TREATMENT COURT PROGRAM
SITE VISIT EVALUATION

COUNTY/CIRCUIT: Osage/Gasconade/20th Circuit
DATE: September 6, 2016
OBSERVER: Katie Doman/Guy Provencal
PROGRAM TYPE: ADC 4-Track model
CURRENT DCCC FUNDING: $200,011.14
 # PARTICIPANTS: 19
BJA FUNDING (3 year total): $40,597.82
PROGRAM BEGAN: July 2009
PROGRAM BEGAN 4-TRACK MODEL: June 2015

On-Site Visit Customer Satisfaction Survey (date sent): September 9, 2016

The Drug Courts Coordinating Commission (DCCC) was established in 2001. The commission oversees the operation of treatment court programs operating within the state. Treatment court funding is awarded in accordance with the 10 Key Components of drug courts and the Adult Drug Court Best Practice Standards Volumes I and II.

The following is a description of the observations made by OSCA Treatment Court and Research Staff. To provide background for these results, the 10 Key Components are described along with the associated research on best practices within each component.

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

The focus of this key component is on the integration of treatment services with traditional court case processing. Practices that illustrate an adherence to treatment integration include the role of the treatment provider in the treatment court system and the extent of collaboration of all the agencies involved in the program.

In the original monograph on the 10 Key Components (NADCP, 1997), drug court is described as a collaboration between ALL members of a team made up of treatment, the judge, the prosecutor, the defense attorney, the coordinator, case managers, and other community partners. Each team member sees the participant from a unique perspective, at different times of the day or week, and under varied circumstances. This offers holistic, useful information for the team to draw upon in determining court responses that will change participant behavior. Participation from all partners contributes to the strength of this model and is one of the reasons it is successful at engaging participants and changing behavior. For these collaborations to be true "partnerships," regular meetings and communication with these partners should occur. If successful, the treatment court will benefit from the expertise that resides in all of the partner agencies, and participants will enjoy greater access to a variety of services.

National Research

A great deal of research (e.g., Baker, 2013; Carey et al., 2005, 2012; Shaffer, 2011; VanWormer, 2010) has indicated greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court hearings is correlated with positive outcomes for participants, including reduced recidivism and, consequently, reduced costs at follow-up. Each team member contributes independently to improve program outcomes. For example, drug courts in which the treatment provider attended staffing had 105% greater reductions in recidivism than programs in which the treatment provider did not attend. Findings also indicated when the treatment provider uses email to convey information to the team, the program

had greater outcomes. Programs in which the coordinator attended staffing had 50% greater reductions in recidivism. Also, greater law enforcement involvement increases graduation rates, reduces recidivism and reduces outcome costs (Carey et al., 2008, 2012).

Observations

- The team is comprised of Judge Robert Schollmeyer; Beth Billington, Treatment Court Administrator; Rhonda Muenks, Probation Officer; Erica Mundwiller, Probation Officer; Amanda Grellner, Osage County Prosecuting Attorney; Stephanie McFadden, Treatment Provider; and Chris Anderson, Treatment Provider.
- There is currently no defense counsel on the Treatment Court Team.
- Staffing meetings to discuss participant progress are held weekly. Team members who consistently attend staffing meetings include all team members listed above.
- The team staffed 9 participants (all Quadrant 1) on the day of the site visit. The team members were very knowledgeable and provided the judge with the most updated information. The staffing was thorough, but kept within the scheduled time.
- A standardized form was utilized to report participant information in a consistent manner. Beth Billington creates the form through OSCA reports using the information provided by the treatment provider, probation officer (PO) and other team members.
- The team discussed the following during staffing:
    - Participant's overall progress
    - Important updates and/or changes
    - Medication Assisted Treatment (MAT) information
    - Financial information
    - Incentives/sanctions strategies
- Team members who participate in court sessions include all team members listed above.
- The program works directly with Pathways to provide treatment services to participants. Team members reported they have well-established relationship with the provider. The team works very closely with the provider to ensure the best service is provided to the participants. The program has had issues such as with the administration of MAT to the participants in the past with the Treatment Provider. The team and Pathways have met in person and continue to communicate regularly to address these issues.
- Observers were asked to sign a confidentiality form.

Commendations

Good stability among team members. Having team members who remain in the program (their positions do not rotate) helps build consistency and relationships and is a benefit to the participants.

Excellent team member communication. During observations the team exhibited excellent communication skills, generally speaking openly and working toward consensus on recommendations for each participant. As a reminder, the team should meet outside of regularly scheduled staffing and docket hearings to discuss manuals, policy/procedure and other protocol updates (i.e. annual retreat, planning meeting).

Regular email communication. Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey et al., 2012). Team members noted updates occur regularly via email regarding participant behavior and court responses. It was also noted that daily phone calls occur among many team members to discuss ongoing or urgent

matters related to participants. As a reminder, all communication about an individual's participation in treatment must be in compliance with the provisions of 42 CFR, Part 2.

The program uses standardized staffing sheets. Consistent staffing sheets with participant history and progress notes were used at staffing meetings. Providing a standardized progress report allows the court to better document a participant's progress in the program, which is particularly important for participants who have been in the program for a substantial length of time and may need creative responses to continued negative behavior.

The programs' mission, goals, operating procedures and performance measures are clearly defined in the policy and procedure manual.

Participant comments on the team:

"I have no complaints."

Participant comments on the program:

"I like all of the counseling I have received."

"I like learning how to live without drugs."

"Being able to have a second chance."

"I don't like all the changes they have made, like going from 4 phases to 5 phases and the new drop team."

"All the jail sanctions and the new drop team is terrible and invasive. They could care less about our time and are not very friendly."

Suggested Business Practice

Representatives from all key agencies attend staffing and court sessions. Research shows each team member contributes an important perspective and can improve participant outcomes by being a part of the team (Carey et al., 2012).

Work toward adding a law enforcement representative to the team. Research has shown drug courts that include law enforcement as an active team member have higher graduation rates, lower recidivism and higher cost savings (Carey et al., 2012). The role of law enforcement on the team could include assisting probation officers in conducting home visits to verify that participants are living in an environment conducive to recovery and improve relationships between law enforcement and participants. Law enforcement representatives can learn to recognize participants on the street and can provide an extra level of positive supervision.

Establish an updated written memorandum of understanding (MOU) with each team member. A MOU establishes the roles and responsibilities of each team member in the program.

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

This component is concerned with the balance of three important issues. The first issue is the nature of the relationship between the prosecution and defense counsel in treatment court. Unlike traditional case processing, treatment court case processing favors a collaborative, non-adversarial approach. The second issue is to ensure the treatment court remains responsible for promoting public safety. The third issue is to ensure the protection of participants' due process rights. While Key Component #1 includes all team members, Key Component #2 and best practices information discussed in this section focus specifically around the engagement of the defense and prosecution team members.

It is important to remember the goal of the treatment court is to change behavior by coercing treatment, while protecting both participant rights and public safety. Punishment takes place at the initial sentencing. After punishment, the focus of the court shifts to the application of science and research to produce a clean, healthy citizen where there was once an addicted criminal, while protecting the constitution and the constitutional rights of the participant.

National Research

Research by Cissner et al. (2013) and Carey et al. (2012) found participation by the prosecution and defense attorneys in team meetings and at drug court status review hearings had a positive effect on graduation rates and recidivism costs.

In addition, courts that allowed non-drug-related charges also showed lower recidivism costs. Allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment costs while drug courts that mixed pre-trial and post-trial offenders had similar outcomes as drug courts that keep those populations separate (Carey, Finigan, & Pukstas, 2008).

Observations

- A dedicated prosecuting attorney is assigned to the program and participates in most staffing and court sessions.
- Currently, there is not a defense attorney who attends staffing or court sessions.
- The program can accept post-plea, probation referrals and offenders who receive 120- day sentences.
- Many potential admissions are identified by the prosecuting attorney's office, as they flag cases with drug charges for consideration to drug court.
- The program may allow participants with non-drug charges, drug sales/manufacturing charges, mental health issues or out of county residency into the program; these are considered on a case-by-case basis. A more detailed description of the program eligibility criteria is included in Key Component #3.

Commendations

The program admits participants with a wide range of charges. Allowing charges in addition to drug offenses allows drug court services to be available to a large group of offenders that need them. Research shows courts where charges in addition to drug charges are eligible for participation had lower recidivism and higher cost savings (Carey et al., 2008, 2012; NADCP, 2013). In addition, research in 69 drug courts showed programs that included offenders with violent charges had similar outcomes to those that did not allow violent offenders, demonstrating drug court is equally effective across charge types (Carey et al., 2008, 2012; Saum & Hiller, 2008).

The program is commended for allowing defendants who reside outside of the county (in certain circumstances) to participate in the program, as this is an extremely complicated and difficult process that most treatment courts have not been able to achieve.

Participants are given a notice of hearing. Procedural protections are due under the 5th and 14th Amendment when the defendant will potentially suffer a loss to a recognized liberty or property right, including termination from the treatment court program. The policy and procedure manual and participant handbook both contain a section the covers the defendant's rights including contacting an attorney at any time.

Suggested Business Practices

Consider ways to ensure a defense attorney is consistently present at staffing meetings and court sessions. The role of the defense attorney continues to be advocacy as long as it does not interrupt the behavior modification principles of timely response to participant behavior. Advocacy takes different forms and occurs at different times, but it is equally powerful and critical in the treatment court setting. Treatment courts are not due process short cuts, they are the courts and counsel should use their power and skills to facilitate treatment within constitutional bounds while monitoring the safety of the public and the participant. Treatment court participants are seen more frequently, supervised more closely and monitored more stringently than other offenders. Thus they have more violations of program rules and probation. Counsel must be there to rapidly address the legal issues, settle the violations and move the case back to treatment and case plans. The defense attorney may also offer encouragement and praise to participants. The defense attorney should be included on all policy-related matters. One option might be for the defense attorney to participate by phone unless his/her presence is needed for a termination hearing or a participant specifically requests his/her presence. Another option may be to ask more than one local attorney to rotate treatment court days to share their time.

