



ADAPTING DRUG COURT BEST PRACTICE STANDARDS IN RURAL JURISDICTIONS

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Overview and Introduction

Adult Drug Court Best Practice Standards are based on a comprehensive body of research

Much of the research comes directly from evaluations of adult drug courts

Other findings come from other behavioral science or criminal justice research

Other problem-solving courts have a smaller body of outcome related research

10 Key Components Still Apply

Published by NADCP 1997

- Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due rights.
- Eligible participants are identified early and promptly placed in the drug court program.

10 Key Components Still Apply

- Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- Abstinence is monitored by frequent alcohol and other drug testing.
- A coordinated strategy governs drug court responses to participants' compliance.
- Ongoing judicial interaction with each drug court participant is essential.

10 Key Components Still Apply

- Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
- Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Adult Drug Court Best Practice Standards – Volume I

- Target Population
- Historically Disadvantaged Groups
- Roles and Responsibilities of the Judge
- Incentives, Sanctions, and Therapeutic Adjustments
- Substance Abuse Treatment

Adult Drug Court Best Practice Standards – Volume II

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

Overall Application / Considerations

- While the standards were developed for adult drug courts, consider how each of these “*Standards*” can apply to other adult problem-solving courts
- Some standards do present challenges in rural jurisdictions
- Risk / Need / Responsivity Model (RNR) principles are foundational principles
- Co-occurring mental and substance use disorders are the expectation not the exception, as is trauma
- High risk/ High need defines the target population for which the standards apply most strongly

High-risk / High-need: What does this really mean?

- High-risk refers to the level of probability that an individual will reoffend or will be unsuccessful on standard probation
- High-need refers to an individual having a competently diagnosed disorder that requires clinical intervention
- It does not refer to dangerousness or risk of violence

I. Target Population

Drug Court:

- Targets offenders with a diagnosed moderate to severe substance use disorder and who are at substantial risk for reoffending or failing to complete a less intensive disposition. (High Risk / High Need)
- **Does not mix** participants with different risk and need levels
- Assesses risk / substance use / mental illness using validated instruments where available
- Admits persons when there is appropriate treatment to meet the assessed needs
- **Does not provide the intensive intervention** of a drug court to persons assessed as low risk (**can do harm**)

II. Historically Disadvantaged Groups

- The opportunity to participate in and succeed in drug court is not denied based on race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, socioeconomic status
- Discriminatory intent is not the issue. Disparate process, impact, and outcome is the issue.
- Drug courts have an affirmative responsibility to assess for disparities (in access, management and outcomes)

III. Roles and Responsibilities of the Judge

- Research has demonstrated that the effective discharge of the drug court judicial role and the participant's relationship with the judge is the *single most significant element in positive drug court outcomes.*

Roles & Responsibilities of the Judge

Important Expectations:

- Judges will get training in the drug court model
- Judges will serve for at least two consecutive years
- Judges will attend pre-court staffing
- Judges will spend a minimum of 3 minutes interacting with each participant
- Judges will operate with procedural fairness
- Judge will be the ultimate decision-maker, with respectful consideration of input from team members and from the participant

IV. Incentives, Sanctions, and Therapeutic Adjustments

- Key principles in standards
 - Provide advance notice
 - Develop policies and procedures in advance
 - Distinguish non-responsive behavior from non-compliant behavior
 - Do not overuse jail (3-5 days)
 - Watch out for disparate treatment
 - Explain decisions
 - Incentives are more important than sanctions

Incentives and Sanctions

- Equal emphasis is placed on incentives for productive behaviors as on sanctions for antisocial or noncompliant behavior
- Understand that for high risk participants, rewards for desired behavior is more important in changing behavior than sanctions for prohibited or undesirable behavior
- You can give an incentive and sanction in same hearing, if clear.



Incentives and Sanctions

- Administer equivalent consequences with other participants in same phase with comparable conduct
- Develop and use a range of sanctions
 - Individualized
 - Phase dependent
 - Address proximal and distal goals differently
 - Assess and understand the participant clearly

Incentives and Sanctions

- Therapeutic adjustments are provided for participants who are otherwise compliant but not responding well to the treatment provided
- Assess behavior for the difference between non-compliance and non-responsiveness
“unwilling” or “unable”

Incentives, Sanctions, and Therapeutic Adjustments

- Advance notice of policies and procedures about incentives, sanctions and therapeutic adjustments is available in writing.
- It specifies:
 - the behaviors,
 - the potential range of responses,
 - criteria for phases, graduation, termination
 - Legal consequences

