

Slide 1

STANDARDS 101



Slide 2


STANDARD I –
Demonstrated Commitment to Evidence-
Based Practices

Wisconsin treatment courts are committed to incorporating **evidence-based principles** in the development of their policies and procedures, including program referrals, design, and deliver of services. Research shows that programs which ignore best practices and fail to have treatment team members attend regular training are those most likely to produce ineffective or harmful results.

Slide 3

WHAT IS AN EVIDENCE-BASED PRACTICE?

- In the criminal justice system, a **partnership** between research and practice.
- Research is used to determine how effective a practice is at achieving **measurable outcomes**, including reduction in recidivism and increasing public safety.



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graph TD; RESEARCH --> PRACTICE; PRACTICE --> OUTCOMES; OUTCOMES --> RESEARCH;
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Slide 4

RISK PRINCIPLE

- Match level of service to the defendant's risk of re-offending
- Based on **static** and **dynamic** risk factors

- High Risk Participants**
 - Should receive more **intensive intervention**
- Low Risk Participants**
 - Should receive **minimal intervention**
- Low Risk Participants**
 - Give stabilization services

Slide 5

NEED PRINCIPLE

- Assess criminogenic needs and target them in treatment
- Criminogenic needs are dynamic risk factors that are proven through research to affect recidivism.

The Big Four Criminogenic Needs

- Anti – social cognition
- Anti – social companions
- Anti – social personality/temperament
- Family and/ or marital

➔

The Lesser Four

- Substance abuse
- Employment
- School
- Leisure and/ or recreation

Slide 6

RESPONSIVITY

- Tailoring interventions to individual learning styles, motivations and abilities can maximize the offender's ability to learn from the intervention.

Initial Needs and Barriers Factors that need to be addressed to increase the participants ability to engage in treatment	Responsivity Factors Individual factors that affect the achievement of treatment goals
<ul style="list-style-type: none">HousingClothingPhysical healthDetoxificationTransportationChild careSelf-care	<ul style="list-style-type: none">Anxiety/depressionPoor social skillsSelf-esteemInadequate problem solving skillsConcrete-oriented thinkingMental illnessPoor verbal skillsAge, gender, race/ethnicityMotivational factorsLearning styles

Slide 7

TARGET INTERVENTIONS

Risk Principle: Prioritize supervision and treatment resources for high risk participants	Need Principle: Target interventions to criminogenic needs	Responsivity Principle: Be responsive to temperament, learning style, motivation, gender and culture when assigning to programs.
Dosage: Structure 40% to 70% of high-risk participant's time for 3-9 months	Treatment Principle: Integrate treatment into full sentence/sanction requirements (therapeutic adjustments)	

Slide 8

IMPORTANCE OF THE RNR PRINCIPLE

Failing to adhere to the risk principle can increase recidivism

Average difference in the amount of risk for individuals in other halfway places

Not the 10%

Increase the 10%

+2%

Slide 9

TRAUMA-INFORMED APPROACH

Trauma-informed criminal justice responses can help to avoid re-traumatizing individuals, and thereby:

- Increase safety for all
- Decrease recidivism
- Promote and support recovery of justice-involved individuals

Therefore:

- **Never assume** the reasons for their behavior
- Be respectful and give **extra time** in all of your interactions
- Create a **safe environment** for participants

PANIC

CALM

Slide 10

**STANDARD 2 –
Equity & Inclusion**

All persons including those who have experience sustained discrimination or reduced social opportunities because of their race ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status shall have the same opportunity to participate in treatment courts.

Slide 11

EQUAL ACCESS

- The program
- Tools that have been **validated** for use with members of underserved groups (**including women**)
- **Appropriate** levels of care and quality treatment
- Ensure treatment is **accessible** and **culturally** competent
- The same **incentives** and **sanctions** (for comparable achievements and infractions)


By creating and utilizing **referral and eligibility** criteria and **screening and assessment tools** that are **nondiscriminatory** in intent and impact

Except when **necessary** to prevent harm

Slide 12

RECOGNITION OF IMPLICIT BIAS

- Provide each treatment team member with **ongoing, current training** to **recognize implicit cultural biases** and **correct disparate impacts** for members who have sustained discrimination or reduced social opportunities



<https://implicit.harvard.edu/implicit/ta/taetest.html>

Slide 16

POLICY AND PROCEDURE MANUAL				
Mission statement, goals & objectives	Treatment court team & advisory board members	Team member roles/responsibilities & continuity plan	Referral process	Eligibility criteria
Assessment	Program fees (if applicable)	Record-keeping & confidentiality policy	Graduation criteria	Termination process & criteria
Phase structure	Incentives & sanctions guidelines	Testing procedure	Sustainability plan	Program resources

Slide 17

STANDARD 4 – Teams

The treatment court team is comprised of a dedicated group of professionals who are responsible for managing and overseeing the day-to-day operations of the program, including the administration of treatment and supervisory services.

Slide 18

TEAMS			
Judge Leader of the treatment court team	Coordinator Maintains accurate and timely records of participants	Prosecution Advocates on behalf of public safety, society, interests and holds participants accountable	Defense Attorney Protects participant's constitutional rights and legal interests
Community Supervision Assist with performing tasks such as drug/alcohol testing, home/employment visits, curfew enforcement, travel restrictions and provide cognitive-behavioral therapy services	Treatment Representative Facilitates and completes treatment related information to the team and contributes clinical knowledge and expertise during courtly	Law Enforcement Observes participants in the community	Auxiliary Services Provides other necessary services such as education, housing, medical care, etc.