Prosecutors and defense attorneys should not engage in activities with the court without the other attorney being present to avoid ex parte communication and to ensure due process for participants. Having prepared counsel on both sides present in court allows for a swift court response and return to treatment. Working together, attorneys can facilitate the goals of the court and simultaneously protect the participant and the constitution.

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

The focus of this component is on the development and effectiveness of the eligibility criteria and referral process. Different treatment courts allow different types of criminal histories. Some courts also include other criteria such as requiring participants assess as drug dependent, admit to a drug problem or meet other "suitability" requirements that the team uses to determine whether they believe specific individuals will benefit from and do well in the program. Treatment courts should have clearly defined eligibility criteria. It is advisable to have these criteria written and provided to the individuals who do the referring so appropriate individuals who fit the court's target population are referred.

This component also discusses the practices different treatment courts use to determine if a participant meets the eligibility criteria. A screening process that includes more than just an examination of legal eligibility (i.e. mental health assessment) may take more time but may also result in more accurate identification of individuals who are appropriate for the services provided by the treatment court.

As required in the Treatment Court RFP, adult drug courts and veteran treatment court programs who receive funding from the Drug Court Resources Fund shall administer the Risk and Need Triage (RANT®) at the point of program referral or earlier in the court process on drug related offenses or adult offenders that have underlying substance use disorder (SUD) issues. Both modules (RANT® - Items 1-19 and APD – Items 20-51)

shall be accurately entered in JIS. The results of the RANT® shall be used to appropriately supervise and treat offenders according to their criminogenic risk and clinical need.

National Research

Related to the eligibility process is the efficiency of the program entry process, including how long it takes a defendant to move through the system from arrest to referral to drug court entry. The goal is to implement an expedient process. The time between arrest to referral and referral to drug court entry, the key staff involved in the referral process, and whether there is a central agency responsible for treatment intake, are all factors that impact the expediency of program entry. This is similar to the need for immediate court response to non-compliant participant behavior. The time of arrest is a "teachable moment" and individuals may be more likely to realize their lives are not going the way they would like at this time and be more amenable to the need for change. Those courts that expected 50 days or less from arrest to drug court entry had higher savings than those courts which had a longer time period between arrest and entry (Carey et al., 2012).

Other research found drug courts that included a screen for suitability and excluded participants who were found unsuitable had the same outcomes (e.g., the same graduation rates) as drug courts that did not screen for suitability and did not exclude individuals based on suitability (Carey & Perkins, 2008). This indicates that screening participants for suitability does not improve participant outcomes. Moreover, programs that did *not* exclude offenders with mental health issues had a significant cost savings compared with those that did (Carey et al., 2012).

There is extensive research indicating offenders who are addicted to illicit drugs or alcohol (i.e., have moderate to severe substance use disorder) and are at high risk for criminal recidivism or failure in typical rehabilitative dispositions are best suited for the full drug court model including intensive supervision and drug and alcohol treatment. Drug courts that focus their efforts on high-risk, high-need offenders show substantial reductions in recidivism and higher cost savings (Carey et al., 2008, 2012; Cissner et al., 2013; Downey & Roman, 2010; Lowenkamp, Latessa, & Smith, 2006). It is recommended in the Best Practice Standards (NADCP, 2013) drug courts that allow offenders who are not high-risk, high need into their programs should develop different tracks that adapt the treatment and supervision services to fit the specific risk and need level of their participants.

Carey et al. (2008) found courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment costs and outcome costs. Courts which accepted other types of charges, in addition to drug charges also had lower outcome costs, although their investment costs were higher.

Evidence suggests African-American and Hispanic or Latino citizens may be underrepresented in drug courts in contrast to the arrestee and probationer population nationwide. Numerous studies have reported a significantly smaller percentage of African-American or Hispanic participants graduated successfully from drug court as compared to non-Hispanic Caucasians (Finigan, 2009; Marlowe, 2013). Other studies suggest disparities may be attributed to fewer educational or employment opportunities or a greater infiltration of crack cocaine into some minority communities. Drug court programs need to refine their approach to meeting individual needs. By better understanding and responding to the needs of particular groups of participants, both the programs and individuals can achieve their potential (Dannerbeck et al., 2006).

In June 2010, the Board of Directors of the National Association of Drug Court Professionals (NADCP) passed a unanimous resolution directing drug courts to examine whether unfair disparities exist in their programs for racial or ethnic minority participants; and if so, to take reasonable corrective measures to eliminate those disparities (NADCP, 2010). The resolution places an affirmative obligation on drug courts to continually monitor whether minority participants have equal access to the programs, receive equivalent services in the program and successfully complete the programs at rates equivalent to nonminorities.

Observations

- The target population of the program is any individual who is 17 years or older charged with a felony drug related offense (or an offense driven by drug use). Other factors are also reviewed before admission including criminal history, treatment needs and mental health issues. Those facing a probation violation that could result in revocation are also eligible.
- The program obtains written consent from the participant for the release of information among team members.
- Consistent and transparent exclusionary criteria is clearly articulated to the defendant and defendant's attorney if not accepted into the program by sending a letter to the defense attorney and the defendant.
- Individuals with certain sex offenses or with current violent charges are not eligible to participate in the treatment court program.
- The eligibility requirements are written and most referring team agencies have copies of the eligibility criteria.
- The vast majority of program referrals are received from the prosecuting attorney's office. Other sources, include the local court (judges that send cases to the drug court), probation office and private attorneys.
- According to JIS, the program did not have adult drug court post-plea admissions in CY14 and CY15. The participants admitted into the program were probation cases. The average days to entry cannot be accurately generated on probation cases and therefore is not included in the report.
- According to JIS, the CY16 average days to entry (data from January 1, 2016 to November 14, 2016) was 214 for adult drug court post-plea.
- Entry into the program is generally decided by team discussion, but the judge makes the final decision.
- The prosecuting attorney can oppose a potential referral, but cannot veto a case from entering the program. If the prosecutor opposes a referral, but the rest of the team approves the entry, the opposition is formally added to the court records. The defendant will typically still enter the program.
- The program evaluates a participant's criminogenic risk and clinical need with the RANT®. The program separates dockets and treatment according to the RANT®. The program is an expansion site for the current statewide BJA Grant to implement a 4-track model within the adult drug court. The program separated the dockets by quadrant in June 2015.
- The RANT® is administered at the point of referral to the program. The tool is administered by the Stephanie McFadden who received RANT® training in January 2016 and is entered into JIS by Beth.
- The treatment provider performs a full assessment to determine the severity of substance use. The program estimated the time between program referral and the assessment is usually within 7 days. This assessment is described further under Key Component #4.
- The incentives for entering the program include early termination of probation, suspension of jail/prison/probation sentences and withdraw of guilty plea.
- The most common drugs of use are marijuana and methamphetamines.
- The drug court's capacity is reported to be approximately 30 participants. As of September 1, 2016, the program had 19 active participants in the Adult Drug Court Program. Below is the quadrant breakdown of the 19 participants:

Post-disposition:	Q1: 2	Q2: 1	Q3: 0	Q4: 1
Probation:	Q1: 14	Q2: 1	Q3: 0	Q4: 0

- A review of the jurisdiction's charges filed population vs. the treatment court population was conducted and is outlined in the tables below. This should assist the program in determining if the program is meeting the target population and where improvements could be made. Please note that about one-third of participants statewide have a non-drug charge, thus the data below does not necessarily reflect all potential participants:

Charges Filed	Type of Case	Black Female	Black Male	Hispanic Female	Hispanic Male	White Female	White Male	Other Females	Other Males
Charges Filed CY15	Felony Drug	0	1	0	0	69	126	3	1

Treatment Court Admissions	Program Type	Black Female	Black Male	Hispanic Female	Hispanic Male	White Female	White Male	Other Females	Other Males
CY15	Adult Drug Court	0	0	0	0	1	3	0	0

Active Participants	Program Type	Black Female	Black Male	Hispanic Female	Hispanic Male	White Female	White Male	Other Females	Other Males
As of September 1, 2016	Adult Drug Court	0	0	0	0	8	11	0	0

Treatment Court Exits	Exit Status	Black Female	Black Male	Hispanic Female	Hispanic Male	White Female	White Male	Other Females	Other Males
Adult Drug Court CY15	Graduates	0	0	0	0	0	2	0	0
	Terminations	0	0	0	0	1	3	0	0

Commendations

Once they have been admitted to the program, participants are connected with treatment services swiftly. One of the goals of the treatment court is to connect individuals to services expeditiously and limit their time in the criminal justice system. The goal is to get participants into treatment within one week (or sooner) of their first treatment court session.

The program accepts all quadrants and has developed a 4-track model that separates participants by quadrant in court and in treatment. The team has worked extremely hard to develop the specific phase requirements, sanctions, incentives and therapeutic interventions for each group of participants in each quadrant. It is crucial to identify whether a participant's substance use disorder is mild or severe or somewhere in between. Identifying the level of risk ensures appropriate care is provided and expectations are appropriate with a participant's risks and needs. Some treatment resources not needed by lower need participants can be allocated to people who are high need; at the same time low-need participants can focus on other opportunities that may be more immediately useful for them, such as employment and education. Mixing participants with different risk or needs levels together in treatment groups can make outcomes worse for the low-risk or low-need participants by exposing them to antisocial peers or interfering with their engagement in productive activities such as work or school (DeMatteo et al., 2006; Lowenkamp & Latessa, 2004; McCord, 2003; Petrosino et al., 2000).

The program does not assess for amenability to treatment. Program staff do not consider a participant's perceived motivation level or openness to treatment (or other factors not measurable with a standardized assessment) to determine eligibility for the program. The program is commended for this practice, as research has shown that screening participants for suitability and excluding "unsuitable" participants based on team members' impressions of whether a participant is appropriate for the program has no effect on program outcomes including graduation and recidivism rates (Carey et al., 2008, 2011; Carey & Perkins, 2008).

The eligibility requirements are included in the policy and procedure manual. The team has clearly identified program eligibility requirements, all members have copies, and all members are familiar with

the definitions. This ensures that appropriate participants are referred to the program and in a timely manner. As a reminder, the program should ensure each referring team agencies and community partners has an up-to-date copy of the manual.

