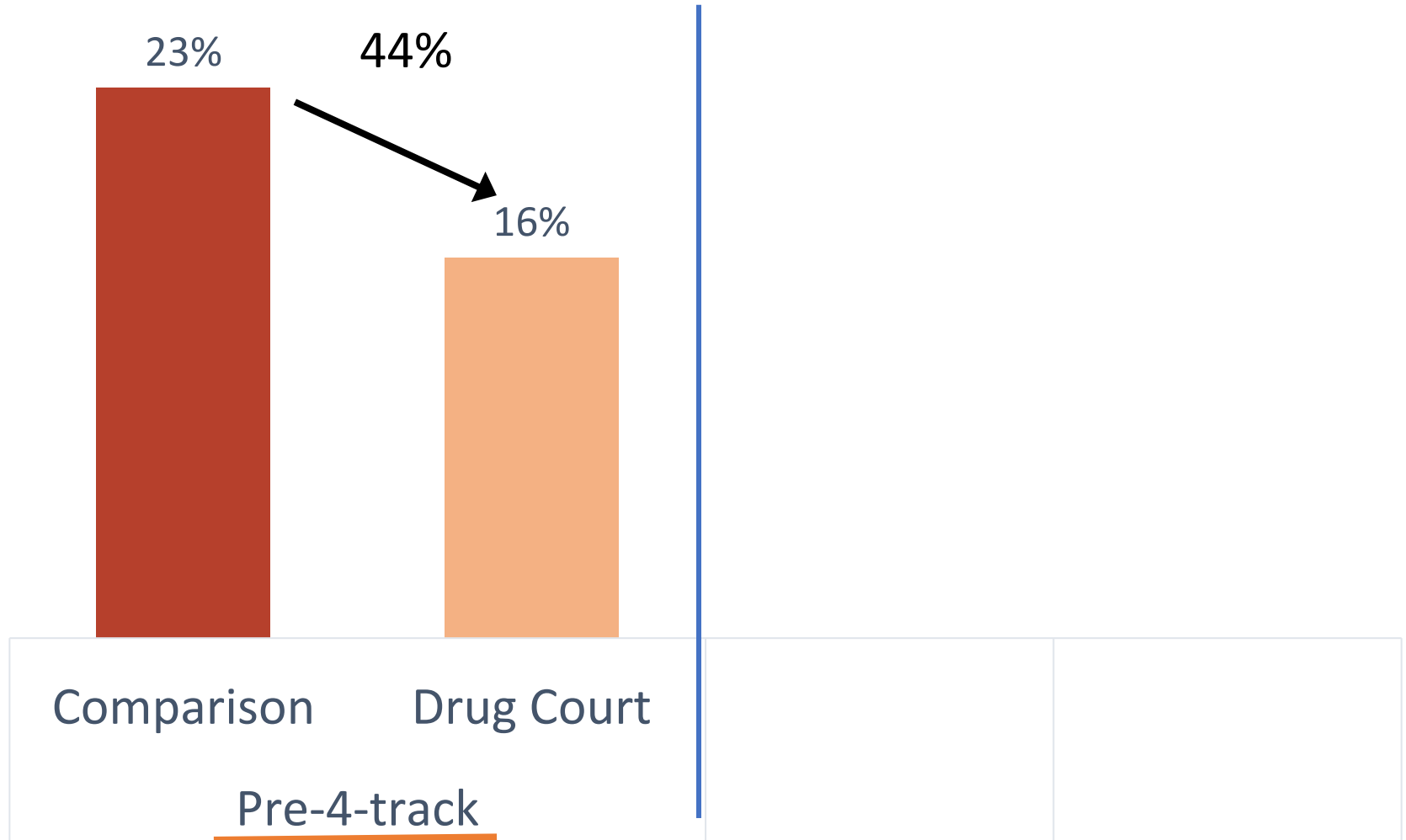
(e.g., Boles & Young, 2011; Carey et al. 2010a, 2010b; Worcel et al., 2007)



