

Jackson County Adult Drug Court
Independence and Kansas City, Missouri

Process Report Based on Site Visit December 2015

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The Jackson County Drug Court (JCDC) Program began in October 1993. Jackson County encompasses a large urbanized area and consists of a major metropolitan community, Kansas City, with a number of suburban communities, including Independence, Missouri. Court dockets, including drug court, are held in both communities. Services for treatment court participants are offered in both of these communities as well as at other sites around the county. The treatment court program has been fortunate to have a treatment court commissioner who has a long tenure with the program, providing leadership and continuity as the program has expanded and changed to reflect new research and needs in the community.

As part of a statewide initiative in July 2012, the Jackson County adult treatment court and veteran's court began using the Risk and Needs Triage (RANT®) to screen participants at entry into the program. In October 2014 the program implemented separate quadrants based on their RANT® score. The program is participating in an evaluation of outcomes and costs of the 4-track model.

This report describes the processes in place at the start of the evaluation period. The information in this report comes from a site visit conducted in December 2015. During the visit staff meetings and court sessions were observed and interviews conducted. Information from the site visit was supplemented with the results of an electronic survey of court processes and documents describing the program structure.

The Transition

The treatment court commissioner made the decision to adopt a 4-track model which was fully implemented in October 2014. All the staff received the necessary training and staff report the transition to this model was very smooth. When the program began to apply a 4-track approach to treatment and supervision, participants who were within three or four months of graduating completed the existing program. Regardless of how long individuals had been in the program, if they had no sustained time with negative drug tests, they were placed in the appropriate quadrant. If participants had been active for two months or less, they started the new program in the appropriate quadrant.

Information Applicable to all Four Quadrants

Staffing includes:

Treatment Court Commissioner

Public defender

Prosecutor and paralegal assistant (who enters information in Karpel, the prosecutor's electronic information system)

Treatment representative from Heartland Behavioral Health

Probation officers/diversion managers

Judicial Administrative Assistant

Client advocates who are case managers charged with helping clients access social services, housing, obtaining medications and the financing for them, accessing mental health services, providing clothes, taking clients to in-patient services and providing general case management services.

Staff meetings are held twice daily, Tuesday through Friday, before each docket, and run about 80 minutes. During staffing sessions the team monitors the proportion of treatment appointments each participant attends as well as employment status, warrant status, substance use, missed drug tests, community service requirements and progress toward fulfilling those requirements. The team also identifies the current primary focus for each participant, such as ‘getting engaged.’

The RANT® screening is conducted after individuals have been referred to treatment court. The average length of time from arrest to referral in 2015 was 638 days. The time from referral to program entry was about two weeks. The first time an individual appears for the treatment court docket, a probation officer administers the RANT®. Probation officers were chosen to administer the RANT® because they ask similar questions during their initial interview. Usually the RANT® screening occurs in the back of the courtroom. The treatment provider conducts a comprehensive assessment of every participant. Participants who score as high need receive an ASI (Addiction Severity Index) assessment.

The program mostly accepts referrals for pre-plea cases. Almost all individuals with drug charges are referred to the program. The program does not have many exclusionary criteria other than no violent offenses. If a participant is prescribed narcotic painkillers, their usage is monitored closely by program staff. The program admits 18 to 22 individuals each month. Between the start of the 4-track approach in October 2014 and October 2015, exits, including veteran’s court exits included: Quadrant 1: 125; Quadrant 2: 32; Quadrant 3: 64 and Quadrant 4: 47.

Once assessed, participants attend an orientation session and receive a schedule based on their treatment and supervision needs. The participants are informed of their quadrant assignment. Mental health needs do not determine track placement; individuals with co-occurring disorders could be in any track or in a specialized COD track. Placement is based on the severity of the disorder. At the time of the visit in December 2015, individuals with co-occurring disorders were in quadrants 2 and 4. The RANT® is overridden in situations where participants continue to test positive for illegal substances or have ongoing law enforcement contact.

