GREENE COUNTY
ADULT
TREATMENT COURT
TC 1

SAMPLE MANUAL

POLICIES
AND
PROCEDURES
MANUAL

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1. INTRODUCTION

When the Greene County Adult Treatment Court (now known as TC1) was established in 1998, its core framework was based on the content of *Defining Drug Courts: The Key Components* (10 Key Components) that was published in 1997 by the National Association of Drug Court Professionals - NADCP.

Since then, there has been a plethora of research that culminated in NADCP's publishing the *Adult Drug Court Best Practice Standards*, *Volume I in 2013 and Volume II* in 2015.

In the introduction to Volume 1, the authors note the following:

"Science has accomplished considerably more than simply validating the Ten Key Components. It is putting meat on the bones of these broad principles, in effect transforming them into practice standards (Marlowe, 2010). Armed with specific guidance about how to operationalize the Ten Key Components, Drug Courts can be more confident in the quality of their operations, researchers can measure program quality in their evaluations, and trainers can identify areas needing further improvement and technical assistance."

In 2013 the TC1 team began the arduous task of remodeling – retaining the strong foundation of the Key Components but as noted above, "putting the meat on the bones" by fully embracing the Best Practice Standards.

It is a work in progress. However, so much has been accomplished that we believe that now is the time to begin manualizing the changes that have been implemented. Including those areas that are incomplete will give us a roadmap of what needs to be accomplished in the days and weeks ahead.

2. MISSION STATEMENT

The mission of TC1 is to enhance public safety by reducing criminal activity associated with substance abuse and addiction by placing the felony offender into a judicially supervised program that provides comprehensive treatment, life skills training and accountability for behaviors; thereby assisting offenders to become sober law abiding members of our community.

3. TEAM MEMBERS

The treatment court team shall consist of the following members:

- Judge
- Administrator
- Prosecuting Attorney

- Defense Attorney
- Probation Officer
- Treatment provider; to include mental health services
- Case manager
- Law Enforcement

TEAM MEMBER ROLES

The role of each team member is set out below:

Judge:

The judge is by nature of the role, the leader of the team. The judge is in the unique position to forge community partnerships thus ensuring institutionalization and sustainability of the program. Additionally, the judge:

- Has an understanding of the nature of substance use disorders, this understanding includes knowledge about the current science regarding psychopharmacology;
- Understands the need to address co-occurring disorders;
- Engages in the team process, attends staffings and presides over the Court status hearings;
- Understands the need to ensure due process for the defendant and the state;
- Attends training in regard to current research, and follows best practices;
- Is committed to maintaining compliance with the Canons of Judicial Conduct and Constitutional and statutory law;
- Is committed to ensuring that the treatment court is trauma informed;
- Ensures that participants have access to medication assisted treatment services;
- Is committed to providing culturally competent services that do not have disparate impacts on historically disadvantaged populations.

Administrator:
The administrator works for the judge and is responsible for the day-to-day management of the business of the treatment court. Administrator duties include, but are not limited to the following:

- Maintains documents regarding the operation of the treatment court, such as policy and procedure manuals, memorandum of understandings between community partners, and helps draft and negotiate contracts for services with treatment providers. All contracts and legal documents shall be subject to final approval by the Presiding Judge of the 31st Judicial Circuit and the Treatment Court Judge;

- Writes applications for grant funding from state and federal sources.

- Manages grant funds and ensures that all grant reports are submitted as required by the funding agency;

- Manages and ensures that all participant fees are collected in a manner that protects against fraud or the appearance of impropriety;

- Is responsible to ensure prompt and accurate payment for services provided by treatment court service providers;
- Oversees and maintains quality of service to treatment court participants by treatment court service providers, including the drug testing company;

- Ensures that each team member receives training regarding his or her role on the team;

- Ensures that each team member and treatment court service provider receives education on best practices and ethical issues;

- Maintains and oversees procedures regarding confidentiality protections and notifications for the participant;

- Ensures that each potential participant complete the Risk and Need Triage Assessment and that the results are communicated to counsel and to the team;

- Ensures that each participant receives treatment based on the results of his or her clinical and biopsychosocial assessment;

- Ensures that all assessment tools are evidence based and follow best practices;

- Ensures that all treatment interventions are evidence based and manualized;

- Assists in educating the team on trauma informed interventions;

- Ensures that the treatment court and all team members are educated toward providing services that are culturally competent and that the treatment court understands the impact of policies that have resulted in historical disparate impacts on disadvantaged populations;

- Assists the judge in community outreach programs and community education;

- Acts as a point of contact between the treatment court team and the judge.

Prosecutor:

The prosecutor sits as an active member of the treatment court team. The prosecutor assists in the timely identification of potential treatment court participants and encourages quick placement in the treatment court in accordance with best practices. The prosecutor's responsibilities include, but are not limited to:

- Identifies potential treatment court participants according to the eligibility criteria at the time the case is filed;

- Assists in expediting processing the criminal case through the court system by making an effort to provide necessary information to defense counsel so that eligible individuals may enter the treatment court as quickly as possible;

- Protects public safety;

- Protects the defendant's due process rights;

- Attends all staffings;

- Attends all court sessions;

- Assists in cross-education of team members regarding the law and ethical concerns;

- Recognizes that the treatment court process is designed to be non-adversarial;

- Participates in assisting the participant in the process of achieving sobriety and sustained life style changes through encouragement and accountability;

- Attends training regarding best practices;

- Represents the State's interest in termination hearings and, if appropriate, dispositional hearings after termination from the program;

- Attends graduations;

- Assists in maintaining an environment that is culturally sensitive to historically disadvantaged groups or individuals;

- Understands the need to deliver trauma informed services at all points of contact with the participant.

Defense Attorney:
The defense attorney protects the defendant's constitutional and legal rights. The defense attorney is often the first point of contact between the defendant and the treatment court and is therefore critical to ensuring that eligible individuals are placed into the treatment court as soon as reasonably possible. In Missouri, treatment courts often do not have access to a public defender that is permanently assigned to the treatment court. The defense attorney's role is discussed under two scenarios: defense attorneys who do not act as a team member on a regular basis; or defense attorneys who have chosen to donate time and who consider themselves a constant and permanent member of the treatment court team.

A defense attorney can serve in either or both capacities.

1. Defense Attorney who is not a regular member of the treatment court team, but rather represents a particular client-participant:

- Identifies potential treatment court participants according to the eligibility criteria as soon as possible;

- Assists in expediting processing the criminal case through the court system by making an effort to provide necessary information to the prosecutor so that eligible individuals may enter the treatment court as quickly as possible;

- Zealously advocates and protects the defendant's interest through all stages of the court proceedings;

- Protects the defendant's constitutional and legal rights;

- Requests that the Risk and Needs Assessment Triage is performed as quickly as possible so that the defendant may be informed as to the requirements of the treatment court program based on assessed need;

- Attends staffing at anytime during the participant's time in treatment court;

- Attends court sessions at anytime during the participant's time in treatment court;

- If attorney of record, attends staffing and court sessions when the defendant is entering the program, when the defendant is facing a consequence for a disputed behavior, whenever the participant requests the attorney's presence, and whenever the participant is facing a loss of a liberty right, during termination and dispositional hearings;

- Recognizes that the treatment court process is designed to be non-adversarial unless the client-participant requests an adversarial hearing related to a contested matter, or there are due process and/or ethical considerations;

- Assists the team in developing an individualized treatment plan that is responsive to the participant's particular needs and/or barriers to success;

- Participates in assisting the participant during the process of achieving sobriety and sustained life style changes through encouragement and accountability;

- Attends training regarding best practices;

- Assists in maintaining an environment that is culturally sensitive to historically disadvantaged groups or individuals;

- Understands the need to deliver trauma informed services at all points of contact with the participant.

2. Defense attorney who has chosen to donate time and who consider himself/herself a consistent and permanent member of the treatment court team. The defense attorney does not represent the participant, but assists the treatment court in an advisory capacity:

- Assists defense attorneys in identifying potential treatment court participants according to the eligibility criteria as soon as possible;

- Assists defense attorneys in expediting processing the criminal case through the court system by making an effort to provide necessary information to the prosecutor so that eligible individuals may enter the treatment court as quickly as possible;

- Understands the need and ethical obligation for defense counsel to zealously advocate and protect the defendant's interest through all stages of the court proceedings;

- Assists in protecting the defendant's constitutional and legal rights;

- Assists in the establishment of procedures that ensure that the Risk and Needs Assessment Triage is performed as quickly as possible so that the defendant may be informed as to the requirements of the treatment court program based on assessed need;

- Attends staffings;

- Attends court sessions;

- Recognizes that the treatment court process is designed to be non-adversarial unless the client-participant requests an adversarial hearing related to a contested matter, or there are due process and/or ethical considerations;

- Assists the team in developing an individualized treatment plan that is responsive to the participant's particular needs and/or barriers to success;

- Participates in assisting the participant during the process of achieving sobriety and sustained life style changes through encouragement and accountability;

- Attends training regarding best practices;

- Assists in maintaining an environment that is culturally sensitive to historically disadvantaged groups or individuals;

- Understands the need to deliver trauma informed services at all points of contact with the participant;

- Attends all policy development meetings;

- Assists in the development of policy;

- Encourages adherence to best practices.

Probation Officer:
The probation officer actively monitors participants in order to verify compliance with court orders. The probation officer assists the treatment court by providing information to the team regarding compliant and noncompliant behavior. Probation officer duties include but are not limited to the following:

- Attends staffing;

- Attends court sessions;

- Conducts supervision in the community, including home, employment, office and other locations that the participant may frequent;

- Reports compliant and noncompliant behaviors to the court and the team;

- Performs case management functions by referring to ancillary services as needed;

- Communicates with the treatment provider regarding the participant's performance on supervision;

- Protects public safety;

- Performs alcohol and drug screens in addition to those provided by the drug testing company;

- Encourages the participant's progress;

- Attends treatment court training and adhere to best practices principles;

- Provides trauma informed services;

- Responds to participant's needs and concerns in a culturally competent manner;

- Supports the use of medication assisted treatment services.

Treatment Provider:
All treatment and mental health providers will maintain certification with the Missouri Department of Mental Health and Substance Abuse. Treatment and mental health providers must be approved by the Office of State Courts Administrator's Office to provide contracted services to the treatment court. Treatment and mental health providers shall comply with the following requirements:

- Perform clinical assessment of the participant in order to determine whether the participant has a substance use disorder and the severity of the disorder;

- Shall utilize assessment tools that are evidence based and approved for use by the Missouri Department of Mental Health and Substance Abuse;

- Communicate the results of the clinical assessment to the court in order to determine eligibility for the program;

- Provide treatment that is evidence based and manualized. Treatment services shall be individualized to the participant's needs as determined by the assessment;

- Provide cognitive behavioral interventions that are evidence based and approved by the treatment court judge;

- Seek payment for all services through existing funding prior to submitting requests for payment to the treatment court;

- Communicate with all team members regarding the participant's performance in treatment;

- Assist in reinforcing court orders;

- Attend staffing;

- Attend court sessions;

- Provide trauma informed services;
- Provide an environment that is sensitive to the particular culture of each participant;
- Attend treatment court training;
- Provide case management services as needed or refer to mental health services;
- Provide access to medication assisted treatment services.

Case Manager:
Case management should be ongoing and each participant should be re-assessed at specific intervals during the treatment court process. Each member of the team should be willing to identify potential needs and barriers to recovery and work as a team to help the participant access services. The case manager position fulfills the following duties:

- Develops and maintains partnership with federal, state and community resources that provide assistance with participant's needs such as housing, heath, mental health, food and clothing and transportation;
- Assists the participant in navigating the social services system in order to qualify for needed services;
- Understands the variety of insurance and health maintenance options available and assists participants in accessing benefits;
- Assists in securing disability benefits and veterans' services/benefits if appropriate;
- Attends staffing;
- Attends court;
- Assists in providing culturally competent services;
- Assists in securing access to medication assisted treatment services;
- Assists in helping participants who are in custody prior to entry into the program to find stable housing and services outside of the jail.

4. TARGET POPULATION

Conceptual Framework:
More than two decades of research has indicated which types of adult offenders are most in need of the full complement of services embodied in the 10 Key Components of

Drug Courts (NADCP, 1997). These are the individuals who are (1) substance dependent and (2) at risk of failing in less intensive rehabilitation programs.

However, no one intervention is appropriately suited for all drug-involved offenders. According to what are known as the Risk Principle and the Need Principle, the most effective and cost-efficient outcomes are achieved when treatment and supervision services are tailored to the (1) prognostic risk level and (2) criminogenic needs of the participants (Andrews & Bonta, 2010; Taxman & Marlowe, 2006).