# Different Tracks

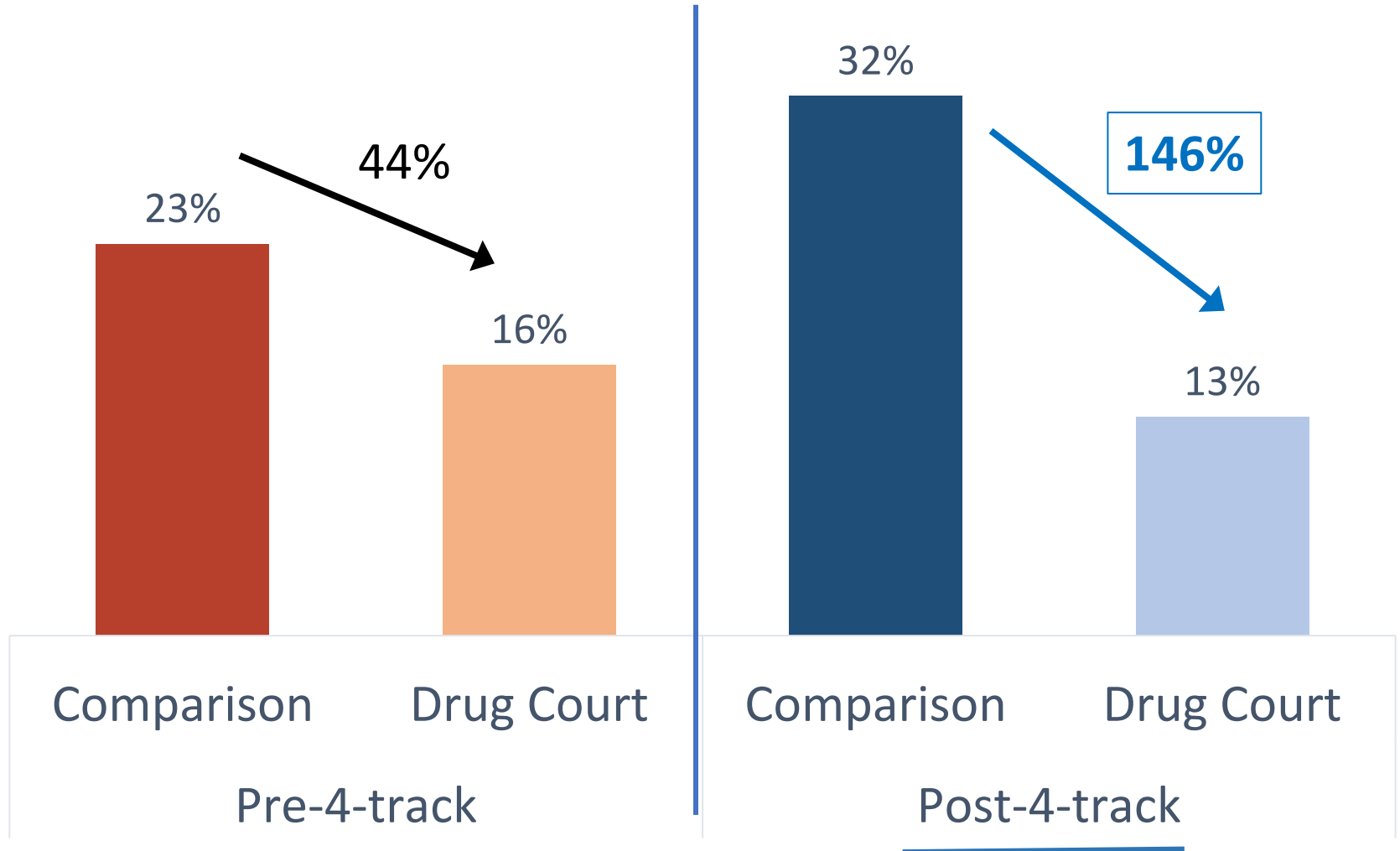
# Recidivism Outcomes 4-tracks ADC - MO

## Rearrests at 2 Years Post Entry



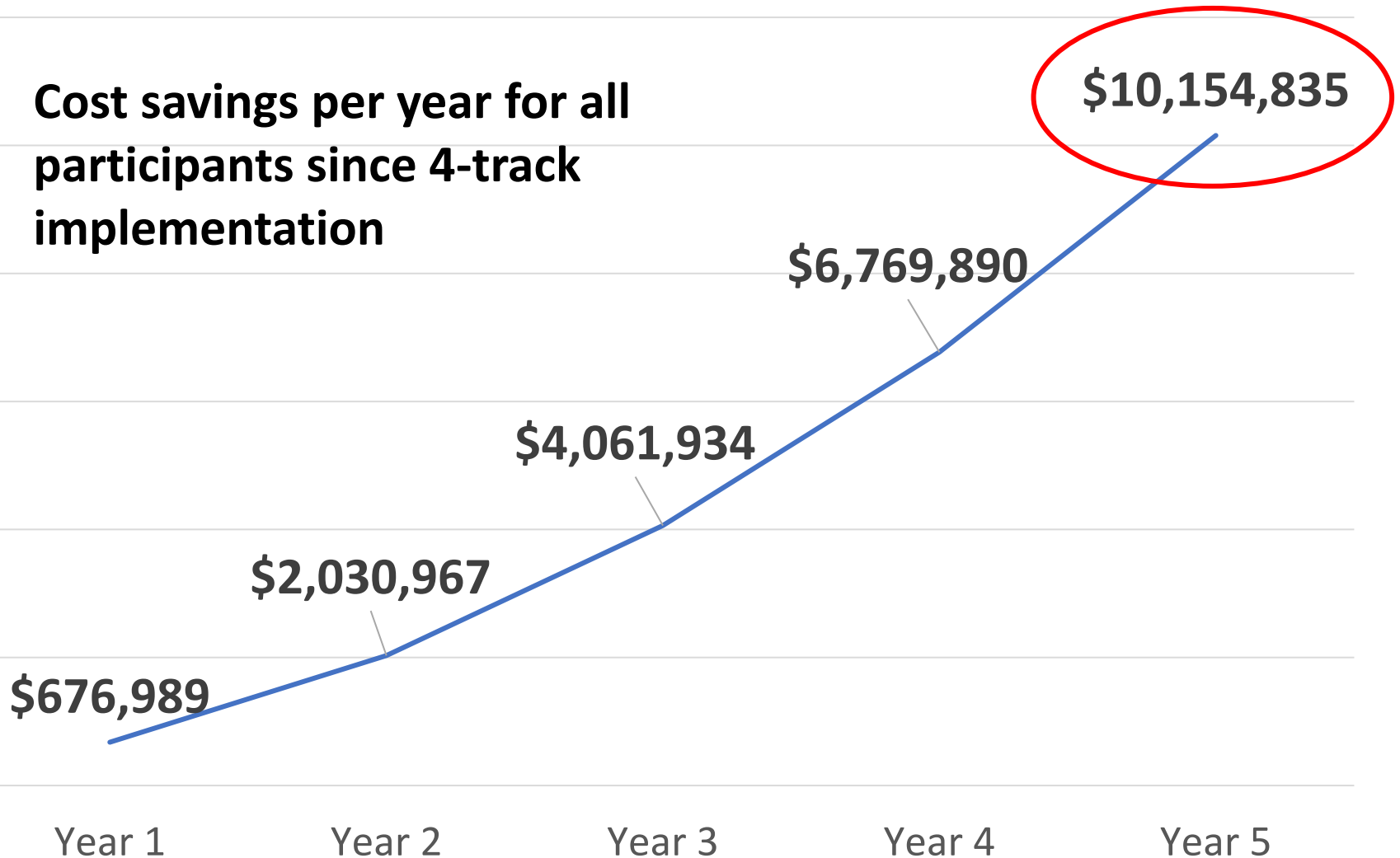
# Recidivism Outcomes 4-tracks ADC - MO

## Rearrests at 2 Years Post Entry



# Cost Savings - 4-tracks

Cost savings per year for all participants since 4-track implementation

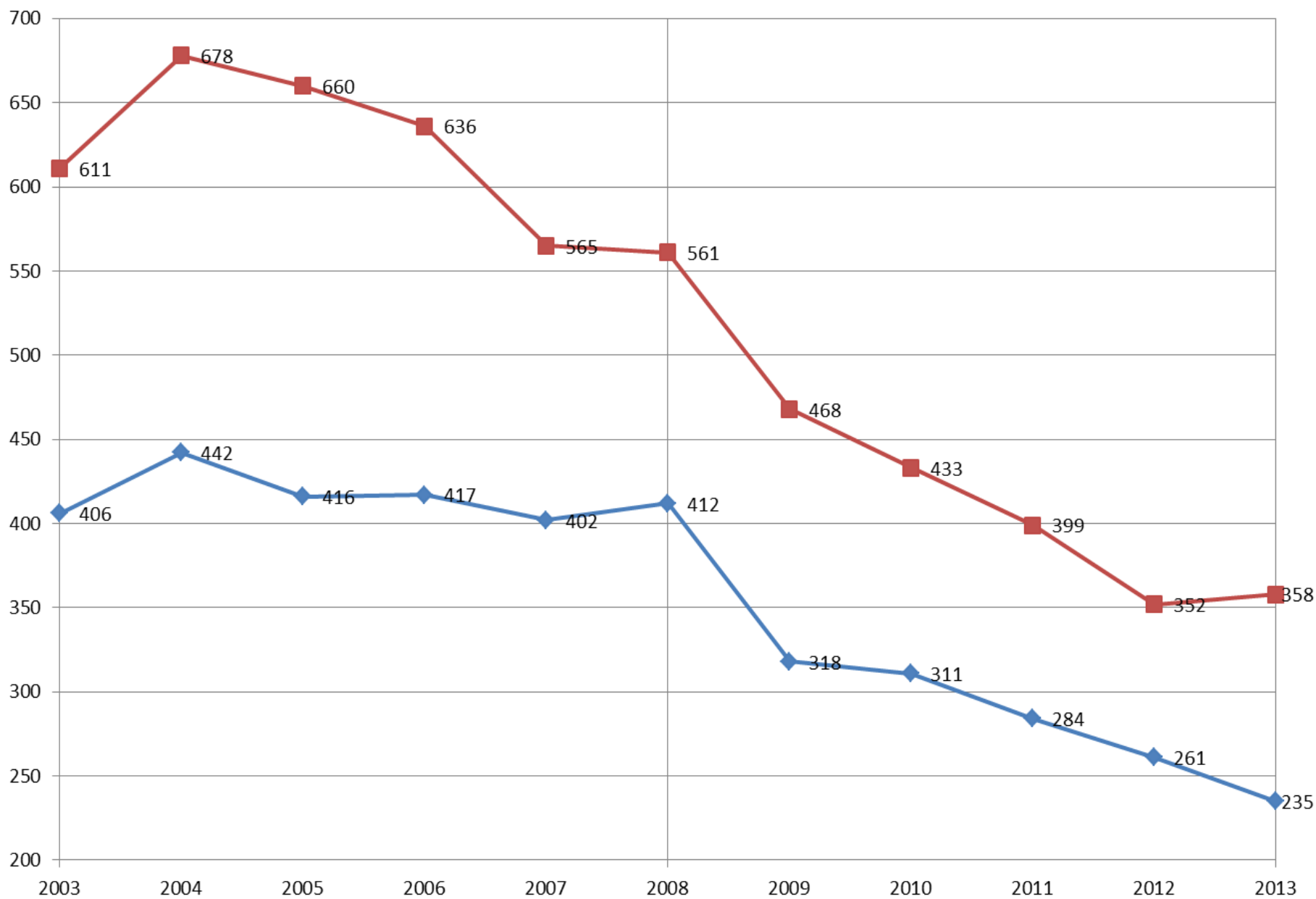




