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NATIONAL DRUG
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TREATMENT PROVIDERS WORKING EFFECTIVELY WITH THE DRUG COURT TEAM

Developed by:
National Drug Court Institute

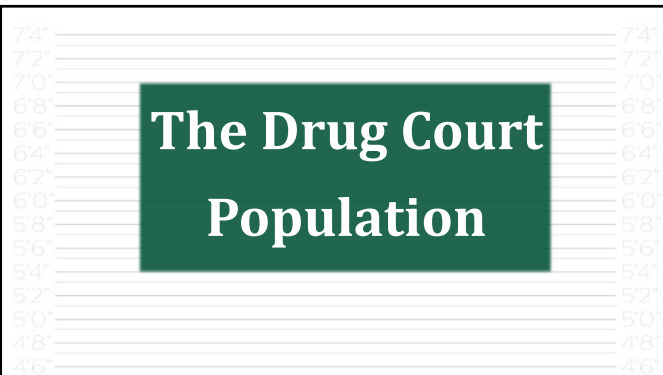
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Here's What's Coming



1. The Drug Court Population
2. The Treatment Provider Role on the Drug Court Team
3. Sharing Information with the Drug Court Team
4. Understanding Drug Court Responses to Behavior
5. What Treatment Professionals Should Know about Drug Court Supervision



The Drug Court Population

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THE DRUG COURT POPULATION

Which individuals are admitted to the treatment court?

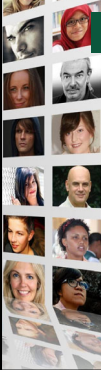
THE DRUG COURT POPULATION

High Risk


High Need

HIGH RISK

“High risk” refers to the likelihood that an individual will not fully engage in voluntary treatment and succeed under standard supervision (e.g., new crimes) without the additional structure, supervision, and support of the drug court.



HIGH NEED



"High need" refers to the person who has been diagnosed accurately with a moderate/severe substance use disorder (addiction) or co-occurring disorder.

- ✓ This is also a risk factor/criminogenic need
- ✓ Many social service and other needs may also exist. However in determining the drug court population the focus is substance use disorder or co-occurring treatment need, not other needs



DON'T MIX AND MINGLE



- ✓ Don't mix risk and need levels in residential programs, interactive treatment groups, or other settings where the differing groups are likely to negatively influence each other
- ✓ Mixing risk levels = exposing lower risk individuals to high risk associates, thinking and behaviors
- ✓ Mixing need levels (i.e., treating addicted and non-addicted together) = delivering services that do not address the actual needs of the individuals; harms group cohesion; wastes resources; and potentially leads to poor treatment engagement

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The Treatment Provider Role on the Drug Court Team

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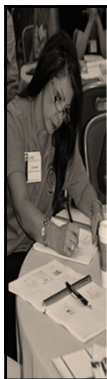
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Treatment Provider



- ✓ Addiction counselor, social worker, psychologist, physician, LPC, or other treatment professional
- ✓ Licensed or certified; or working directly under the close supervision of a licensed or certified clinical supervisor
- ✓ Knowledgeable about addiction, treatment and recovery
- ✓ Knowledgeable about the justice system and coerced clients



Treatment Provider




- ✓ Conducts clinical assessments, plans and delivers treatment, and informs court on all treatment matters—including appropriate responses to participant behavior
- ✓ Fully knowledgeable regarding the participants' treatment
- ✓ Attends and fully engaged in all pre-court staffings and drug court hearings
- ✓ Attends all drug review/status court hearings




DELIVERING TREATMENT REFER TO STANDARD V – VOL. I



- ✓ Administer readiness, cognitive-behavioral, and other treatments that are documented in manuals and have been demonstrated to improve outcomes
- ✓ Responsible for providing at least one individual session per week during the first phase of the program
- ✓ Provide relapse prevention and continuing care planning and services



TREATMENT REPRESENTATIVE RESEARCH



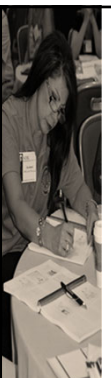
Treatment communicates with court via email
Recidivism ↓ 119%