Incentives, Sanctions, and Therapeutic Adjustments

- The drug court judge and team maintains a level of discretion to modify a response based on individual circumstances
- Participants are given an opportunity to be heard
- Responses are explained, especially if there is a departure from the usual response due to individual circumstances, such as different phases, mitigating circumstances, or proximal vs distal goals related to a participant's behavior

In Summary: Incentives, Sanctions, and Therapeutic Adjustments

- Reward good behavior
- Punish bad behavior
- Treat sick behavior
- Never confuse them

Doug Marlowe, J.D., Ph.D. NADCP Conference 2018

V. Substance Abuse Treatment

Preferred language: Substance Use Disorder Treatment

Major challenges in rural areas:

- Co-occurring disorders require integrated treatment
- High- risk generally requires cognitive restructuring
- A continuum of substance use disorder treatment is needed with treatment guided by placement criteria
- Jail is not a clinical level of care / jail is not used to meet clinical or social service objectives
- Recovery support is essential – recognize many pathways
- Medication assisted treatment (MAT)

Substance Use Disorder Treatment

- Treatment is represented on the team (by someone who knows the participants, services and responsiveness) and participates in staffing and court hearings
- One or two agencies are primarily responsible for treatment
- Treatment is of sufficient dosage and duration (6-10 hours in phase two and 200 hours over nine to twelve months)

Substance Use Disorder Treatment

- Participants can receive psychiatric or addiction *medications* based on medical necessity. (Telehealth / partnerships)
- *Peer support* groups are a part of the program and participants are *prepared* to participate (online groups, 12-Step Facilitation)
- Continuing care includes a continuing care plan and contact is maintained for at least 90 days after completion of drug court (recovery check-ins)

VI. Complementary Treatment and Social Services

- Complementary treatment addresses responsiveness needs beginning in phase I
- Clinical case management weekly in phase 1 & 2
- Assess for and respond to mental health needs
- Applicants are not denied drug court because of taking psychiatric medication
- Assess for and respond to trauma issues and train staff on trauma-responsive approaches
- Address criminal thinking, once stabilized clinically
- Vocational and educational services are individualized
- Assess and address complex physical health issues

Complementary Treatment and Social Services

- Family and interpersonal (relationships) counseling is included in the service plan
- Vocational and educational services including job skills are available in Phase 4
- Having a job, being enrolled in a vocational or educational program or other comparable prosocial activity is a graduation criteria and part of the continuing care plan
- Medical, dental, and prevention of health-risk behaviors are addressed, including overdose prevention

VII. Drug and Alcohol Testing

- Random
- Observed
- Frequent / Twice a week (not declining over time in drug court)
- Results within 48 hours
- Broad enough (multiple drugs)
- Clearly explained to participants up-front

There is technology that can help

- Scram was the first
- EtG tests revolutionized alcohol use testing
- Other later drug detection applications exist including advanced ignition interlock devices
- The technology changes rapidly for all aspects of monitoring for alcohol and drug use (perhaps *geek* is a newly needed team member)
- Location monitoring technology may be helpful in the rural environment and may connect via smartphones

VIII. Multidisciplinary Team

- Complete team: judge, coordinator, prosecutor, defense counsel, treatment representative, probation, law enforcement
- All attend staffing and court hearings
- Share information and develop MOU
- Judge considers all opinions in making decisions
- Team members are oriented and trained for problem-solving court operations

IX. Census and Caseloads

- Census is based on local needs, resources and program ability to apply best practices
- Supervision caseloads 30 – 50
- Clinician caseloads
 - 50 – case management,
 - 40 counseling and
 - 30 combined case management and counseling

The “*rural problem-solving court advantage*” (yes, really!)

- Small size and more detailed knowledge of the participants
- Greater opportunity for community support
- Better opportunity to engage the family or significant support people
- Better opportunity to engage law enforcement partners

Potential resources for rural problem-solving courts

Rural Drug Court Listserv

Send your email address and request to be added to the rural drug court listserv to

ruraldrugcourt-l@listserv.american.edu

Or

Email Jeff Kushner, who moderates the list serv, at

jkushner@mt.gov

Provided by American University, this listserv offers a mechanism for information sharing, problem-solving and a virtual community of professionals operating in drug courts in rural America

Pro-social Resource Development

- White board – Community activity board
- Community mapping (SIM = Sequential Intercept Model)
- Resource development committee (once called a steering committee)
- Connect with your recovery community
- Check with Aunt Bertha (at findhelp.com)

www.auntbertha.com

is now www.findhelp.com



Search for free or reduced cost services like medical care, food, job training, transportation, and more.