Slide 22

ROLE OF PROGRAM COORDINATOR

Responsible for:

- Maintaining documents and records of program
- Overseeing fiscal and contractual obligations
- Facilitating communication between team members and partner agencies
- Ensuring policies and procedures are followed
- Overseeing collection of performance and outcome data
- Scheduling court sessions and staff meetings
- Orienting new team members

Slide 23

ROLE OF THE CASE MANAGER

Responsible for:

- Often the Program Coordinator as well
- Case Planning
- Crisis Management
- In Phase I
 - Level of dysfunction is pervasive
 - Brain function severely damaged from years of use
 - Small issues seem insurmountable – all or nothing thinking
 - Keeping appointments is challenging
 - Looking for any excuse to use – **ACCOUNTABILITY IS CRUCIAL**
 - Support system is damaged
- Case manager is sometimes their **ENTIRE** support system

Slide 24

ROLE OF THE PROSECUTOR

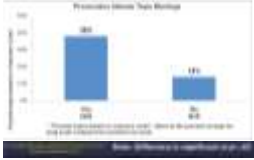
Responsible for:

- Leadership is very important
- **Advocates** on behalf of public safety & victim interests
- Hold participants **accountable** for obligations of program
- Without support of prosecutor, very difficult to create a best practices court
- Prosecutor as the **"Gatekeeper"** – Is the DA the only source of referral?

Slide 25

IMPORTANCE OF THE PROSECUTOR

Drug Courts that Expected the **Prosecutor** to Attend All Team Meetings Had 2 Times **Greater** Savings



Prosecutor Attendance	Number of Courts	Savings
Prosecutor Attends All Team Meetings	200	\$100,000
Prosecutor Does Not Attend All Team Meetings	100	\$50,000

Slide 26

ROLE OF THE PUBLIC DEFENDER

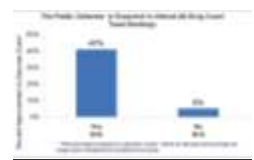
Responsible for:

- May differ depending on whether your court is pre- or post-conviction
- Ensures participants' constitutional rights are protected
- Defense attorney serving on the treatment court Team cannot represent program participants
- A consistent matrix of behavior responses will help guide team and ease conflict for defense attorney
- In post-conviction treatment courts, participation is a condition of probation
- Participants are entitled to defense representation when they face a jail sanction or termination

Slide 27

IMPORTANCE OF THE PUBLIC DEFENDER

Drug Courts that Expected the **Public Defender** to Attend All Team Meetings Had 8 Times **Greater** Savings



Public Defender Attendance	Number of Courts	Savings
Public Defender Attends All Team Meetings	200	\$800,000
Public Defender Does Not Attend All Team Meetings	100	\$100,000

Slide 28

ROLE OF TREATMENT REPRESENTATIVE

Responsible for:

- Addiction counselor, social worker, psychologist, or clinical case manager
- Receives clinical information from various programs responsible for treating participants
- Reports this information back to the team
- Contributes clinical knowledge and expertise during team deliberations

Slide 29

IMPORTANCE OF TREATMENT REPRESENTATIVE

Drug Courts that Required a **Treatment Representative** at Court Hearings Had 9 Times **Greater Savings**

Drug Court Type	Percentage of Savings
Drug Courts that Required a Treatment Representative at Court Hearings	85%
Drug Courts that Did Not Require a Treatment Representative at Court Hearings	9%

Source: Drug Court Institute, 2010. *Savings are based on the percentage of savings reported by the courts.

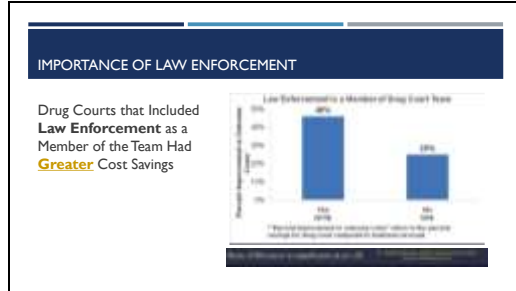
Slide 30

ROLE OF LAW ENFORCEMENT

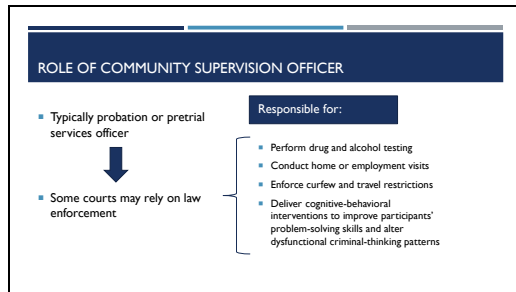
Responsible for:

- Typically a police officer, deputy sheriff, highway patrol officer, or jail official
- Law enforcement is the **eyes and ears** of treatment court on the street
- May also assist with home visits, employment visits and urinalysis collection
- Serves as **liaison** between treatment court and police department, sheriff's office, jail, and correctional system

Slide 31



Slide 32



Slide 33

- ### PRE-COURT STAFF MEETINGS
- Required** component of the treatment court model
 - Review participant progress, develop a plan to improve outcomes, and prepare for status hearings in court.
 - Consistent attendance by all team members = significantly better outcomes
 - Treatment courts were **50% more effective at reducing recidivism when all team members consistently attended staffing**

Slide 34

PRE-COURT STAFF MEETINGS

- Staffing's are presumptively closed
- Contested matters must be addressed and resolved in open court
- Participants may join staffing's when **clinically indicated or necessary** to avoid public disclosure of highly sensitive information
- Team serves essentially as a panel of "expert witnesses" for the judge (Bean, 2002; Hora & Stalcup, 2008)
- Team members have an obligation to **contribute relevant observations and insights**

CONFIDENTIAL

Slide 35

SHARING INFORMATION

Participants and Staff rate communication among team members as one of the most important factors for success in treatment court

Consistent communication ensures:

- Participants are **not** forced to repeat the same information to multiple people
- Participants receive **consistent messages**
- Participants do not fall through the cracks
- Participants do not elude responsibility for their actions by selectively providing different information to different team members

HIPAA controls how and under what circumstance information may be disclosed (U.S. DHHS, 2003)

- It does not prohibit from sharing information related to substance use and mental health treatment (Matz, 2014; Meyer, 2011b)

Slide 36

**STANDARD 5 –
Judicial Role & Interaction**

The effective treatment court judge acts as leader, communicator, educator, community collaborator, and institution builder. The treatment court judge interacts frequently and respectfully with participants, and gives due consideration to the input of other team members.

