

Rural Treatment Courts

The Challenge of Meeting National Standards

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- Points of views or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Second Disclosure: *California???*

- I live in an agricultural area of Northern California.
- My county is very large, and getting to a nearby city or county isn't easy.
- My county seat is 30 miles from my largest city, and there are only a few bus trips per day.
- My county is mostly forest, rice fields and orchards.
- Fuller disclosure: and marijuana fields and BHO labs and meth labs.
- We have 3rd world poverty, very high ACES scores, and community trauma from the worst fire in CA history.

This one.
85 dead.
Paradise CA

And this month,
again



Best Practices Standards: what's the process?

- Is there sufficient available research?
- Propeller heads meet, discuss, argue and reach consensus.
- It is written, again and again.
- It is distributed to peer reviewers across the USA who are a mixture of folks but who are subject matter experts.
- The questions asked? Is this do-able for folks?
- Clarity, justification, feasibility
- Aspirational but achievable
- And NOT just 'big city folks'.

So...if you are not Chicago or Aurora

- How do you approach these things?
- It can be exhausting, frustrating and overwhelming.
 - But the demand does not stop.

Adult Drug Court Best Practices Standards

Volume One

- Target Population
- Equity & Inclusion
- Role of the Judge
- Incentives, Sanctions and Therapeutic Adjustments
- Substance Use Treatment

Volume 2

- Complementary treatment and Social Services
- Drug and Alcohol Testing
- Multidisciplinary Teams
- Census and Caseloads
- Monitoring and Evaluation

Challenge: Target Populations

- Hitting the correct targets
 - HR/HN
 - Other tracks based on diagnosis
 - Gender specific tracks
 - DON'T mix populations! Risk and need are contagious.
- Assessment driven decisions
- Exclusion and omission concerns-disparate service which becomes a legal issue.

Possible solutions:

- Too few folks: add tracks to meet other target populations
- Too many: tighten criteria to meet strict assessment driven admission criteria.
- Work with vendors to see gender specific groups

Challenge: Equity and Inclusion

Clear national data shows problems with different groups. Do you know who is coming in, or failing? And, do you know why? And, when?

- Data collection-who? When? What?
- Massing enough data to see patterns
- Having someone study the data?

Possible solutions:

- NDCI tool kits and online training
- <https://www.ndci.org/wp-content/uploads/2019/02/Equity-and-Inclusion-Toolkit.pdf>
- <https://www.ndci.org/resource/training/advanced-training/equity-and-inclusion-training/>
- Really helpful in quickly identifying challenges.
- Affirmative duty on all treatment courts to monitor and address this issue.

The Role of the Judge

- In rural areas, Judges wear lots of hats!
- Many have complicated dockets to get it all done!
- Many are on a circuit!
- They train on LOTS of different types of law and may not train much on treatment courts.
- Many have little time for staffing, plus court, plus email contacts.
- Some rotate annually.

Possible solutions:

- Educate where possible to reduce rotation of Judges
- Online and technical assistance training for Judges from other Judges
- Team effectiveness and cross training can reduce impact on judicial resource
- Best practices requires frequency of judicial dosage but team can “pitch” information to the Judge to help.
- The skills you learn as a treatment court judge translate well into other calendars.

Incentives, Sanctions and Therapeutic Responses

- Time consuming process
- Politics in communities- “too soft” “too tough”
- Getting the team together when resources are thin and remote.
- Simple cost of materials, and time to marshal all the moving parts.
- Training and data time consumer
- Completely different mind set required from criminal courts-hard to switch hats sometimes

Possible solutions:

- Online training and really good resources
- Staffing and court via zoom during COVID
- Telecommunications to incentivize by the bushel.
- Enhances team communications and functionality all around.
- Ideas for no cost incentives.