- Prognostic risks, sometimes called criminogenic risks, refer to characteristics of offenders (including substance abuse) that predict poorer outcomes in standard rehabilitation programs. In this context the term "risk" does *not* refer to a risk for violence or dangerousness, but rather to a risk of failing to respond to standard interventions, and thus for continuing to engage in the same level of drug abuse and crime as in the past.

- Criminogenic needs refer to clinical disorders or functional impairments (including substance addiction) that, if ameliorated, substantially reduce the likelihood of continued engagement in crime.

Conceptually, these two factors may be crossed in a 2-by-2 matrix, yielding four quadrants that describe the target population:

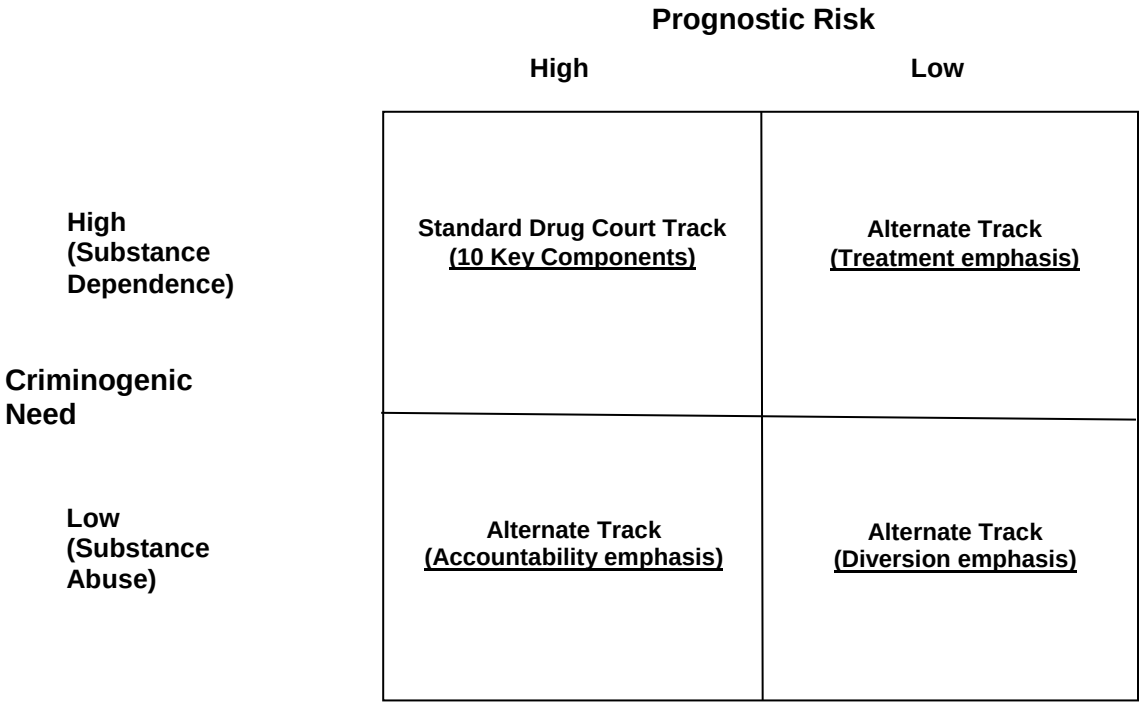


Figure 1: Alternative Tracks Within an Adult Drug Court, adapted with permission from: Marlowe, D. B. (2009). Evidence-based sentencing for drug offenders: An analysis of prognostic risks and criminogenic needs. *Chapman Journal of Criminal Justice, 1*, 167-201.

1. High Risk / High Need (HR/HN) Offenders
An offender in the upper left quadrant is high on both prognostic risks and criminogenic needs. This individual suffers from drug or alcohol dependence, severe mental illness and/or deficiencies in adaptive functioning. In addition, he or she has a poor prognosis for success in standard treatment or rehabilitation, because of such negative risk factors as an early onset of delinquency or substance abuse, antisocial personality traits, previous failures in rehabilitation, or a preponderance of antisocial peers.

2. Low Risk / High Need (LR/HN) Offenders
An individual in the upper right quadrant is low on prognostic risks, but high on criminogenic needs. Such an individual suffers from drug or alcohol dependence, severe mental illness or poor adaptive skills, but does not have negative risk factors that would predict a poor response to standard treatment.

3. *High Risk / Low Need (HR/LN) Offenders*
Individuals in the lower left quadrant have substantial prognostic risks, but are low on criminogenic needs. These individuals do not suffer from drug or alcohol dependence, severe mental illness or deficient adaptive skills. On the other hand, they do have negative risk factors for failure in traditional correctional rehabilitation programs, such as antisocial character traits, prior failures on supervision, or deviant peer affiliations.

4. *Low Risk / Low Need (LR/LN) Offenders (Quadrant 4)*
An individual in the lower right quadrant is low on both prognostic risks and criminogenic needs. These individuals are typically naïve to both the criminal justice system and the substance abuse treatment system. They do not suffer from addiction or other impairments and do not have negative risk factors that would portend failure in standard interventions.

The TC1 target population includes offenders in all four quadrants. In 2012, TC1 began using the RANT to determine what level of treatment and supervision were likely to be required to manage the offenders who were entering the court. It was quickly seen that restricting the target population to Quadrant 1 would most likely result in a large number of offenders being excluded who would then face prosecution, and possibly incarceration, without an opportunity to be diverted into an effective rehabilitative disposition.

5. ELIGIBILITY CRITERIA

Offense – The individual is charged with or convicted of a felony or serious misdemeanor and:

- The charge is drug related or

- The defendant tests positive at the time of arrest, or

- The defendant admits drug usage, or

- The defendant's attorney, family or friends, etc., report drug usage.

Criminal History –

- A defendant who has a prior plea of guilty to, finding of guilt for, or conviction for any felony offense involving violence is not excluded from the screening process; admission to treatment court is considered on a case by case basis;

- A defendant who has a prior plea of guilty to, finding of guilt for, or conviction for any felony sexual offense is not excluded from the screening process; admission to treatment court is considered on a case by case basis.

Case Status

- Deferred prosecution,

- Post Plea – Pre-sentence,

- Post Plea – SIS,

- Conviction – SES,

- Probation Violations,

- Re-Entry from Department of Corrections 120-day or 1-year treatment program: status – still on probation,

- Post Plea - Sentenced and committed to the Department of Corrections; released on parole; NOT eligible because the court no longer has jurisdiction.

Residence – Greene County cases take priority; however, a defendant with a felony drug conviction who resides in a neighboring county may be accepted into TC1 if:

- There is sufficient funding available for SUDS and,

- The probation officers are able to provide adequate community supervision and,

- The defendant is able to comply with all court requirements including having transportation to enable him or her to attend all meetings, appointments, court sessions and drug testing.

Age – 17 years or older

6. ENTRY PROCESS

The time frame for entry into TC1 ranges from six to eighteen months. Factors affecting this include a backlog of cases in the prosecutor's office and a shortage of public defenders. Most referrals to TC1 adhere to the following entry process:

An arrest report is submitted to the prosecutor by law enforcement.

1. The prosecutor reviews the arrest report.

2. The prosecutor files criminal charges based on Missouri statutes.

3. The prosecutor Identifies potential treatment court participants according to the TC1 eligibility criteria in place at the time the case is filed.

4. If the case has been identified as TC1 eligible, the Circuit Clerk assigns the case to the TC1 docket.

5. The TC1 Clerk calendars the arraignment date on the TC1 docket.

6. Before the arraignment date, the TC1 clerk will make a TC1 file in which all confidential information is kept.

7. Defendant appears before the TC1 Judge and is arraigned.

8. At the arraignment the defendant is ordered to meet with a trained RANT screener who administers the Risk and Needs Triage (RANT) immediately following the arraignment or schedules an appointment for the defendant to return at a later date.

9. The TC1 Administrator scores the RANT within two days. The results are given to the TC1 Clerk who scans the RANT report and uploads it into the state Justice Information System (JIS). There are security levels built into JIS. The RANT results are scanned in at a high security level, making the RANT results inaccessible to the general public. The prosecutor, the defense attorney and the Judge are able to access the report.

10. The Prosecutor, makes a TC1 plea offer after considering the RANT results and all evidence in aggravation, mitigation or defense.

11. The defense attorney may utilize the RANT results to argue for a more favorable disposition for the defendant.

12. The sentencing judge considers all evidence and the defendant's RANT results when determining disposition of the defendant's case.

13. If the defendant is ordered to enter and complete TC1, he or she is advised to appear in TC1 at the next scheduled TC1 court session.

14. After the offender is ordered to complete the TC1 program, the treatment court administrator advises the probation office of the RANT recommendation and to which SUDS agency the new participant is assigned (based on the results of the RANT and other factors including whether the participant has a faith base). The new participant meets with the probation officer who completes all the necessary intake paperwork, goes over the probation and treatment court requirements and expectations, and gives the participant instructions regarding drug testing and who to contact to begin SUDS treatment and/or services.

15. The first meeting with the PO occurs within one week of the participant's entering TC1. Drug testing is set up during that first meeting with the PO. The participant is advised to contact the SUDS agency and make an appointment before the next appearance in front of the TC1 judge. The treatment agencies complete the assessment within two weeks of the participant's entering TC1.

A small group of offenders enter TC1 following a probation violation hearing (PVH). At the PVH, these offenders are ordered by the sentencing Judge to enter and comply with the requirements of TC1.

7. THE RANT: PURPOSE, SECURITY, ADMINISTRATION & UTILIZATION

Research has demonstrated outcomes are influenced by how well drug-involved offenders are matched to services suited to both their clinical needs and criminogenic risks. Missouri treatment courts are mandated to provide treatment court participants with effective, individualized treatment (substance use disorder services – SUDS) and supervision services that support recovery and promote law-abiding behavior.

TC1 uses the Risk and Needs Triage (RANT™), an assessment and intervention classification tool that evaluates an offender's criminogenic "risk" and clinical "needs".

Purpose
The prosecutor and the defense attorney utilize the RANT as a sentencing tool and also to leverage the sentencing judge to execute a particular disposition.

TC1 uses the RANT as a classification tool to:

1. determine the appropriate level and type of criminal justice supervision and treatment services each offender needs in order to be successful, and

2. efficiently utilize treatment court funding.

Security

The RANT tool is proprietary and all individuals coming in contact with the tool, either through JIS or in paper form, must agree to the TRI RANT™ Terms and Conditions. The treatment court Administrator mails the signed TRI RANT™ Terms and Conditions agreement to: Office of State Courts Administrator, Contracts Unit, 2112 Industrial Drive, Jefferson City, MO 65110

Administration Of The Rant

1. The RANT may be administered pre-trial, pre-sentence, post-sentence, before or after a probation violation hearing, or upon return from a 120-day or 1-year court ordered treatment program in a Department of Corrections facility (aka: re-entry).

- Pre-trial: The prosecutor or the defense attorney may request the judge to order the offender to appear in TC1 to complete a RANT assessment before a trial or plea or the judge may, on his or her own motion, order the offender to complete a RANT assessment as a pre-trial condition.

- Pre-sentence: After a plea but before sentencing, the prosecutor or the defense attorney may request the judge to order the offender to appear in TC1 to complete a RANT assessment or the judge may, on his or her own motion, order the offender to complete a RANT assessment.

- Post-sentence: A defendant who has not been administered a RANT may be ordered by the judge to enter treatment court as a condition of remaining in the community. The RANT is administered at the Court during the participant's first court appearance or at the probation office during his or her intake interview with the probation officer. This occurs within seven days of sentencing.

- Probation violation hearing: If a defendant (who was not ordered into treatment court at the time of his or her original sentencing) is incurring probation violations, he or she will be scheduled to appear in front of the original sentencing judge for a probation violation hearing (PVH). The prosecutor, the probation officer or the defense attorney may request the judge to order the offender to appear in TC1 to complete a RANT assessment or the judge may, on his or her own motion, order the RANT assessment to be completed either before or after the hearing to help determine the most appropriate response to the offender's violations.

- Re-entry: At the time of sentencing or at a probation violation hearing, the judge may order the defendant to complete 120 days of court ordered detention in a Department of Corrections (DOC) facility. If the defendant was not administered a RANT before sentencing, the judge may order the defendant to appear in TC1 to complete a RANT immediately upon return to the community.

2. The RANT is administered by the treatment court administrator and other team members trained in administering the RANT.

3. Once completed, the participant's responses are entered into the state Justice Information System (JIS) secure database and a summary report is generated that includes the recommended level of supervision and treatment.

4. The summary report is scanned by the treatment court clerk and uploaded to the Court's paperless e-filing system. The Judge, the prosecuting attorney, and the defense attorney have access to the report but it is not viewable by the general public. A copy of the report is placed in the treatment court file.

Initial Utilization Of The Rant

1. Pending sentencing: The RANT results are sometimes used in conjunction with a Sentencing Assessment Report (SAR). The prosecutor or the defense attorney also may use the RANT results as a bargaining tool for disposition.