The treatment court allows offenders with mental health issues and intellectual disabilities. The treatment court performs a comprehensive assessment on all incoming participants to determine if they need additional services. If a participant is identified as needing mental health treatment or if they are intellectually disabled, an appropriate plan is incorporated into the treatment court case management plan.

Participant comments about the entry process:

"The probation officer went over my handbook with me."

"I decided to enter the program because I didn't want to go to prison and I really needed to change."

Suggested Business Practice

Work to decrease the length of time from arrest to program entry. The program he length of time between referral and drug court entry is longer than indicated by current best practices (approximately 50 days or less). If it has not been completed recently, the team should discuss the possibility of a review of case flow (from arrest date to drug court entry) to identify bottlenecks or structural barriers, and determine places in the process where more efficient procedures may be implemented (e.g., law enforcement could flag potential cases, schedule arraignments sooner). In addition, the team should brainstorm, perhaps during a policy committee meeting, possible solutions to issues identified in the case flow analysis. Further, one team member could be assigned to review the systems of programs that have shorter lapses between eligibility determination and drug court entry and bring this information back to the team. The program should consider setting a goal for how many days it should take to get participants into the program (even if 50 days is not possible), and work toward achieving that goal. An excellent resource for drug court referral and entry protocols, as well as other sample drug court procedures can be found at http://www.ndcrc.org/voca_search.

Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the drug court. As a reminder, review the jurisdiction's arrestee and probation population vs. the drug court population annually to ensure the program maintains the practice of matching the arrestee population to the drug court population.

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

The focus of this key component is on the treatment court's ability to provide participants with a range of treatment and other services appropriate to participant's needs. Success under this component is highly dependent on success under the first key component (i.e. ability to integrate treatment services within the program). Compliance with Key Component #4 requires having a range of treatment modalities and other types of services available. However, treatment courts still have decisions about how wide a range of services to provide, level of care and which services are important for their target population.

Treatment courts differ in how they determine a participant's needs. A screening and assessment process will result in more accurate identification of a clinically sound treatment plan. The assessment should include drug/alcohol use severity, alcohol/drug involvement/severity, level of needed care, medical and mental health status, employment and financial status, extent of social support systems including family support, alcohol (or drug) triggers, refusal skills, thought patterns, confidence in their ability to stop using alcohol/drugs, and motivation to change.

Services related to significant reductions in recidivism and/or significant cost savings include: relapse prevention, gender-specific services, mental health services, anger management services, family/domestic relations, parenting classes, residential treatment, health care, dental care and allowing participants to take legally prescribed medication.

National Research

National research has demonstrated outcomes are significantly better in drug courts that offer a continuum of care for substance use disorder treatment including residential treatment and recovery housing in addition to outpatient treatment (Carey et al., 2012; Koob, Brocato, & Kleinpeter, 2011; McKee, 2010). Assigning a level of care based on a standardized assessment of treatment needs as opposed to relying on professional judgment or discretion results in significantly better outcomes (Andrews & Bonta, 2010; Vieira, Skilling, & Peterson-Badali, 2009). In the criminal justice system, mismatching offenders to a higher level of care than they require has been associated with negative effects including poor outcomes. For example, offenders who received residential treatment when a lower level of care was appropriate had significantly higher rates of treatment failure and criminal recidivism than offenders with comparable needs who were assigned to outpatient treatment (Lovins, Lowenkamp, Latessa, & Smith, 2007; Lowenkamp & Latessa, 2005).

Drug courts are more effective when they offer access to complementary treatment and social services to address co-occurring needs. A multisite study of approximately 70 drug courts found programs were significantly more effective at reducing crime when they offered mental health treatment, family counseling and parenting classes, and were marginally more effective when they offered medical and dental services (Carey et al., 2012). Drug courts were also more cost-effective when they helped participants find a job, enroll in an educational program, or obtain sober and supportive housing (Carey et al., 2012).

Trauma is a common experience among drug court participants. Many individuals may use drugs as a way to cope with trauma. Often trauma is a response to experiencing or witnessing physical violence, abuse in any form, and neglect. However, some traumatic experiences are most commonly associated with being a woman, domestic violence and sexual assault or being a person of color or racial prejudice. In considering whether everyone is offered equivalent treatment, trauma and how people cope with it must be considered. A statewide study of 86 drug courts in New York found that when drug courts assessed participants for trauma and other mental health needs, and delivered mental health, medical, vocational or educational services where indicated had significantly greater reductions in criminal recidivism (Cissner et al., 2013). Substantial evidence shows that women, particularly those with histories of trauma, perform significantly better in gender-specific substance use disorder treatment groups (Dannerbeck et al., 2002; Grella, 2008; Liang & Long, 2013; Powell et al., 2012). Studies also show that providing gender-specific services reduced recidivism and resulted in significant cost savings (Carey et al., 2012).

However, research does not support a practice of delivering the same complementary services to all participants. Drug courts that required all of their participants to receive educational or employment services were determined to be less effective at reducing crime than drug courts that matched the services to the assessed needs of the participants (Shaffer, 2006). Further, according to Volume II of NADCP's Best Practice Standards, "Requiring participants to receive unnecessary services is not merely a waste of time and resources. This practice can make outcomes worse by placing excessive demands on participants and interfering with the time

they have available to engage in productive activities (Gutierrez & Bourgon, 2012; Lowenkamp et al., 2006; Prendergast, Pearson, Podus, Hamilton, & Greenwell, 2013; Vieira et al., 2009)."

Programs that have specific requirements for the frequency of group and individual treatment sessions (e.g., group sessions three times per week and individual sessions one time per week) have lower investment costs (Carey et al., 2005) and substantially higher graduation rates and improved recidivism costs (Carey et al., 2008). Clear requirements of this type (individualized for each participant according to assessed risk and need levels) make compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. These requirements also ensure participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

A variety of treatment approaches that focus on individual needs, motivational approaches to engaging participants, cognitive-behavioral therapy approaches, self-help groups and appropriate use of pharmacological treatments can all provide benefits to participants in facilitating positive change and abstinence from alcohol and drug use. Multi-systemic treatment approaches work best because multiple life domains, issues, and challenges are addressed together, using existing resources, skills, and supports available to the participant. It is also crucial to provide aftercare services to help transition a person from the structure and support of the treatment environment back to her/his natural environment (Miller, Wilbourne, & Hettema, 2003).

The American University National Drug Court Survey (Cooper, 2000) showed most drug courts have a single treatment provider agency. NPC, in a study of 18 drug courts in four different states (Carey et al., 2008), found having a single provider or an agency that oversees all the providers is correlated with more positive participant outcomes, including lower recidivism and lower recidivism related costs. More recent research supports this finding, revealing reductions in recidivism decrease as the number of treatment agencies increase (Carey et al., 2012). Discharge and transitional services planning is a core element of substance use disorder treatment (SAMHSA/CSAT, 1994). The longer drug-abusing offenders remain in treatment and the greater the continuity of care following treatment, the greater their chance for success (Lurigio, 2000).

Observations

- The program is designed to last 18 months.
- The program consists of 5 phases. Most of the active participants scored as Quadrant 1 (Q1) after the RANT® was administered. The following phases and requirements are for a participant from the Q1 track:
    - Phase I is 8 weeks. Participants appear in court weekly. Requirements include: participate in treatment assessments, attend court, pass the program rules test, attend one support group meeting a week, random drug screens and attending treatment.
    - Phase II is 16 weeks. Participants appear in court biweekly. Requirements include: participate in treatment, attend court, start attending GED class or look for employment, begin to make treatment court payments, attend 2 support groups per week and random drug screens.
    - Phase III is 12 weeks. Participants appear in court monthly. Requirements include: participate in treatment, attend court, continue GED studies or continue employment, start Moral Reconation Therapy (MRT), attend 3 support groups per week and random drug screens.
    - Phase IV is 12 weeks. Participants appear in court monthly. Requirements include: complete GED test or be engaged in full-time employment, attend 3 support groups a week, attend pro-social activity each month, attend treatment and random drug screens
    - Phase V is 24 weeks. Participants appear in court monthly. Requirements include: stable full-time employment or school, treatment court fees paid, attend support group meetings, attend pro-social activity each month, follow continuing care plan and random drug testing.

- The program allows progression in treatment and program phases to be separate and understands treatment does not directly match program phases.
- As described in Key Component #3, in addition to the RANT®, a full Addiction Severity Index (ASI) assessment is performed by the provider to determine level of treatment and complementary services shortly after admission to drug court.
- The assessment includes DSM-5 diagnostics, psychiatric status, service needs, trauma screening, MAT screening, Medicaid eligibility and treatment history (among other bio-psycho-social information).
- An individualized treatment plan is developed from the assessment including group and individual sessions, as well as any other service needs (i.e., trauma support, relapse prevention).
- The treatment provider utilizes manualized curricula which include: Matrix Model, Relapse Toolkit, Living in Balance and MRT.
- The treatment provider has an office in the Osage County Courthouse to accommodate participants.
- Each participant is screened for MAT. MAT is available to participants (if prescribed). The last MAT prescribed was Vivitrol in August 2016.
- Participants attend treatment sessions (group and individual) based on their individual case plan and recommendations from the treatment provider.
- The treatment provider indicated group education sizes are restricted to 20 participants and the group counseling size is 12 participants (as contractually required).
- The program provides gender-specific services through individual counseling.
- Participants are required to attend self-help meetings while participating in the program.
- The program has the following types of treatment available to participants during their time in the program: Social Skills Training, MRT, Motivational Interviewing, Recovery Training, Self-Help, Community Reinforcement Approach, Contingency Management, Matrix Model and Trauma-Informed Care.
- Services required for some participants include detoxification (outsourced), residential treatment, outpatient individual and group treatment sessions, mental health counseling, psychiatric services and aftercare.
- All providers are certified by the Missouri Department of Mental Health (DMH). Treatment professionals are licensed to work with co-occurring disorders. Participants are always screened for co-occurring mental disorders as well as suicidal ideation after admission. If an individual is found to have a co-occurring disorder, mental health treatment will be provided as a part of their program-related treatment.
- The treatment provider submits an OSCA Monthly Medical Benefit Report as contractually required.
- A review of the Monthly Medical Benefit Report indicates the treatment provider is screening participants for and utilizing Medicaid, CSTAR and other funding sources.
- The program has the following services available to participants during their time in the program: job/vocational training, employment assistance, health education, family/domestic relations counseling, GED(HiSET)/education assistance, housing/homelessness assistance, health care, dental care, financial counseling/assistance and literacy classes.
- In order to complete the program, all participants must write a sobriety/relapse prevention plan prior to graduation.
- The program has an alumni group. The program begins referring participants to attend alumni activities in Phase I. The alumni group participates in fundraisers, such as a car wash and pork burger sale, and assists Christmas giving program for local children.