Slide 37

THE ROLE OF THE JUDGE NO LONGER ENDS AT SENTENCING

- Judge as leader of the treatment court team
- **Continuity of relationship** between judge and participant
- Admission to Commencement

The Message Is:

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“Someone in authority cares and believes I can succeed”

Slide 38

LENGTH OF TERM CONSIDERATIONS

- Preside over the treatment court for no less than **two consecutive years**. (Carey, 2012)

Utilizing a trained “back-up” judge vs untrained “stand-in” judge	Same judge presides throughout participants enrollment.
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Slide 39

IMPORTANCE OF LENGTH OF JUDGES ROLE

- Drug Courts That Have Judges **Stay At Least 2 Years** Had 3 Times **Greater** Cost Savings

Judge Role	Percent Increase in Cost Savings
Judge is on bench at least 2 years (N=9)	25%
Judge is on bench LESS THAN 2 years (N=3)	8%

Note: Difference is significant at p<.05

Slide 40

LENGTH OF COURT INTERACTIONS

- Treatment courts where the judge spends an average of **3 minutes** or greater per participant during treatment court hearings had **153% greater reduction in recidivism**

Helpful Questions to Increase Judicial Interaction

- What types of things did you or can you do to help maintain your sobriety?
- What challenges did you face, and how did you handle them?
- How can treatment court help you with your motivation?
- What are the benefits for you if you don't use?

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Slide 41

TRAUMA INFORMED APPROACHES CHANGING THE COURT'S APPROACH

Old Approach	New Approach
<ul style="list-style-type: none">• Adversarial• Incarcerate• Punishment• Order• Authoritarian	<ul style="list-style-type: none">• Collaborative• Supportive• Healing• Respectful

Adapted from "Trauma Informed & Not Enough: Becoming a Trauma Competent Court" presentation by Brian L. Payer, Ph.D.

Slide 42

JUDICIAL Demeanor & PROCEDURAL FAIRNESS


Judicial Demeanor	Procedural Fairness
<ul style="list-style-type: none">• Offers supportive comments• Stresses importance of clients' commitment to treatment and other program requirements• Express optimism• Use trauma informed approaches• Be supportive• Use motivational enhancements• Avoid confrontation	<ul style="list-style-type: none">• Knowledgeable of participant's case• Know participant by name• Encourage success• Emphasize treatment• Not intimidating• Approachable• Let participants tell their story• Treat fairly and with respect• Impartial – do not prejudge• Implicit Bias

Trauma Informed & Not Enough: Becoming a Trauma Competent Court presentation by Brian L. Payer, Ph.D.

Slide 43

SUCCESSFUL PRACTICES

- Don't shame or call names
- Your team members are your "expert witnesses"
 - Listen to the team, but use your discretion
- Adhere to procedural fairness-let them tell their story
- Become knowledgeable on the topics of addiction, alcoholism, recovery, brain disorders, mental illness, and pharmacology
- Respond to compliance concerns in a therapeutically appropriate manner
- Rely on your treatment provider(s) to make treatment decisions (increase or decrease dosage and programming)



Slide 44

TREATMENT COURT ENVIRONMENT


Trauma - Informed Courtroom Considerations/ Setup

- Ambient noise, distraction
- Participant amplified
- Closeness to bench
- Participant next to lawyer
- Who is first addressed by judge
- Level of eye contact
- Location of staff
- Order of cases
- Time spent with participant
- Frequency of courtroom sessions
- Judge addresses gallery
- Participant addresses gallery
- Physical contact
- Arranged seating

Slide 45

LANGUAGE MATTERS


- Effective disapproval
 - "Right now, how do you think this behavior has or could hurt you?"
 - "Let's talk about what you could have done instead, and how that would have looked."
 - "I am confident that you are able to turn this around and when you come back next time, I want to hear about how well you are doing?"
- Effective reinforcement
 - "I really liked how you (describe compliant behavior) because (describe WHY the behavior was good FOR THE CLIENT)."
 - "Can you see where it might have any long term benefits for you?"
 - "I'm really proud of you. Keep up the great work!"
- Clean/dirty vs. positive/negative
- Addict vs. person with a substance use disorder



Slide 46

THE COURTROOM IS A CLASSROOM

- The judge has the ability to **shape** and **reinforce** individual accountability
- The judge can **communicate** important principles by:
 - **Engaging the treatment court audience, the team and setting examples**



Slide 47

JUDICIAL RESOURCES

- Read the Judicial Benchbook
- Judicial Bench Card
- NADCP and WATCP Conference
- Judicial Conferences and Seminars
- Webinars and virtual seminars

Slide 48

**STANDARD 6 –
Balancing the Non-Adversarial Approach with
Due Process Concerns**

Treatment courts must protect a participant's due process and constitutional rights while promoting public safety and working in a non-adversarial fashion.

Slide 49

POLICIES AND PROCEDURES

Develop **written policy and procedures** manual to include criteria for:

Inform participants of policies and procedures (participant handbook)

- Admission
- Sanctions
- Incentives
- Phase Advancement
- Treatment
- Graduation
- Termination/Expulsion

Slide 50

REQUIREMENTS BEFORE ADMISSION

Provide notice to participants of all legal **obligations** and potential **consequences**

Prior to admission **contracts, waivers, policies, procedures, rights and responsibilities** are **reviewed** with potential participants

- Judge confirms participants understand

Allow participants the opportunity to:

- be heard at every stage of the treatment court proceedings
- challenge violation allegations and to present evidence
- engage in non-delinquent-based treatment and support groups

Slide 51

TREATMENT COURT IS STILL COURT

- Participants have the right to be **represented by counsel** at all **stages** of the proceedings
 - Defense counsel as a member of the treatment court team **does not** represent individual participants.
- Participants must also make a knowing waiver of **Judicial Conflict Of Interest And Ex Parte Communication** before entering treatment court
- **Make a record of all public treatment court proceedings** as required by **Wisconsin Supreme Court Rule 71.01**

Slide 52

DUE PROCESS

Procedures for drug testing include a **clear chain of custody** for the samples and the opportunity for **timely confirmation testing**

The team and the participant understand that due process rights within a treatment court are separate from DOC supervision and revocation procedures

Slide 53

RECOGNIZE THE ROLES

Each discipline has its own **ethical obligations**, and each represents diverse professional philosophies and interests.

