The Future of Treatment Courts: Building on Success, Adapting to Change

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Stage 1 A New Model



The Early Years: A Revolutionary Approach

- Court-supervised treatment
- Ongoing judicial monitoring
- Multidisciplinary team
- Non-adversarial approach
- Incentives and sanctions
- Generally, a pre-plea model

The Early Years



- Rapid expansion
 - 1989: Miami (first adult drug court)
 - 1992: Phoenix
 - 1994: Federal funding begins
 - 1997: 370 treatment courts nationally
 - 2007: 1,000+ treatment courts nationally
 - Today: 3,000+ treatment courts nationally



Stage 2 Treatment Courts Work

Treatment Courts Work



- 30 years of treatment court model refinement
 - Ten Key Components (1997)
 - Tons of research (e.g., NIJ's Multi-Site Adult Drug Court Evaluation, 2011 (23 courts in 6 states)
- Adult Drug Court Best Practice Standards
 - Volume 1 (2013)
 - Volume 2 (2015)





This groundbreaking set of EVIDENCE-BASED STANDARDS is your blueprint to dramatically improve outcomes for individuals involved in the justice system due to substance use disorders and mental health conditions. Representing 25 years of EMPRICAL STUDY on addiction, pharmacology, behavioral health, and criminal justice, these Standards are the foundation upon which all adult drug courts should operate. They hold the keys to transform how the justice system responds to people in crisis: Whether you are a researcher, subject matter expert, drug court practitioner, state or federal policymaker, or concerned citizen, the NADCP Adult Drug Court Best Practice Standards are vital to your understanding of effective JUSTICE SYSTEM REFORM.





Stage 3 Fidelity to the Model

Fidelity to the Model



- Adherence to best practices
 - Identifying the most appropriate offenders (high-risk/high-need)
 - Routing them to treatment court quickly
 - Providing evidence-based treatment and services
 - Using evidence-based supervision and behavior modification techniques
 - Getting good results
- Statewide fidelity programs
 - State certification
 - Peer review



Stage 4 A New Wave of Reform

A New Wave of Reform



- In recent years, several ripples have converged into a new wave of justice system reform
 - Upstream approaches/shrinking the system
 - Criticisms of the treatment court model
 - Spotlight on poor treatment court practices

 Growing recognition that justice system involvement can cause harm and worsen outcomes

Disruption of support systems

+ Imposition of trauma

Harm to individuals/communities and higher likelihood of reoffending

- Overwhelming evidence that jail is:
 - Ineffective
 - Harmful
 - Expensive



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- But it's not just jail...probation, intensive monitoring, drug testing, etc. all raise similar concerns
- Technical violations drive ~15-25% of jail admissions
- Volume of obligations make failure likely for many people

- Jail reduction efforts (e.g., Justice Reinvestment Initiative, Safety and Justice Challenge)
- Criminal law reforms
 - New York (2009)
 - California (2014)
 - Utah (2015)
 - Oregon (2020)



- Court-based diversion
 - Buffalo C.O.U.R.T.S. program
 - Brooklyn Justice Initiatives
- Prosecutor-led diversion
 - Missoula's Calibrate diversion program
 - NYC's Project Reset
- Police and police/community diversion
 - Law Enforcement Assisted Diversion (LEAD)
 - CAHOOTS



- Numerous states have eliminated or curtailed the use of cash bail
- Backlash in some places, but evidence does not support criticisms
- Community-based violence prevention programs
- Lots more

Criticisms of the Treatment Court Model

- Some common criticisms of the treatment court model:
 - Coercive
 - Overly punitive
 - Contrary to health-focused approach
 - Replicate racial disparities in the larger justice system
 - Dominate available treatment resources and can make voluntary treatment harder to get

Criticisms of the Treatment Court Model

• These and other critiques have led some prominent voices to call for the elimination of treatment courts Drug Court Pre

Spotlight on Poor Treatment Court Practices



- Hard truth: The treatment court model is complex and not easy to implement well
- Best practice standards are lengthy and highly technical
- Takes time to get good at this
- Ongoing training is needed to stay sharp

Spotlight on Poor Treatment Court Practices

- Some ongoing practice concerns include:
 - Accepting the wrong population
 - Overuse of jail sanctions
 - Inappropriate medical decisions
 - Fines and fees
 - Inadequate training
 - Lack of support from key stakeholders



- To recap, there's a new wave of reform happening
 - Upstream approaches/shrinking the system
 - Criticisms of the treatment court model
 - Spotlight on poor treatment court practices
- What does this all mean for the future of treatment courts?