Treatment court works with two or fewer treatment agencies
Recidivism ↓ 76


Treatment court offers mental health treatment
Recidivism ↓ 80%

3x greater savings when Treatment includes a phase on relapse prevention

Treatment attends court sessions
Recidivism ↓ 100%



To Increase Your Influence




Treatment needs to be heard and to influence team decisions. To be more effective team members, treatment professionals should:


- ✓ Understand the public safety focus of many on the team and be able to discuss clinical issues and recommendations from that perspective
- ✓ Take time to learn the court and supervision process and culture; and expectations of the court—including how to address the judge, dress during hearings, and otherwise conduct themselves
- ✓ Learn the language, lingo, and jargon of the justice system—including the acronyms, abbreviations, common criminal charges, etc.




Sharing Treatment Information with the Drug Court Team




SHARING INFORMATION




- HIPAA and 42 C.F.R. Part 2 do not prohibit treatment professionals from sharing information related to substance use and mental health treatment.
- These statutes control how and under what circumstances treatment professional (and other covered entities) may disclose such information
 - ✓ Voluntary, informed, and competent waiver of patient's confidentiality and privacy rights; or
 - ✓ Court order (in the absence of patient waiver)




SHARING INFORMATION




- In treatment courts, treatment professionals may share specified information with other team members pursuant to a valid waiver (or court order).
- Scope of disclosure must be limited to the minimum information necessary to appraise participant progress in treatment and complying with the conditions of the program.
- The following data elements are required by all treatment court team members and disclosure by treatment professionals is generally to include and be limited to these elements.




SHARING INFORMATION



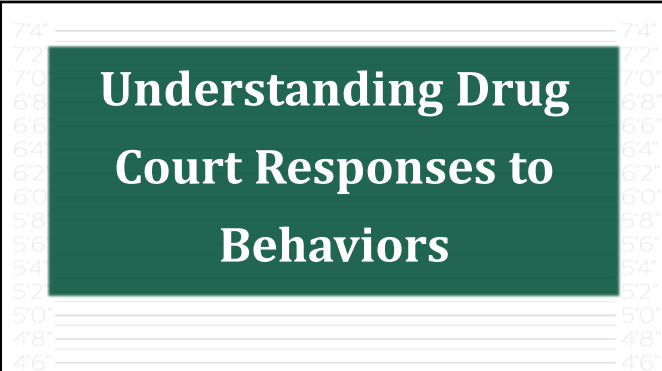
1. Assessment results pertaining to a participant's eligibility for treatment court and treatment and supervision needs
2. Attendance at scheduled appointments/sessions
3. Drug and alcohol test results conducted by the treatment center, including efforts to defraud or invalidate
4. Attainment of treatment plan goals
5. Evidence of symptom resolution or exacerbation
6. Evidence of treatment-related attitudinal changes
7. Attainment of treatment program phase requirements




SHARING INFORMATION



8. Compliance with supervision requirements that treatment professional may be aware of (e.g., electronic monitoring, home curfews, travel limitations, stay aways, etc.)
9. Adherence to legally prescribed and authorized use of medicines—if relevant to team decisions
10. Procurement of unauthorized prescriptions or addictive or intoxicating medications
11. Commission of or arrests for new offenses that treatment professionals may be aware of
12. Menacing, threatening, or disruptive behavior



Understanding Drug Court Responses to Behaviors



DRUG COURT RESPONSES TO BEHAVIOR



- In addition to effective treatment and recovery management, high risk/high need participants need incentives and sanctions, as well as therapeutic and supervision adjustments
- Treatment providers determine the therapeutic adjustments; and help teams decide on which sanctions or other responses might be best
- Treatment providers help participants gain therapeutic benefit from sanctions and supervision adjustments

HOW TO HELP TEAM DEAL WITH USE

When team is determining how to best respond to positive drug tests, treatment providers can assist the participant and team by:

- 1) Working with client to determine what led to the relapse and updating their plan for preventing future use
- 2) Informing the team about the participant's current attendance and engagement; and sharing clinical insight regarding the use
- 3) Informing team of the planned therapeutic responses to use
- 4) Helping the team to determine the most effective response to the use and/or dishonesty regarding use
- 5) Expecting participant to address dishonesty regarding use as a treatment plan priority
- 6) Helping participants understand and benefit from the team's responses to their behavior--including sanctions and supervision responses



What Treatment Professionals Should Know about Drug Court Supervision

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COMMUNITY SUPERVISION

Because drug courts enroll high risk participants, robust community supervision is essential.