Understand and respect the boundaries and responsibilities of other team members.

Slide 54

**STANDARD 7 –
Recordkeeping & Confidentiality**

Treatment courts contemplate the integration of criminal case processing and treatment participation. Sharing of limited confidential medical and treatment information is a necessary function of treatment court operations. However, the need to share such confidential information must be balanced with the presumption that the criminal court proceedings are open to the public.

In order to comply with state and federal record keeping expectations for legal and medical information, all problem-solving courts must develop a bifurcated filing system to protect confidential records as much as possible, while still providing a complete record or judicial action in the open court file.

Slide 55

CRIMINAL COURT FILE VS. TREATMENT COURT FILE

Criminal Court File – Open Record	<ul style="list-style-type: none">Maintained by the Clerk of CourtInformation which pertains to the criminal case<ul style="list-style-type: none">Criminal charges, sentencing and judgement of convictionIncludes documentation of sanctions which limit participant's liberties (jail sanctions)Admission, Commencement, or Termination documentation
Treatment Court File – Confidential	<ul style="list-style-type: none">Maintained by Coordinator or Case ManagerScreening, assessment and admission documentsParticipant ContractTesting resultsProgress or Staffing ReportsIncentive/Sanction RecordReferral and provider information

Slide 56

FREEDOM OF INFORMATION ACT (FOIA) - WIS. STAT. S.19.31 ET. SEQ.

- Laws designed to guarantee that the public has **access to records**
- This pertains to all records **not already required** to be maintained as open for the public.

"Record" is any document, regardless of physical form that "has been created or is being kept by" an authority. Wis. Stat. s.19.32(2)

"Authority" includes any of the following having custody of a record:

- State or local office
- Elected official
- Public body, corporate or politic
- Or a formally constituted subunit of the above

"Requester" is any person who requests inspection or copies of a record, except a committed or incarcerated person. There are many exceptions.

Slide 57

WHY IS THIS IMPORTANT?

- The Court should **not** retain confidential information (status reports).
- Coordinators and case managers should **not** be court employees – all records may be subject to FOIA.
- All records to be provided should be reviewed to determine if must be disclosed and whether redactions are appropriate and needed

- Develop policy and procedures for **record keeping** in your program
- Develop process for **open records requests**, orientation of new team members and participants

Slide 58

CONFIDENTIALITY & TREATMENT COURTS

- Treatment information and records are confidential
- In general, they can only be released to others with the informed written consent of the individual, if competent, or the guardian
- The rule covers both verbal information and treatment records
- There are many exceptions
- All records that are created in the course of providing services to individuals for mental illness, developmental disabilities, substance use treatment are confidential
- Treatment records do not include staff's notes or records maintained for their personal use that will not be shared with others

Slide 59

FEDERAL CONFIDENTIALITY LAWS

42 U.S. Code 290dd 42 C.F.R. Part 2

- Confidentiality of Alcohol and Drug Abuse Patient Records – regulates drug and alcohol programs


42 U.S.C. § 290dd-2(a)

- Provides that records of the identity, diagnosis, prognosis, or treatment of any patient shall be confidential and disclosed only for certain authorized purposes, and 42 CFR § 2.12(a) applies these restrictions to substance abuse treatment

Slide 60

RECORD KEEPING & CONFIDENTIALITY

- Obtain all necessary waivers and consents from participants at their orientation to court
- To be legally valid an informed consent document must specify what data may be shared, with whom by name, and include authorized period of time



Slide 64

Target Population

- **TARGET POPULATION MUST be High-Risk / High-Need (HR/NN)**
 - Treatment Courts are MOST EFFECTIVE on this population
- **Alternate Tracks if unable to target High Risk / High Need Population**
 - Offer modified services to meet the assessed risk and needs
- **DO NOT MIX participants with different risk levels**
 - Consider counseling groups, residential housing unit, court room, waiting room, etc.

(Revised Process to Adm & DM Treatment Court, NDCJ, January 2017)

Slide 65

Eligibility Criteria

Clearly defined objective eligibility criteria

- 17 or older
- Moderate to severe substance use disorder
- High risk/high need
- Crime related to substance use
- Residency

➔

Screening and Risk/Needs Assessment completed BEFORE admission

Ensure moderate to severe substance use disorder and adequate treatment is available. Determine high risk/high need.

➔

Admission occurs as quickly as possible

Best outcome when admission occurs within 50 days from the time of arrest or triggering event.

Slide 66

Considering Violent Offenders

Things to think about:

- Funding Source (TAD's "violent offender" exclusion)
- Team/Community Risk Tolerance

Slide 67

Referral Sources

- Judge
- District Attorney
- Defense Attorney
- Law Enforcement
- Treatment Provider
- Probation & Parole Agent
- Case Worker
- Self/family referral
- Pretrial Staff

Slide 68

Referral Process

- Referral source?
- Date of referral?
- Who has access to the referral form?
- Any roadblocks in receiving referrals?
- Who presents the referral?
- Who does the referral actually go to?
- Mapping the referral process & decision points
- Who reviews the referral?