2. Post-sentence: If the defendant meets the TC1 eligibility criteria, he or she will begin the program immediately after sentencing; if the defendant does not meet eligibility criteria, he or she will be sent back to the sentencing judge for review.

3. Probation violation hearing: If the defendant meets the TC1 eligibility criteria, the hearing judge may order the defendant to complete the TC1 program as a condition of remaining in the community.

4. Re-entry:

a) The defendant who was administered a RANT before sentencing and who was found to meet the eligibility criteria may be ordered by the judge to begin TC1 immediately upon release from the 120-day or the 1-year DOC treatment program;

b) The defendant who was administered a RANT after being released from DOC will start TC1 immediately if he or she meets the eligibility criteria; if not, the defendant will be sent back to the sentencing judge for review

8. QUADRANT ASSIGNMENTS AND REQUIREMENTS

The 2x2 matrix shown in Figure 1 summarizes alternative treatment and supervisory regimens that might be administered within a Treatment Court to serve different types of participants. Marlowe writes that it does not propose to describe all of the interventions that should be administered in a Treatment Court but rather to highlight the specific adaptations that research suggests should be implemented in a Drug Court to serve different offender subtypes. Some services such as drug testing, community surveillance and positive incentives should be administered to all participants regardless of their risk level or clinical diagnosis.

Marlowe recommends that a program should consider making substantive modifications to the SUDS curriculum for high risk/high need offenders if the program is to accommodate the characteristics of low risk or low need individuals. The lower the risk

level, the less intensive the supervision services should be. And the lower the need level, the less intensive the treatment services should be. Providing too much treatment or too much supervision can make some people worse by exposing them to more seriously impaired or antisocial peers, or by interfering with their engagement in productive activities, such as work, school or parenting (Lowenkamp & Latessa, 2004; McCord, 2003). Individuals who are low risk and/or low need typically do not require the full menu of services specified in the 10 Key Components.

The TC1 team used Marlowe's matrix framework and evidence-based practice recommendations to design the alternative tracks in TC1 that are now in place.

The supervision and treatment requirements of each Quadrant is described below.

QUADRANT 1 HIGH RISK / HIGH NEED (HR/HN) OFFENDERS

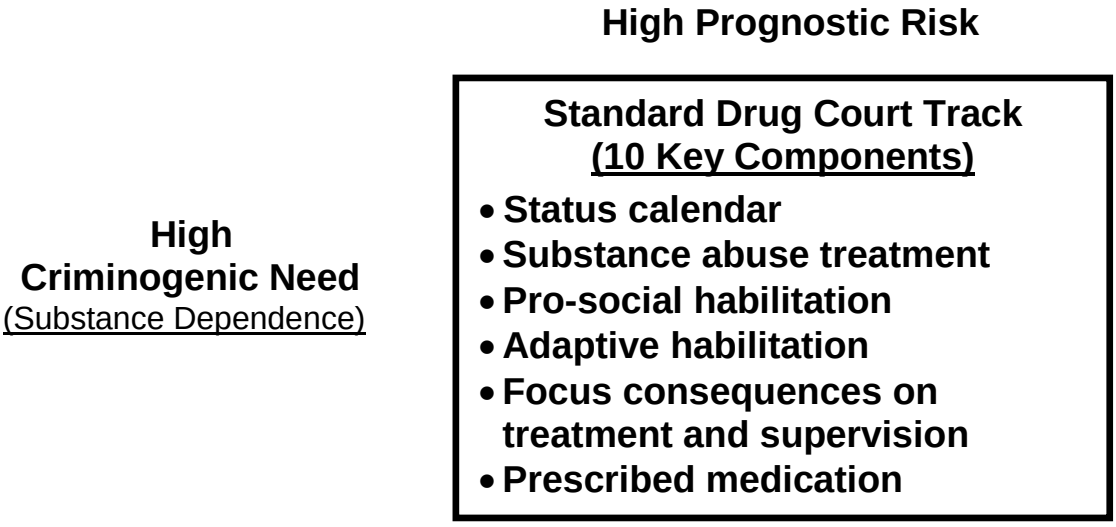


Figure 2: High Risk / High Need Offenders; upper left quadrant of Marlowe's 2-by-2 matrix

Individuals who fall within this quadrant are high on both prognostic risks and criminogenic needs. They suffer from drug or alcohol dependence, severe mental illness and/or deficiencies in adaptive functioning. In addition, they have a poor prognosis for success in standard treatment or rehabilitation because of such negative risk factors as an early onset of delinquency or substance abuse, antisocial personality traits, previous failures in rehabilitation, or a preponderance of antisocial peers.

These individuals function best within the regular treatment court setting: they are supervised on a status calendar, are required to adhere to a mandatory regimen of substance abuse treatment and needed adjunctive services, administered sanctions and restrictive consequences for noncompliance, and provided positive reinforcement for productive achievements. Although attitudes concerning the use of agonist

medications may vary across drug court programs, the drug court field explicitly endorses the use of evidence-based medications, including methadone and buprenorphine.

1. Status Calendar:

TC1 participants in this quadrant appear in court twice a month for the judge to review their progress in treatment and administer suitable consequences where indicated. Evidence suggests status hearings should be held no less frequently than bi-weekly (every 2 weeks) for at least the first few months of the program, until the participants have achieved a stable interval of sobriety and are regularly engaged in treatment (Marlowe et al., 2006, 2007; Carey et al., 2008; Festinger et al., 2002).

a) Quadrant 1 (Q1) Staffing and Status Hearing Schedule

- Men:
  Staffing: 1st and 3rd weeks of the month
  Court: 1st and 3rd weeks of the month

- Women:
  Staffing: 2nd and 4th weeks of the month
  Court: 2nd and 4th weeks of the month

Currently TC1 operates with a three Phase structure: each Phase has a pre-determined amount of time that must pass before a participant may advance to the next Phase. However, best practices recommend a system of five Phases wherein the participant advances to the next Phase after meeting the expectations of his or her current Phase. The team will be revising the old Phase structure in order to adhere to the best practices research findings. Following is the anticipated frequency of attendance for the five Phase structure that will be put in place after the revision of the current system:

- Frequency of attendance:
  Phases 1 and 2 – 2 x per month
  Phases 3, 4 and 5 – 1 x per month

TC1 provides gender specific services so the men and women will continue to appear on alternate weeks.

b) Q1 Non-Compliance Docket –
The TC1 clerk schedules a non-compliance docket at least two times per week to address the participant's failure to comply with the conditions of supervision and treatment, e.g., failing to show up at treatment, court or other appointments; showing a pattern of disruptive behavior in group; or having UA issues (missed or positive tests). The frequency of the non-compliance docket allows the Judge to deliver a quick and appropriate response to the participant's conduct.

When the PO is informed of a violation, he or she contacts the participant and discusses the alleged violation: if the circumstances appear to be different than first reported, the PO discusses the report at the next scheduled staffing for Q1; if the incident appears to be true or if the participant denies the allegations, the PO then advises the participant to appear in court on the first non-compliance date or the next court status session, whichever is scheduled first.

2. Substance Use Disorder Services (SUDS):

Participants in the upper left quadrant are dependent on alcohol or other drugs, and are also at risk for failure in standard correctional rehabilitation programs. Formal treatment is required for such individuals to reduce their cravings and withdrawal symptoms, provide them with concrete skills to resist drugs and alcohol, and teach them effective coping strategies for dealing with daily stressors.

a) SUD services for a Q1 participant are based on an approved clinical assessment. Men and women are administered the Individualized Substance Abuse Protocol (ISAP), a clinical assessment developed by the Missouri Department of Mental Health that includes the Addiction Severity Index (ASI). The results are used to determine the level and frequency of SUDS treatment. The participants also are screened for trauma, medication assisted treatment and psychiatric medications. Men and women are assigned to agencies who are able to provide groups that are gender specific and in a location separate from each other.

   Using the results of the ISAP, the counselor and the participant develop a SUDS treatment plan. Following the recommendations of the clinical assessment assures that treatment will be individualized and based on each offender's need. Most participants are deemed appropriate for outpatient services but some may need to begin the program in a residential setting. The level of treatment is always based on the individual's assessed needs.

   Men and women whose screenings indicate the need for trauma treatment will complete an evidence-based curriculum, either Breaking the Chains or Seeking Safety.

   Other services are determined by the original assessment and periodic reviews of the treatment plan (no less than every 90 days). The array of curriculum based services includes drug education, relapse prevention, trauma groups, life skills classes, fathering classes, relationship counseling, family counseling, etc. Individual sessions are scheduled as needed.

3. Pro-social habilitation:

The SUDS counselor and the probation officer assist the participant in learning the value of productive activities such as work, school, parenting and community service and focus on remediating antisocial attitudes and values (criminal thinking).

All Q1 participants complete Moral Reconation Therapy (MRT), a SAMHSA NREPP program used for substance abuse and general treatment of criminal populations. Most TC1 participants begin the curriculum, *How to Escape Your Prison,* about half-way through Phase 2 once clinical stabilization has been achieved. Those who are hearing or sight impaired or unable to read are provided with CD's or are assisted by one of the SUDS agency staff.

The program has 16 Steps with 12 of these typically completed in 30 group sessions held once a week. Participants complete homework for each group prior to coming to a session. In the group each client presents his or her homework, the group members provide constructive feedback and the facilitator passes the client to the next step or has the client redo the homework based on objective criteria. All MRT groups are open-ended meaning that participants can enter an ongoing group at any time after, as noted previously, achieving clinical stability. Each group session will usually have clients beginning the curriculum as well as some finishing the program. All MRT facilitators must complete basic MRT training. The workbook addresses issues related to criminal thinking and criminal needs.

Pro-social behavior, or "voluntary behavior intended to benefit another" is a social behavior that "benefits other people or society as a whole…such as helping, sharing, donating, co-operating, and volunteering." These actions may be motivated by empathy and by concern about the welfare and rights of others, as well as for egoistic or practical concerns such as needing to fill the void left when the participant has to forego interactions with his or her friends who are still using drugs.

In Phase 2 or 3 when a participant has achieved a degree of clinical stability and demonstrated some engagement in the program (determined in part by the individual's life circumstances, triggers, and compliance with the court, probation and SUDS requirements), the SUDS counselor and the PO may recommend that he or she be directed to get involved with various groups in the recovery community that focus on volunteer projects and offer activities that involve family and friends that are fun and drug free. Most of the groups in the recovery community extend open arms to treatment court participants and encourage them to take an active role in planning and implementing projects and community events. These groups have organized activities that involved collecting and distributing school supplies to needy children or Christmas presents to families with limited incomes; cleaning up the surrounding waterways (work) in conjunction with a float trip (fun and for many the first time on a float trip with or without drugs); painting school playground equipment; and helping staff one of the local drop-in centers for those in recovery. TC1 participants have helped organize and brought family members and friends to group activities that have included attending soft ball games, bowling tournaments (at facilities that do not serve alcohol), cookouts, and camping trips. Involvement in these activities is especially important for those participants who have had to completely change their "playmates and playgrounds".

4. Adaptive habilitation:

Participants in Quadrant 1 may also be deficient in adaptive life skills, such as employment, education, financial management and homemaking.

SUDS agencies that contract with the treatment court provide life skills classes (using evidence-based curriculum) that teach skills ranging from personal hygiene to job interviews and budgeting. The treatment counselor, the PO, and case manager work together to refer the participant to local agencies that teach vocational skills, address educational deficits, and offer assistance to improve daily living skills and interpersonal problem-solving skills. Improvement in a participant's adaptive skills is significant when the team member not only refers the participant to a particular agency for services but also teaches him or her how to make contact with that agency and then follows up with the participant to be sure services are set up.

The TC team has developed collaborative relationships with numerous local agencies in order to provide the Q1 participants in TC access to employment and job skills training; continuing education classes; financial and budgeting skills training; Veterans services; housing assistance, including sober living residences and faith based housing; and mentoring services for men and women.
Q1 participants are not referred to adaptive habilitation services until clinical stability has been achieved. Involvement in these services may be initiated earlier if the PO or SUDS counselor believe they are necessary to help the participant maintain sobriety.

5. Consequences: Incentives, Sanctions and Therapeutic Adjustments:

Expectations: Distal versus Proximal Goals

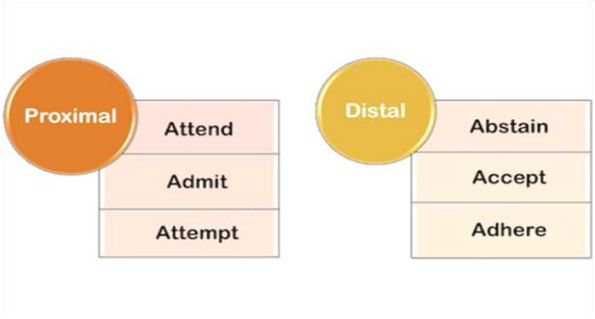


Figure 3: Proximal and Distal Goals, taken from National Center for DWI Courts presentation *Truth or Consequences, Standard 4: Incentives, Sanctions and Therapeutic Adjustments,* 2016

Proximal:

- Attend (Show Up) – Complying with program requirements to show up for treatment, testing, and court.