Commendations

The program length is a minimum of 18 months, and the program has at least 3 phases. Programs that have a minimum length of stay of at least 12 months had significantly higher reductions in recidivism. In addition, programs which had three or more phases showed greater reductions in

recidivism (Carey et al., 2012).

The program offers an array of treatment services based on individual participants' assessed needs and uses evidence-based programming. As described above, the program offers a breadth of diverse and specialized services, including gender-specific services, to program participants through its partnership with the treatment provider. This responsiveness helps the participants develop a trust in the program that it really is on their side and working in their best interest.

The program provides relapse prevention education while participants are active in the program and continuing care options following graduation. Drug courts that provide relapse prevention education and continuing care have significantly improved participant outcomes (Carey et al., 2012). Continuing care is also a clinical best practice, supporting individuals in their transition to a drug-free lifestyle.

The program provides gender-specific services. This is related to significant reductions in recidivism and/or significant cost savings to the program.

Treatment services are coordinated through a single organization. The majority of treatment court participants receive treatment through Pathways; Research shows that having one to two agencies providing treatment is significantly related to better program outcomes including higher graduation rates and lower recidivism (Carey et al., 2012). The program is commended for following best practices in this area, by having an umbrella organization that coordinates an array of treatment services.

The program has an alumni group. Programs who have aftercare services have lower recidivism rates.

Participant comments on fees:

"Fees range from $30 per month for those in Phase I up to $80 per month for those in Phase V."

"They help you set up a budget if we get behind in our fees."

"They will set you up on a payment plan or you have to show up to court weekly if you can't pay."

Participant comments on program length/phases:

The participants interviewed stated the average time they were in a phase was about 2 months with one participant being in a Phase V for about 6 months.

The participants interviewed did not feel there were any obstacles to completion when interviewed.

The participants interviewed stated the program did not ask for their feedback during the program.

Participant comments on treatment and other services:

"I love my counselor."

Suggested Business Practice

None

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

The focus of this key component is on the use of alcohol and other drug testing as a part of the treatment court program. Drug testing is important both for court supervision and for participant accountability. It is seen as an essential practice in participants' treatment. Related to this component is treatment courts must assign responsibility for testing and community supervision to its various partners, and establish protocols for electronic monitoring, drug test collection and communication about participant accountability.

The drugs included in abstinence monitoring detection should be a reflection of the substances being used within the community or jurisdiction of the court. Drug testing should be sufficiently comprehensive to ensure adequate coverage of the major drug classes (e.g., amphetamines, barbiturates, benzodiazepines, cannabinoids (marijuana), cocaine, opiates and alcohol).

National Research

Research has demonstrated outcomes are significantly more positive when detection of substance use is likely (Kilmer, Nicosia, Heaton, & Midgette, 2012; Marques, Jesus, Olea, Vairinhos, & Jacinto, 2014; Schuler, Griffin, Ramchand, Almirall, & McCaffrey, 2014) and also when participants receive incentives for abstinence and sanctions or treatment adjustments for positive test results (Hawken & Kleiman, 2009; Marlowe, Festinger, Foltz, Lee, & Patapis, 2005). Therefore, the success of drug courts depends, in part, on the reliable monitoring of substance use. Participants are unlikely to disclose substance use accurately. Studies find between 25% and 75% of participants in substance use disorder treatment deny recent substance use when biological testing reveals a positive result (e.g., Auerbach, 2007; Harris, Griffin, McCaffrey, & Morral, 2008; Morral, McCaffrey, & Iguchi, 2000; Tassiopoulos et al., 2004). Accurate self-report is particularly low among individuals involved in the criminal justice system, most likely because they are likely to receive punishment for substance use (Harrison, 1997).

Research on drug courts nationally (Carey et al., 2005, 2012) found drug testing that occurs randomly, at least twice per week, is the most effective model. Because the metabolites of most drugs are detectable in urine for approximately two to four days, testing less frequently leaves an unacceptable time gap during which participants can use substances and evade detection, thus leading to significantly worse outcomes (Stitzer & Kellogg, 2008). National drug court researcher Doug Marlowe (2008) suggests the frequency of drug testing be the last requirement that is ratcheted down as participants progress through program phases. As treatment sessions and court appearances are decreased, checking for drug and alcohol use becomes increasingly important, to determine if the participant is doing well with less structure, more independence, and less supervision.

Research has also demonstrated having the results of drug tests back to the drug court team swiftly (within 48 hours) is key to positive outcomes as it allowed the court to respond immediately to participant use while the incident is still fresh in the participants minds. Finally, the length of time abstinent before graduation from the program is associated with continued abstinence after the program, resulting in both lower recidivism and higher cost savings (Carey et al., 2012).

In addition to frequency of testing, it is important to ensure drug testing is random and fully observed during sample collection, as there are numerous ways for individuals to predict when testing will happen and therefore use in between tests or submit a sample that is not their own (ASAM, 2010, 2013; Auerbach, 2007; Carver, 2004; Cary, 2011; McIntire, Lessenger, & Roper, 2007).

Observations

- Most urine analysis (UAs) are collected by Tomo Drug Testing (contracted through Redwood). The program began using Tomo Drug Testing collection services on August 1, 2016. Participants report directly to the courthouse for UA testing seven days a week.
- The program administers an 8 panel UA and breathalyzer tests for cause and on a random basis. The samples are sent off to Redwood Laboratory with results typically reported within 48 hours. The samples are further tested on an as-needed basis. The team attempts to do several EtG tests per month, in addition to regular testing. Tests are also sent to Redwood to test for synthetic marijuana and bath salts, although this is infrequent due to the high cost.
- The Treatment Court Administrator organizes the call-in drug testing system by utilizing Redwood Laboratory's ToxAccess™ testing services. The participants must call a toll free number daily to know if they must submit to a drug screen that day. The participants can call between 4:00 a.m. to 5:30 p.m. They must report to the Osage County Courthouse if there name has been picked between the hours of 3:30 p.m. and 5:30 p.m. to submit to the drug screening.
- UAs are randomly administered at least twice a week for the duration of the program. Members of the team and focus group participants reported UAs are always fully observed by the employees of Tomo Drug Testing.
- All individuals who collect urine have signed the collector standards and are contracted with Redwood Toxicology. Redwood Toxicology Laboratory is contracted with OSCA.
- Breathalyzers are used during field visits by probation, the police department, and the sheriff's department.
- Participants must remain drug and alcohol free for 6 months (180 consecutive days) in order to graduate from the program.
- The program is not currently using tracker services.

Commendations

Rapid results from drug testing. Research has shown obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey et al., 2012). The program is commended for adhering to this best practice.

Frequent, fully observed, and truly random drug testing. In the first phase of treatment court, UAs are randomly collected at least 2 times per week. Best practices research shows drug courts testing at least 2 times per week in the first phase have better participant outcomes (Carey, Finigan, & Pukstas, 2008; Carey et al., 2012). The court also ensures fully observed drug tests, which are important both for the integrity of drug testing and because they are linked to better participant outcomes.

Program performs specialized testing when possible. Despite budget constraints, the program is able to periodically use specialized testing to confirm participants are not using substances that do not show up on the standard drug testing panels. This is another extremely valuable tool for programs to have to ensure participants remain clean and honest.

Participant perspective on testing

All participants interviewed stated they were tested 2-3 times per week.

All participants interviewed stated that the tests were observed and they were tested on weekends and holidays.

3 out of the 4 participants interviewed stated the drug testing was random, the fourth participant stated there was a definite pattern to the tests. *"I will either be tested on Tuesday and Thursday or Thursday and Saturday."*

Suggested Business Practice

Program reviews the required length of sobriety to graduate for each quadrant regarding risk/need. The program requires all participants complete 3 to 6 months of sobriety in order to graduate. Although there is a clear relationship that indicates the longer a person remains clean (as shown through negative drug tests) the less likely he/she will be to relapse, there are diminishing returns to the participant remaining in the program for an extended length of time (Carey et al., 2005). The program should continue its ongoing discussion about the required length of sobriety and ensure resources are used judiciously so the policy is not preventing more participant from being admitted who are in need of the services. Regardless of the length of time participants are required to stay clean, the team response to use (particularly near the end of the program) should include reworking participants' aftercare and relapse prevention plans until they can be successfully accomplished.

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

The focus of this component is on how the treatment court team supports each participant and addresses his or her individual needs, as well as how the team works together to determine an effective, coordinated response. Treatment courts have established a system of rewards and sanctions (including the ultimate reward, graduation) that determine the program's response to acts of both non-compliance and compliance with program requirements. This system may be informal and implemented on a case-by-case basis, a formal system applied evenly to all participants, or a combination of both. The key staff involved in decisions about appropriate responses to participant behavior varies across courts. Treatment court team members may meet and decide on responses, and/or the judge may decide on the response in court. Treatment court participants may (or may not) be informed of the details on this system of rewards and sanctions, so their ability to anticipate a response from their team may vary significantly across programs.

National Research

The drug court judge is legally and ethically required to make the final decision regarding sanctions or rewards, based on expert and informed input from the drug court team including information gained from case management. Drug courts that responded to infractions immediately (particularly by requiring participants to attend the next scheduled court session) had twice the cost savings, and programs that required participants to pay fees and have a job or be in school at the time of graduation had significant cost savings compared to programs that did not (Carey et al., 2012).

The Multisite Adult Drug Court Evaluation (MADCE), found significantly better outcomes for drug courts who had a written schedule of predictable sanctions which was shared with participants and staff members (Zweig et al., 2012). Another study found 72% greater cost savings for drug courts that shared their sanctioning regimen with all team members (Carey et al., 2008, 2012). In addition, all drug courts surveyed in an American University study reported they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported their guidelines were written (Cooper, 2000). Research has found courts that had their guidelines for team responses to participant behavior written and provided to the team had higher graduation rates and higher cost savings due to lower recidivism (Carey, Finigan, & Pukstas, 2008; Carey et al., 2011).