Slide 69

Referral

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graph LR; A[Referral Received] --> B[Legal Screening]; B --> C[Eligibility Screening]; C --> D[Clinical and Risk Assessment]; D --> E[Participant Pleads/Sentenced]
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Slide 70


Additional Referral Types

- DOC Alternatives to Revocations (ATR)
- Extended Supervision Cases (ES)
- Sentencing After Revocation (SAR)
- Out of County
- Previous Participants
- Transfers
 - May not be allowable under TAD funding restrictions

Slide 71

Main Points to Remember

- 1) High-Risk / High-Need Population
- 2) Objective Eligibility Criteria
- 3) Early Identification & Referral
- 4) Use Validated Assessment Tool
- 5) Substance Use Disorder (SUD)

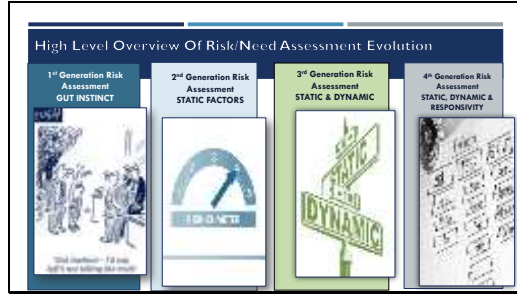


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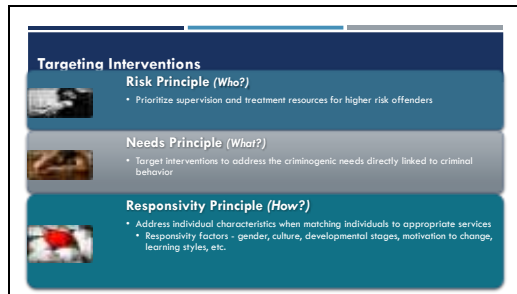
**STANDARD 9 –
Screening & Initial Assessment**

Potential participants are promptly screened and assessed to determine program eligibility and adequate/appropriate treatment services. **Screening** determines if a prospective participant meets predetermined objective requirements for further assessment. Professionals with specialized education and training in the use of tools then conduct validated **risk and needs assessments** to determine a prospective participant's criminogenic risk and treatment needs. Assessment results determine if a person is eligible for treatment court participation.

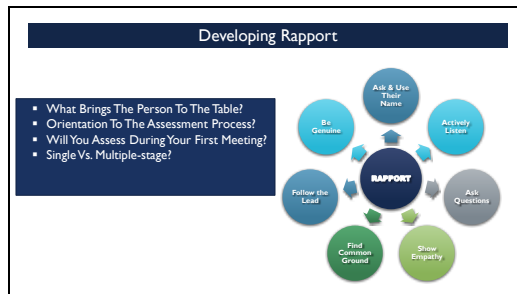
Slide 73



Slide 74




Slide 75



Slide 76

What Is Risk?

- Risk is derived primarily by **assessing static risk factors**
 - Depending on the tool, **dynamic risk factors** may also factor in.
- What 3 static factors impact a Risk Score **more** than anything else?
 - A. Gender, Mental Health Diagnosis, Motivation
 - B. Treatment History, Mental Health Diagnosis, Support In The Community
 - C. Age, Criminal History, Age Of First Arrest




Slide 77

What Is Need?

Criminogenic Need:

- Factors in a **person's life that, if left unaddressed, could lead** to future criminal behavior.



Slide 78

Why Pay Attention To This Stuff?

Approach	Percentage of Cases
Professional Judgment Alone	~30%
Use of Actuarial Tool	~60%
Use of Actuarial Tool with Professional Judgment	~90%


Source: Patricia M. Harris, "What Community Supervision Officers Need to Know About Actuarial Risk Assessment and Clinical Judgment," *Legal Probation*, Vol. 75, No. 2 (September 2006)

Slide 82

Example Of Risk

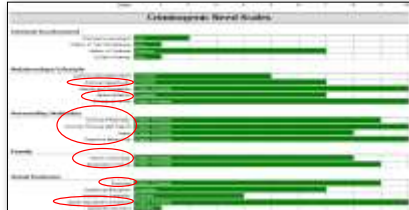
- Female Client With The Following Information:
 - Very Little Criminal History, Only 2 Prior Arrests.
 - First Arrest Was At The Age Of 18.
 - She Is 27 Years Old.

What Does This Tell Us?



Slide 83

Need Scale



Slide 84

**STANDARD 10 –
Case Planning**

Case planning is the process by which the staff and participant identify and rank criminogenic/responsivity needs following completion of a validated risk and needs assessment tool. This process uses criminogenic and responsivity factors to establish agreed-upon proximal and distal goals and identifies resources to ensure participant success.

Slide 88

TARGETING CRIMINOGENIC NEEDS

Big Four <ul style="list-style-type: none">▪ Anti-Social Cognition▪ Anti-Social Companions▪ Anti-Social Personality/Temperament▪ Family And/ Or Marital	Lesser Four <ul style="list-style-type: none">▪ Substance abuse▪ Employment▪ School▪ Leisure and/or recreation
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Slide 89

CRIMINOGENIC NEEDS

Dynamic Risk Factor (Generalist)	Need/Goal management/Intervention
History of antisocial behavior (General History)	Build and practice positive healthy behaviors
Antisocial personality pattern (Check trauma history)	Learn problem solving skills, practice anger management
Antisocial cognition	Identify roots pro-social thinking
Antisocial associates	Reduce association with criminal others from whom skills/interests stem with peers
Family and/or marital discord	Reduce conflict, build positive relationships
Poor school and/or work performance	Work on good employability/performance skills
Poor living situation	Find appropriate housing
Substance abuse	Reduce use through targeted treatment

Slide 90

DEVELOPING A CASE PLAN

Planning – In collaboration with the participant and the team, define goals and strategies	Linkage – Identify services and supports needed for the participant to meet their goals and make appropriate referrals	Advocacy – Help the participant access services for which they are eligible
Monitoring – Maintain ongoing communication with services and supports, and conduct ongoing assessments of the participant's progress	Assessment – Determines participant's needs, wants, strengths and resources	

Slide 91

REVIEW CASE PLAN

Case Plan Is A Dynamic Document

Review And Update **No Less Than Every 6 Months**

Slide 92

STANDARD II –
Treatment

Treatment courts must provide prompt admissions to continuous, comprehensive, **evidence-based** treatment, social and trauma informed rehabilitation services to meet a participant's **criminogenic needs** and **substance use disorder** needs.