Mock Drug Court Staffing

- Participants take on roles of team members, staff a group of cases and plan responses (incentives and sanctions)

Guide to improving health for rural residents – Access to current resources and tools



Attend the National Rural Institute on Alcohol and Drug Abuse

NATIONAL RURAL INSTITUTE ON ALCOHOL AND DRUG ABUSE



SAVE THE DATE:

Sunday, June 23 - Thursday, June 27, 2019

Thank you to our 2018 CO - SPONSORS

National Rural Alcohol and Drug Abuse Network, Inc. (NRADAN)

Scaife Family Foundation

Cenpatico/Centene Corporation

SAMHSA Center for Substance Abuse Treatment (CSAT)

Green Bay Packer

Illinois Institute for Addiction Recovery

NOTES:

National Rural Alcohol and Drug Abuse Institute

- Scholarships are available (Board & Room)
- <https://www.uwstout.edu/outreach-engagement/lifelong-learning/other-opportunities/national-rural-institute-alcohol-and-drug-abuse>
- Mid-June at the University of Wisconsin-Stout Campus in Menomonie, Wisconsin
- Drug Court Tracks
- Excellent presenters and super engaging

Housing resources – Housing Experts

- United States Department of Agriculture – Rural Development
(www.rd.usda.gov/aboutrd/agencies/rural-housing-service)

Illinois State (Acting) Director: Molly K. Hammond
Technical Assistance , Multi-family Home Loans, Community Organization support

- Oxford Houses (www.oxfordhouse.org)
- National Alliance for Recovery Residences
- (www.narronline.org)
- Google *Rural Housing Toolkit*

Money Follows the Person

Collaborate with Tribes

Tribal Court Clearinghouse

Project of the Tribal Law and Policy Institute

<http://www.tribal-institute.org/index.htm>

Share training resources

Share information on services

Explore Technology

- On-line recovery support groups
- Apps / Apps / Apps
- Establish your own drug testing lab equipment
- Remote Alcohol Testing (\$25 / month)
CheckBAC

Technology in Drug Courts

CENTER
FOR
COURT
INNOVATION

The Future is Now

Enhancing Drug Court Operations Through Technology

by Annite Schachar, Aaron Arnold and Precious Benally

BJA
Bureau of Justice Assistance
U.S. Department of Justice

One County's Testing Solution - CheckBAC

- When a client is tested they will receive a text message stating that they must provide a sample. The client then opens up the "CheckBAC" app on their phone and turns on their Bluetooth equipped breathalyzer and proceeds to hold up their phone, which uses the camera to record their face and the participant blowing into their device. The test results will be displayed to the participant, as well as recorded and sent to the online program used for monitoring. The BAC level, GPS location (in google maps) and the video and time stamp will all be recorded and saved for future reference.

Don't forget the faith community

- Faith community is a resource for support groups
- Faith community is a resource for prosocial activities
- Faith community can be a resource for meeting key responsibility needs such as child and youth services, parenting classes, housing, transportation, food and clothing

One *Community Service* model

- Innovative practice
- Non-profit agency managed community service
- Individuals ordered to perform community service allowed to “buy” up to one half of the ordered hours. Funds are paid to the nonprofit which in turn purchases “gift cards” donated to be used as behavioral rewards or to meet urgent needs of participants

Friends of the Treatment Court

- Develop as a separate 501 (c) 3 organization
- Can conduct fund raising
- Can host prosocial activities
- Could be a housing development resource
- Can solicit donations
- Can assist with public relations and public information

It always comes down to relationships

- Relationships with team members
- Relationships with participants
- Relationships with stakeholders
- Relationships with service groups
- Relationships with other agencies
- Relationships with the recovery community
- Relationships with the community (one at a time)

To have a partner / Be a partner

- Seek out community efforts that relate to the resources participants need
- Join community service coordinating bodies
- Leverage other community partnerships
- Collaborate on grants
- Develop and host a networking “breakfast”
- Organize a military legal alliance (find your veterans justice outreach worker with VA)

An Important Final Note

- Secondary trauma is a reality
- Self care is critical
- Self care is a *personal* responsibility
- Self care is a *professional* responsibility
- Self care is an *ethical* responsibility
- You need a plan and you need support
- Check it out via google Secondary Trauma
- ProQOL (available self-assessment on-line)