Community Supervision is:

- The effort to monitor the offender's behavior and program compliance outside of the court room
- Accomplished through a system of support, monitoring and advocacy to assist the client through change



WHO DOES SUPERVISION?

- Probation
- Police/Sheriff
- Pre-trial services
- Marshals
- Community supervision officers



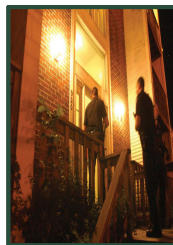
SUPERVISION CASE MANAGEMENT

- Office visits
- Criminogenic risk and needs assessments
- Supervision case planning
- Referrals to ancillary services
- Referral or delivery of CBT
- Home visits



HOME VISITS

- Announced and Unannounced
- Different time and days of the week
- Non-governmental hours
- Event visits, etc.
- Condition of the home: Safe? Cleanliness?

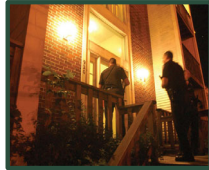


UNHAPPY SURPRISES FOUND DURING HOME VISITS AND SEARCHES

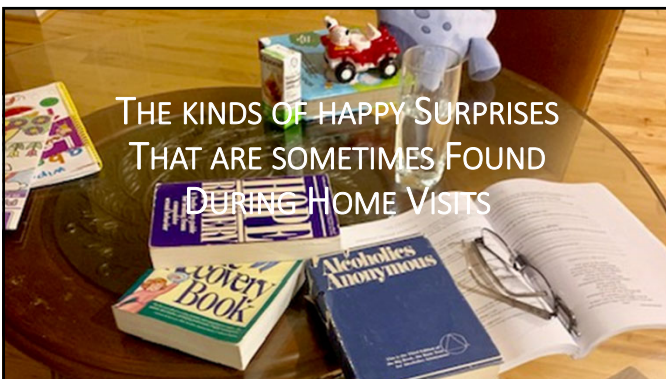


HOME VISITS

- Engagement of family?
- Test (breathalyzer or urinalysis)
- Curfew checks
- Evidence of recovery-focus or addiction-focus
- Catch them doing something right



THE KINDS OF HAPPY SURPRISES
THAT ARE SOMETIMES FOUND
DURING HOME VISITS



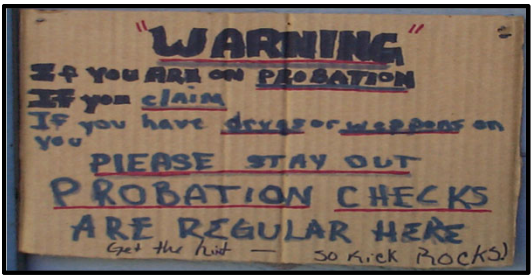



BENEFITS OF SUPERVISION

- Immediate responses to behavior
- Problem solving assistance
- Identify service gaps and barriers
- Encouragement and support
- Program integrity
- Real time communication



EFFECTIVE COMMUNITY SUPERVISION





TREATMENT WORKING WITH SUPERVISION

- 1) Coordinate treatment plans and supervision/case management plans
- 2) Seek supervision's help when participant is not attending or adequately engaging in treatment
- 3) Help participants apply any CBT training they are receiving as a part of supervision
- 4) Share drug testing results mutually
- 5) Share any public safety concerns with supervision
- 6) Share clinical insights with supervision officer that may help the officer better engage with and facilitate compliance from participant
- 7) Consult with supervision following home visits regarding any clinically relevant observations
- 8) Emphasize the importance of supervision compliance during treatment
- 9) What else????



TREATMENT WORKING WITH SUPERVISION

Working together, Treatment and Supervision Professionals Can Increase Dramatically the Likelihood that Drug Court Participants will Successfully Initiate and Maintain Recovery







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