- Admit (Tell Truth) – Telling the truth regarding drug use and other matters. Self reporting use before testing positive. These admissions are difficult for most addicted individuals, but they are possible and should be expected from day one.

- Attempt (Make an Effort) – Show evidence of trying to comply with requirements (including distal goals).

For participants in Quadrant 1, compliance with the conditions of supervision and treatment is the primary (or “proximal”) goal. Behaviors that are proximal are incentivized with low magnitude incentives and sanctioned with intermediate and high magnitude sanctions. Program requirements that are possible for even the new Q1 participant to adhere to such as failure to attend scheduled appointments or to deliver urine specimens are met with relatively higher-magnitude sanctions to ensure conformance with the participant’s principal obligations. The higher magnitude sanctions may be administered after only a few infractions of proximal goals.

Distal:

- Abstain – Consistently avoiding unauthorized alcohol and drug use.

- Accept – Accepting the reality that “I have a substance use disorder/addiction or mental health disorder”; commitment to lasting change; internal motivation.

- Adhere: TC participants with mental health or co-occurring disorder may not be able to successfully manage their disorder 100% of the time, including fully adhering to their mental health medication regimens right away, until they gain more motivation, skill, and insight.

Sanctions for behaviors that are especially difficult for participants to accomplish (i.e., distal goals), are increased gradually and progressively in magnitude. When the participant meets a distal goal, the behavior is incentivized with higher magnitude incentives. When the participant fails to accomplish a distal goal, he or she typically is sanctioned with lower magnitude treatment-oriented responses for substance use if it occurs during the early phases of the program. This allows punitive consequences for substance use to be ratcheted up in intensity after treatment has had a chance to take effect.

Sanctions tend to be least effective at the lowest and highest magnitudes and most effective within the intermediate range. An illustration of this can be seen in Figure 2. Sanctions that are too weak can precipitate habituation, in which the individual becomes accustomed, and thus less responsive, to punishment. Sanctions that are too harsh can lead to resentment, avoidance reactions, and ceiling effects, in which the team runs out of sanctions before treatment has had a chance to take effect.

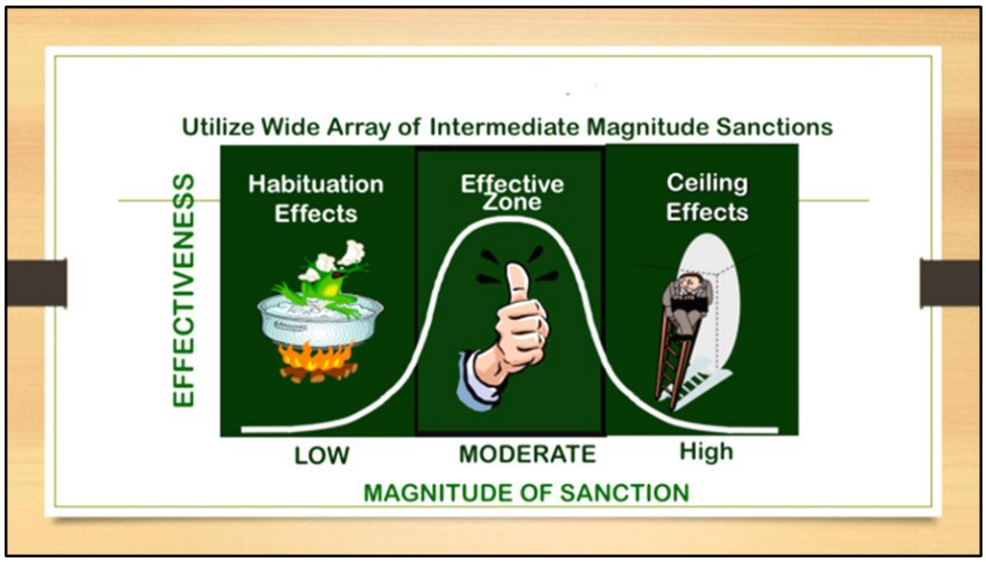


Figure 4: Magnitude of Sanction, taken from National Center for DWI Courts presentation *Truth or Consequences, Standard 4: Incentives, Sanctions and Therapeutic Adjustments,* 2016

When a team member needs clarification or review on proximal and distal goals and appropriate responses, he or she may review the following appendices included in this manual:

- ADULT DRUG COURT BEST PRACTICE STANDARDS, Volume I, *Standard #4*, (Appendix 1)
- *Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions* (Appendix 2)
- *List of Incentives and Sanctions.* (Appendix 3)

The treatment court PO's and the treatment counselors work together to monitor the participant's behaviors and hold him or her accountable. They both review the daily drug testing results from the drug testing agency. The SUDS counselor maintains treatment attendance records and records progress in treatment. The PO and/or the SUDS case manager work with the participant to prepare a budget, obtain employment, and fulfill other goals outlined on the participant's treatment plan. The PO schedules regular meetings with the participant; keeps tabs on attendance at court; verifies employment, living circumstances, and community service hours; and assures compliance with all requirements of supervision that may have been ordered by the sentencing judge. The PO's and the SUDS counselors communicate regularly by encrypted email or phone calls so that compliant and non-compliant behaviors may be addressed as soon as possible.

a) Incentives:
Before each court staffing, the PO's and the SUDS treatment counselors meet to

discuss a participant's achievements and accomplishments.

A first step in recommending an appropriate response to compliant behavior is to establish whether the participant has achieved a proximal or distal goal; after that has been determined, the team decides upon a response to recommend to the judge. Those recommendations are presented to the judge and discussed during staffing. The treatment court judge determines whether the recommended response is a match for the achievement or accomplishment and if not, explains to the team members during staffing why the response should be different.

During the court session, the judge delivers the reward or praise to the participant from the bench and frequently engages the team members in support of the participant's accomplishments.

b) Sanctions:
The PO and the treatment counselor notify each other of a participant's violations within 24-48 hours to discuss the non-compliant behavior. The PO first contacts the participant and discusses the violation. After talking with the participant, the PO contacts the counselor. Before arriving at a recommendation, they must consider the following:

WHO is the participant in terms of risk and need?
WHERE is the participant in the program (i.e., what phase)?
WHY did this behavior occur (what were the circumstances)?
WHICH behaviors are we responding to (i.e., are they proximal or distal)?
WHAT is the response choice magnitude?
HOW to deliver and explain the response?

They look at how long the participant has been in the program, whether or not the violation is something the participant had control over, and whether there has been enough treatment for it to be effective.

After the considerations have been addressed, the PO and the counselor decide whether the violation is one that can be dealt with at the next scheduled status hearing or if it requires more immediate attention and an appearance at the next scheduled non-compliance docket. If the latter is the case, then the PO contacts the participant and directs him or her to report to court for an appearance on the non-compliance docket. If the issue is to be discussed at staffing, the team members make their recommendation to the judge during the staffing session.

At the participant's appearance in court, whether it is a non-compliance or status hearing, the PO stands with the participant in front of the judge and reports the allegations of the violation to the judge in the presence of the participant; then announces the agreed upon response to the behavior. The Judge discusses the violation with the participant, gives him or her an opportunity to speak to the report, then decides whether the recommended response is appropriate. The Judge also considers the consequences of the response, sometimes called collateral consequences. If the

recommended response is jail, will it result in the unintended consequence of the loss of employment or housing? Will children need alternative placement, such as foster care? The TC Judge may change the team's recommended response if they have failed to consider all aspects of the sanction or if additional information comes to light during the exchange between the Judge and the participant.

The participant is advised by the Judge that if he or she wants to contest the recommended sanction, a hearing will be scheduled to hear evidence on the matter. If the participant requests a hearing, it is scheduled no longer than two weeks out. If the violation involves a public safety issue, the participant may be ordered to jail pending the hearing.

c) Therapeutic Adjustments:
For the drug addicted individual who is new in the program, the team responds with adjustments to substance use disorder treatment. These responses are recommended by the treatment counselor. The responses may include: enhancing treatment by updating the inintial assessment to see what additional services may be needed; moving the client from intensive outpatient to residential treatment; adding trauma groups or other treatment groups; re-screening for medication assisted treatment; increasing the number of AA/NA or other community support meetings; or reducing treatment i.e., moving the participant from intensive outpatient to outpatient, decreasing the number of required treatment groups or replacing treatment groups with job training. The TC Judge delivers the therapeutic response to he participant, emphasizing that it is not a sanction.

The List of Incentives and Sanctions referred to earlier do NOT include therapeutic responses or adjustments to participants' treatment regimens. Treatment adjustments should be based on a participant's clinical needs as determined by qualified treatment professionals, and should not be used to reward desired behaviors or to punish undesired behaviors.

6. <u>Medication Assisted Treatment (MAT)</u>

When medication assisted treatment is warranted and the participant opts to enroll, an appointment is scheduled with the SUDS agency's medical personnel to initiate the process. This may be initiated immediately upon admission or at any time after substance use disorder treatment has begun.

Under no circumstances does a team member discourage the use of medication assisted treatment or encourage a participant to "titrate off" a prescribed medication. (Appendix 4: TC1 Medication Assisted Treatment – Policy)

Prohibition of MAT can violate federal anti-discrimination law protecting individuals with disabilities. Deciding the appropriate treatment for a person with addiction is a matter of physician discretion, taking into consideration the relevant medical standards and the

characteristics of the individual patient. Appendix 5: *Medication-Assisted Treatment for Opioid Use Disorders in Drug Courts*

When psychiatric medications are indicated, the SUDS agency's psychiatrist meets with the participant to further assess the participant's mental health and prescribe medication as needed or if a psychiatrist is not available, the treatment court's contracted social worker meets with the participant and assists him or her with making appointments at the local health clinic for evaluation of the need for mental health medications.

QUADRANT 2: LOW RISK / HIGH NEED (LR/HN) OFFENDERS

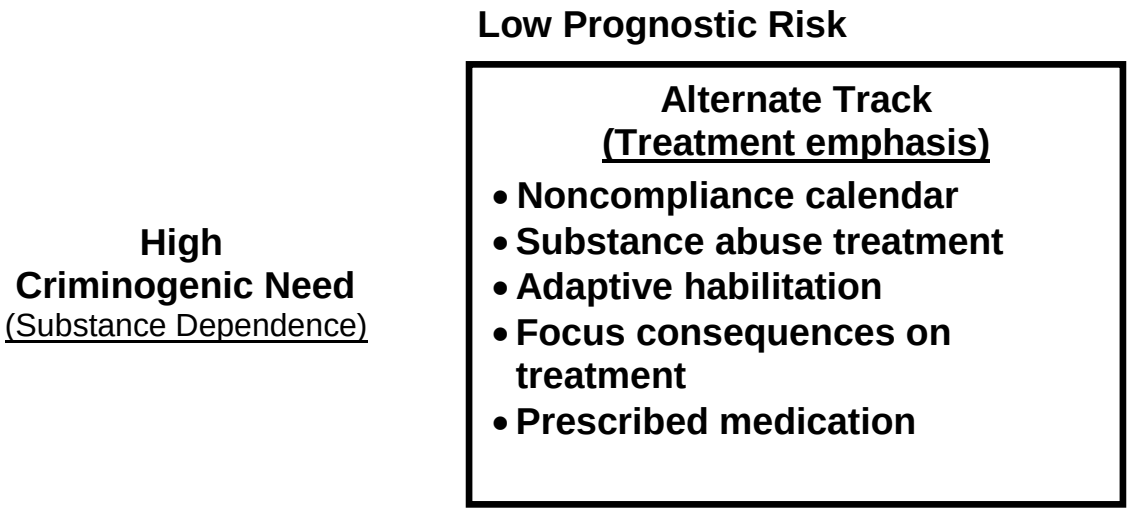


Figure 5: Low Risk / High Need Offenders; upper right quadrant of Marlowe's 2-by-2 matrix

An individual who falls within this quadrant is low on prognostic risks, but high on criminogenic needs. Such an individual suffers from drug or alcohol dependence, severe mental illness or poor adaptive skills, but does not have the Quadrant 1 participant's negative risk factors that predict a poor response to standard treatment. If the drug or alcohol dependence is dealt with, it is probable that these individuals will no longer be involved in criminal activity.

For these high-need/low-risk individuals, the primary emphasis is on ensuring the provision of needed SUDS treatment.

1. Non-Compliance Calendar

Individuals with this profile do not appear to require supervision on a regularly scheduled status calendar. Research suggests they can perform as well or better on a noncompliance calendar (Festinger et al., 2002; Marlowe et al., 2006, 2007). Rather than spending substantial time in court interacting with high-risk antisocial peers, they

should focus their energies in treatment. However, if they stop going to treatment, they should be brought immediately before the judge to receive a swift and certain consequence to ensure they re-engage quickly.