# Multi-Track DWI Court (CA)

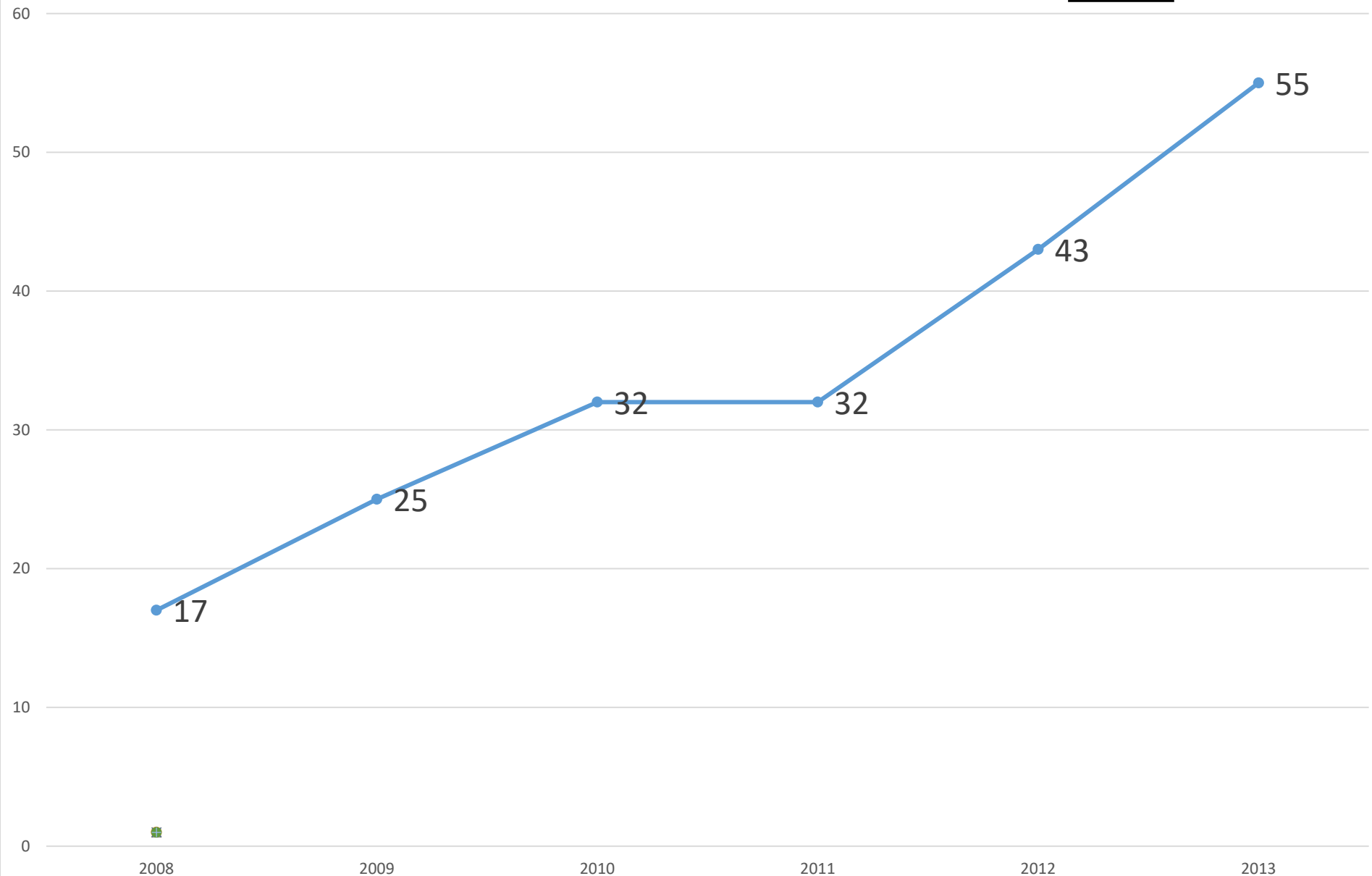
Fatal and Injury Collisions DUI - SJ County

Persons Killed and Injured in DUI Collisions - SJ County



# California OTS Safety Ranking Alcohol Involved Collisions By County 1=Worst; 58=Best

San Joaquin County –  
4<sup>th</sup> best



# Standard I: Target Population

- High Risk High Need only OR have different tracks (Human)

