



Justice Speakers Institute
SPEAKING, TEACHING & TRAINING - WORLDWIDE

Adult Drug Court Best Practice Standards

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Judge of the Superior Court of California (Ret.)
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VOLUME I

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Volume I

- Target Population**
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- . Incentives, Sanctions, & Therapeutic Adjustments**
- Substance Abuse Treatment**

I. Target Population

Eligibility and exclusion criteria are based on empirical evidence

Which offenders can be treated safely and effectively?

Eligibility assessment process is evidence-based

- A. Objective eligibility criteria
- B. High-risk and high-need participants
- C. Complies with Equal Protection and Due Process (Natural Law)
- D. No subjective suitability determinations

standardized assessment tools
are significantly more reliable
and valid than professional
judgment for predicting
success in correctional super-
vision and matching offenders to
appropriate treatment and super-
vision services.”

ewes et al., 2006; Miller & Shutt, 2001; Wormith & Goldstone, 1984



“Unstructured Professional Judgment”

Lacks transparency

Weakest accuracy

Susceptible to bias

Lacks consistency

- Widely accepted
- Convenient
- Flexible

Clinical opinion alone is not valid. Evidence says clinical overreliance on
of statistical risk predictions decrease prediction accuracy.

Merin, et al., “Selecting and Using Risk and Need Assessments,” Vo. X, No.1 Drug Court Practitioner Fact Sheet (NDCI, Dec. 2015)

Target Population, cont.

D. Criminal history disqualifications

- Disqualifications must be based on empirical evidence demonstrating offenders with such records cannot be managed safely or effectively
- More cost effective to serve those charged with felony theft and property crimes

E. Clinical disqualifications

- Cannot exclude for co-occurring disorders or medical conditions if adequate services are available
- Can expect significant cost savings if included in Drug Court
- Cannot exclude for taking legally prescribed psychotropic or addiction medication

II Historically Disadvantaged Groups

race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion or belief, socioeconomic status

Equivalent opportunities to participate and succeed in Drug Court

- A. Equivalent access (eligibility criteria have neither the intent nor impact of excluding)**
- B. Equivalent retention with backup remedial action plan**
- C. Equivalent treatment (same level and quality of care)**

Hx Disadvantaged Groups, cont.

- D. Equivalent incentives & sanctions
- E. Equivalent legal dispositions
- F. Team training on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups



III. Role/Responsibilities of the Judge

➤ **Contemporary knowledge; best practices; active engagement;
professional demeanor; frequent interaction with participants**

- A. Professional training annually**
- B. Length of term of judge no less than two years**
- C. Consistent docket with participants seeing the same judge**
- D. Pre-court staff meetings and consideration of team's recommendations**

Role of Judge, cont.

- E. Frequency of status hearings (every two weeks in early Phases; monthly in Phases 3 & 4)**
- F. Length of court interactions (3 minutes minimum)**
- G. Judicial demeanor; engagement in Procedural Justice/
Fairness**
- H. Judicial decision-making as required by Canons of Ethics**

IV. Incentives, Sanctions and Therapeutic Adjustments

Predictable, consistent, fair, and evidence-based. Behavior modification is the goal.

- A. Advance notice**
- B. Opportunity to be heard**
- C. Equivalent consequences**
- D. Professional demeanor (no anger, ridicule, shame or bad language)**

-
- E. Progressive sanctions responding to distal and proximal goals**
 - F. Licit substances (e.g., alcohol, marijuana)**
 - G. Therapeutic adjustments based on duly trained treatment professionals**
 - H. Incentivizing productivity and engagement in pro-social activities**

- I. Phase promotion
- J. Jail sanctions **used judiciously and sparingly**
(1 to 5 days; 6 days increase recidivism)
- K. Termination – make failure very difficult.
“Drug court should be easy to get into and hard to fail out of.”
- L. Consequences of graduation and termination (leverage)

