

# ADULT DRUG COURT BEST PRACTICE STANDARDS

## VOLUMES I & II

Developed by NADCP  
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# Why Standards?

- **Put null findings in context (8 - 16%)**
- **Disown harmful programs (6 - 9%)**
- **Prevent regression to old habits (model drift)**
- **Protect “brand name” from incursions**
- **Define standard of care for ourselves**
  - Limit appellate review to conformance with standards rather than creating standards
  - Congressional committees, agencies, etc.

# Why Standards? (cont.)

- **Reduce legal & constitutional errors**
  - Procedural due process requires standards, rational basis, and notice of rights being waived
- **Reduce disparate impacts (violations of Equal Protection)**
- **Provide support and political cover for needed services and expenditures**
- **Demonstrate maturity of our profession**
- **Because we care about getting it right!**

# Volume I

# Volume I

Twenty out of twenty-five states (80%) responding to a national survey indicated they have adopted the Standards for purposes of credentialing, funding, or training new and existing Drug Courts in their jurisdictions.

# Volume I

- I. Target Population**
- II. Historically Disadvantaged Groups**
- III. Roles & Responsibilities of the Judge**
- IV. Incentives, Sanctions, & Therapeutic Adjustments**
- V. Substance Abuse Treatment**

# Target Population

- Eligibility & exclusion criteria are based on empirical evidence
- Assessment process is evidence-based
  - A. Objective eligibility criteria
  - B. High-risk & high-need participants
  - C. Validated eligibility assessments
  - D. Criminal history disqualifications
    - “Barring legal prohibitions . . .”
  - E. Clinical disqualifications

# Target Population

**Don't Treat or  
House  
High Risk and  
Low Risk  
Together**



# Hx Disadvantaged Groups

- **Equivalent opportunities to participate and succeed in Drug Court**
  - A. Equivalent access (intent & impact)**
  - B. Equivalent retention**
  - C. Equivalent treatment**
  - D. Equivalent incentives & sanctions**
  - E. Equivalent legal dispositions**
  - F. Team training (remedial measures)**

# Roles of the Judge

- **Contemporary knowledge; active engagement; professional demeanor; leader among equals**
  - A. Professional training
  - B. Length of term
  - C. Consistent docket
  - D. Pre-court staff meetings
  - E. Frequency of status hearings
  - F. Length of court interactions
  - G. Judicial demeanor
  - H. Judicial decision-making

# Incentives & Sanctions

- **Predictable, consistent, fair, and evidence-based**
  - A. Advance notice**
  - B. Opportunity to be heard**
  - C. Equivalent consequences**
  - D. Professional demeanor**
  - E. Progressive sanctions**
  - F. Licit substances**
  - G. Therapeutic adjustments**
  - H. Incentivizing productivity**