Quadrants 1 and 2 have phases. Phase 1 lasts about 12 weeks although movement to phase 2 is based on being clean at least 30 days, attendance at individual and group sessions at least 75% of the time, compliance with Court mandates and maintaining a regular schedule of meetings with the Diversion Manager. Phase 2 lasts about sixteen weeks. Movement to phase 3 requires a minimum of 90 days clean, attendance at required treatment sessions at least 75% of the time, and compliance with other program requirements. Phase 3 lasts 5 months or until all requirements are met.

Medically Assisted Treatment (MAT) is available. At the time of the site visit four participants were prescribed MAT. Also, at that time, participants were not screened for trauma because the treatment provider had no clinicians trained to provide trauma treatment. Participants who are severely mentally ill may be referred to Department of Mental Health providers in the community who have trained clinicians.

Residential treatment and shelters are used extensively by this program. Residential treatment is used frequently at the beginning of the program to get individuals stabilized. On occasion, a participant will request residential treatment if they feel a relapse is likely. Participation in a 12 step NA/AA program is not a universal requirement. NA/AA has not been well-developed in the Jackson County area, and the staff feel it is not appropriate for many of the individuals they serve. If appropriate, a participant may be required to attend a 12-step orientation so they can make an informed decision as to whether it is appropriate for them.

While the primary treatment provider is Heartland Behavioral Health, some participants receive treatment at 6 to 10 other agencies. The type of treatment they receive varies. The other agencies must comply with the same requirements for random drug testing. To encourage the other agencies to test participants frequently, the drug court has provided drug testing kits to the treatment agencies.

The program has developed a specialty group for participants who have become disengaged called the Focus/Second Chance class as well as a Relapse Group. If participants miss treatment sessions or drug tests, they must attend a weekend program. This is part of the therapeutic approach favored by the Jackson County program. Generally before sending a participant to jail as a sanction, they will require more treatment or require the participant to attend court hearings more often.

At the time of the site visit, the Heartland was restarting a gender specific group for women. About 35% of program participants are female. Research indicates females are more responsive in programming that is gender-specific.

Incentives for all groups include verbal praise, certificates, reduction in required community service or a \$10 credit toward fees owed. Because this is a pre-plea drug court, the primary incentive for individuals is to have the charges associated with the case that led to drug court dismissed or not filed.

Sanctions tend to be therapeutic responses such as participation in the Focus/Second Chance class or the Relapse Group, more court hearings, more treatment sessions, essays, sit times, more frequent drug tests, program restart or return to an earlier phase. On occasion, jail sanctions are used and the most typical length of stay is five days. If a residential bed is not available for detox, jail may be used for that purpose instead.

The JCDC includes prosocial activities in individual treatment rather than offering opportunities for participants to gather as a group for such activities outside the treatment context. In conjunction with MRT, individuals provide 10 hours of public service in addition to community service required by the Court.

Probation officers are called diversion managers. They carry a mixed caseload of participants from each quadrant. They conduct home visits based on participant needs. There has been very little turnover among the diversion managers assigned to treatment court. They enjoy working with drug court participants and see them succeed on a routine basis. Diversion managers also supervise drug court participants from the start to the finish of their case. The diversion managers

report they like the team feeling of the JCDC. The average caseload is around 50 people, and caseloads are more manageable with the inclusion of client advocates and the general team approach.

Drug testing is performed by one vendor although the vendor was being changed at the time of the visit and there was a three month period when results were not being reported in a timely manner. In general if there's a question about test results, hair samples are sent to another vendor for further analysis. In general results are available to staff within two days.

Most participants are poly-drug users although the prevalence of cocaine and marijuana necessitated the creation of ancillary groups targeting their lifestyles and behaviors.

Participants pay \$360 in fees for drug court. The fees may be adjusted based on ability to pay and as an incentive, participants may receive a \$10 credit toward fees.