V. Substance Abuse Treatment

Based on treatment needs as shown in a standardized assessment and interventions that are evidence-based

- A. Continuum of manualized care
- B. In-custody treatment discouraged
- C. Treatment representative as core member of Drug Court team
- D. Treatment dosage and duration to achieve long-term sobriety and recovery

-
- E. Treatment modalities – 1-on-1 and group**
 - F. Evidence-based treatments**
 - G. Medications and Medically Assisted Treatment (M.A.T.)**



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Programs & Campaigns

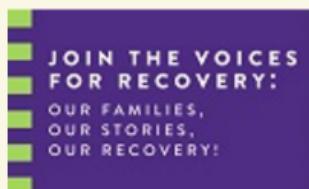
Grants

Data

About Us

Publications

Featured Campaign



Recovery Month

Recovery Month promotes the societal benefits of prevention, treatment, and recovery for mental and substance use disorders.

Popular Programs, Campaigns, & Initiatives

- » [National Registry of Evidence-based Programs and Practices \(NREPP\)](#)
- » [Medication-Assisted Treatment \(MAT\)](#)
- » [Too Smart To Start](#)
- » [Division of Workplace Programs \(DWP\)](#)

Popular Technical Assistance & Resource Centers

- » [Center for the Application of Preventive Technologies \(CAPT\)](#)
- » [Homelessness Programs and Resources](#)
- » [GAINS Center for Behavioral Health Justice Transformations](#)
- » [Now Is The Time Technical Assistance](#)

[View All Programs](#)

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or scientifically established behavioral health interventions.

[Visit the NREPP Newsroom.](#)

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Historical discriminat....jpg



Vibes.jpg

H. Provider training and credentials

I. Peer support groups after evidence-based preparatory intervention

J. Continuing care and relapse prevention with follow up for 90 days

2015

VOLUME II

Volume II

VI. Complementary Treatment and Social Services

VII. Alcohol and Other Drug Testing

VIII. Multidisciplinary Team

IX. Census and Caseloads

X. Monitoring and Evaluation

VI. Complementary Tx and Social Services

Interventions, other than substance abuse treatment, that ameliorate symptoms of distress, provide for participants' basic living needs, or improve participants' long-term adaptive functioning.

Scope of Complementary Services address *responsivity needs, criminogenic needs* and *maintenance needs*

Housing assistance

Mental health treatment

Tx and Social Services, cont.

trauma-informed services
criminal thinking interventions
family or interpersonal counseling
vocational or educational services
medical or dental treatment

Tx and Social Services, cont.

Sequence and Timing of Services

Responsivity needs (Phase 1: housing, mental health symptoms, substance-related craving, withdrawal or anhedonia)

Criminogenic needs (Phase 2: criminal thinking, family conflict)

Maintenance needs (Later Phases: maintenance of treatment gains, vocational/educational counseling)

Clinical Case Management (assessment for tx and social services)

Tx and Social Services, cont.

Housing assistance to have safe, stable and drug-free housing. Homelessness is not a disqualifying factor for Drug Court

Mental Health Treatment after an assessment. Concurrent treatment. No requirement to abstain from M.A.T. in order to graduate

Trauma-Informed Services. Gender-specific groups for women. Team receives formal training on delivering trauma-informed services

Tx and Social Services, cont.

Criminal Thinking Interventions based on Cognitive Behavioral Therapy (CBT) like MRT, Thinking for a Change or Reasoning & Rehabilitation