# Incentives & Sanctions (cont.)

➤ Predictable, consistent, fair, and evidence-based

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I. Phase promotion

J. Jail sanctions

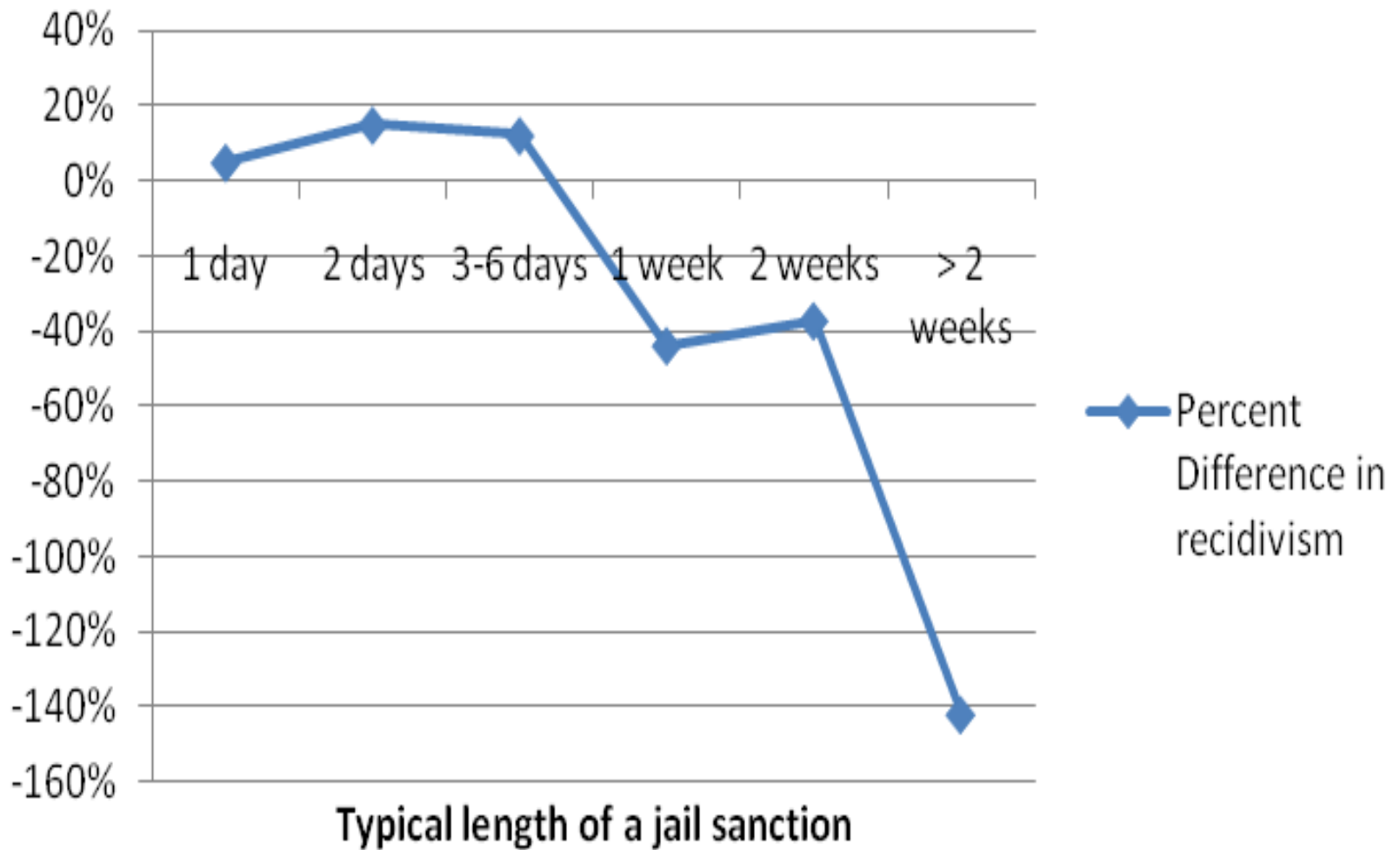
K. Termination

L. Consequences of graduation and termination (leverage)

In

)

### Percent decrease in recidivism between courts that use differing amounts of jail sanction time



# Substance Abuse Treatment

- **Based on treatment needs and evidence-based**
  - A. Continuum of care**
    - “if adequate care is unavailable . . .”
  - B. In-custody treatment**
  - C. Team representation**
  - D. Treatment dosage and duration**
  - E. Treatment modalities**
  - F. Evidence-based treatments**

# Substance Abuse Tx (cont.)

➤ **Based on treatment needs and evidence-based**

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**G. Medications**

**H. Provider training and credentials**

**I. Peer support groups**

**J. Continuing care**

# Volume II



# Volume II

**VI. Complementary Treatment &  
Social Services**

**VII. Drug and Alcohol Testing**

**VIII. Multidisciplinary Team**

**IX. Census and Caseloads**

**X. Monitoring and Evaluation**

# Complementary Treatment

**Participants receive complementary treatment and social services for conditions that co-occur with substance abuse and are likely to interfere with their compliance in Drug Court, increase criminal recidivism, or diminish treatment gains.**

# Complementary Treatment

- A. Scope of Services
- B. Sequence and Timing of Services
- C. Clinical Case Management
- D. Housing Assistance
- E. Mental Health Treatment
- F. Trauma-Informed Services

# Complementary Treatment

- G. Criminal Thinking Interventions
- H. Family & Interpersonal Counseling
- I. Vocational & Educational Services
- J. Medical and Dental Treatment
- K. Prevention of High-Risk Behaviors
- L. Overdose Prevention & Reversal

# Timing Matters



# Drug & Alcohol Testing

**Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the Drug Court.**

# Drug & Alcohol Testing

- A. Frequent Testing
- B. Random Testing
- C. Duration of Testing
- D. Breadth of Testing
- E. Witnessed Collection