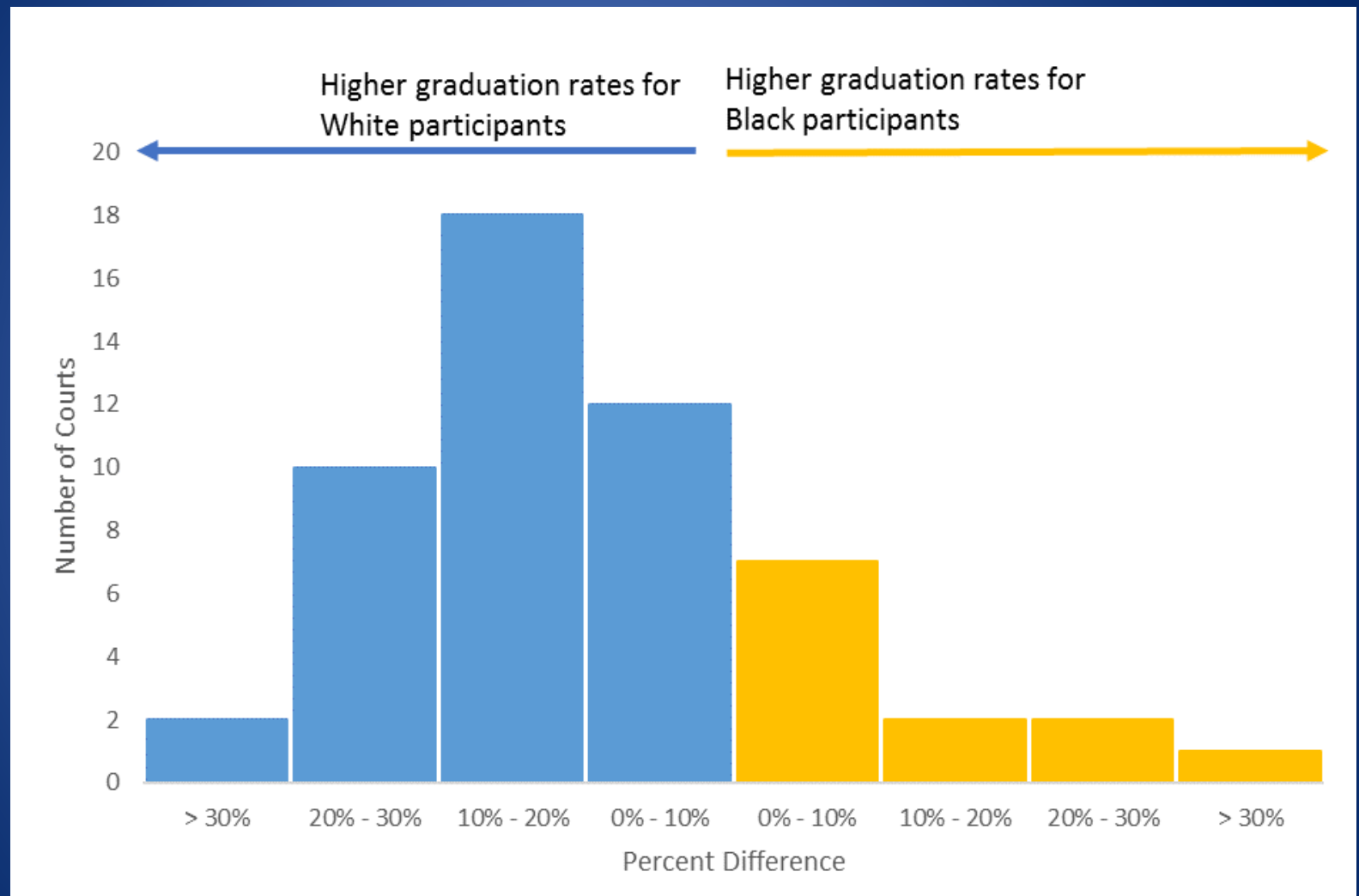
# Standard II: Equity and Inclusion

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



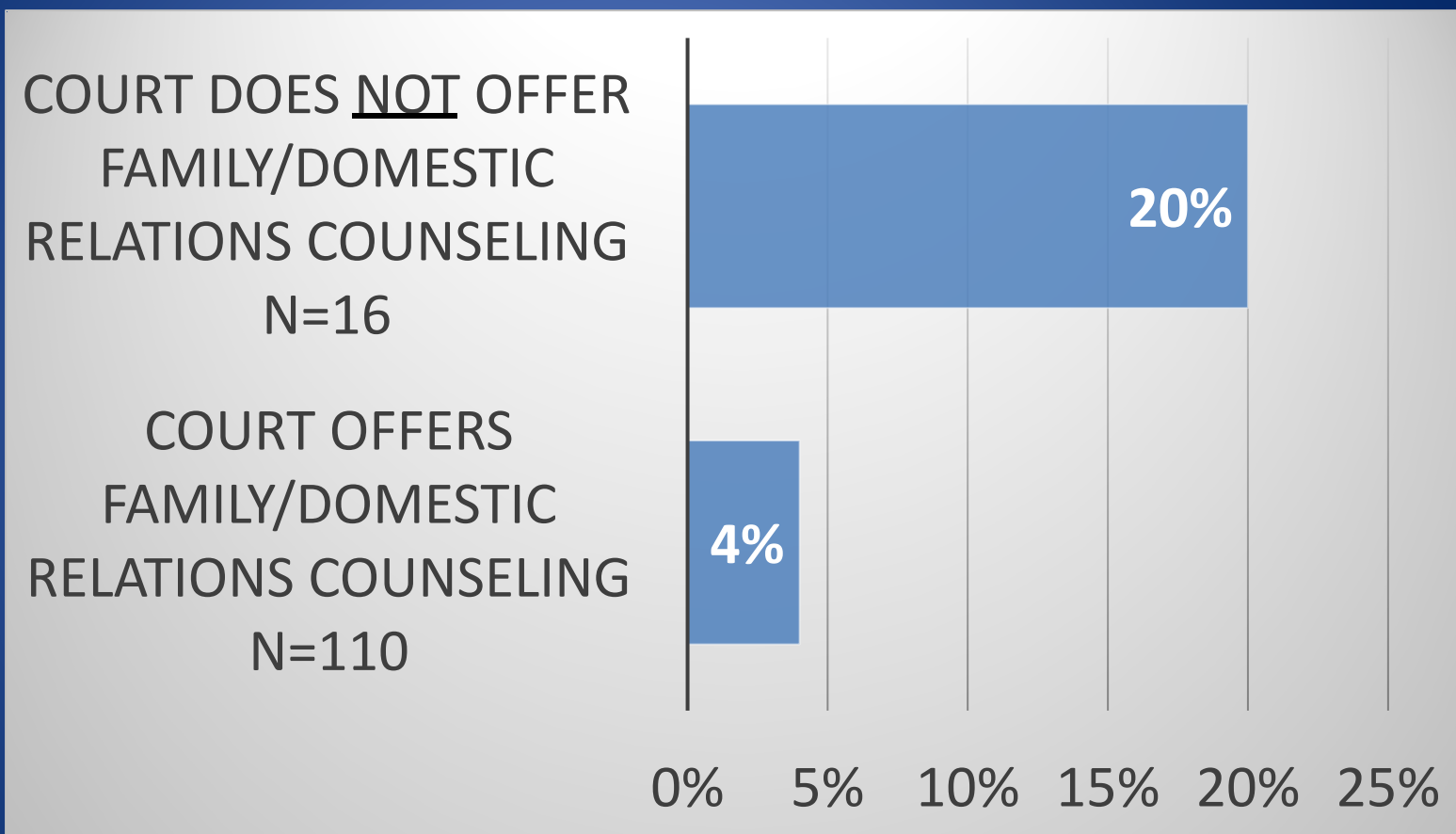
# Disparities in graduation rates vary across programs of all types

Adult,  
DWI  
Reentry



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

Adult,  
DWI  
Reentry



\*Analysis includes black and white participants only

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

\*Analysis includes black and white participants only

# 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 VIII: Multidisciplinary Team

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**



# Standard VIII: Multidisciplinary Team

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:  
What is the  
function of each  
team member?