The MADCE results also suggest drug courts should remind participants frequently about what is expected of them in the program and the likely consequences of success or failure (Zweig et al., 2012). Another study showed when staff members in drug courts consistently reminded participants about their responsibilities in treatment and the consequences that would ensue from graduation or termination they had higher program retention rates (Young & Belenko, 2002).

Drug courts working with addicted offenders should adjust participants' treatment requirements in response to positive drug tests during the early phases of the program rather than imposing sanctions. Participants might, for example, require medication, residential treatment or motivational-enhancement therapy to improve their commitment to abstinence (Chandler, Fletcher, & Volkow, 2009) and be unable to comply with program abstinence requirements early in the program.

Drug courts achieve significantly better outcomes when they focus more on providing incentives for positive behaviors than they do on sanctioning negative behavior. Incentives teach participants what positive behaviors they should continue to perform, while sanctions teach only what behaviors participants should stop doing. In the MADCE, significantly better outcomes were achieved by drug courts which offered higher and more consistent levels of praise and positive incentives from the judge (Zweig et al., 2012).

Drug courts have significantly better outcomes when they use jail sanctions sparingly (Carey et al., 2008; Hepburn & Harvey, 2007). Research indicates jail sanctions produce diminishing, or even negative, returns after approximately three to six days (Carey et al., 2012; Hawken & Kleiman, 2009). Also, drug courts that exert leverage over their participants, meaning the participants can avoid a serious sentence or disposition if they complete the program successfully have significantly lower recidivism (Carey et al., 2012; Cissner et al., 2013; Goldkamp, White, & Robinson, 2001; Longshore et al., 2001; Mitchell, Wilson, Eggers, & MacKenzie, 2012).

Finally, drug courts which terminate participants after a new arrest for possession had significantly higher recidivism and nearly half the cost savings compared to programs that did not terminate after a new arrest for possession (Carey et al., 2012). If new arrests are non-violent and only indicate further substance use, participants will clearly benefit from the continued structure of the program to aid them in the recovery process.

Observations

- Case management is performed primarily by the PO. Beth and the treatment providers also assist participants a great deal with ancillary needs such as employment.
- Participants meet with the POs on a regular basis (2 times per week during the first phase, decreasing as they progress through the program). The PO reviews the weekly requirements on the program and probation conditions. The POs do most of their face-to-face meetings during office visits. The PO role is invaluable in sharing information on participant progress in multiple areas with the team.
- Participants are given a participant handbook upon entry into the program. The PO reviews the handbook with the participant. Participants also sign a contract that states they will abide by all program requirements and expectations.
- Incentives to enter the program and complete successfully include early termination from probation, jail/prison/probation sentences not being served and access to more resources. Charges that led participants to drug court can be dismissed upon graduation (depending on the case background).
- The program provides participants a written list of incentives upon entering the program.
- There are written guidelines for team members regarding the use of incentives, sanctions and therapeutic interventions. Initial decisions are made during staffing meetings on a case by case basis. The final decision on incentives and sanctions are made by the judge.
- Participants regularly receive intangible rewards (praise from the judge, applause) and occasionally receive tangible rewards (gift certificates, sobriety coins) through the program.

- If a participant uses alcohol or drugs, the treatment provider reassesses the participant's case plan. The treatment provider uses the assessment to determine if another treatment modality should be utilized.
- The severity of sanctions increase with more frequent or more serious infractions. Program responses to participant non-compliance include community service, written essays, judicial reprimand, electronic monitoring and more frequent drug testing. In addition, participants can be returned to an earlier phase. Sanctions may also be more severe for dishonesty. Initial decisions about sanctions and rewards are made during staffing meetings prior to court sessions. Although the judge makes the final decision about whether to impose the rewards and sanctions suggested by the team, he follows suggestions and decisions made by the team almost all of the time.
- Sanctions are developed to be quadrant specific for the separate dockets and are based off the proximal and distal abilities and goals of the participants.
- Community service, writing papers and short jail sanctions seem to be the sanctions used most frequently. The program has increased the use of therapeutic interventions when responding to the participants' behavior.
- Reasons for termination include: new arrest for possession, new arrest for trafficking, new arrest for a violent offense, consistent failure to appear in court with no excuse or multiple failures to appear. However, the team noted that these are not automatic termination criteria. Instead, all circumstances and issues are considered before anyone is officially terminated from the program.
- Beth tracks rewards and sanctions given to each participant over the course of the program. Sanctions are tracked in JIS and some incentives are tracked in the participants physical treatment court file.
- Treatment plans are continuously evaluated throughout the program and treatment responses may include residential treatment, increased treatment sessions or a change in type of treatment provided.
- A participant who is unsuccessfully terminated from the program returns to the court where their case(s) originated and traditional criminal case processing resumes.
- Participants must complete the requirements from each phase, complete a relapse prevention plan, be employed (or enrolled in school), pay all treatment court fees, complete community service and obtain their GED to graduate from the program.
- All participants are required to pay fees once they enter the treatment court program. The standard cost is $960.00 over the course of the program, with specific amounts due during each phase. The fee is not on a sliding scale and all participants are required to pay. The team reviews individual participant's financial situations on a case-by-case basis. If fees are waived, the judge signs an order.
- Indigency Policy as stated in the policy and procedure manual: Participants are to pay Treatment Court program fees as outlined in the program fee schedule and fee payment agreement. Participants are expected to abide by the fee payment agreement. Failure to make timely payments and continued delinquency in fees may result in one or all of the following: being required to complete a budget/financial management class, being required to develop and enter into a revised fee payment agreement, being required to attend additional court sessions and/or other interventions as deemed appropriate. The fees collected are used to pay for program costs, such as incentives, graduation supplies, tracker services, treatment services, drug testing laboratory services, life skills classes and team member training. Program fee schedule and fee payment agreement are located in the appendix in the participant handbook.
  The team reviews individual participant's financial situations on a case-by-case basis, looking at the individual's overall budget needs, income level and financial obligations. Special consideration is given to those individuals who are disabled or unemployable and a portion or the entire fee can be waived if it is determined that it would create an undue hardship on the participant.
- Treatment court fees are collected by the circuit clerk's office in accordance with COR 4.
- Graduation ceremonies for participants occur outside of court sessions during a ceremony which includes a meal for graduates, family members and team members. All participants are required to attend graduation ceremonies. Multiple team members speak about participants and present gifts such as a sobriety coin, a card signed by team members, and a framed graduation certificate. The graduates (and

any family/friends in attendance) also have a chance to address the court.

- Participants may continue on probation for a period of time upon graduating from the program, depending on their case and the original length of probation.

Commendations

Tangible and intangible incentives are used. During the site visit it was observed that participants are rewarded for the progress in the program in various ways, including praise from the judge.

Sanctions are imposed swiftly after non-compliant behavior. In order for behavior change to occur, there must be a link between the behavior and consequences. Scheduling the non-compliant participant for the next upcoming court session (or the non-compliance docket) rather than waiting until the participant's next scheduled session is optimal. The team understands if a participant has engaged in a behavior that requires a sanction, they need to ensure that the sanction occurs as close to the behavior as possible.

The program has developed specific guidelines on program responses to participant behavior and given a printed copy to each team member. Drug courts that have written guidelines for incentives and sanctions and provide these guidelines to the team have double the graduation rate and three times the cost savings compared to drug courts that do not have written guidelines (Carey et al., 2008, 2011). These guidelines are considered a starting point for team discussion during staffing sessions, not hard and fast rules. They help the team maintain consistency across participants so similar behaviors result in similar sanctions, when appropriate. The guidelines also serve as a reminder of the various options available to the team.

In order to graduate, participants must have a sober housing environment. Research has revealed improved cost savings when participants are required to obtain sober housing, compared to those programs that do not establish this requirement (Carey et al., 2012).

The team consistently takes into account participant risk and need level, participant phase level and proximal and distal behaviors in determining a response to participant behaviors. Incentives, sanctions and treatment responses are used appropriately in the various quadrants according to phase and participant risk and need.

Jail is used sparingly. The use of jail is used relatively rarely in the program. When it is used, it is rarely more than a few days. As described earlier, research has demonstrated that jail stays of less than 7 days are significantly more effective than longer stays.

Participants are required to pay all court ordered fines and fees before graduation. Drug court programs that require participants to pay all fees prior to graduation exhibit small trends in greater reduction in recidivism than those courts that do not establish this requirement (Carey et al., 2012). The support for this research presumes the participant is fully capable and financially stable to pay all fees prior to graduation. All programs should have a written policy in both their policy and procedure manual and their participant handbook outlining how they will make adjustments in their treatment court fees if the participant is unable to pay.

Participant comments on incentives:

"The program does a drawing every month."

"The drawing and curfew extensions."

Participant comments on sanctions:

"Jail time, extra community service and a 120 are sanctions used."

"It depends on the situation and the participant. They have no issue addressing problems."

"The difference in consequences between drug court and DWI court participants. They are much harder on drug court people than DWI people."

Suggested Business Practice

Explain the reasons for rewards and sanctions in court and be aware of the importance of appearing fair. Because this treatment court often imposes rewards and sanctions on an individualized basis, the team needs to take into consideration the appearance of equal treatment for similar infractions. The program is encouraged to explain this program element during orientation and to explain the reward or sanction decision in court, both for the benefit of the participant before the judge and for the participants who are observing. Ensure separation in court between the different quadrants in the ADC program and the DWI program due to the differences in the program's response to the participant's behavior varies between the groups.

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

This component focuses on the judge's role in a treatment court. The judge has an important function in monitoring participant progress and using the court's authority to promote positive outcomes. While this component encourages ongoing interaction, courts must still decide specifically how to structure the judge's role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge, including the frequency of status review hearings, as well as how involved the judge is with the participant's case. One of the key roles of the treatment court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

The judge is the ultimate arbiter of factual controversies in the program, and makes the final decision concerning the imposition of incentives or sanctions that affect participants' legal status or personal liberty. The judge should make such determinations after giving due consideration to the expert input of other team members, and after discussing the matter in court with the participant or participant's legal representative.