To graduate, participants must have been substance free at least 180 days, be employed, have stable housing, complete community service, pay all fees and have a relapse prevention plan.

Quadrant 1 High Risk/High Need

Individuals in Quadrant 1 attend MRT (Moral Reconciliation Therapy) and individual counseling sessions. During phase 1, participants attend one individual session weekly and two group sessions per week, they receive three random drug tests weekly, they appear once every two weeks at a status hearing, and meet with a diversion manager once every 2 weeks. During phase 2 participants attend two individual sessions monthly and one group session weekly. In Phase 3 participants are drug tested 3 times weekly, attend a group session once per week and an individual session once a month, have a status hearing once monthly and meet with their diversion manager monthly.

Quadrant 2 Low Risk/High Need

Participants in this quadrant who continue to use marijuana or cocaine, may be required to attend a supplemental drug specific group. They may be mixed in this group with participants in Quadrant 4. This was designed as a 12 month program although individuals in this quadrant and others with co-occurring disorders tend to stay in longer to stabilize. There are 3 phases: In Phase 1 participants attend four group sessions and one individual session per week. In Phase 2 they attend two group sessions per week and two individual sessions per month. In Phase 3 they attend one group sessions per week and one individual session twice per month. Individuals in this quadrant generally do not receive sanctions for missed UAs. Instead, they are required to attend more hearings or to attend more individual treatment sessions.

Quadrant 3 High Risk/Low Need

This quadrant has no distinct phases and is designed to last 12 months. Participants attend MRT with Quadrant 1. When these participants finish MRT, they have individual sessions twice monthly to maintain a treatment plan. The diversion managers tend to do more follow-up with these individuals. Individuals in this quadrant may get reassigned to Quadrant 1 if they continue to use drugs.

Quadrant 4 Low Risk/Low Need

This quadrant was designed as a 12 month program with no distinct phases. Most of the treatment for this group is in the form of education. Participants are required to attend a 12 week life skills training. If marijuana or cocaine use is an ongoing issue participants are ordered to attend marijuana and cocaine specific groups which supplement treatment. The rationale for creating these drug specific groups was that there were similarities in the context of drug use and associated lifestyles. Quadrant 2 participants may be in these drug specific groups along with Quadrant 4 participants. Occasionally, if individuals in Quadrant 4 continue to use, they are reassigned to Quadrant 2. While Quadrant 2 and 4 are mixed for some group work, they never interact with participants in Quadrant 1 or 3. Once participants complete the 12 week life skills courses, their contact with the court is minimized until they graduate. They still must report for drug tests, work on transition plans and attend individual treatment sessions once a month to make sure they stay on track.

JCDC Alignment with the Ten Key Components

KEY COMPONENT #1: DRUG COURTS INTEGRATE ALCOHOL AND OTHER DRUG TREATMENT SERVICES WITH JUSTICE SYSTEM CASE PROCESSING.

The benefit of allowing multiple treatment providers to serve the drug court is the participants may be able to access treatment at a location convenient to their residence. The challenge is to ensure treatment is evidence-based and implemented with fidelity. No one is providing oversight for the 6 to 10 providers to ensure rigorous standards are followed. The JCDC may want to limit the number of providers to those who can be monitored or develop a monitoring mechanism.

KEY COMPONENT #2: USING A NON-ADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS' DUE PROCESS RIGHTS.

The JCDC is commended for having both a prosecutor and a public defender on the team. The entire team focuses on a therapeutic approach. The challenge is that the prosecutor tends to change on a very frequent basis. Each time a new prosecutor joins the team, the individual must be oriented to best practices.

KEY COMPONENT #3: ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE DRUG COURT PROGRAM.

The JCDC is commended for their active use of the RANT® and the adoption of the 4-track model.

For higher cost savings, research recommends there should only be 50 days from arrest to drug court entry. In 2015 the average was 638 days in Jackson County. After arrest, individuals may receive services from the array of COMBAT (Community Backed Anti-Drug Tax) funded providers and only after failed attempts with those services are they referred to the JCDC. Staff may want to reconsider this trajectory. Research indicates each failed treatment episode compounds the difficulty of successful recovery.