# Standard VIII: Multidisciplinary Team

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



# Standard VIII: Multidisciplinary Team

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



# Standard VIII: Multidisciplinary Team

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

## DWI Courts

- Judge
- Prosecutor
- Defense attorney
- SUD
- Supervision/LE/**E-monitoring**
- Coordinator

# Standard VIII: Multidisciplinary Team

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

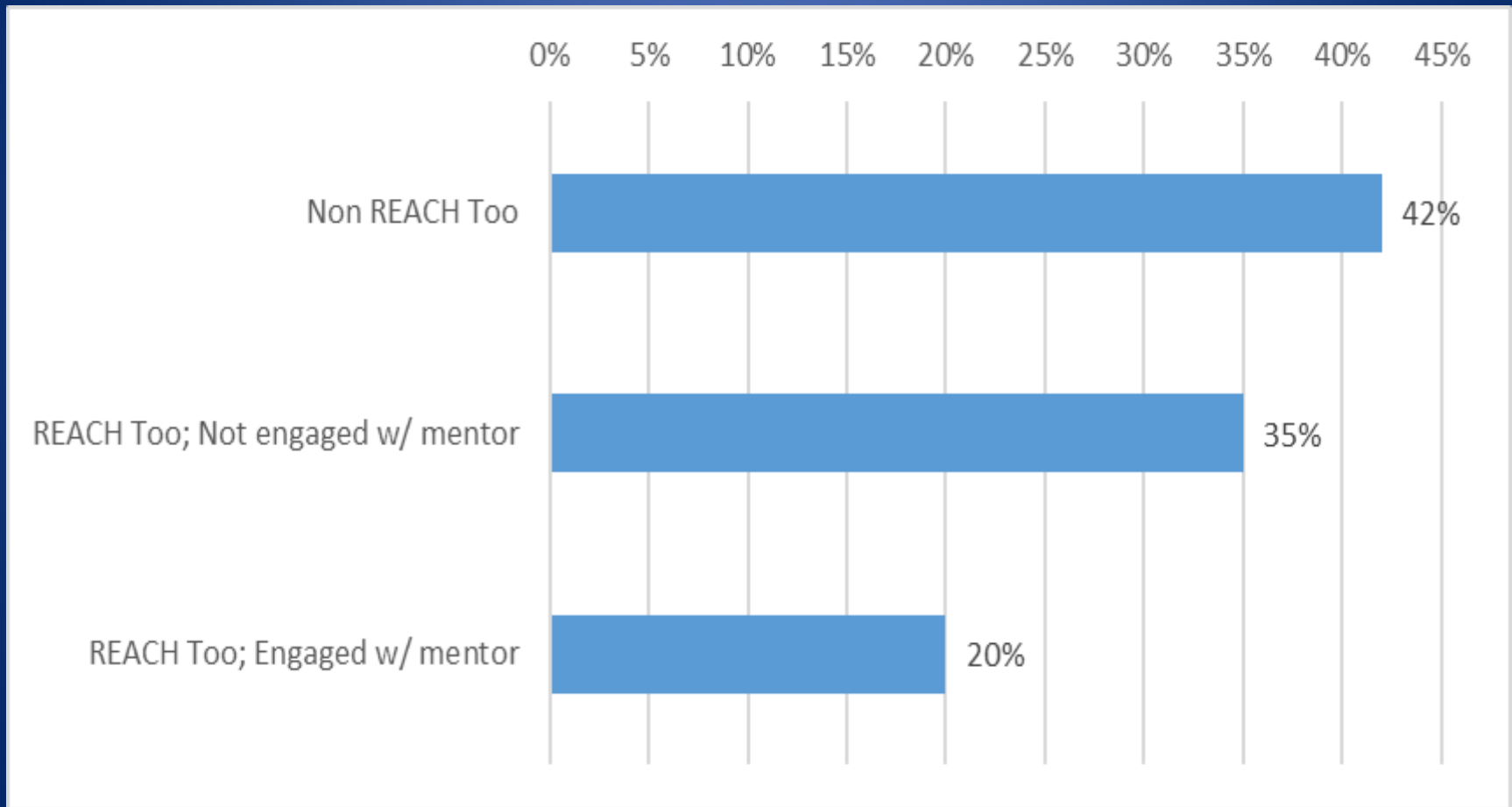
## Adult Treatment Courts

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

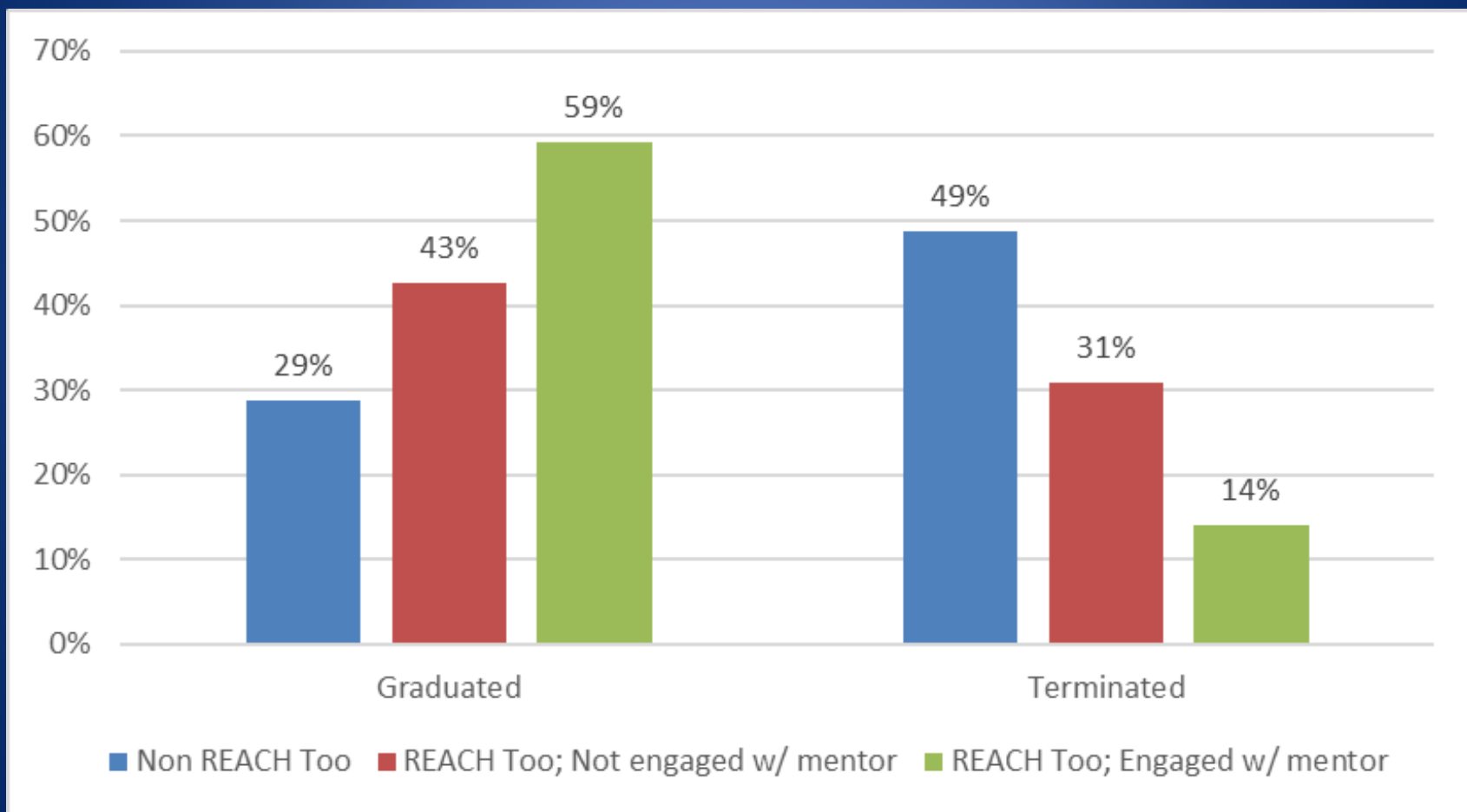
## Veterans Treatment Courts

- 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



# Research in the Federal System



# FRTC 1 Process

- FRTC 1 was established in 2005 in order to reduce recidivism among drug-involved offenders in the federal system
- Two judges (an Article III judge and a magistrate judge), each serving in the role of FRTC judge
- Judges alternately preside over staffing and court sessions, both regularly attend sessions in which they are not presiding
- Multidisciplinary team which consists of the court, the prosecutor's office, the public defender, probation and treatment agencies.



# FRTC 2 Process

- FRTC 2 was also established in 2005 in order to reduce recidivism among drug-involved offenders in the federal system
- One Article III judge serves in the role of FRTC 2 judge
- Judge and team presides over a round table session
- Multidisciplinary team which consists of the court, the prosecutor's office, the public defender, probation and treatment agencies.

# FRTC 1 Population

- Population: Adult offenders with substance use disorders who are serving a term of federal supervision
- As of December 2016, a total of 140 participants had entered the program, with 44 graduates, 75 discharged unsuccessfully, and 21 active
- Maximum caseload of 30 participants and typically has between 20 and 30 active participants at any time.
- Program is designed to take a minimum of 12 months to complete

# FRTC 2 Population

- Population: Adult offenders with substance use disorders who are serving a term of federal supervision
- As of December 2016, a total of 106 participants had entered the program, with 59 graduated, 37 discharged unsuccessfully (terminated), and 10 currently active
- Maximum caseload of 10 participants and typically has between 7 and 11 active participants at any time.
- Program is designed to take a minimum of 12 months to complete