A TC participant placed in Quadrant 2 (Q2) appears in front of the TC Judge approximately 4 times a year. Q2 status hearing are scheduled on the 5th Friday of any month that has five Fridays. There is no formal Phase structure in part because of the infrequent court appearances. The PO and the SUDS counselor follow the same procedure of communication and discussion regarding the violations as they do for the Q1 participants, but the Q2 participant is seen at the next scheduled non-compliance hearing particularly if the violation is related to non-attendance at treatment.

2. Substance Use Disorder Services (SUDS)

The SUDS assessment, treatment planning and treatment services are essentially the same for Quadrant 2 and Quadrant 1 participants however, evidence suggests Q2 individuals should not be treated in the same counseling groups or milieu as the Q1 individuals because the Q2's may come to adopt the antisocial attitudes or values of the Q1's.

TC participants assigned to Quadrant 2 attend treatment at an agency that has the means and "know-how" to manage the separation of Q2 participants from participants in other quadrants. As with the Q1 participants, services and substance use disorder services are provided as determined by a SUDS assessment. The array of curriculum based services include drug education, relapse prevention, trauma groups and individual sessions.

3. Adaptive Habilitation

Although these individuals may not endorse antisocial values, they frequently require adaptive habilitation services, such as vocational or educational assistance, family therapy or mental health counseling. Individuals in this quadrant may also be deficient in adaptive life skills, such as employment, education, financial management and homemaking.

If those deficits are identified, the TC counselor for the Q2 participant utilizes evidenced-based curriculums to address life skills, parenting competencies, relationship/co-dependency issues, and provides family counseling as needed. Q2 participants complete the non-criminal version of MRT: *Discovering Life & Liberty in the Pursuit of Happiness.* They do not begin this curriculum until the SUDS counselor determines that clinical stabilization has been achieved.

The treatment counselor, the PO, and case manager work together to refer the participant to other agencies as needed that teach vocational skills, address educational deficits; improve daily living skills and interpersonal problem-solving skills. Improvement in the Q2 participant's adaptive skills often is significant when the team member not only

refers the participant for services at a particular agency but also teaches him or her how to make contact with that agency and then follows up with the participant to be sure services are set up.

The TC team is able to utilize the same community resources for both Q-2 and Q1 participants.

4. Consequences: Incentives, Sanctions and Therapeutic Adjustments

Both Quadrant 2 and Quadrant 1 participants in TC require substance use disorder services. Treatment attendance is the primary or proximal focus for the individuals in both quadrants, therefore incentives, sanctions and therapeutic adjustments for the Q2 participants are handled in a similar manner. Failing to attend treatment (a proximal goal) results in an appearance in front of the Judge at the next scheduled non-compliance hearing and a substantial sanction to ensure future compliance with attendance at treatment. “Using” in the early stages of treatment results in a therapeutic response.

5. Medication Assisted Treatment (MAT)

When the initial assessment indicates a need for medication assisted treatment, the same procedures are followed as with the Q1 participants.

QUADRANT 3: HIGH RISK / LOW NEED (HR/LN) OFFENDERS

	High Prognostic Risk
Low Criminogenic Need (Substance Abuse)	**Alternate Track (Accountability emphasis)** • **Status calendar** • **Prevention services** • **Pro-social habilitation** • **Focus consequences on abstinence & supervision**

Participants who are assessed as meeting the criteria in the lower left quadrant (Quadrant 3 – Q3) have substantial prognostic risks, but are low on criminogenic needs. These individuals do not suffer from drug or alcohol dependence, severe mental illness or deficient

adaptive skills. On the other hand, they do have negative risk factors for failure in traditional correctional rehabilitation programs, such as antisocial character traits, prior failures on supervision, or deviant peer affiliations. Without a risk and needs assessment, many of these individuals have wound up in treatment oriented dispositions on the happenstance that they were arrested for a drug crime or self-reported a substance abuse problem. This wastes limited treatment resources and disrupts the SUDS treatment programs for the offenders who do require those services. These participants are "non-dependent" substance abusers, but they nevertheless have substantial risk factors for failure on standard supervision. For these individuals, the emphasis is on closely monitoring their behavior, holding them accountable for their conduct, and teaching them pro-social life skills.

1. Status Calendar and Non-Compliance Docket:

a) Because the treatment court Q3 participants are at risk for failing to comply with standard supervision requirements, they appear in court on a regular status calendar for the judge to review their progress and impose suitable consequences.

- Quadrant 3 Staffing and Status Hearing Schedule
  Staffing: 2nd and 4th weeks of the month,
  Court: 2nd and 4th weeks of the month.

Currently TC1 operates with a three Phase structure: each Phase has a pre-determined amount of time that must pass before a participant may advance to the next Phase. However, best practices recommend a system of five Phases wherein the participant advances to the next Phase after meeting the expectations of his or her current Phase. The team will be revising the old Phase structure in order to adhere to the best practices research findings. Following is the anticipated frequency of attendance for the five Phase structure that will be put in place after the revision of the current system:

- Frequency of attendance
  Phases 1 and 2: 2 x per month
  Phases 3, 4 and 5: 1 x per month

b) Non-Compliance Docket – The TC1 clerk schedules a non-compliance docket at least two times per week to address the participant's failure to comply with the conditions of supervision and services, e.g., failing to show up for individual or group sessions, court or other appointments; showing a pattern of disruptive behavior in group; or having UA issues (missed or positive tests). This allows for participants to be seen as soon as possible after the reported misconduct.

When the PO is informed of a violation, he or she contacts the participant and discusses the alleged violation: if the circumstances appear to be different than first reported, the PO discusses the report at the next scheduled staffing; if the incident appears to be true or if the participant denies the allegations, the PO then advises the participant to appear in court on the first non-compliance date or the next court session, whichever is scheduled first.

2. Prevention Services - Strategy:

At least half of drug-involved offenders abuse alcohol or other drugs, but do not meet diagnostic criteria for dependence (National Center on Addiction and Substance Abuse, 2010; DeMatteo et al., 2009; Belenko & Peugh, 2005). They may experience repeated adverse consequences of substance use, such as multiple criminal arrests or car accidents, but their usage is largely under voluntary control. Providing formal substance abuse treatment for such individuals can lead to higher substance abuse and a greater likelihood of eventually becoming addicted (Lovins et al., 2007; Lowenkamp & Latessa, 2005; Szalavitz, 2010). Instead, non-addicted substance abusers are better suited to secondary prevention services, also known as early intervention (DeMatteo et al., 2006). Examples of secondary prevention services include psycho-educational groups that teach participants about the dangers of drugs and alcohol, and activity-scheduling exercises that re-orient their daily activities away from drug-related peers and events.

TC participants placed in Quadrant 3 are screened by the service provider within two weeks of admission using the Adult Strength and Needs Assessment (ANSA) or a similar instrument. The ANSA assessment tool is designed to provide a profile of the needs and strengths of the individual and family and examines *Life Domain Functioning, Strengths, Acculturation, Behavioral Health Needs,* and *Risk Behaviors.* Q3 participants are also screened for trauma services. A treatment plan for services is then generated based on the screening results.

If the provider believes the participant may have been placed in the wrong quadrant, the provider must bring the information to the team for discussion. Unless the participant admits minimizing his or her use of controlled substances and failed to report significant withdrawal symptoms, the Q3 participant continues accessing Quadrant 3 services for a period of time until there is additional evidence that the participant has been placed in a Quadrant that will not meet his or her needs.

Weekly individual counseling sessions are scheduled for the first four weeks after the initial screening is completed. This allows the counselor to get to know the participant and confirm the results of the ANSA or other screening tool and identify areas of need that may not have been gleaned from the initial ANSA or other screening report.

Evidence-based curriculums are used to conduct psycho-educational groups to teach the Q3 participants about the physical, mental and societal effects of drug abuse. A relapse prevention curriculum is utilized to help the Q3 participant learn how to deal with situations that may lead to drug use. If the need for trauma treatment was identified, these services are provided in gender specific groups that include only Q3 participants. All Q3 participants complete the MRT curriculum. If no other needs have been identified during the individual counseling sessions or the drug education, relapse prevention, trauma or groups the participant is no longer required to attend groups or individual sessions.

If the screening results identified other needs/deficits, the participant may be referred to life skills classes, fathering classes, parenting classes, relationship counseling, family counseling, etc. Individual sessions continue to be scheduled as needed.

3. Pro-social habilitation:

Pro-social habilitation services are often necessary for these high-risk individuals to remediate criminal thinking patterns and teach adaptive interpersonal problem-solving skills. The treatment counselor and the probation officer assist the Q3 participant in learning the value of productive activities such as work, school, parenting and community service.

All Q3 participants complete the same MRT curriculum that is utilized for Quadrant 1: H*ow to Escape Your Prison.* Some Q3's may begin MRT immediately following the agency screening.

Pro-social behavior, or "voluntary behavior intended to benefit another" is a social behavior that "benefits other people or society as a whole…such as helping, sharing, donating, co-operating, and volunteering." These actions may be motivated by empathy and by concern about the welfare and rights of others, as well as for egoistic or practical concerns such as needing to fill the void left when the participant has to forego interactions with his or her friends who are still using drugs.

When a participant has completed Step 3 (the focus is on honesty) and demonstrated some engagement in the program (determined in part by the individual's life circumstances and degree of compliance with the court and probation requirements), the counselor and the PO may recommend that he or she be directed to get involved with various groups in the recovery community that focus on volunteer projects and offer activities that involve family and friends that are fun and drug free. Involvement in pro-social activities is especially important for those Q3 participants who have had to completely change their "playmates and playgrounds".

3. Adaptive Habilitation

Dr. Marlowe found that the Q3 participants are not deficient in adaptive skills. However, at least 25% or more of the treatment court Q3 participants require adaptive habilitation services that may include vocational or educational assistance, family therapy or mental health counseling, trauma services, education, financial management, homemaking, and assistance with housing. They may be functionally illiterate.
If those deficits are identified, the TC1 service provider for that Q3 participant utilizes the same community resources identified previously.

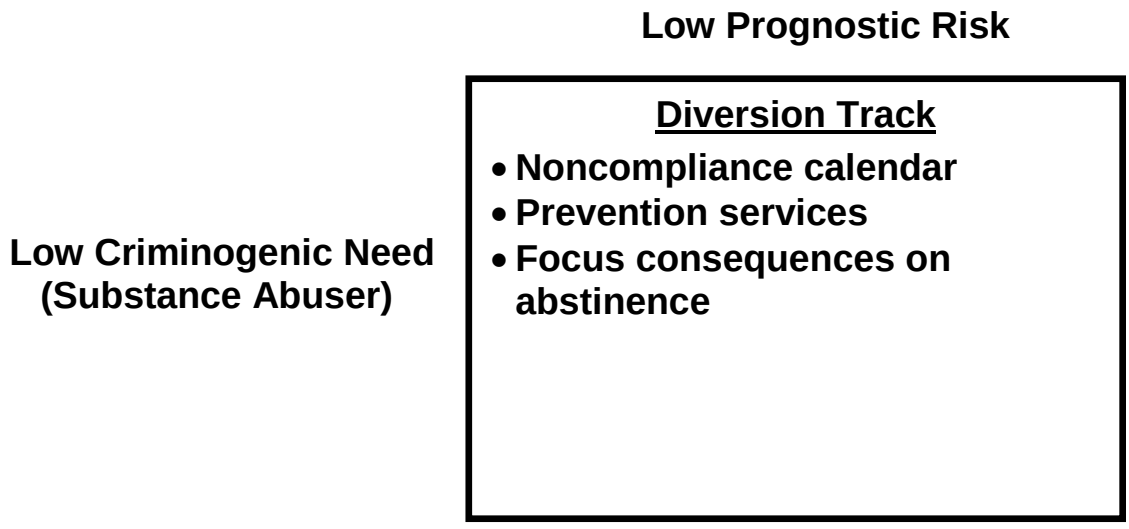
4. Incentives and Sanctions – Focus Consequences on Abstinence & Supervision:

For the Q3 participants, abstinence is a proximal goal. Drug and alcohol use are under their voluntary control and should not be permitted to continue. These individuals may accept low-level sanctions as a mere "cost of doing business" for being able to continue using drugs. Therefore, higher magnitude sanctions should be administered at the outset to rapidly squelch substance abuse or failing to comply with supervision.

Importantly, several studies of what are called coerced abstinence programs have demonstrated that administering escalating sanctions, including brief intervals of jail detention, for drug-positive urine samples can significantly reduce crime and drug abuse in this group. It may become necessary to impose restrictive consequences to protect public safety. The Q3 participants can not be permitted to continue to act in a dangerous or irresponsible manner in the community. If the offender does not pose an immediate threat of violence or physical injury, the restrictive consequences do not necessarily need to involve jail or prison, but might include home detention, day-reporting to a community correctional center, electronic monitoring, or phone-monitored curfew.