National Research

From its national data in 2000, the American University Drug Court Survey (Cooper, 2000) reported most drug court programs require weekly contact with the judge in Phase I, contact every 2 weeks in Phase II, and monthly contact in Phase III. The frequency of contact decreases for each advancement in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact in each phase.

Research in multiple states (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008; Carey et al., 2011, 2012) demonstrated, on average, participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks in the first phase of their involvement in the program. Marlowe, Festinger, Lee, Dugosh, and Benasutti (2006) also demonstrated court sessions held weekly, or every 2 weeks, were effective for higher risk offenders while less frequent sessions (e.g., monthly) were effective for only low-risk offenders.

Similarly, a meta-analysis involving 92 adult drug courts (Mitchell et al., 2012) and another study of nearly 70 drug courts (Carey et al., 2012) found significantly better outcomes for drug courts that scheduled status hearings every two weeks during the first phase of the program.

Drug court judges have a professional obligation to remain abreast of legal, ethical and constitutional requirements related to drug court practices (Meyer, 2011; Meyer & Tauber, 2011). Further, outcomes are significantly better when the drug court judge attends regular training including annual conferences on evidence-based practices in substance use disorder, mental health treatment and community supervision (Carey et al., 2008, 2012; Shaffer, 2011).

In addition, programs in which the judge remained on the bench for at least 2 years had the most positive participant outcomes. It is recommended drug courts either avoid fixed terms, or require judges with fixed terms to serve 2 years or more, and courts with fixed terms consider having judges rotate through the drug court more than once, as experience and longevity are correlated with more positive participant outcomes and cost savings (Carey et al., 2005; Finigan, Carey, & Cox, 2007; Carey et al., 2012). There is evidence drug court judges are significantly less effective at reducing recidivism during their first year on the drug court bench than during ensuing years (Finigan et al., 2007). Most likely this is because judges, like most professionals, require time and experience to learn how to perform their jobs effectively.

Studies have also found outcomes were significantly better in drug courts where the judges regularly attended staffing meetings (Carey et al., 2008, 2012). Observational studies have shown when judges do not attend staffing meetings before court, they are less likely to be adequately informed or prepared when they interact with the participants during court hearings (Baker, 2013; Portillo, Rudes, Viglione, & Nelson, 2013).

According to NADCP's Best Practice Standards (2013), "Studies have consistently found that drug court participants perceived the quality of their interactions with the judge to be among the most influential factors for success in the program (Farole & Cissner, 2007; Goldkamp, White, & Robinson, 2002; Jones & Kemp, 2013; National Institute of Justice, 2006; Satel, 1998; Saum et al., 2002; Turner, Greenwood, Fain, & Deschenes, 1999). The MADCE study found that significantly greater reductions in crime and substance use were produced by judges who were rated by independent observers as being more respectful, fair, attentive, enthusiastic, consistent and caring in their interactions with the participants in court (Zweig et al., 2012)."

Finally, in a study of nearly 70 adult drug courts, outcomes were significantly better when the judges spent an average of at least 3 minutes, interacting with the participants during court sessions (Carey et al., 2008, 2012). Interactions of less than 3 minutes may not allow the judge the necessary time to understand each participant's perspective, discuss with the participant the importance of compliance with treatment, explain the reason for a sanction about to be applied, or communicate that the participant's efforts are recognized and valued by staff.

Observations

- Staffing is primarily facilitated by the drug court judge. However, all team members are actively engaged in discussions during the staffing, and the team displayed good communication.
- Court sessions are held weekly for participants in Phase I of Q1. Treatment court participants attend court sessions at a frequency based on their phase and quadrant. The frequency of court attendance is reduced as participants' progress through the program, but can be increased if necessary.
- All treatment court participants are required to stay for the entire court session.
- During observations, the judge averaged 3½ minutes per participant and engaged in productive dialogue with each participant.
- Observations of the judge revealed that he is supportive and positive with the participants. He treats everyone with respect and conveyed specific compliments that were shared by team members in staffing

to the participants during court. Throughout the entire interaction with the participants the judge was very personable with participants, asking several follow-up questions about work, family, school and home. He also asked what went wrong when participants were not doing well.

- During court sessions, participants sit at an attorney table while the POs sit at another attorney table. The PO provides information and answer questions, as needed.
- The judge utilizes the courtroom as a classroom dynamic, regularly using a participant's circumstances as teachable moments for other participants.
- The judge is assigned to the program indefinitely. In addition to his other dockets, he presides over all of the treatment court dockets in Osage County, including all quadrants of the adult drug court and the DWI court.
- The judge has received extensive training on the treatment court model by attending annual Missouri Association of Treatment Court Professionals (MATCP) conferences and training that is provided at program retreats.
- Team members are actively engaged during court to clarify issues such as phase dates, treatment schedules or next appointments.
- Team members will engage in discussions with participants after the court session to confirm appointments, offer encouragement or to continue conversations that occurred in court.

Commendations

The program is commended for having the judge preside over the program indefinitely. Experience and longevity are correlated with more positive participant outcomes and significantly higher cost savings, particularly 2 years and longer (Carey et al., 2008, 2012).

The judge requires participants to stay through the entire court hearing to take full advantage of the hearing as a learning experience for participants. Because treatment court hearings are a forum for educating all participants and impacting their behavior, it is recommended the court continue to require all participants to stay for the entire hearing both to observe consequences (both good and bad) and to learn how those who are doing well are able to succeed and make positive, healthy choices and changes in their lives.

The judge participates in regular training to stay abreast of the latest research. Training and a solid understanding of the drug court model as well as associated topics such as drug addiction, urine drug testing, and behavior modification is key for the judge, or any team member, to be most effective in their role in the drug court program.

Court is every week for Q1 participants. Regular and frequent court supervision, specifically at least every 2 weeks in the first phase of the program, is associated with greater reductions in recidivism and other positive participant outcomes. Research has found that it is not necessary to have participants attend court sessions more frequently unless they are extremely unstable and need the additional structure of meeting with the judge. Research shows that court sessions once every 2 weeks have the best outcomes (Carey et al., 2012; Marlowe et al., 2006). The frequency of court hearings may be steadily reduced after the case has stabilized and the participant has attained an initial period of sustained abstinence and compliance with treatment. Status hearings are ordinarily held no less frequently than every 4 weeks until participants have begun their continuing-care (aftercare) plan, which will extend beyond graduation from the treatment court.

The judge attends staffing meetings. Participation in staffing meetings allows the judges to hear the perspective of all team members and make the most informed decision on the appropriate response to participant behavior. Research demonstrates drug courts where judges (and other team members) attend

staffing meetings have significantly greater reductions in recidivism and higher cost savings (Carey et al., 2012).

The judge is respectful, fair, attentive and caring in his interactions with the participants in court. When participants perceive these positive qualities in the judge, their outcomes are significantly improved (Zweig et al., 2012).

The judge consistently spends greater than 3 minutes with each participant. During observations, the judge typically averaged above the recommended 3 minutes when addressing each participant. Programs with judges who spent an average of at least 3 minutes with each participant had 153% greater reductions in recidivism and 36% greater cost savings than programs with judges who spent less time (Carey et al., 2012). Spending at least 3 minutes per participant helps to ensure that the judge spends sufficient time with each participant in court to adequately review the relevant information and to justify the participant's investment of time and energy. The judge should also allow each participant a reasonable opportunity to present his or her perspective concerning factual controversies and the imposition of sanctions, incentives and therapeutic consequences.

The POs usually sit next to participants when they approach the bench. The staff make reports to the judge and also speak directly to participants. These actions convey a strong message that the participant is supported.

Suggested Business Practices

None

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

This component encourages treatment court programs to monitor their progress towards their goals and evaluate the effectiveness of their practices. The purpose is to establish program accountability to funding agencies and policymakers as well as to themselves and their participants. Further, regular monitoring and evaluation provides programs with the feedback needed to make adjustments in program practices that will increase effectiveness. Programs that collect data and are able to document success can use that information to gain additional funding and community support. Monitoring and evaluation require the collection of thorough and accurate records. Treatment courts may record important information electronically, in paper files or both. Ideally, courts will partner with an independent evaluator to help assess their progress.

Treatment court data in JIS is routinely shared with the DCCC. It is also shared with political and legislative leaders who steer public policy and other key stakeholders who provide financial assistance to programs. The extent to which reliable information is available in a timely fashion is a major determinant of effective decision-making, monitoring and evaluation.

National Research

Like most complex service organizations, drug courts have a tendency to *drift*, in which the quality of their services may decline appreciably over time (VanWormer, 2010). The best way for a drug court to guard against this drift is to monitor its operations, compare its performance to established benchmarks and seek to align itself continually with best practices (NADCP, Best Practice Standards, Volume II, 2015). That is, the best way for drug courts to ensure they are following the model is to perform self-monitoring of whether they are engaged in

best practices and to have an outside evaluator assess the programs' process, provide feedback and then make adjustments as needed to meet best practices.

Carey et al. (2008, 2012) found programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to be correlated with significant reductions in recidivism and cost savings: 1) maintaining electronic records that are critical to participant case management and to an evaluation, 2) the use of program statistics by the program to make modifications in drug court operations, 3) the use of program evaluation results to make modification to drug court operations, and 4) the participation of the drug court in more than one evaluation by an independent evaluator. Courts that have modified their programs based on evaluation findings have experienced a significant reduction in recidivism and twice the cost savings compared to courts that do no modifications. The same is true of programs that make modifications based on self-review of program statistics (Carey et al., 2012).