Family and Interpersonal Counseling based on CBT to reduce family conflicts

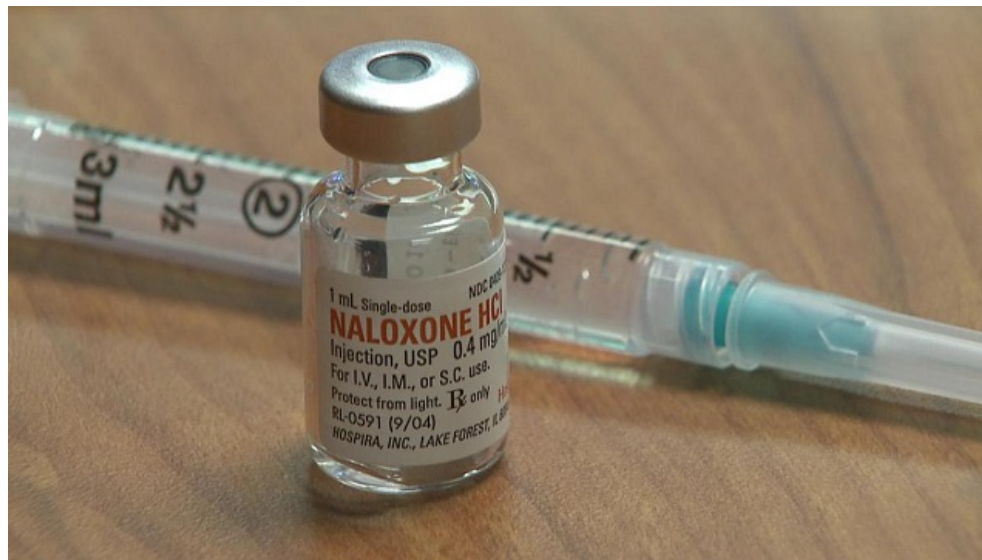
Vocational and Educational Services in late phases as part of continuing care plan

Medical and Dental Treatment

Tx and Social Services, cont.

Prevention of Health Risk Behaviors to reduce STDs and other communicable diseases

Overdose Prevention and Reversal



VII. Alcohol and Other Drug Testing

Frequent testing (urine at least 2x/week; ankle monitors; oral fluid testing)

Random testing with weekends and holidays as likely test days. Urine specimen within 8 hours of notice; oral fluid within 4.

Duration of testing continued throughout program

Breadth of testing -- everything

Gold Standard



Testing, cont.

Witnessed collection

Valid specimen without dilution or adulteration

Accurate and reliable testing procedures. Screening test subject to GC/MS if contested

Rapid results within 48 hours

Participant contract is clear about testing as is handbook. Should review periodically.

VIII Multidisciplinary Team

multidisciplinary team of professionals manages the day-to-day operations of the Drug Court as well as participates in staffing, status hearings

Team Composition (all partner agencies, judge/magistrate, coordinator, attorneys, treatment, community supervision and law enforcement)

Pre-Court Staff Meetings (“Staffings”). All members are prepared and attend in a private setting

Team, cont.

Sharing information with appropriate confidentiality waivers. There should be a specific MOU regarding information that would otherwise be protected by HIPPA or 42 CFR

Team communication and decision making

Status hearings are consistently attended by the team

Team training initially and continuing education annually

IX. Census and Caseloads

Balance between need to serve all versus fidelity to the model

Drug Court Census magic number?

25

Supervision Caseloads magic number?

)

Caseloads, cont.

Clinician Caseload magic number
0 case management
0 individual therapy or counseling
0 if providing both



X. Monitoring and Evaluation

**Adherence to Best Practices by monitoring annually
In-Program Outcomes**

**Criminal Recidivism including new arrests, convictions,
incarcerations separating misdemeanors and felonies**

Independent Evaluation every five years

**Historically Disadvantaged Groups with remedial action plan
and timetable if disparities**

U.S. Drug Court Participants

67% Caucasian

17% African American

10% Latino/a

U.S. Drug Court Graduates

OVERALL 59%

39% African Americans

32% Latino/a

39% Women

Monitoring, cont.

Electronic Database

Timely and Reliable Data Entry (w/in 48 hours of event)

Intent-to-Treat Analyses (graduated, withdrew, discharged)

Comparison Groups

Time at Risk

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