When violations are detected, the PO and the service provider follow the same procedures as is used with Quadrant 1, 2 and 3 participants. Since the Q3 attends court on a status calendar, the team has the option of bringing him or her in on a non-compliance schedule or holding off until the next scheduled status hearing.

QUADRANT 4: LOW RISK / LOW NEED (LR/LN) OFFENDERS



Quadrant 4 (Q4) participants are low on both prognostic risks and criminogenic needs. They do not suffer from addiction or other impairments and do not have negative risk factors that would portend failure in standard interventions. These individuals are

typically naïve to both the criminal justice system and the substance abuse treatment system and potentially have the most to lose from participating in a traditional Treatment Court. Contact with high risk or substance dependent peers has the potential to expose them to antisocial influences and values. Moreover, the intensive requirements of a Treatment Court might interfere with their engagement in productive activities, such as work, school or parenting. It is typically unnecessary to expend substantial resources on this group because they have a low probability of recidivism to begin with. The best course of action may be to use the current arrest episode as a "teachable moment" to alter their trajectory of substance abuse and divert them from the criminal justice system.

1. Non-Compliance Calendar

Individuals with this profile do not require supervision on a regularly scheduled status calendar. A Q4 participant appears in front of the TC1 Judge approximately 4 times a year. Q4 status hearing are scheduled on the 5th Friday of any month that has five Fridays. There is no formal Phase structure in part because of the infrequent court appearances, however at each Q4 scheduled status hearing, accomplishments are recognized and praised.

If there is a violation, the PO and the service provider follow the same procedure of communication and discussion regarding the violation as they do for the Q1, Q2 and Q3 participant. The Q4 participant is advised to appear at the next scheduled non-compliance court day or at his or her next scheduled status appearance, whichever occurs first.

2. Prevention Services

Individuals in Quadrant 4 do not require formal substance abuse treatment. Instead, they are best suited to a secondary prevention or early intervention approach.

The Q4 participant is directed to go to the SUDS agency designated to provide services for Q4's. A brief interview is conducted to gather demographic and other data needed to "open up a file". Before meeting in the group setting, the Q4 participant meets with a counselor who explains the purpose of the curriculum used with the Q4's: *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward.* This curriculum focuses on intentionally and deliberately changing one's behavior, thoughts and feelings.

The curriculum may be used in small groups or in individual sessions. The groups are open and ongoing, so new participants may start the group sessions immediately rather than waiting until a new group begins. The participant may meet individually with the counselor to address more private concerns. On occasion, the counselor may report that the participant needs more intensive substance abuse or mental health services than indicated by the RANT screening. If the judge agrees, the participant is moved to the appropriate quadrant, then administered the ISAP (the full SUDS assessment tool for Q1's and Q2's that includes

the ASI) or the ANSA (the screening tool utilized for the Q3's). A treatment plan and services will be developed based on the ISAP or ANSA findings.

When the Q4 participant completes the curriculum, he or she is finished with formal services. The Q4's report to the PO at least monthly and the PO assumes full responsibility for monitoring the participant's compliance with the court and supervision requirements, e.g., community service, completion of the HiSET (GED), restitution, drug testing, etc. The Q4 participant continues to be drug tested and appear in Court as scheduled.

3. Focus Consequences on Abstinence

For Q4 participants, abstinence is the proximal goal. Drug and alcohol use are under their voluntary control and are not permitted to continue. Given that substance abuse may be the primary, if not sole, presenting problem for the Q4 participants it may often be appropriate to focus the case-management plan primarily on squelching this particular behavior.

Because LR/LN offenders typically pose minimal risks to public safety, it is rarely necessary to impose restrictive conditions on them in response to noncompliance. Paradoxically, however, a threat of serious sanctions, including detention, may be most effective for this particular group of offenders. Because they have not been repeatedly exposed to punishment in the past, they are unlikely to have hit a ceiling effect on or habituatedto sanctions. They are apt to remain fearful of incarceration or of receiving a criminal record, and will be predisposed to apply themselves heartily to avoid such negative consequences.

In other words, as counterintuitive as it might seem, punishment tends to work best for less severe offender populations and these individuals generally do not require positive rewards to succeed. Criminal justice professionals can rely primarily on the threat of punishment to keep LR/LN offenders in line, and reserve positive rewards for the more severe offenders in the other quadrants.

If the Q4 participant does commit a violation, he or she is directed to appear in Court on at the next scheduled non-compliance hearing day to meet with the judge to discuss the violation report. .

9. COURT REQUIREMENTS AND COURT PHASES

When the TC1 program was implemented in 1998, the planning team included a number of Court Requirements that they believed were important to assisting the participant in achieving lasting behavioral changes:

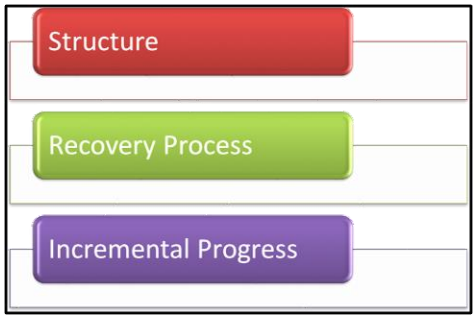
- Attendance at all court appearances as directed,
- Timeliness with court appearances and other obligations,
- Following the rules and regulations of the supervising agency,

- Meeting drug testing requirements,
- Obtaining and maintaining employment or vocational training – a participant may be exempt from this requirement based on physical or mental health conditions, caring for family members or other extenuating circumstances,
- Successfully completing the HiSet (formerly the GED) if he or she did not complete high school – a participant may be exempt from this requirement based on physical or mental health conditions or other extenuating circumstances,
- Obtaining and maintaining a stable residence,
- Paying program fees as directed,
- Working on community service as ordered by the sentencing judge.

Research has shown that these requirements not only remain relevant today but are crucial to achieving long term behavioral change for all TC1 participants.

10. COURT PHASES

There are important reasons for having a Phase framework. Perhaps most importantly, it gives the participants visible steps to measure success. Treatment courts tend to be long, rigorous programs, lasting one to two years. Giving the program structure gives the participant bite size pieces to tear off and digest. It also allows the team to measure – somewhat objectively – how well the participant is progressing through the program requirements. Court phases are requirements that everyone entering the program should be able to accomplish, but the requirements should be tailored to each risk and need level. Phases provide structure for the clients and allow the program to provide them with gradual steps to achieve behavioral change.

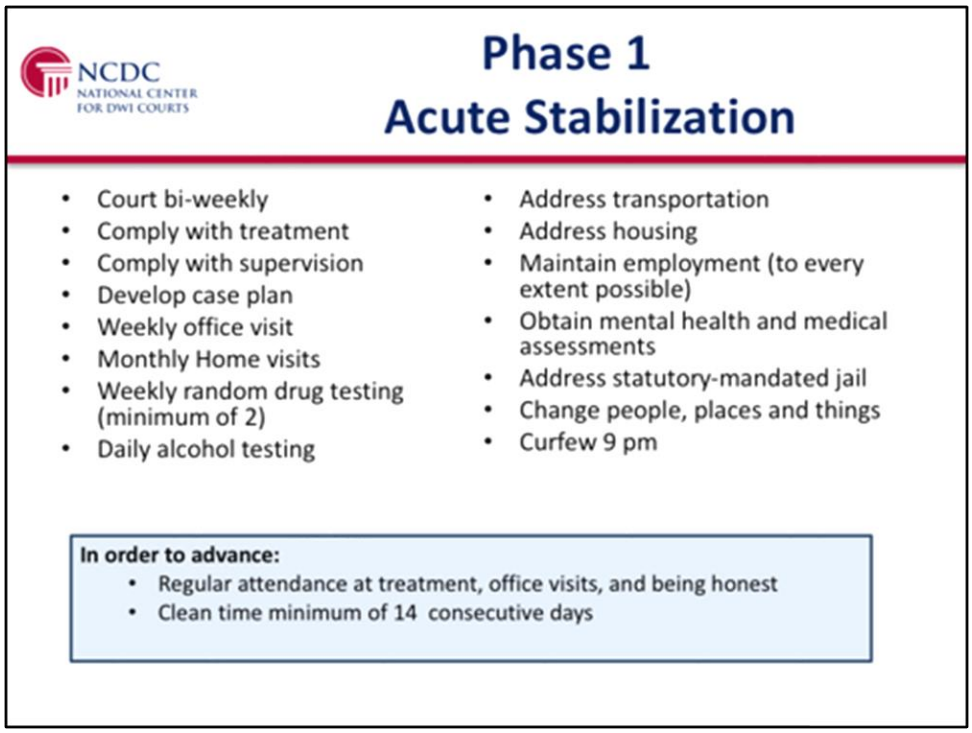


Currently, the Phases in TC for Quadrants 1 and 3 are based on time frames:

- Phase 1 – 4 months,
- Phase 2 – 6 months,
- Phase 3 – 8 months.

This structure does not take into account the participant's assessed risk and need level nor does it consider in which stage of change the participant is when entering the program.

The most current research recommends that Phase advancement should be predicated on the participant's meeting certain expectations rather than on set time frames. The team will be revising the TC Phase structure to adhere to the latest research findings. The new guidelines for High/Risk High/Need Quadrant 1 Phases are listed below, however the team will have to determine the final Phase structure for each Quadrant and how the new Phase system will be implemented.



Phase 2
Clinical Stabilization

Continued from previous phase…

- Court bi-weekly
- Comply with treatment (chemical & mental health)
- Comply with supervision
- Weekly office visit
- Monthly home visits
- Weekly random drug testing (minimum of 2)
- Daily alcohol testing
- Maintain employment
- Change people, places and things

New phase requirements…

- Review case plan
- End of phase… begin to focus on Peer Support groups (e.g., 12 step groups)
- Continue to address transportation
- Maintain housing
- Address financial (budget assessment)
- Curfew 10 pm

Phase 2
Clinical Stabilization

In order to advance:

- Compliance with treatment,
- Compliance with supervision
- Clean time minimum of 30 consecutive days

Phase 3
Pro-Social Habilitation

Continued from previous phase…

- Comply with treatment (chemical & mental health) and supervision
- Review case plan
- Monthly home visits
- Weekly random drug testing (minimum of 2)
- Daily alcohol testing
- Maintain employment
- Maintain housing
- Continue to address transportation

New phase requirements…

- Court monthly
- Relapse prevention
- Bi-weekly office visit
- Consistent peer support group attendance
- Begin Criminal Thinking
- Establish sober network
- Establish pro-social activities
- Continue to address financial
- Curfew 11 pm

Phase 3
Pro-social Habilitation

In order to advance:

- Compliance with treatment
- Compliance with supervision
- Began pro-social activities
- Began sober network
- Began/maintain ancillary requirements (housing, employment…)
- Clean time minimum of 45 consecutive days

NCDC
NATIONAL CENTER FOR DWI COURTS

Phase 4
Adaptive Habilitation

Continued from previous phase…

- Court monthly
- Comply with treatment (chemical & mental health) and supervision
- Review case plan
- Bi-weekly office visit
- Monthly home visits
- Weekly random drug testing (min. of 2)
- Consistent peer support group attendance
- Maintain sober network
- Maintain pro-social activities
- Maintain employment
- Maintain housing
- Continue to address financial

New phase requirements…

- Weekly random alcohol testing (minimum of 2)
- Address transportation… license reinstatement
- Continue Criminal Thinking
- Curfew 12 am
- As needed based upon assessment:
  - Job training
  - Parenting/family support
  - Vocational training

NCDC
NATIONAL CENTER FOR DWI COURTS

Phase 4
Adaptive Habilitation

In order to advance:

- Compliance with treatment
- Compliance with supervision
- Maintain sober network
- Maintain pro-social activities
- Began/maintain ancillary requirements
- Clean time minimum of 60 consecutive days

Phase 5
Continuing Care

Continued from previous phase…

- Court monthly
- Comply with treatment and supervision
- Review case plan
- Monthly home visits
- Consistent peer support group attendance
- Maintain sober network
- Maintain pro-social activities
- Maintain employment
- Maintain housing
- Continue to address financial
- Address transportation… license reinstatement
- Maintain as needed: job training; parenting/family support; vocational training

New phase requirements…

- Monthly office visit
- Random drug testing
- Random alcohol testing
- Development of continuing care plan

Phase 5
Continuing Care

In order to commence:

- Compliance with treatment
- Compliance with supervision
- Maintain pro-social activities
- Maintain sober network
- Maintain ancillary requirements
- Maintain as needed based upon assessment:
  - Job training
  - Parenting/family support
  - Vocational training
- Clean time minimum of 90 consecutive days

11. STAFFINGS AND HEARINGS

The treatment court Judge, the administrator, the treatment counselors, probation officers, the assistant prosecutor assigned to treatment court, and the private contractors who provide mental health and case management services regularly participate in staffing.