# General Process Info

**FRTC 1:** Court 2X per month (~20-25 participants)

Staffing (90 minutes to two hours): Team discusses progress in treatment, drug test results, living situation, family issues, adherence to other probation requirements – plans court response to change or reinforce behavior

Court session (90 min to two hours): Judge speaks with each participant individually, discuss progress (*no tx details*), judge highlights positive behavior, admonishes/delivers sanction for negative behavior – approximately 3-7 minutes per participant

# General Process Info

## FRTC 2:

Court 1X per month (~10 participants)

Staffing None

Court “roundtable” (~6 hours or more): All participants and team members sit at table. Probation starts the discussion. Team and participants all discuss each participant individually, discuss life since last session in detail, approximately 40-60 minutes per participant



# FRTC 1 was Following Best Practices

- Representatives from many key stakeholders are present on the team and attend staffings and court sessions.
- Excellent team member communication
- dedicated assistant U.S attorney and assistant federal defender assigned to the program
- Participants are connected with treatment services swiftly
- A single agency provides the majority of treatment services
- Frequent drug testing and rapid results
- Sanctions are imposed swiftly after noncompliant behavior
- judges work collaboratively and maintain consistency in their responses



# FRTC 2 was Following Some Best Practices

- Representatives from many key stakeholders are present on the team and attend court sessions.
- Excellent team member communication
- Dedicated assistant U.S attorney and assistant federal defender assigned to the program
- Participants are connected with treatment services swiftly

# FRTC 2 was Following Unusual Practices

At the time the study participants were active in the program:

- There were no staffings before court
- Staffing discussions were held with all participants present and included the opinion of all participants
- Sanctions and incentives were not imposed consistently and there were no written guidelines
- Drug testing was 1X per week or less (BP is 2X per week)
- No policy or procedure manual for team or participants
- No clear eligibility criteria or entry process
- No phases to mark participant progress

# Evaluation Design

Data sources: PACTS, U.S. Sentencing Commission, Odyssey (State Court Database)

Participants: All individuals who exited the program after current judges began presiding over reentry court

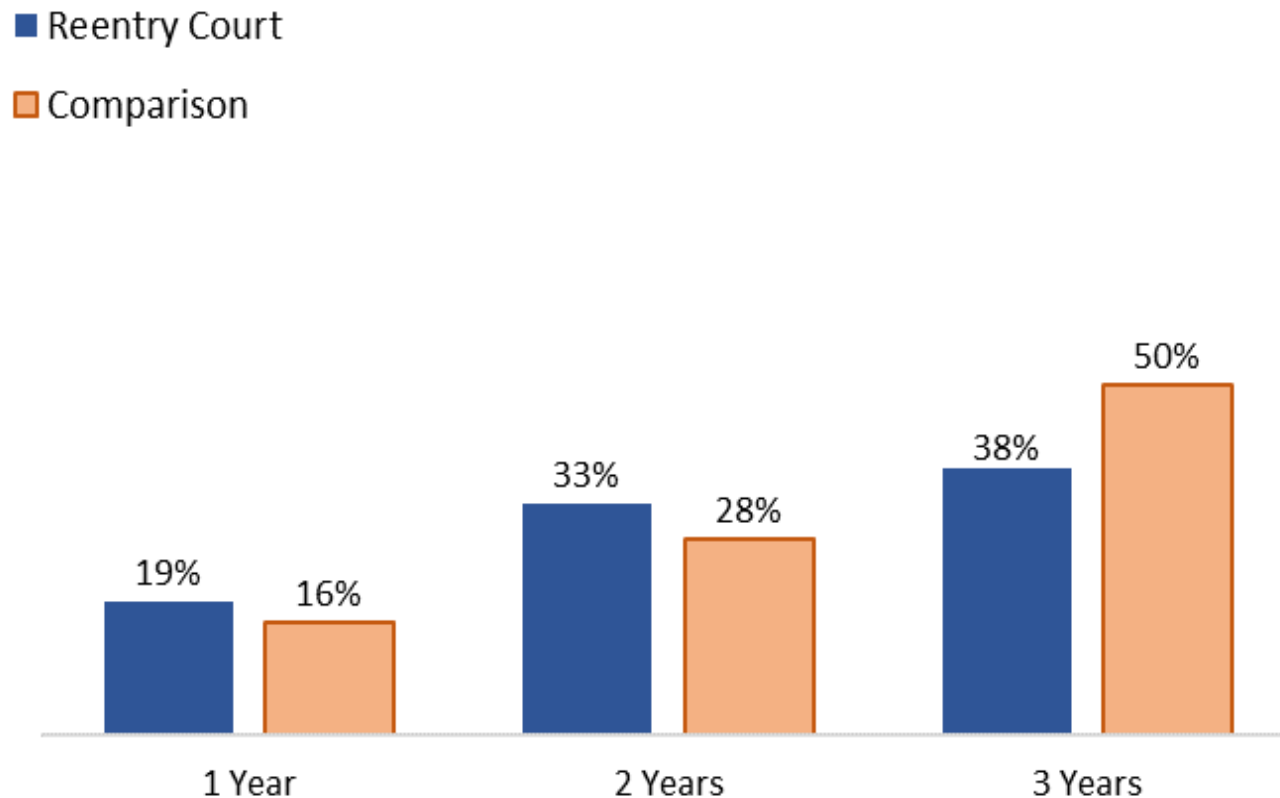
Comparison: 1. eligible individuals released from prison and on probation during same timeframe as program participant; 2. Matched on demographics, CJ history, risk assessment scores (USSC, RPI)