Stage 5 The Future of Treatment Courts



The Future of Treatment Courts



- Let's remember, treatment courts are THE evidence-based practice
- When done right, treatment courts improve treatment outcomes, decrease reoffending, reduce the use of jail, and save money
- The answer is not to pull back on treatment courts
- It's to revitalize treatment courts to strengthen practice and reduce harm



 Focus resources on high-risk/high-need individuals facing significant prison time

- Treatments courts are the most effective intervention for high-risk, highneed individuals facing significant prison time
- However, they are not appropriate in most other cases
- Lower-risk, lower-need individuals and those facing less punitive sentences should be off-ramped from the justice system earlier
- To this end, jurisdictions should build prearrest and pretrial diversion programs



Eliminate the ban on violent crimes

- Drug treatment courts have historically excluded individuals charged with violent crimes
- This approach is not rooted in evidence
- In fact, individuals charged with violent crimes are often the high-risk, high need individuals who stand to benefit most from treatment court
- Local jurisdictions should open drug treatment courts to this population
- Note: Intimate partner violence poses special concerns



Leave treatment to the professionals

- <u>Only</u> the participant's treatment provider and physician should make treatment and medical decisions.
- Provide individually tailored treatment plans designed by clinical professionals
- Never require a participant to undergo a level of treatment that is not clinically appropriate
- Allow participants to use all three FDA-approved medications for opioid use disorder as medically prescribed
- Recognize that addiction is often driven by underlying trauma, and ensure that treatment services are trauma responsive



Eliminate racial and ethnic disparities

- Commit to identifying and addressing racial disparities in access, sanctions, graduation, and long-term outcomes using data
- Offered culturally responsive treatment and recovery support services, such as H.E.A.T., a manualized treatment approach for young Black men (prainc.com/heat-afrocentric-holistic-recovery)
- Train team members in how to serve participants in a culturally relevant manner
- Identify individual decision points that may contribute to disparities and develop measures to alleviate disparate outcomes at those points



Reduce the use of jail sanctions

- Jail is a traumatic experience, even in small doses, and it often has a counterproductive effect on recovery and recidivism
- Jail frequently interferes with treatment plan
- Understanding these facts, treatment courts should use jail sparingly
- Don't use jail as a sanction for continued drug use
- Never use jail to "help" a participant until a treatment bed opens
- Possible uses of jail: when a participant commits a new crime but will continue in the program



Think beyond legal leverage

- Legal leverage has played a central role in the treatment court model by motivating participation and program compliance
- New justice system reforms like decriminalization or reclassification of drug offenses are removing some of this leverage
- Use these changes as an opportunity to shift toward a more strengthsfocused approach that elevates incentives over sanctions, prioritizes strong therapeutic relationships, and centers procedural fairness
- Treatment courts can move away from the threat of jail and toward the promise of help with fewer strings attached



Expand measures of success

- Treatment courts should reexamine how they measure success
- Rates of reoffending and cost savings should not be the only indicators
- Maintaining a job, completing school, strengthening family, addressing health issues, and serving as a peer mentor are important benchmarks as well
- Partner with qualified researchers to create expanded performance measures, and evaluate the true impact of treatment court programs on the well-being of individuals, families, and communities





- Times are changing; new reform movements are afoot
- Treatment courts must adapt by strengthening practice and reducing harm
- The future of treatment courts is bright if we all work to continue improving model

NADCP Resources



TREATMENT COURT PRACTITIONER TOOL KIT

Model Agreements and Related Resources to Support the Use of Medications for Opioid Use Disorder

Written by: Douglas B. Marlowe, JD, PhD Senior Scientific Consultant National Association of Drug Court Professionals





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Adult Drug Court Best Practice Standard II

Equity & Inclusion Toolkit



Training, fact sheets, practice guides, and more





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est. 2010