Before the staffing scheduled with the TC1 Judge, The PO's and the SUDS counselors meet before the staffing with the TC1 Judge.At this pre-staffing, they attempt to arrive at a consensus on their recommendations to the Judge The defense bar attend as their schedule allows.

The weekly court session is held immediately following the staffing. All team members attend. As each participant approaches the TC1 Judge, the PO and the SUDS counselor also approach. The Judge talks with the participant first and the team members join in as needed. Whether there are kudos to be given or an issue that needs to be addressed, the participant sees that there is ongoing communication among the team members.

the PO and the SUDS counselor The Judge delivers the recommended responses to the participant. The response may be amended if the participant presents collateral evidence that disputes the information is revealed.

The TC1 Clerk is responsible for preparing the court schedule and determines the dates of the appearances for each phase.

12. TERMINATION CRITERIA

For most treatment court participants, successful completion of TC1 is one of their Conditions of Probation – it is an alternative to being sent to prison and an opportunity to learn to lead a drug-free life within the law. TC1 participants are required to comply with certain rules and conditions or face dismissal from the treatment court and possible loss of the privilege of remaining in the community.

In TC1, before termination occurs, the Judge and the team will discuss the participant's "Risks and Needs" screening, what issues are being addressed, whether appropriate responses to behaviors are being made, and the circumstances of the non-compliant behavior. Warrants, new arrests or a violation of the conditions of probation are factors that drive the team's recommendation that a participant should be dismissed from the program. Other considerations include the following:

- The participant has demonstrated a pattern of missing scheduled drug tests and/or providing "dirty" drug tests,

- The participant has altered or cheated on drug tests,

- He or she has demonstrated a lack of commitment to the TC1 program by a continuous pattern of failing to cooperate with the probation officer or treatment provider,

- The participant has committed a violent act or threatened violence toward treatment staff, other TC1 team members, and participants of the program or other clients in the treatment facility.

If the team is recommending to the Judge that the participant should be terminated from TC1, he or she has the right to have a hearing on the record and present evidence.

If there is a hearing, the Judge may decide:

- there is insufficient evidence to proceed and the participant is continued in TC1;

- the participant's failure to comply is driven by addiction and the termination hearing should be continued for at least two months to allow the participant time to make positive changes;

- the participant should be sent to the Department of Corrections for treatment for 120 days and subsequently return to TC1;

- there is sufficient evidence to terminate the participant from the program; this decision will result in the participant being scheduled to appear in front of the sentencing judge for further action.

Most absconders who are located by law enforcement are brought from the jail to meet with the TC1 Judge. does not mean that the p

A participant who is subsequently diagnosed with a physical or mental condition that renders him/her unable to comply with the program requirements may be released from the program with an "administrative discharge".

13. GRADUATION CRITERIA

There are some Court Requirements that TC participants in all four quadrants must achieve and maintain or complete in order to complete the TC program

- Attend all court appearances as directed,

- Timeliness with court appearances and other obligations,

- Follow the rules and regulations of the supervising agency,

- Meet drug testing requirements,
- Obtain and maintain employment or vocational training – a participant may be exempt from this requirement based on physical or mental health conditions, caring for family members or other extenuating circumstances,
- Pass HiSet (formerly the GED) if he or she did not complete high school – a participant may be exempt from this requirement based on physical or mental health conditions or other extenuating circumstances,
- Complete the criminal or non-criminal version of the MRT curriculum (participants in Quadrant 4 are excepted),
- Obtain and maintain a stable residence,
- Pay program fees as directed,
- Complete community service (if it was ordered by the sentencing judge),
- Remain crime free during the last phase of the program,
- 180 consecutive days clean time at program completion,
- Drug-free/pro-social activities in the community
- Development of an aftercare plan
- Consistency in keeping appointments with Probation Officer, treatment provider, etc.
- Consistency in complying with the terms of the treatment/services plan
- Engagement in community support groups (AA/NA or other groups) if appropriate,
- Completion of Victim Impact group.

If a participant has a missed UA (not a positive) in the last phase but has at least 6 months sobriety prior to the miss, then the team may – on a case-by-case basis – decide to waive the 6 months sobriety requirement IF the participant has completed all other minimum requirements.

In order to be considered for program completion, the participant must have been in the treatment court program a minimum of 18 months.

Ideally, prior to graduation the participant should be fully engaged in recovery. However, occasionally there will be a participant who has made it through the program with no hitches but the team may believe his/her commitment to recovery is suspect. This

participant will be allowed to graduate unless there is some evidence to support the lack of true commitment to recovery.

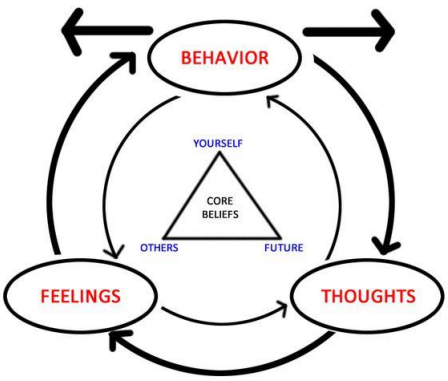
14. SUBSTANCE USE DISORDER SERVICES

Substance Use Disorder Services (SUDS)
Participants receive substance abuse treatment based on a standardized assessment of their treatment needs. Substance abuse treatment is not provided to reward desired behaviors, punish infractions, or serve other nonclinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.

Continuum of Care – The Drug Court offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. Standardized patient placement criteria govern the level of care that is provided. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. Participants do not receive punitive sanctions or an augmented sentence if they fail to respond to a level of care that is substantially below or above their assessed treatment needs. Best Practice Standards, Vol. 1, V:

- The array of evidence-based services available to the TC participant include medical detox; inpatient, intensive outpatient and day treatment services; groups focusing on drug education, relapse prevention, criminal thinking, trauma, life skills, parenting and fathering; relationship, family and co-dependency individual counseling and counseling groups; and anger management. The curriculums utilized by the counselors are evidence-base and are presented using the cognitive behavioral therapy (CBT model). (See Figure 1) Sober housing (including faith-based options) is available in the community for both men and women.

Figure 1: CBT Model



- Men and women entering TC are administered the Individualized Substance Abuse Protocol (ISAP) – a clinical assessment developed by the Missouri Department of Mental Health and Substance Abuse that includes the Addiction Severity Index (ASI) to determine the level of SUDS treatment and a clinical assessment to identify co-occurring disorders; they also are screened for trauma, medication assisted treatment and psychiatric medications. Using the results of the ISAP and other screenings, the counselor and the participant develop a SUDS treatment plan. As the participant progresses in the program, the treatment plan is reviewed at least every 90 days and sooner if his or her

circumstances change. TC treatment is participant-oriented, not program oriented. Treatment levels are not tied to the Court Phases.

Team Representation – Clinically trained representatives from each of the primary agencies are core members of the Drug Court team and regularly attend team meetings and status hearings. Best Practice Standards, Vol 1, 5):

- Four treatment agencies are primarily responsible for managing the delivery of treatment services for Drug Court participants. Most of the SUDS counselors working with TC clients are assigned to work with clients in specific quadrants so they are not in court everyday.

Treatment Dosage and Duration – Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from addiction. Participants ordinarily receive six to ten hours of counseling per week during the initial phase of treatment and approximately 200 hours of counseling over nine to twelve months; however, the Drug Court allows for flexibility to accommodate individual differences in each participant's response to treatment. Best Practice Standards, Vol 1, 5):

- Quadrant 1 participants are in TC for a minimum of 18 months and attend treatment until they graduate from the TC program. The ISAP assessment determines the level of treatment – it can range from residential (inpatient up to 21 days) to only a couple of hours per week. The treatment counselor who administers the ISAP has some flexibility in adjusting the level of treatment recommended by the ISAP after meeting with the participant to develop the treatment plan. During this meeting they discuss the ISAP results, the participant's other commitments, e.g., parenting, employment, school, family circumstances, etc. and develop a level of services that will address the substance use issues but not overwhelm the participant.

- Treatment Modalities – Participants meet with a treatment provider or clinical case manager for at least one individual session per week during the first phase of the program. The frequency of individual sessions may be reduced subsequently if doing so would be unlikely to precipitate a behavioral setback or relapse. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators.

Evidence-Based Treatments – Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models.

Medications – Participants are prescribed psychotropic or addiction medications based on medical necessity as determined by a treating physician with expertise in addiction psychiatry, addiction medicine, or a closely related field.

Provider Training & Credentials – Treatment providers are licensed or certified to deliver substance abuse treatment, have substantial experience working with criminal justice populations, and are supervised regularly to ensure continuous fidelity to evidence-based practices. Best Practice Standards, Vol 1, 5):

The Department of Mental Health Division of Alcohol and Drug Abuse (ADA) certifies alcohol and drug abuse programs in Missouri. TC only uses SUDS treatment providers who are ADA certified.

The certification standards are listed below.

(1) Therapeutic Alliance – The organization shall promote initial attendance, engagement and development of an ongoing therapeutic alliance by:

- Treating people with respect and dignity
- Enhancing motivation and self-direction through identification of meaningful goals that establish positive expectations
- Working with other sources (such as family, guardian or courts) to promote the individual's participation
- Addressing barriers to treatment
- Providing consumer and family education to promote understanding of services and supports in relationship to individual functioning or symptoms and to promote understanding of individual responsibilities in the process
- Encouraging individuals to assume an active role in developing and achieving productive goals
- Delivering services in a manner that is responsive to each individual's age, cultural background, gender, language and communication skills, and other factors, as indicated

(2) Individualized Treatment – Services and supports shall be individualized in accordance with the needs and situation of each individual served:

- There is variability in the type and amount of services that individuals receive, consistent with their needs, goals and progress
- There is variability in the length of stay for individuals to successfully complete a level of care or treatment episode, consistent with their severity of need and treatment progress
- In structured and intensive levels of care, group education/counseling sessions are available to deal with special therapeutic issues applicable to some but not all individuals
- Services on a one-to-one basis between an individual served and a staff member (such as individual counseling and community support) are routinely available and scheduled as needed.

(3) Least Restrictive Environment – Services and supports shall be provided in the most appropriate setting available, consistent with the individual's safety, protection from harm, and other designated utilization criteria.

(4) Array of Services – A range of services shall be available to provide service options consistent with individual need. Emotional, mental, physical and spiritual needs shall be addressed whenever applicable.

- The organization has a process that determines appropriate services and ensures access to the level of care appropriate for the individual.
- Each individual shall be provided the least intensive and restrictive set of services consistent with the individual's needs, progress, and other designated utilization criteria.
- To best ensure each individual's access to a range of services and supports within the community, the organization shall maintain effective working relationships with other community resources. Community resources include, but are not limited to, other organizations expected to make referrals to and receive referrals from the program.

(5) Assistance in accessing transportation, childcare and safe and appropriate housing shall be utilized as necessary for the individual to participate in treatment and rehabilitation services or otherwise meet recovery goals.

(6) Assistance in accessing employment, vocational and educational resources in the community shall be offered in accordance with the individual's recovery goals.
.

(7) Recovery – Services shall promote the independence, responsibility and choices of individuals.

- An individual shall be encouraged to achieve positive social, family and occupational/educational functioning in the community to the fullest extent possible.
- Every effort shall be made to accommodate an individual's schedule, daily activities and responsibilities when arranging services, unless otherwise warranted by factors related to safety or protection from harm.
- Individuals shall be encouraged to accomplish tasks and goals in an independent manner without staff assistance.
- Reducing the frequency and severity of symptoms and functional limitations are important for continuing recovery.

(8) Peer Support and Social Networks - The organization shall mobilize peer support and social networks among those individuals it serves and encourage participation in self-help groups. Opportunities and resources in the community are used by individuals to the fullest extent possible.

(9) Family Involvement – Efforts shall be made to involve family members whenever appropriate, to promote positive relationships.

- Family ties and supports shall be encouraged in order to enrich and support recovery goals.
- Family members shall be routinely informed of available services and the program shall demonstrate the ability to effectively engage family members in the recovery process.
- When the family situation has been marked by circumstances that may jeopardize safety (such as domestic violence, child abuse and neglect, separation and divorce, or financial and legal difficulties), family members shall be encouraged to participate in education and counseling sessions to better understand these effects and to reduce the risk of further occurrences.

(10) Pharmacological Treatment – When clinically indicated for the person served, pharmacological treatment shall be provided or arranged to ameliorate psychiatric and substance abuse problems.

(11) Co-Occurring Disorders – For individuals with clearly established co-occurring disorders, coordinated services for these disorders shall be provided or arranged.

These essential treatment principles are integrated into the philosophy of the treatment court: alcohol and chemical dependency/addiction is viewed as a bio-psycho-social illness that is primary, chronic, and progressive and treatment must meet all needs of the individual in order to be most effective.