Challenge: Treatment:

- Assessment driven treatment decisions
- Enough treatment to match assessments
- Enough treatment of the type needed
 - Trauma-full continuum (shared with probation-some non-clinical staff)
 - Mental health, including medication management
 - Culturally competent treatment for different populations (HEAT, Gender specific)
 - Criminal thinking- Moral Reconciliation Therapy (corrections, non-clinical staff)
 - Life skills (non-clinical)
- Access in a timely manner
- Medically Assisted treatment of all types
- Use of evidence-based treatment only, and caseload standards
- Clinical oversight, and *fidelity to the model(s)*

Possible solutions:

- Internet driven adjuncts to treatment and online IOP and OP
- Online peer support-many more groups
- MAT via telemedicine, Mental Health checkups via telemedicine
- MRT is seeing rural training SHARP increase due to access and affordability.
- Training on screening, assessments, and treatment modalities available on line much more.
- Online team training.
- Still requires oversight and monitoring.

Challenge: Complementary Treatment Services and Social Services

- All that other stuff! Huge component of the response.
- Sometimes this is the big service demand and there are just not sufficient numbers to create service providers.
- But without it, folks will fail.

Possible solutions:

- 40% of the things that must change for recovery to be long lasting fall in this gap.
- The “other things” that people need help with. Housing, life, problem solving, food, life skills, family relations, etc. So much needs screening, assessing and addressing.
- Partners in the community: grocers, banks, apartment owners, service clubs, dentists, doctors, public health, schools, local social workers, churches.
- On line counseling services and training services.
- Internet ready phones such as lifeline services and Corrisoft.

Challenge: Drug and Alcohol Testing

- Got money?
- Got time?
- Got the staff to observe tests 7 days per week, nights and holidays?
- Have testing in multiple areas and remote locations?
- COVID testing “fun”?

Possible solutions:

- Mix up types of tests (knowing the limits of each)
- Take samples, but don't test them all.
- Ask local health care providers and jails to assist with the process
- Bundle contracts for services with multiple groups or piggyback onto an existing contract in the community.
- But, don't rely on a non-criminal justice protocol for testing.
- Video live oral fluid tests and use mail. (Even after urine test that day)

Challenge: Multidisciplinary Teams

- Difficulty getting a broad based team to cover all the issues
- Difficulty paying them
- Difficulty scheduling intervention, staffing and court time
- Cross-training.
- Turnover
- Sustaining a business model with low census

Possible solutions:

- Sharing services with other local jurisdictions to build out a team
- Joint RFP for services and service centers
- Co-locating services to save time and money
- Recruit interns to help fill gaps with oversight by professionals
- Save time by using teleconferencing between remote service providers
- Tele-training has really helped the rural communities tremendously. Less cost, less time off site.

Challenge: Census and Caseloads

- Too few, too many, not enough to break them into groups
- Not enough staff to manage the challenging case management.
- Turnover and training
- Multiple hats for the same person.

Possible solutions:

- consider adding other quadrants to get to a break-even level-but NOT mix populations
- Consider tightly controlled caseloads and admissions in order to maintain level of needed services
- Have detailed job descriptions and MOU's to avoid overload and burnout.

Challenge: monitoring and evaluation

- When you are jammed up with work, this gets left behind
- It is “odd”.
- Not intuitive or something folks are trained on.
- Can seem expensive and unnecessary.

Possible solutions!

- Local community college, college or university
- Retired academics
- People looking for Master's degree topics
- Statewide systems you can join or troll for data
- Local Drug Court Research: NAVIGATING PERFORMANCE MEASURES AND PROCESS EVALUATIONS <https://www.ndci.org/wp-content/uploads/Mono6.LocalResearch.pdf>
- And, of course, the Standards.

Challenge: Law

- Local “reform” initiatives and legalization
- Due Process
- 8th Amendment
- Americans with Disabilities Act
- Rehabilitation Act
- 1983 Civil Rights Claims

Challenge: Police and Probation

- Lack of appropriate and timely field services and supportive recovery environment assessments.
- Caseload size (see above)
- “blame probation syndrome” for prison crowding direct threat
- Lack of evidence-based practices driven by assessments and Risk-Needs-Responsivity.

Questions? Suggestions? Other issues?

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