Outcomes: 1. rearrests in State, 2. revocation, 3. graduation rates, 4. participants characteristics.

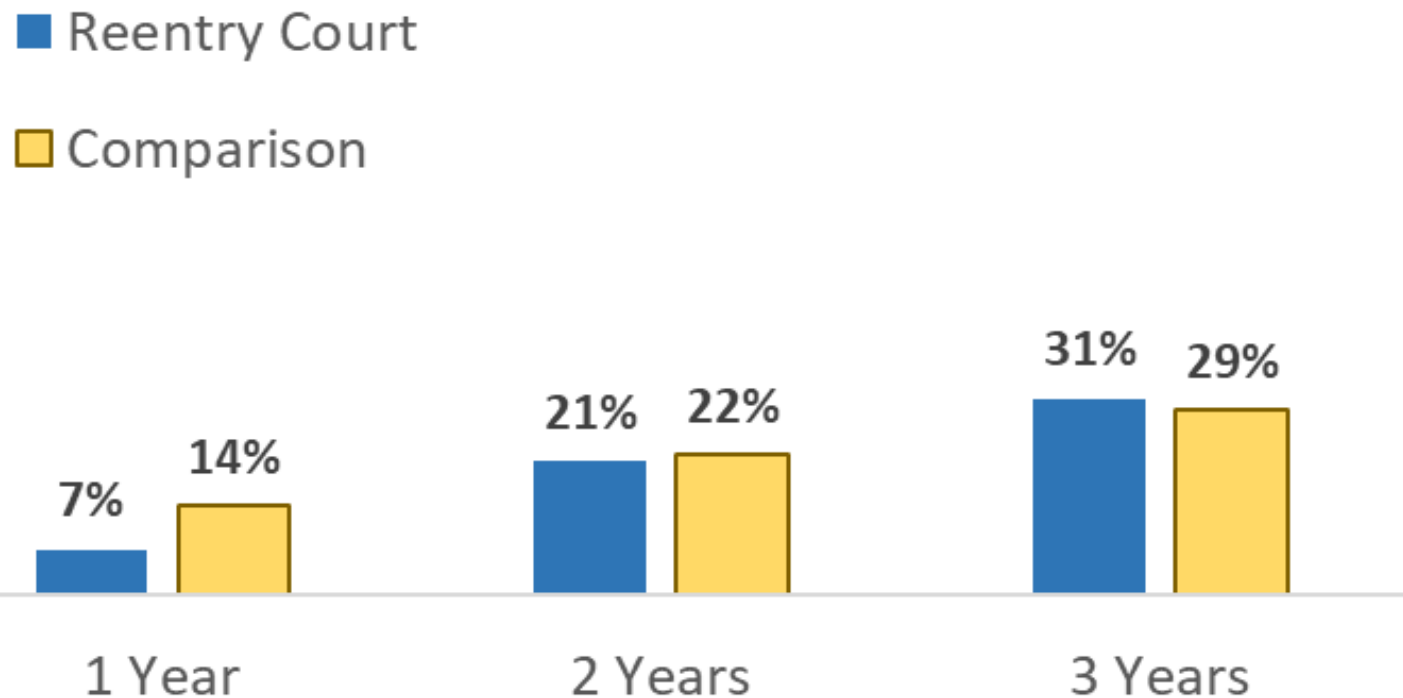
Index date: when to start counting recidivism