Slide 93

ADDICTION

inability to consistently abstain

impairment in behavioral control

craving

diminished recognition of problems with one's behaviors and interpersonal relationships

dysfunctional emotional response


Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. (www.asam.org)

Like other chronic diseases, addiction often involves cycles of relapse and remission.

Slide 94


LEVEL OF TREATMENT

- Determined by screens, clinical judgment, prior treatment history, assessment, placement criteria
- The level of care is assessed throughout the phases of treatment court – includes dosage
- Standardized placement criteria governs the level of care that is provided
- Incarceration is not a tool to achieve clinical or social service objectives
- Expectation that treatment providers regularly attend team meetings and status hearings



Slide 95

TREATMENT PLAN CONTENT (DHS 75)




- Describe the patient's individual or distinct needs
- Specify short and long-term individualized treatment goals expressed in behavioral and measurable terms
- Explained in a terms that are understandable to the patient
- Expressed as Specific, Measurable, Attainable, Realistic, Time-specific, (SMART)
- Specify the treatment, rehabilitation, and other therapeutic interventions and services to reach the patient's treatment goals
- Describe the criteria for discharge from services
- Provide specific goals for treatment of dual diagnosis with input from a mental health professional

Slide 96

EVIDENCE BASED

Evidence based practices **should** be incorporated throughout the treatment court process.



Slide 100

RECOVERY

A person's recovery is built on their strengths, talents, coping abilities, resources, and inherent values. It is **holistic**, addresses the whole person and their community, and is supported by peers, friends, and family members.

The process of recovery is **highly personal and occurs via many pathways** (SAMHSA 2012).

Slide 101


**STANDARD 12 –
Program Phases**

Treatment courts have significantly better outcomes when they have a clearly defined phase structure and specific behavior requirements for advancement through the phases. Phase advancement rewards participants for their accomplishments and puts them on notice that the expectations for their behavior have been raised accordingly. Outcomes are significantly better when rehabilitation programs address complementary needs in a specific sequence.

Slide 102

IMPORTANT POINTS TO KNOW

- Minimum length of a treatment court program is 12-14 months
- Treatment phases are **separate** from treatment requirements
- Phase requirements reflect the **proximal** and **distal** goals of the high risk/high need participant
 - Phase demotion is **contraindicated** and can be detrimental to the participant's success



Slide 106

PHASE III – PRO-SOCIAL STABILIZATION **90 DAYS**


- Court monthly
- Comply with treatment and supervision
- Continue addressing medical
- Continue changing people, places and things
- Review case plan
- **Bi-weekly office visit**
- Monthly home visits
- Weekly random drug testing
 - (minimum of 2)
- **Begin criminal thinking**
- **Establish sober network/ pro-social activities**
- Curfew 11pm

In Order to Advance:

- Compliance with Treatment
- Compliance with Supervision
- Began pro-social activity
- Began recovery support network
- Sobriety time limit minimum of 45 consecutive days

OWI**

- Daily Alcohol Testing



Slide 107

PHASE IV – ADAPTIVE HABILITATION **90 DAYS**


- Court monthly
- Comply with treatment and supervision
- Continue addressing medical
- Continue changing people, places and things
- Review case plan
- **Monthly office visit**
- Monthly home visits
- Weekly random drug testing
 - (minimum of 2)
- **Maintain pro-social activity & recovery network**
- **Maintain sober network**
- Curfew 12 a.m
- **As need based upon assessment:**
 - Job training
 - Parenting/Family support
 - Vocational training

In Order to Advance:

- Compliance with Treatment and Supervision
- Maintain pro-social activity
- Maintain recovery support network
- Began/maintain ancillary requirements
- Sobriety time limit minimum of 60 consecutive days

OWI**

- Weekly Random Alcohol Testing




Slide 108

PHASE V – CONTINUING CARE **90 DAYS**

- Court monthly
- Comply with treatment and supervision
- Continue addressing medical
- Continue changing people, places and things
- Review case plan
- **Monthly office visit**
- Monthly home visits
- **Maintain housing**
- **Random drug testing**
- **Development of continuing care plan**
- **Maintain pro-social activity & recovery network**
- **Maintain sober network**
- **As need based upon assessment:**
 - Job training
 - Parenting/Family support
 - Vocational training

In Order to Advance:

- Compliance with Treatment and Supervision
- Maintain pro-social activity
- Maintain recovery support network
- Maintain areas as needed (employment, parent/family support, vocational training, etc.)
- Sobriety time limit minimum of 90 consecutive days




Slide 109

PARTICIPANT HANDBOOK

Includes:

- Phase advancement criteria
- Requirements of each phase
 - Minimum timeframe for each phase
 - Court appearances
 - Comply with treatment
 - Drug testing
 - Drug/Alcohol free prosocial activities
 - Program fee/court costs
 - Community support meetings
 - 12 step/support meetings
 - Community service
 - Employment
- Sobriety time
- Curfew
- Auxiliary services
- Case management
- Educational/vocational training/GED



Slide 110


**STANDARD 13 –
Drug & Alcohol Testing**

Efficient and accurate monitoring of drug court participants is crucial for long-term program effectiveness. Drug testing serves as a tool for treatment court teams to direct appropriate interventions that support participant goals. In order for case adjudication to be appropriate, consistent, and equitable, drug detection procedures must produce results that are scientifically valid and **forensically** defensible.

Slide 111

CORNERSTONE OF TREATMENT COURT OPERATIONS

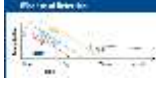
- Monitor use through accurate and rapid detection
- Act as a deterrent for future use
- Provide incentive, support, and accountability to participants
- Tool to direct appropriate interventions
- This is the only way to know what we're doing is working!!