While the JCDC has few exclusionary criteria, it does exclude participants with violent charges or sex offenses as well as those with a history of violence. Research indicates that drug court participants with violent charges are not at a higher risk of reoffending; the length of one's criminal history is directly related to the likelihood of reoffending. The JCDC may want to revisit this exclusionary criteria, including a definition of what they mean by 'violent.'

KEY COMPONENT #4: DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG AND OTHER TREATMENT AND REHABILITATION SERVICES.

The JCDC is commended for having dedicated, long-serving staff and for the therapeutic approach it takes to individuals with a substance use disorder who are justice involved.

Participants are fortunate to benefit from a county tax, COMBAT, which provides funds for an extensive array of treatment services.

The role of client advocates on the team strengthens the entire team and provides needed resources to participants so they can stabilize their living environment and focus on recovery.

The program is commended for taking a reasoned approach to 12-Step program participation.

At the time of the visit (December 2015) trauma was not being addressed because the primary treatment provider did not have a clinician trained in trauma treatment. Given the impact of trauma in the etiology of substance use, the program is strongly advised to seek out or train existing clinicians to assess and treat trauma in program participants.

KEY COMPONENT #5: ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING.

The JCDC has had a reliable system for drug testing with results returned in two days. They had a short term challenge during a transition from one provider to another when test results were not being received, however that was an anomaly.

The primary treatment provider follows the policy of the JCDC to randomly test three times per week. Compliance by the other 6 to 10 providers is consistent because they are required to maintain the JCDC testing approach even if their standard drug testing policy differs.

KEY COMPONENT #6: A COORDINATED STRATEGY GOVERNS DRUG COURT RESPONSES TO PARTICIPANTS' COMPLIANCE.

The JCDC is to be commended for having identified therapeutic responses to participant behavior. Punishment in the form of jail sanctions is a last resort.

Certain graduation requirements may not be necessary for success and may prevent individuals from graduating. Research indicates requiring participants to have a job and to pay all fees may impede a successful exit. Individuals living in poverty may not be able to pay fees. Because most programs charge fees based on the length of time in the program, the longer participants are in the program, the more they have to pay. A better approach is to assess for indigency on an

ongoing basis to determine if any individual is in fact unable to pay the fees. Of course, if an individual is able to pay the fees but is not taking responsibility for meeting the financial obligation, then a different strategy is needed.

The employment requirement is discretionary based on individual circumstances. Individuals may live in disadvantaged neighborhoods and not have employment opportunities. Participants have remarked that too much attention is put on having a job. They would prefer to receive career development support. With client advocates already working with participants, more relationships could be built with places of employment that offer career tracks.

KEY COMPONENT #7: ONGOING JUDICIAL INTERACTION WITH EACH PARTICIPANT IS ESSENTIAL.

The commissioner demonstrates active listening with each participant. He spends at least three minutes with each participant and engages them in active dialogue. He responds to them in a therapeutic manner.

KEY COMPONENT #8: MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS.

The JCDC has its own data system, eCourts, which provides the team access to an important array of performance measures. The team can readily access information on trends and adjust the program as needed.

KEY COMPONENT #9: CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE DRUG COURT PLANNING, IMPLEMENTATION, AND OPERATIONS.

Program staff attend trainings on a regular basis. They are commended for ensuring that all staff had training on the four quadrant approach before it was implemented.

KEY COMPONENT #10: FORGING PARTNERSHIPS AMONG DRUG COURTS, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS GENERATES LOCAL SUPPORT AND ENHANCES DRUG COURT PROGRAM EFFECTIVENESS.

Community organizations are represented on their advisory board. This is an area that requires continuous cultivation of relationships. The JCDC is encouraged to continue to identify community partners with resources that could benefit the participants.