# Results

# FRTC 1 Recidivism: Percent Rearrested in OR (3 years cumulative)



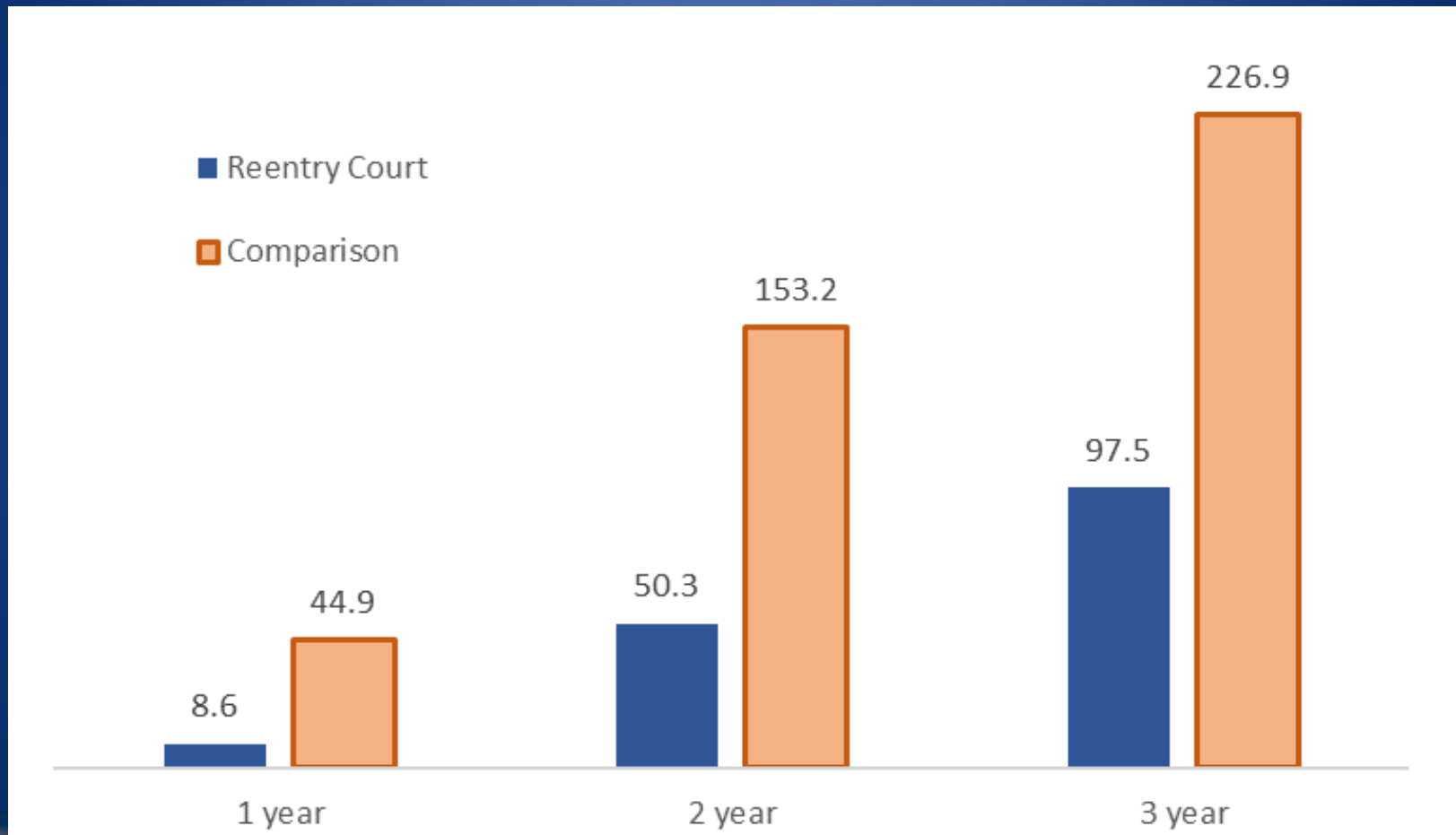
# FRTC 2 Recidivism: Percent Rearrested in OR (3 years cumulative)



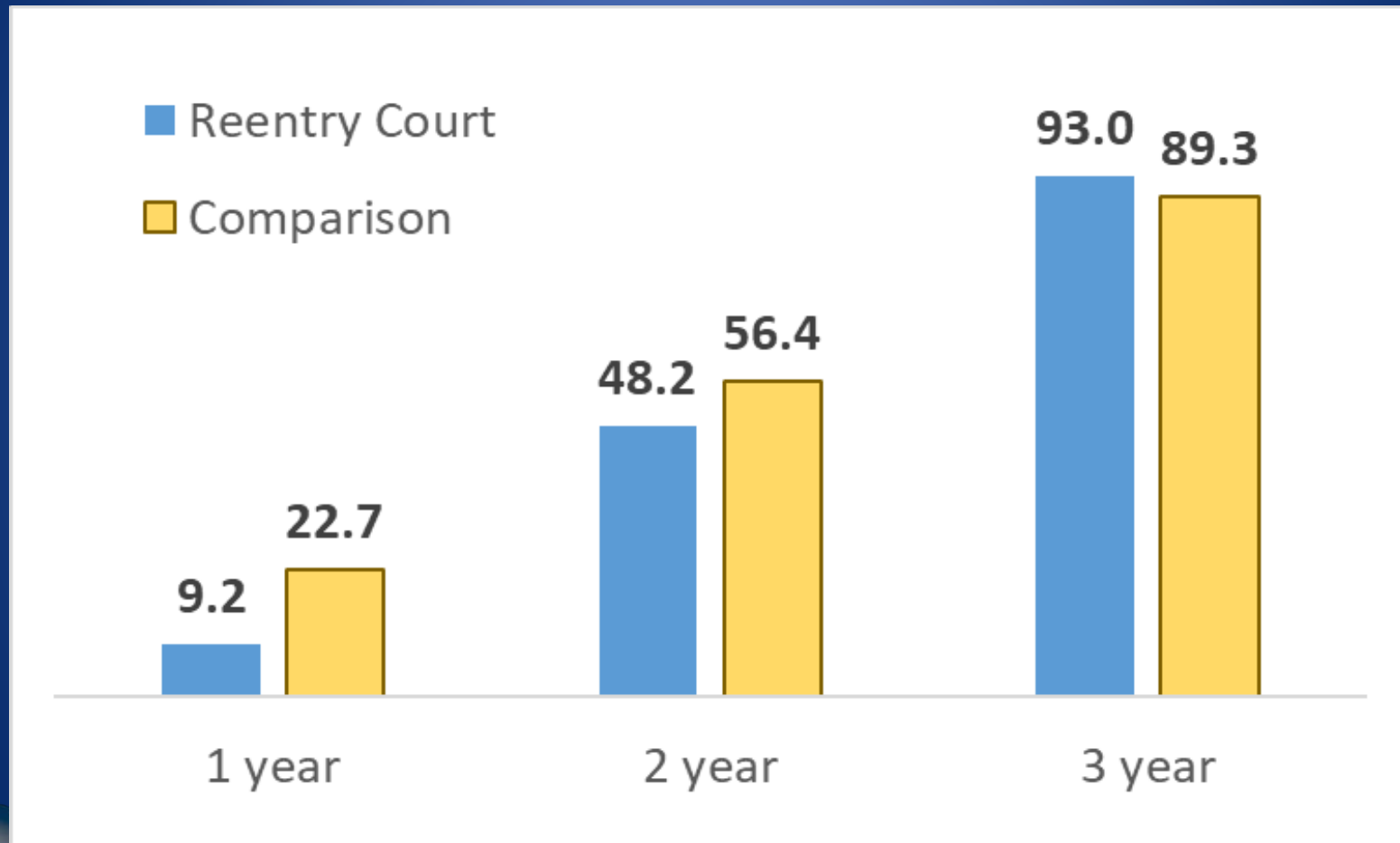
Differences not Significant



# FRTC 1 Recidivism: Average Number of Days Incarcerated (3 years cumulative)



# FRTC 2 Recidivism: Average Number of Days Incarcerated (3 years cumulative)



Differences Not Significant

# FRTC 1 Summary

Compared to individuals on standard federal probation, PRC participants:

- Were 3 times less likely to be revoked at one year post entry
- Were half as likely to be revoked at 2 and 3 years post entry
- Had 5 times fewer days incarcerated in the first year after program entry
- Had less than half as many days incarcerated 2 and 3 years post entry
- Were twice as likely to attend substance use treatment
- Were nearly 3 times more likely to successfully complete substance use treatment

# FRTC 2 Summary

Compared to individuals on standard federal probation, PRC participants:

- No difference in recidivism outcomes including rearrests and revocations
- No difference in time incarcerated after program entry
- No difference in mental health treatment completion
- Significantly more likely to attend substance use treatment
- Significantly more likely to successfully complete substance use treatment

# Conclusion

Best Practice Standards apply across all treatment court populations in the federal system as well as state systems

# QUESTIONS?