Slide 112

BEST PRACTICES

- Random-2x/week minimum for entire program
- Varied methods of testing (urine, blood, breathalyzer, ankle bracelet, etc.)
- Test as often as possible and for various substances
- Collection should be observed by a trained professional
- Become familiar with drug detection times
- Participants are made aware of policies and procedures related to drug testing, including confirmation testing



Slide 113


ADULTERATION AND TAMPERING

<p>Common Types of Adulteration</p> <ul style="list-style-type: none">▪ Dilution (e.g. water loading)▪ Addition of a household chemical (e.g. bleach)▪ Submission of another's specimen▪ Use of diuretics▪ Use of synthetic urine delivery devices (e.g. Whizzinator, Urinator, WuClear)	<p>Protocols to Avert Adulteration and Detect Tampering</p> <ul style="list-style-type: none">▪ Observation by witness of same sex▪ Minimal volume requirements▪ Limit amount of fluids consumed▪ Establish time limit to produce sample▪ Have participants wash hands before producing specimen▪ Observe: Color, appearance, odor, temperature, pH, specific gravity, creatinine
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Slide 114

SAMPLE INTEGRITY

- Scientifically valid, therapeutically beneficial and legally defensible
- Maintain record of prescribed medications
- False positives and negatives will happen
 - Participants can dispute results
 - No sanction without admission or lab confirmation



Slide 115

CONCLUSION

LACK OF CONSISTENCY CAN BRING ON A LACK OF INTEREST.

- In focus groups, treatment court participants consistently identified frequent drug testing as one of the most influential factors in their success in the program
- The more frequently you perform urine tests, the higher graduation rates and lower recidivism


Slide 116

STANDARD 14 –
Applying Incentives, Sanctions &
Therapeutic Adjustments

Incentives and sanctions for participants' behavior should be administered following **evidence-based** principles of effective behavior modification.

Slide 117

BEHAVIOR MODIFICATION



Slide 121


CERTAINTY & CELERITY

Reliable Detection (Certainty)

- Detection allows the gathering of information needed by the Judge and Team to determine an appropriate response

Consistent Detection (Celerity)

- Behavior is connected to an immediate consequence



Slide 122

FAIRNESS



Slide 123

KEEP IN MIND

Understand: this is about them, not about you.
Responses are in the eyes of the behavior, not you.


Slide 124

CONSIDERATIONS

BEHAVIOR RESPONSES:

- WHO are they in terms of risk and need?
- WHERE are they in the program (phase)?
- WHY did this happen (circumstances)?
- WHICH behaviors are we responding to?
 - Recidivist or first?
- WHAT is the response (duration/magnitude)?
- HOW do we define and explain the response?

TREATMENT / SUPERVISION CHANGES?



Slide 125


APPLYING INCENTIVES AND SANCTIONS

- **Unearned Leniency**
 - Withhold sanctions only to reward positive behavior
- **Magnitude Of Rewards And Sanctions**
 - Avoid habituation and ceiling effects
 - Failure to address a positive behavior decreases the likelihood it will be repeated
 - Failure to address a negative behavior condones it
- **Fairness**
 - Incentives and sanctions must be perceived as fair to be effective
- **Specificity**
 - Infractions and achievements should be clearly defined in objectively measurable behavior terms
 - Incentives and sanctions should also be clearly defined
- **Consider Needs And Responsivity Factors When Applying Incentives And Sanctions**
- **Noncompliance Vs. Non-responsiveness**

Slide 126

IMPORTANCE OF INCENTIVES

Ratio of Rewards to Punishments and Probability of Success on Intensive Supervision



Slide 133


A WORD ABOUT SANCTIONS

PHASE DEMOTION

- Should **VERY RARELY** be used, **IF EVER**
- Once a participant has achieved the goals and been recognized for completing a phase, they should not have to repeat the phase.
- Most often, it is more appropriate to do a phase hold or delay in advancement until the participant has returned to pre-violation behavior.

JAIL SANCTIONS

- Often **not effective**
- Can make a participant's situation much worse
- Should be reserved for serious infractions
 - Public Safety
 - Illegal Activity
- Preventative detention is illegal



Slide 134

JAIL

Programs that need longer jail sentences
but more residential conditions.

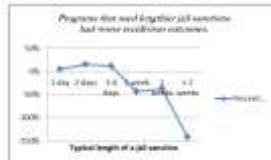


Figure 3. Duration of Jail Sentences Versus Compared with Residential Conditions. (Dugan News, Vol. 10, p. 11)

Slide 135

STANDARD 15 – Training

To promote effective treatment court planning, implementation, and ongoing operations, treatment courts must assure continuing education of team members. Programs that ignore best practices and fail to attend training conferences are more likely to produce ineffective or harmful results.

Slide 136

TREATMENT COURT TEAM TRAINING


- Continued **training** promotes effective treatment court planning, implementation, and ongoing operations
- Treatment courts must assure **continuing education** of all team members
- Attend annual **training workshops and conferences** on best and evidence-based practices, trauma-informed care, implicit biases, and role specific training



Slide 137

TREATMENT COURT TEAM TRAINING

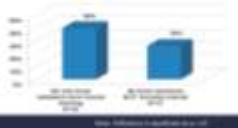
- Treatment court is **responsible for transition** of new team members
- Including **sufficient training and orientation** training for new team members
- Each treatment team member must **obtain and document** their **continuing education**



Slide 138

FORMAL TRAINING

- Drug Courts that Provided **Formal Training for All Team Members** Had **57% Greater Reductions** in Recidivism



Dr. Douglas Wallace, NACOP 44th Drug Court Best Practice Symposium, Vol. 4

Slide 139

Professional Training Opportunities

Make efforts to effectively use all available resources including state conferences, national conferences, webinars and other training resources

<https://www.wicourts.gov/index.jsp>



The slide features three logos: WACIP (Wisconsin Association of Court Interpreters) at the top, NADCP (National Association of Drug Court Professionals) at the bottom left, and NISCI (National Institute of Self-Concept Improvement) at the bottom right.