Observations

- The program collects data electronically for participant tracking. For all courts that receive state funding, data entry into JIS is required.
- JIS entries are made by Beth and are current. Beth runs COGNOS reports monthly to ensure the data entered is accurate and timely.
- The program tracks key information in JIS:
    - program admission, service history and exit data in CWATXCT
    - program data in CZAPROG – such as MAT, MRT, MATRIX and ALUM
    - RANT® data in CWARINT and CZAPROG (or COASITE if not accepted into the program)
    - treatment court fees in CBAACCD
    - court attendance in CSAEVNT/CDAEVNT
    - sanctions and incentives in CWATXRV
    - case notes in CZACASE
- The program tracks drug testing in Redwood Toxicology Laboratory's ToxAccess™ secure website, the positive drugs screens are tracked in JIS, and is also recorded by the PO in OPTII.
- Treatment assessments/attendance is recorded in CIMOR.
- Contacts, violations and other status updates are recorded in OPTII by the PO.
- The program has not had an outside evaluator conduct a process and outcome evaluation on the program. However, NPC Research will be conducting a cost-analysis for the DCCC.
- According to JIS, the graduation rate for CY15 is:
  Adult drug court 33% Statewide average 54%

Commendations

The program collects electronic data. The program is commended for having current data in JIS. The biggest threat to a valid program evaluation is poor data entry by staff. Data should ordinarily be entered within 48 hours of the respective event. After 48 hours, errors in data entry have been shown to increase significantly.

The program reviews their local data available in JIS. Running monthly reports from JIS can assist the program in self-evaluation. Drug court programs that regularly monitor their own data and modify their program practices as a result show 105% greater reductions in recidivism and 131% greater increases in cost savings (Carey et al., 2012).

The program reviews and updates the policy and procedure manual, participant handbooks and

the participant contract annually.

Suggested Business Practice

Share evaluation and assessment results from this site visit report. Team members are encouraged to discuss the overall findings from this report, both to enjoy the recognition of its accomplishments and to identify areas of potential program adjustment and improvement. Plan a time for the team to discuss the results of this evaluation and make a plan for how to use the information. Appendix A contains a brief set of guidelines for how to review program feedback and next steps in making changes to the program.

As a reminder, programs should seek assistance from an outside evaluator. Courts that have participated in evaluation and made program modifications based on evaluation feedback have had twice the cost savings compared to courts that have not adjusted their program based on evaluation feedback (Carey et al., 2012).

Analyze exits for participants and evaluate program to see areas of improvement in the graduation rate.

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

This component encourages ongoing professional development and training of treatment court staff. Team members need to be updated on new research based procedures and maintain a high level of professionalism. It is important for the entire operational treatment court team to attend formal training prior to launching the program when possible, as this training can help to ensure strong program implementation and fully trained engaged team members are more likely to be focused on following best practices as well as maintaining fidelity to the program model. Treatment courts are encouraged to continue organizational learning and share lessons learned with new hires.

Team members must receive role-specific training in order to understand the collaborative nature of the model. Team members must not only be fully trained on their role and requirements, but also be willing to adopt the balanced and strength-based philosophy of the treatment court. Once understood and adopted, long assignment periods for team members are ideal, as tenure and experience allow for better understanding and full assimilation of the model components into daily operations. For programs that have been around a long time, it is still important to receive ongoing training as more information is presented in the field as new best practices emerge.

National Research

As stated in NADCP's Best Practice Standard on Multidisciplinary Teams (Volume II, 2015), "Drug courts represent a fundamentally new way of treating persons charged with drug-related offenses (Roper & Lessenger, 2007). Specialized knowledge and skills are required to implement these multifaceted programs effectively (Carey et al., 2012; Shaffer, 2011; VanWormer, 2010). To be successful in their new roles, staff members require at least a journeyman's knowledge of best practices in a wide range of areas, including substance use disorder and mental health treatment, complementary treatment and social services, behavior modification, community supervision, and drug and alcohol testing. Staff must also learn to perform their duties in a multidisciplinary environment, consistent with constitutional due process and the ethical mandates of their respective professions. These skills and knowledge-sets are not taught in traditional law school or graduate school programs, or in most continuing education programs for practicing professionals (Berman & Feinblatt,

2005; Holland, 2010). Ongoing specialized training and supervision are needed for staff to achieve the goals of drug court and conduct themselves in an ethical, professional and effective manner."

Research on the use of evidence-based and promising practices in the criminal justice field has consistently shown in order to operate effective programs as intended, practitioners must receive the necessary resources to make the program work, receive ongoing training and technical assistance and be committed to the quality assurance process (Barnoski, 2004; Latessa & Lowenkamp, 2006). Andrews and Bonta (2010) maintain correctional and court programs must concentrate on effectively building and *maintaining* the skill set of the employees (in the case of drug courts—team members) who work with offenders. Training and support allow teams to focus on translating drug court best practice findings into daily operations and build natural integrity to the model (Bourgon, Bonta, Rugge, Scott, & Yessine, 2010).

Carey et al. (2008, 2012) found drug court programs requiring all new hires to complete formal training or orientation and requiring *all* team members be provided with regular training were associated with higher graduation rates and greater cost savings due to lower recidivism.

One of the most significant predictors of positive outcomes for racial and ethnic minority participants in substance use disorder treatment is culturally sensitive attitudes on the part of the treatment staff (Ely & Thomas, 2001; Guerrero, 2010). Drug court team members should attend cultural-sensitivity training and seek concrete strategies to correct any problems that are identified and remediate disparities in services and outcomes.

Observations

- Almost all team members have received training or education specifically on the drug court model, including through the MATCP and the administrator and one of the POs have attended recent NADCP conferences.
- Most team members have also received training specifically related to the target population of the court, the use of rewards/sanctions, their role on the drug court team and strength-based philosophies and practices.
- In preparation for the program implementing the 4-track model in their drug courts, the team attended a multi-discipline training in March 2015 at OSCA. The team was set up in committees to work on specific issues that needed to be amended prior to the implementation of the 4-track model such as specific sanctioning and incentives for each quadrant, restructuring the phases and updating the program manuals to include the changes.
- Drug court staff members regularly bring new information on drug court practices, including drug addiction and treatment, to staffing and policy meetings.
- Beth attended the Drug Court Coordinator's Meeting in October 2015 and October 2016.
- Beth is chair to the Treatment Court Focus Group and is a member of the Change Control Subcommittee which oversees the current and new case management systems.
- The team conducts an annual retreat. The most recent retreat was held in spring 2016 and included evaluating their program to make adjustments to the separated quadrant model.

Commendations

Treatment court team members receive ongoing training. The program understands the treatment court model requires specialized training for all staff members to understand their roles, and the science behind effective treatment. Team member training has been demonstrated to produce significantly lower recidivism and greater program completion rates (Carey et al., 2008, 2012). The program is well aware of this and continues to make team member training a priority.

Suggested Business Practice

New drug court team members should complete training. New team members should complete the Essential Elements of Adult Drug Courts with the National Drug Court Institute or through the Center for Court Innovation and submit a completion certificate to be kept on file to verify participation. Consider creating a training packet and guide for new team members, particularly for positions where there is high turnover. A training package for new team members should include written documents, such as the policy and procedure manual, the participant handbook, the participant contract and electronic versions of the NADCP Judicial Bench Book and the Adult Drug Court Best Practice Standards Volume I and II.

Each member of the drug court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups. Online training is available through the Center for Court Innovation.

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

This component encourages drug courts to develop partnerships with other criminal justice service, nonprofit and commercial agencies. For these collaborations to be true "partnerships," regular meetings and collaborations with the partners should occur. If successful, the drug court will benefit from the expertise that resides in all of the partner agencies and participants will enjoy greater access to a variety of services. Treatment courts must still determine what partners are available and decide with whom to partner and how formal to make these partnerships. Other important factors to weigh include who will be considered as part of the main treatment court team; who will provide input primarily through policymaking; and what types of services will be available to participants through these partnerships. The overall focus is on sustainability, which includes engaging interagency partners, becoming an integral approach to the drug problem in the community, creating collaborative partnerships, learning to foresee obstacles, addressing obstacles proactively and planning for future funding needs.

National Research

Responses to American University's National Drug Court Survey (Cooper, 2000) show most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources with which drug courts are connected include self-help groups such as AA and NA, medical providers, local education systems, employment services, faith communities and Chambers of Commerce.

In addition, Carey et al. (2005) and Carey et al. (2011) found drug courts that had formal partnerships with community agencies who provide services to drug court participants had better outcomes than drug courts that did not have these partnerships.

Data from other drug court studies by NPC Research (Carey et al., 2012) illustrate drug court programs with an advisory committee which includes members of the community have higher cost savings (a 26% increase in cost savings compared to a 16% cost savings).

Observations

- The program does not specifically have an advisory board.
- The program has been primarily funded through the Drug Court Resources Fund. The program is currently in the third year of a statewide project funded by Bureau of Justice Assistance. The program collects participant fees. Other funding sources include: local county tax in Gasconade County and community support.
- The program has developed and maintained relationships with organizations that can provide services for participants in the community and refers participants to those services when appropriate. Some of these services include employment assistance/job training, food, clothing, healthcare, transportation, housing assistance, educational services, dental work and medical needs.
- The program does not have current MOUs with the community partners establishing the roles and responsibilities of the partnership members.
- The court provides regular information to the community about the progress of the treatment court.

Commendations

The program has creatively and effectively addressed many participant needs. Meeting participant needs across the spectrum of issues affecting their lives is crucial for participants to be successful. The program is commended for thoughtfully coming up with solutions to program barriers faced by participants. The participants provided examples dental work and referrals for medical services. In addition, appropriate medical care can help mitigate participant use of substances to self-medicate problems related to physical pain. Many programs have seen benefits with reduction in recidivism from offering health services. This responsiveness helps the participants develop a trust in the program that it really is on their side and working in their best interest.

Outreach is performed by inviting representatives of the local government, community members and staff from other agencies to program graduations. Graduation ceremonies provide powerful testimony for the effectiveness of treatment courts. Inviting potential community partners to graduations is one low-cost strategy for strengthening outreach efforts and allows them to witness positive program impacts. It is important to educate those not familiar with treatment courts on how the model works and its benefits. This may also result in more donation or options for participant incentives. Graduation is a significant accomplishment for the graduate and it is important to have graduations be distinct from the regular treatment court hearings, even if it occurs during a regular hearing. Requiring program participants to attend treatment court graduations is a way to help create and strengthen a supportive environment among individual participants and serve to motivate current participants to progress to the graduation themselves.