# Drug & Alcohol Testing

F. Valid specimens

G. Accurate & Reliable  
Testing Procedures

H. Rapid Results

I. Participant Contract



# Multidisciplinary Team

**A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment and supervision services.**

# Multidisciplinary Team

Composition &  
Training

Pre-Court Staff  
Meetings & Status  
Hearings

**Team**

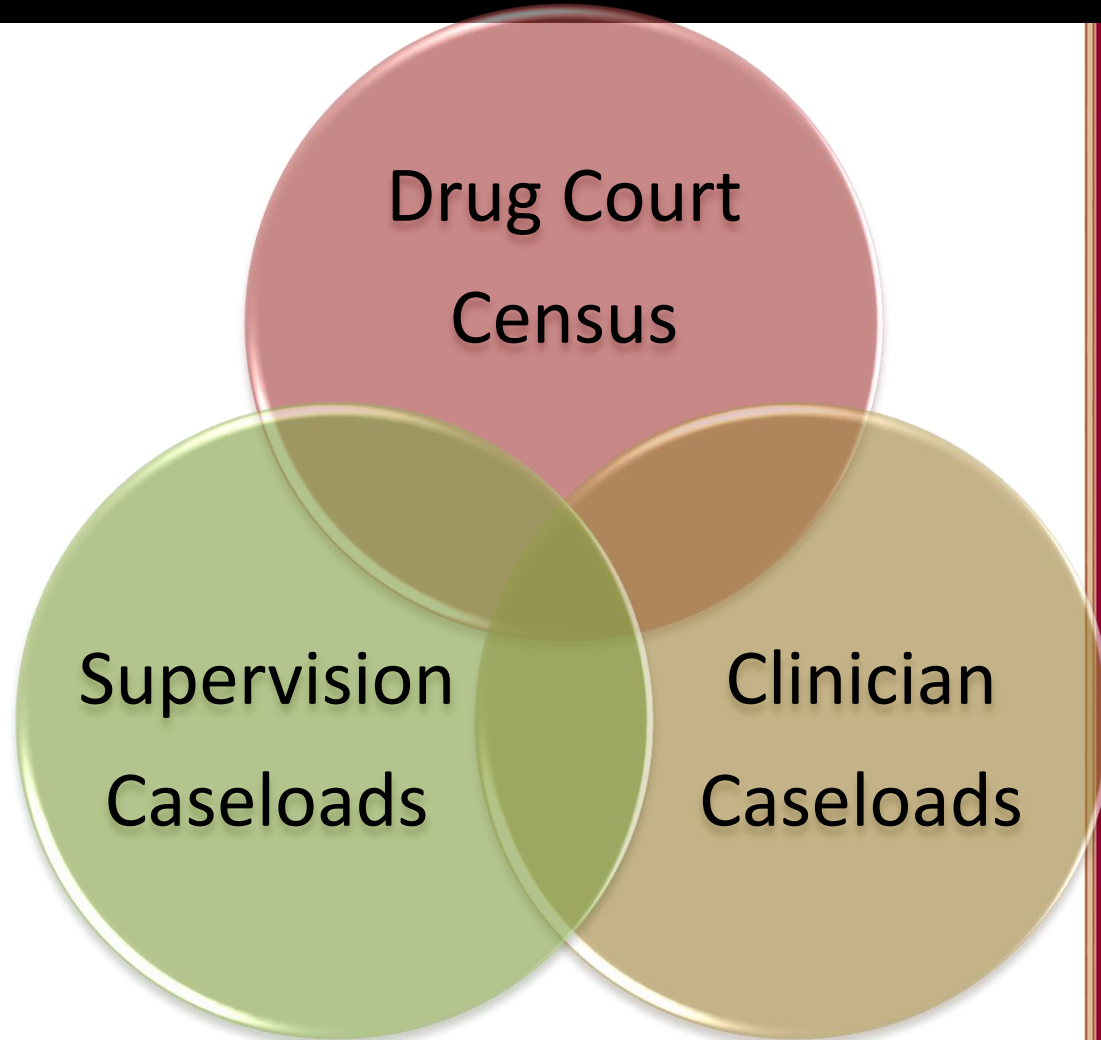
Sharing Information

Communication &  
Decision Making

# Census and Caseloads

**The Drug Court serves as many eligible individuals as practicable while maintaining continuous fidelity to best practice standards.**

# Census and Caseloads



	High Risk	Low Risk
High Need	30 to 1 (or less)	<b>Probation:</b> 50 to 1 <b>Treatment:</b> 30: 1
Low Need	<b>Probation:</b> 30 to 1 <b>Treatment:</b> 50: 1	200:1 <b>Don't Belong in Drug Court</b>

# Monitoring & Evaluation

**The Drug Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.**

# Monitoring & Evaluation

- A. Adherence to Best Practices
- B. In-Program Outcomes
- C. Criminal Recidivism
- D. Independent Evaluations
- E. Historically Disadvantaged Groups

# Monitoring & Evaluation

- F. Electronic Database
- G. Timely & Reliable Data Entry
- H. Intent-to-Treat Analyses
- I. Comparison Groups
- J. Time at Risk



# ADULT DRUG COURT BEST PRACTICE STANDARDS

## VOLUMES I & II

# Evaluations

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Please remember to fill out our speaker evaluation survey!

Link: <http://bit.ly/2kwDvV9>



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