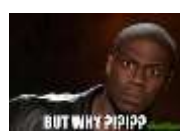
Slide 140

STANDARD 16 –
Community Outreach

Engage in community outreach activities to garner support for the treatment court approach and identify and sustain key partnerships. Community buy-in will help improve program operations and outcomes, help to sustain specialized court dockets, improve access to community resources, and ensure consideration of the community's best interests, including public safety.

Slide 141

COMMUNITY OUTREACH - WHY




- Gain support for the treatment court program
- Long term sustainability
- Decrease negative beliefs regarding addiction
- Promote recovery
- Create recovery community

Slide 142

COMMUNITY OUTREACH - HOW

- Share information with local civic organizations
- Fundraising (consider ethical implications)
- Town hall/community meetings
- Attend public events –festivals, parades, national drug court month
- Develop a marketing plan
- Track collateral benefits provided by the treatment court
 - community service
 - drug free babies
 - reduction of crime
 - licensed and employed participants
 - restitution and fees paid



Slide 143

**STANDARD 17 –
Performance Measurement and
Evaluation**

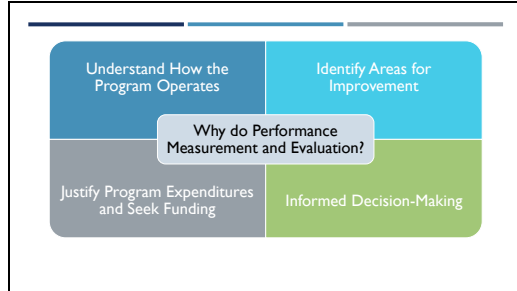
Treatment courts engage in ongoing data collection, performance measurement, and evaluation to assess adherence to the Ten Key Components, Wisconsin State and NADCP National Standards, evidence-based practices, and specific program goals and objectives.

Slide 144

PERFORMANCE MEASUREMENT AND EVALUATION


<p>Performance Measurement</p> <p>An on-going process that provides the treatment court team with timely information to monitor program performance in key areas</p>	<p>Program Evaluation</p> <p>A periodic, often more formal process to review program processes, outputs, outcomes and impact to assess how well the program is working (US Government Accountability Office, 2011)</p>
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Slide 145



Slide 146

WISCONSIN STATEWIDE DRUG AND HYBRID COURT PERFORMANCE MEASURES



- Performance measures for adult drug and hybrid courts currently available
 - <https://www.wiscourts.gov/social/programs/problemsolving/dca/hybridcourtperformancemeasures>
- New project to develop specific measures for other specialty courts including:
 - OWI
 - Veterans
 - Co-occurring/mental health

Slide 147

Outcome Measures	Processing & Admissions	Procedural Fairness	Dosage Measures	Social Functioning
<ul style="list-style-type: none">SobrietyIn-Program RecidivismPost-Program RecidivismRestitution	<ul style="list-style-type: none">Processing TimeScreening & AssessmentDischarge TypeAverage Length of Stay	<ul style="list-style-type: none">Perceived Procedural Fairness	<ul style="list-style-type: none">Incentives & SanctionsTreatment ServicesStatus HearingsSupervisionDrug & Alcohol Testing	<ul style="list-style-type: none">Employment StatusEducational StatusResidency Status

Slide 148

ESTABLISH SYSTEM AND PROCESS FOR DATA COLLECTION

The data collection plan should include the following for each performance measure:

- Who will be responsible for collecting the data or
- The report or system from which data is currently available
- Frequency of data collection

Collect baseline data for each performance measure to assess progress and trends over time.

Slide 149

DIFFERENT TYPES OF EVALUATIONS ANSWER DIFFERENT QUESTIONS

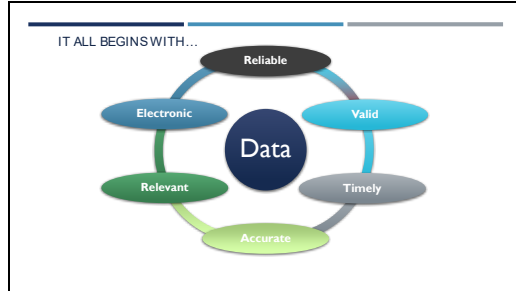
Process <ul style="list-style-type: none">- How was the program implemented?- Was the program implemented as intended?- Is the program adhering to standards?	Outcome <ul style="list-style-type: none">- Is the program meeting the stated goals?- Are there racial or ethnic disparities in the program?- What is the graduation rate for program participants?	Impact <ul style="list-style-type: none">- How do participants compare to those in the traditional justice system?- What is the effect of the program on recidivism?- Did program participants spend fewer days in jail or prison?	Cost-Benefit <ul style="list-style-type: none">- What are the costs associated with the program?- Is the program cost-effective?- How do program costs and benefits compare to alternatives?
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Slide 150

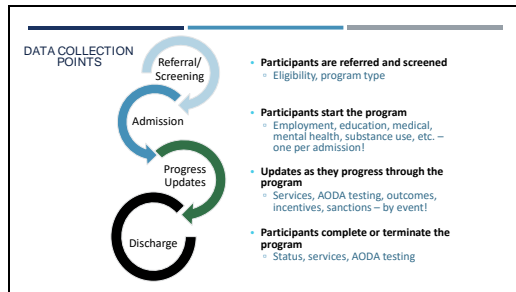
PARTNERING FOR PROGRAM EVALUATION

- Outside, independent, trained evaluator
- Partner with other courts that are similar to you in type, size, and model
- Partner with a local university
- Review published evaluations
- Valid and reliable data collection is critical

Slide 151



Slide 152



Slide 153

CORE
Reporting System

- Comprehensive Outcome, Research, and Evaluation (CORE) Reporting System was designed for performance measurement not case management
- Available at no cost to both funded and non-funded treatment courts in Wisconsin
- Tracks individuals from the point of referral through program discharge.
- Contact WI Department of Justice if you are interested in getting access!