Suggested Business Practice

Establish an advisory committee. Programs with an advisory committee which included community members had 56% higher cost savings than drug courts without an advisory committee. Advisory committees should consider meeting quarterly, or twice per year, to discuss sustainability and community connections. Participant needs, at a general level, should also be discussed (individual confidentiality stipulations should be observed). The program should invite representatives from community agencies who work regularly with drug court participants to the advisory board, as well as representatives of the business community, faith community, nonprofits and other interested groups. The inclusion of community members in this group could result in expanded understanding of – and community support for – this program, and may result in additional services, facilities and further sustainable funding.

Update a written memorandum of understanding with the community partners to establish the roles and responsibilities of the partnership members.

ADDITIONAL RESOURCES

The appendices at the end of this document contain resources to assist the program in making any changes based on the feedback and recommendation in this report. Appendix A provides a brief "how- to" guide for beginning the process of changing program structure and policies. Appendix B provides a sample of drug court incentive and sanction guidelines. Other important and useful resources for drug courts are available at the National Drug Court Resource Center's website: http://www.ndcrc.org and www.drugcourtonline.org.

The Drug Court Judicial Benchbook
Adult Drug Court Best Practices, Volume I
Adult Drug Court Best Practices, Volume II
Dr. Doug Marlowe's Volume II Powerpoint Presentation

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APPENDIX A: GUIDE FOR USE OF SITE VISIT REPORT

The site visit report can be used for improvement of program structure and practices for better participant outcomes.

When you receive the results:

- **Distribute copies of the report** to all members of your team, advisory group, and other key individuals involved

with your program.

- **Set up a meeting** with your team and steering committee to discuss the report's findings and recommendations. Ask all members of the group to **read the report** prior to the meeting and **bring ideas and questions**. Identify who will **facilitate** the meeting.
- During the meeting(s), **review each recommendation**, discuss any questions that arise from the group, and **summarize the discussion, any decisions, and next steps**. You can use the format below or develop your own:

Format for reviewing suggested business practices:

Copy the suggested business practices from the electronic version of report and provide to the group.

Responsible individual, group, or agency: Identify who is the focus of the recommendation, and who has the authority to make related changes.

Response to suggested business practices: Describe the status of action related to the practice (some changes or decisions may already have been made). Indicate the following:

- 1. This suggested business practice will be accepted. (see next steps below)
- 2. Part of this suggested business practice can be accepted (see next steps below and indicate here which parts are not feasible or desirable, and why)
- 3. This suggested business practice cannot be accepted. Describe barriers to making related changes (at a future time point, these barriers may no longer exist) or reason why the recommendation is not desirable or would have other negative impacts on the program overall.

Next steps: Identify which tasks have been assigned, to whom, and by what date they will be accomplished or progress reviewed. Assign tasks only to a **person who is present**. If the appropriate person is not present or not yet identified (because the task falls to an agency or to the community, for example), identify who from the group will take on the task of identifying and contacting the appropriate person.

- Person: (Name)
- Task: (make sure tasks are specific, measurable, and attainable)
- Deadline or review date: (e.g., June 10th) The dates for some tasks should be soon (next month, next 6-months, etc.); others (for longer-term goals for example) may be further in the future.
- Who will review: (e.g., advisory board will review progress at their next meeting)

Contact OSCA Treatment Court Unit after your meeting(s) to discuss any questions that the team has raised and not answered internally, or if you have requests for other resources or information.

- **Contact NPC Research** if you would like to hold an additional conference call with or presentation to any key groups related to the study findings.
- **Request technical assistance or training as needed** from NADCP/NDCI or other appropriate groups.
- **Add task deadlines to the agendas of future steering committee meetings**, to ensure they will be reviewed, or select a date for a follow-up review (in 3 or 6 months, for example), to discuss progress and challenges, and to establish new next steps, task lists, and review dates.

SAMPLE OF DRUG COURT INCENTIVE AND SANCTION GUIDELINES

SANCTIONS

I. Testing positive for a controlled substance

- Increased supervision
- Increased urinalysis
- Community service
- Remand with a written assignment
- Incarceration (1 to 2 days on first; 3 to 6 days on second)
- Discharge from the program

TREATMENT RESPONSE:

- Review treatment plan for appropriate treatment services

- Write an essay about your relapse and things you will do differently
- Write and present a list of why you want to stay clean and sober
- Write and present a list of temptations (people, objects, music, and locations) and what you plan to put in their place.
- Make a list of what stresses you and what you can do to reduce these stresses.
- Residential treatment for a specified period of time (for more than 2 positive tests)
- Additional individual sessions and/or group sessions
- Extension of participation in the program
- Repeat Program Phase

GOAL: Obtain/Maintain Sobriety

II. Failing or refusing to test

- Increased supervision
- Increased urinalysis
- Remand with a written assignment
- Increased court appearances (If in Phase II-IV)
- Incarceration (1 to 10 days on first; 1 week on second)
- Discharge from the program

TREATMENT RESPONSE:

- Review treatment plan for appropriate treatment services
- Residential treatment for a specified period of time
- Extension of participation in the program
- Repeat Program Phase

GOAL: Obtain/Maintain Sobriety and Cooperation to comply with testing requirements

III. Missing a court session without receiving prior approval for the absence

- Community service
- "Jury-box duty"
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program

GOAL: Responsible Behavior and Time Management

IV. Being late to court, particularly if consistently late with no prior approval from the Court or Case Manager

- Community service
- "Jury-box duty"
- Increased court appearances
- Extension of participation in the program

GOAL: Responsible Behavior

V. Failure to attend the required number of AA/NA meetings or support group meetings

- Increased supervision
- Community service
- "Jury-box duty"

- Increased court appearances
- Extension of participation in the program
- Written Assignment

TREATMENT RESPONSE:

- Review treatment plan for appropriate treatment services
- Written assignment on the value of support groups in recovery.
- Additional individual sessions and/or group sessions

GOAL: Improved Treatment Outcome

VI. Failure to attend and complete the assigned treatment program

- Increased supervision
- Community service
- Remand with a written assignment
- Extension of participation in the program
- Repeat Program Phase

TREATMENT RESPONSE:

- One or more weeks set back in previous Phase for additional support
- Attend Life Skills Group
- Residential treatment for a specified period of time (consist occurrence)
- Additional individual sessions and/or group sessions

GOAL: Improved Treatment Outcome

VII. Demonstrating a lack of response by failing to keep in contact and/or cooperate with the Case Manager or Counselor

- Community service
- "Jury-box duty"
- Remand with a written assignment
- Extension of participation in the program
- Repeat Program Phase

TREATMENT RESPONSE:

- Make up missed sessions
- Review treatment plan to ensure participants needs are being met
- Additional individual sessions and/or group sessions

GOAL: Demonstrate respect and responsibility

VIII. Convicted of a new crime

- Increased supervision
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program
- Repeat Program Phase

- Incarceration
- Discharge from the program

TREATMENT RESPONSE:

- Additional individual sessions and/or group sessions

GOAL: Demonstrate respect and responsibility

IX. Violence or threats of violence directed at any treatment staff or other participants

- Discharge from the program

X. Lack of motivation to seek employment or continue education

- "Jury-box duty"
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program

TREATMENT RESPONSE:

- Additional individual sessions and/or group sessions

GOAL: Graduation and Job Preparedness

XI. Refusing to terminate association with individuals who are using

- Increased supervision
- Community service
- "Jury-box duty"
- Increased court appearances
- Extension of participation in the program
- Written Assignment

TREATMENT RESPONSE:

- Additional individual sessions and/or group sessions.

GOAL: Develop a social network with clean and sober friends

XII. Failure to comply with court directives

- Increased supervision
- Community service
- "Jury-box duty"
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program
- Repeat Program Phase
- Remand into custody all free time

- Written assignment

GOAL: Develop a social network with clean and sober friends

XIII. Lack of motivation to seek safe housing

- Increased supervision
- Community service
- Written assignment

XIV. Forging documentation required by the court for proof of compliance

- Incarceration
- Discharge from the program

(If it appears to the prosecuting attorney, the court, or the probation department that the defendant if convicted of a misdemeanor that reflects the defendant's propensity for violence, or the defendant is convicted of a felony, or the defendant has engaged in criminal conduct rendering him or her unsuitable for participation in drug court, the prosecuting attorney, the court on its own, or the probation department may make a motion to terminate defendant's conditional release and participation in the drug court. After notice to the defendant, the court shall hold a hearing. If the court finds that the defendant has been convicted of a crime as indicated above, or that the defendant has engaged in criminal conduct rendering him or her unsuitable for continued participation in drug court, the court shall revoke the defendant's conditional release, and refer the case to the probation department for the preparation of a sentencing report.)

INCENTIVES

If the participant complies with the program, achieves program goals and exhibits drug -free behavior, he/she will be rewarded and encouraged by the court through a series of incentives. Participants will be able to accrue up to 50 points to become eligible to receive a reward. After accruing 50 points, the participant will start over in point accrual until he/she reaches 50 points again. The points are awarded as follows:

Achievement	**Points Awarded**
Step Walking (12 step)	3
All required AA/NA Meetings Attended	1
AA/NA Sheet turned in on time	1
Attended all required treatment activities at the program	1
Phase Change	5
3 Month Chip	2

6 Month Chip	4
9 Month Chip	6
1 year Chip	8
Obtained a job (part time)	3
Obtained a job (full time)	5
Graduated from Vocational Training	5
Obtained a GED	5
Graduated from Junior College	5
Obtained a Driver's License	4
Bought a Car	4
Obtained Safe Housing (Renting)	4
Obtained Safe Housing (Buying)	5
Taking Care of Health Needs	3
Finding A Sponsor	3
Helping to interpret	1
Promotion/raise at work	3
Obtaining MAP/Medi-Cal/Denti-Cal	3
Parenting Certificate	2
Judge's Discretion	1 to 5

Incentive items that are given to the participants (upon availability) include but are not limited to:

- Bus passes
- A donated bicycle that may be kept for the duration of time in drug court. After completion of drug court, the bicycle must be returned. (A terminated participant must return the bicycle forthwith.)
- Pencils, key chains: awarded for phase changes
- Personal hygiene products
- Framing any certificate of completion from other programs, or certificates showing length of sobriety
- Haircuts
- Eye Wear
- Movie Passes
- Food Coupons