

ADULT DRUG COURT BEST PRACTICE STANDARDS VOLUME I









# WHY STANDARDS?

Velcomes

- Put null findings in context (8 16%)
- ✓ Disown harmful programs (6 9%)
- Prevent regression to old habits (model drift)
- Protect "brand name" from incursions
- Define standard of care for ourselves
  - Limit appellate review to conformance with standards rather than creating standards
  - Congressional committees, agencies, etc.

# WHY STANDARDS?

Velcomes

- Reduce legal & constitutional errors
  - Procedural due process requires standards, rational basis, and notice of rights being waived
- Reduce disparate impacts (violations of Equal Protection)
- Provide support and political cover for needed services and expenditures
- Demonstrate maturity of our profession
- ✓ Because we care about getting it right!

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## PROCEDURES

Expert Drafting Committee with
Diverse Stakeholder Representation
(N = 27)

## Rigorous Peer Review Process (N > 50)

- 1. Clarity (what is required)
- 2. Justification (why it is required)
- 3. Feasibility (difficulty of implementing)

## **STANDARDS OF PROOF**

## Research Quality

- 1. Experimental / controlled
- 2. Quasi-experimental or matched-comparison
- 3. Observational (systematically collected)
- 4. Attitudinal (systematically collected)

#### Intent-to-Treat Analyses

- Program Setting
  - 1. Drug court

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2. Other Treatment court

## **STANDARDS OF PROOF**

Program Setting (cont.)

- 3. Other program for drug-involved offenders (e.g., community correctional centers, Prop. 36)
- 4. Other criminal justice or substance abuse treatment program

## Reliability of the Findings

- Multi-site studies and meta-analyses
- Replication

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- Large sample sizes
- Diverse settings (e.g., rural)
- Contrary evidence

## **DRAFTING PRINCIPLES**

No Surprises or Curve Balls

- Minimize Ambiguity and Hedging (a best practice is what a best practice is)
- ✓ Measur<u>able</u> and Enforce<u>able</u>

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- "Conditional Escape Clauses"
  - E.g., alternative tracks or credit for inadequate services
- No Enforcement Mechanism

## **STRUCTURE**

- Velcomes You
- I. General Principle
  - A. Specific Provision (measurable)
  - **B. Specific Provision (measurable)**
- Commentary / Justification
- References

## **VOLUME I**

- Velcomes You
- I. Target Population (all else follows from this)
- **II. Equity and Inclusion in Drug Courts**
- III. Roles & Responsibilities of the Judge
- IV. Incentives, Sanctions, & Therapeutic Adjustments
- V. Substance Use Disorder Treatment

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# **TARGET POPULATION**

- ✓ Eligibility & Exclusion Criteria are Based on Empirical Evidence
- Assessment Process is Evidence-Based
  - A. Objective Eligibility Criteria
  - B. High-Risk & High-Need Participants
  - C. Validated Eligibility Assessments
  - D. Criminal History Disqualification
    - "Barring legal prohibitions..."
  - E. Clinical Disqualifications



# **TARGET POPULATION**

# **Don't Treat or House**

# **High Risk and Low**

**Risk Together** 

ARNING



# EQUITY AND INCLUSION IN DRUG COURTS

### Equivalent Opportunities to Participate and Succeed in Drug Court

- A. Equivalent Access (intent & impact)
- B. Equivalent Retention
- C. Equivalent Incentives & Sanctions
- D. Equivalent Legal Disposition
- E. Team Training *(remedial measures)*

# **ROLES OF THE JUDGE**

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## Contemporary Knowledge; Active Engagement; Professional Demeanor; Leader Among Equals

- A. Professional Training
- B. Length of Term
- C. Consistent Docket
- D. Pre-Court Staff Meetings
- E. Frequency of Status Hearings
- F. Length of Court Interactions
- G. Judicial Demeanor
- H. Judicial Decision-Making

# **INCENTIVES & SANCTIONS**

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#### Predictable, Consistent, Fair, and Evidence-Based

- A. Advance Notice
- B. Opportunity to be Heard
- C. Equivalent Consequences
- D. Professional Demeanor
- E. Progressive Sanctions
- F. Licit Substances

# **INCENTIVES & SANCTIONS**

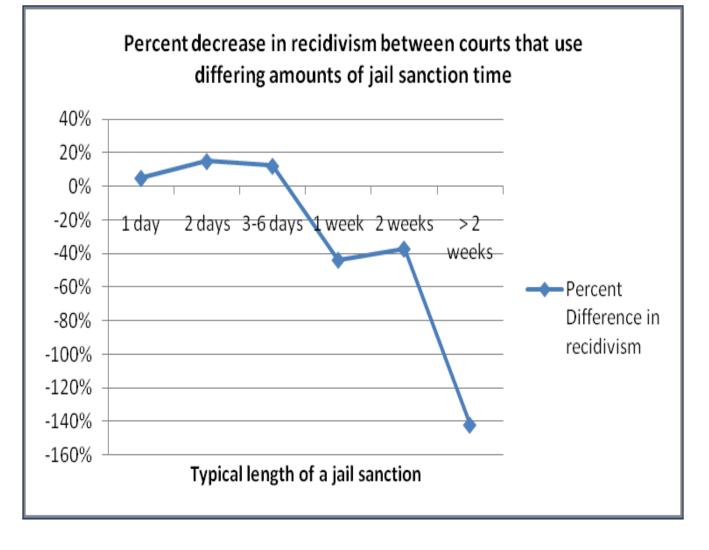
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#### Predictable, Consistent, Fair, and Evidence-Based

- G. Therapeutic Adjustments
- H. Incentivizing Productivity
- I. Phase Promotion
- J. Jail Sanctions
- K. Termination
- L. Consequences of Graduation and Termination *(leverage)*

## **INCENTIVES & SANCTIONS**

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# SUBSTANCE USE DISORDER TREATMENT

#### **Based on Treatment Needs and Evidence-Based**

- A. Continuum of Care *"if adequate care is unavailable..."*
- B. In-Custody Treatment
- C. Team Representation
- D. Treatment Dosage and Duration
- E. Treatment Modalities



# SUBSTANCE USE DISORDER TREATMENT

### **Based on Treatment Needs and Evidence-Based**

- F. Evidence-Based Treatments
- G. Medications
- H. Provider Training and Credentials
- I. Continuing Care