A new TC participant is assigned to an agency at his or her 1st appearance in front of the TC Judge. Before the participant's next scheduled appearance in court, the treatment provider will complete a substance abuse assessment utilizing the Individualized Standardized Assessment Protocol (ISAP) and a clinical interview. The ISAP is approved by the Missouri Department of Behavioral Health and assesses medical, HIV/STD/TB risk, substance abuse and treatment history, employment, education, criminal history, family history, psychological, parenting, housing, life skills, community support, and transportation. This assessment and the clinical interview yield a quantifiable Addiction Severity Index (ASI) level and a multi-axial DSM-V classification.

Assessing the participants' need for treatment intensity and structure is determined by utilizing the CSTAR Service Model Chart that outlines admission criteria based on the ASI and DSM-V Global Assessment of Functioning (GAF) scores. Individualized treatment plans are initiated for each participant upon admission to treatment. The treatment counselor assists the participants in identifying and prioritizing their strengths, needs, and treatment goals while incorporating those goals mandated by the court. Participants' plans are modified frequently throughout treatment to reflect their changing needs as they progress in recovery.

Treatment providers also work with the participants to develop relapse prevention and aftercare plans. Participants are expected to play active roles in establishing these

plans. The treatment providers offer formal aftercare services as part of their programs in addition to case management, counseling, and group support/education classes.

Adjustments are made for Quadrant 3 and Quadrant 4 as the participants in these quadrants do not need substance abuse treatment but may need other supportive services. Participants placed in Quadrant 3 are screened with the Adult Strength and Needs Assessment (ANSA) or a similar instrument. The ANSA assessment tool is designed to provide a profile of the needs and strengths of the individual and family and examines *Life Domain Functioning, Strengths, Acculturation, Behavioral Health Needs,* and *Risk Behaviors.* A treatment plan for services is then generated based on the screening. Although each participant's services are individualized, all Quadrant 3 participants are assigned to a MRT group.

15. COMMUNITY SUPERVISION

The Missouri Board of Probation and Parole provides community supervision for the TC participants. Although the state has embraced the treatment court, the agency's protocol is dictated to a certain extent by state policy.

The probation officers (PO) assigned to TC are responsible for the following:

Before admission the PO assists in the initial RANT screening of the defendant.

After admission to TC the PO:

- Meets with the participant at the Probation Office to review the *Consent to Abide by the Conditions of Treatment Court* and *Release of Confidential Information* and obtain signatures; completes the Admission form required by the Treatment Court's Coordinating Commission; goes over the drug testing requirements; makes the referral to the appropriate SUDS agency and notifies the provider; and gives the participant reporting information and Court calendar;
- Monitors the participant's behavior and program compliance outside of the courtroom by making home visits and scheduling regular office visits;
- Meets with the participant at the probation office on a weekly basis in the beginning; the frequency of the meetings may be reduced as the participant progresses;
- Attends a pre-staffing with the SUDS counselors, the staffing with all team members, regularly scheduled status hearings and non-compliance hearings as needed;
- Maintains a computerized record that contains documentation of the participant's movement through the program;
- Completes "violation" reports as required by the agency for those participants who fail to comply with the program rules;
- Refers participants to non-compliance dockets and attends that docket as needed;

- Attends training and retreats;
- Attends graduation ceremonies;
- Maintains a balanced view of the participant so as to minimize manipulation and team splitting.

16. CASE MANAGEMENT

Case management duties in treatment court are shared between the Probation Officers, the Treatment Providers and the Court's contracted case manager.

Case management services include referrals to obtain housing, basic needs (food and clothing), transportation (bus passes and taxi vouchers are available), medical and dental care, psychiatric care and medication. The team members have an understanding of the variety of insurance and health maintenance options available and assist participants in accessing those benefits. When the offender's life issues are dealt with up front, he/she is able to concentrate more fully on recovery.

In general, the treatment provider works with the participant on treatment matters: support groups and relapse and recovery issues.

The contracted case manager assists the participants with housing, physical and mental health issues, dental health, food, clothes, and other issues that affect the day to day living circumstances of the participant.

The probation officer monitors the compliance with court requirements such as attendance at court hearings, support groups, treatment, drug testing, employment and GED classes. They make referrals to employment services, anger management, mental health providers, etc. and maintain documentation of the participants' progress.

17. DRUG TESTING

TC1 utilizes Avertest, an independent drug testing company that has been approved by the Drug Courts Coordinating Commision. The company's protocol is as follows:

Avertest has developed an individualized scheduling engine and notification system within Aversys (their online database).

- Each Participant is assigned a Personal Identification Number (PIN) that they keep throughout their participation in the testing program.
- Each Participant is assigned to a Frequency Group that determines his/her scheduling frequency parameters, but each Participant is scheduled independently.
- The Frequency Group only determines the Participant's testing frequency – it is not used for notification (i.e. Participants do not call a notification line and listen for their Frequency Group).

- This Frequency Group selection can be changed or updated as necessary for each Participant; any such changes require no communication with the Participant.
- The Participant never knows his/her Frequency Group.
- The Participant's PIN is used for notification and is the main reason why the Participant never needs to know his/her Frequency Group.
- The Avertest Scheduling Engine schedules each Participant individually based on the parameters of each Participant's Frequency Group.
- The Scheduling Engine is a complex algorithm that (in short) completes a process every month where it assigns a random 'priority' to each day and a random 'priority' to each Participant to create the testing schedule.

Frequency Groups have replaced the traditional scheduling groups. Frequency groups are like traditional groups in that they set the scheduling parameters for the individuals in the group. However, that is where the similarities end…Frequency Groups are:

- Never known by Participants.
- Not used for notification.
- Used only to determine the testing frequency parameters for the individuals in the group.
- Not a scheduling block - Participants within the same Frequency Group will not necessarily be scheduled on the same day.
- Not gender specific even though gender is accounted for in the scheduling engine.
- Completely customizable for each treatment program.
- All of the Frequency Groups are set up and managed according to Greene County's specifications.

The following information is included in the written instructions given to new participants:

"The first time you go to Avertest, the staff will set you up in their system and assign you a Personal Identification Number. Your picture will be taken and you will be required to show your ID every time you go to test, even if you think the staff knows who you are. If you lose or forget your PIN, you will not be able to call Avertest to find out your number, you will have to go and ask for it in person and show your ID.

Avertest has set up a call-in number that you will have to call ***EVERY DAY,*** *including weekends and* ***ALL*** *holidays. You can call that number after 5:30am to see if you have to go in that day to test. When you call, you must enter your Personal Identification Number as soon as the call connects. You will be provided a confirmation code every time you call. Write it down and keep it in your folder.*

Things to know:

- *Your PO will be able to see that you called in and what time you called.*
- *Drug testing is on a RANDOM schedule – you will never know when you will be asked to test.*
- *Not everyone tests the same number of times per month. The frequency will change for each person each month.*

- *Do not assume that because you tested today that you will not have to test tomorrow or the next day or even the next day after that.*
- *Each time you go test, Avertest staff will give you a receipt that will confirm that you showed up for your drug screen. Keep these receipts in case you are asked to confirm you tested. Some people stick the receipts on the inside of their TC1 folders.*
- *You will be required to follow Avertest's testing procedures.*
- *If you are having trouble providing a sample you can drink water and remain up to two hours at Avertest. You cannot leave the building and then come back in and provide the sample. If you arrive shortly before Avertest closes, you have to leave when they close.*
- *You will be observed when you give a urine sample.*
- *A "positive" test, (also called a "dirty" test) means that your urine or breath has tested positive for drugs and/or alcohol.*
- *You have the right to ask for a confirmation of the test results and/or a hearing to present evidence on the test results or why you missed.*
- *A positive urine or BAC test will result in an immediate response that may include a warning or time in jail. You also may be sanctioned if you miss a drug test because you forgot to check the daily message, you were unable to provide a urine sample, you arrived at Avertest after they closed, or you just got busy and forgot to go to Avertest.*
- ***Avertest employees have been directed by the Treatment Court Judge to never discuss your drug testing schedule or your drug test results with you."***

Participants are tested 6-12 times a month. The frequency varies because the participants keep track of how many times they have been to Avertest. In the past when testing was random but the frequency remained the same, the participants would "use" once they believed testing was over for that month.

Every participant is administered a Breath Alcohol test as soon as they are checked in at Avertest and before the urine sample is taken. The standard test panel includes Amphetamine/Methamphetamine, Benzodiazepines, Cocaine, Opiates, THC, EtG and creatinine. Team members have the ability to go into the Aversys system and add more monthly drug tests for a participant; change the test array for a participant and add or substitute other drugs including Barbiturates, Ecstasy, Methadone, PCP, Synthetic Marijuana, Fentanyl, SOMA, Tramadol, LSD, Suboxone, Oxycontin and Zolpidem.

18. FEES

Defendants who have been ordered to participate in TC are assessed $2500 to help defray the cost of treatment, drug testing and supportive services that may include medical, dental, psychiatric, and transportation. The assessed amount may be increased as costs go up.

Before going to Phase 2, the participant and the PO or SUDS casemanager complete the PARTICIPANT FINANCIAL STATUS report (**Attachment ???**) that details the

participant's monthly income and financial obligations, e.g., court costs, restitution, rent or house payment, child support, medical insurance, school loans, title loans and medical bills. Miscellaneous non-obligatory monthly expenses such as cable/satellite television or internet, etc., also are itemized.

The participant may be required to provide verification in the form of pay stubs, Medicaid and/or Medicare or insurance coverage, income tax returns, rent or mortgage receipts, title loan contracts, Pell grants or other income or court ordered payments (e.g., child support, restitution, medical settlements). The PO will verify restitution and court costs assessed at the time of sentencing. The PO and the participant will develop a monthly budget that includes a payment plan for the treatment court costs. It is based on the financial information reported by the participant and verified by the PO.

The participant financial status report is updated at least 1 month before each anticipated Phase advancement and before completion of the program. However, if the participant is ready to advance to the next phase he or she IS allowed to advance regardless of whether the fees are current. If the participant is not making regular payments and appears to have the ability to do so, he or she must explain to the judge why payments have not been made before he or she will be considered for advancement to the next Phase.

Failure to pay the treatment court fees does **not** prevent a participant from completing the program, however before graduation the treatment court judge will conduct a hearing to determine whether the unpaid balance of the treatment court fees should be waived or should be referred to the Circuit Clerk's office to be sent to a debt collection agency.

19. DATA COLLECTION

In anticipation of future process and outcome evaluations, the following date elements are collected**:**

Data elements captured upon admission include: name; date of birth; SSN; DCN (if applicable); sex; race/ethnicity; driver's license status; case number; eligibility date; date assigned to court; female: pregnant at time of admission; female: drug/alcohol exposed babies born prior to admission; number of children age 18 and under and the children's custody status; status of child support payments (if applicable); marital status; living arrangements; employment status 30 days prior to admission; education status and level; financial benefits received at time of admission (e.g., TANF, Medicaid, SSI/SSD); and drugs of choice. Elements collected during the program encompass: dates of phase advancements or demotions; status of participant within each phase (e.g., residential, outpatient, jail, etc.); beginning and ending dates and status of the participant's completion of required curriculum; dates and type of incentives and sanctions; documentation regarding naltrexone, including the date the participant was screened, the screening results, number of doses prescribed, and duration of naltrexone

treatment; payments and fee reductions; warrants and new criminal violations. Upon the program exit, data elements collected include: date of exit; disposition of treatment court case (e.g., graduation, termination, voluntary withdrawal); paternity commenced and/or established; child support payment status; female: births during program and prenatal substance exposure; living arrangements; employment status; education level; financial benefits; number of warrants issued during program; arrests or convictions during program; number of community service hours completed; monetary obligations collected (e.g., fines, fees, restitution); and if and how long participant to continue on probation after graduation.

20. APPENDICES

Appendix 1: ADULT DRUG COURT BEST PRACTICE STANDARDS, Volume I, *Standard #4*, http://www.ndcrc.org/tags/adult-drug-court-best-practice-standards

Appendix 2: National Drug Court Institute's Drug Court Practitioner Fact Sheet – September 2012, *Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions,*
By Douglas B. Marlowe, JD, PhD

Appendix 3: National Association of Drug Court Professionals, National Drug Court Institute, *List of Incentives and Sanctions.*

Appendix 4: TC1 Medication Assisted Treatment – Policy

Appendix 5: *Medication-Assisted Treatment for Opioid Use Disorders in Drug Courts*
By Benjamin R. Nordstrom, MD, PhD
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Douglas B. Marlowe, JD, PhD
National Association of Drug Court Professionals

Appendix 6: Adult Strength and Needs Assessment (ANSA) – https://praedfoundation.org/tools/the-adult-needs-and-strengths-assessment-ansa/

Appendix 7: