

# The Tribal Ten Key Components and National Drug Court Standards

## Part I: Key Components 1-6

**Lauren van Schilfgaarde**

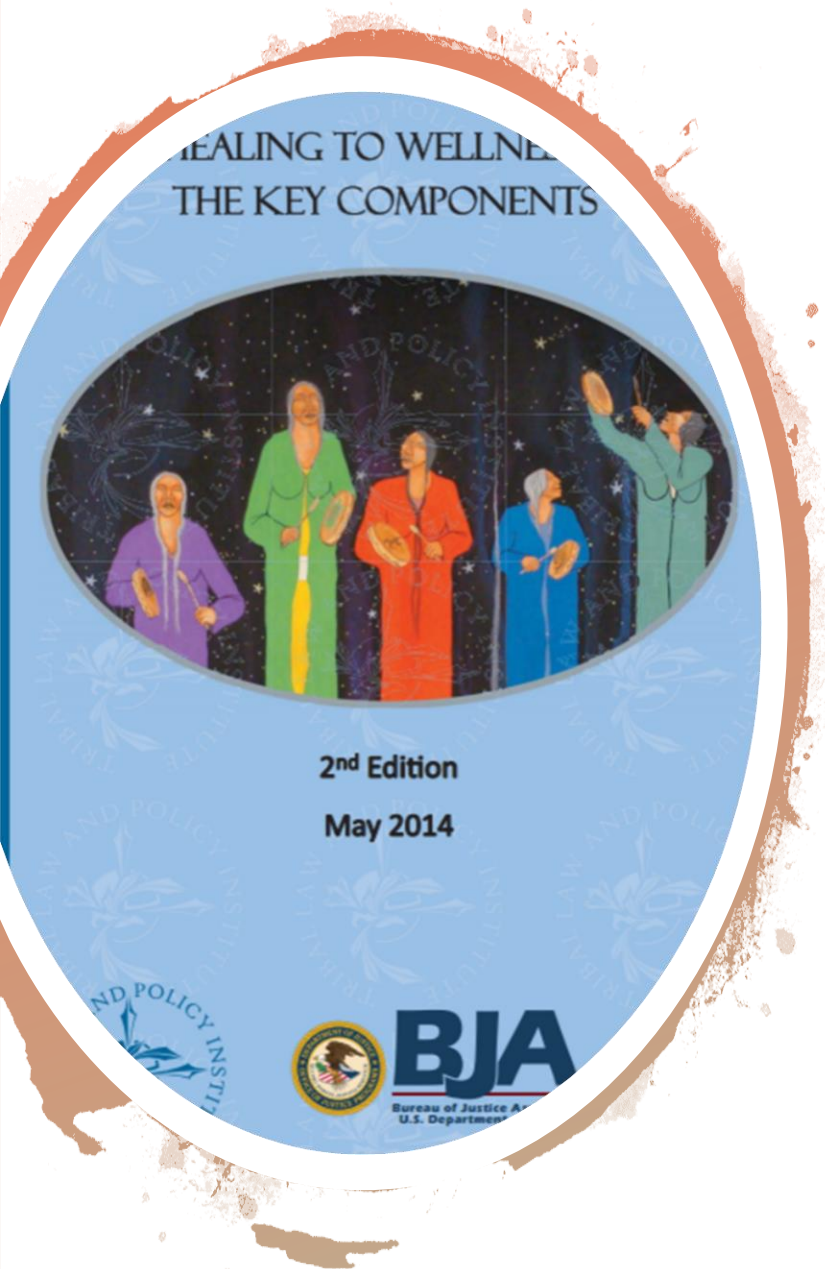
Tribal Law Specialist

**Kristina Pacheco**

Tribal Wellness Specialist

Tribal Law and Policy Institute





# Tribal Key Components

- [www.WellnessCourts.org](http://www.WellnessCourts.org)
- Tribal Key Components recognize
  - Community involvement
  - Family relationships and involvement
  - Culture and Tradition
  - Exercise of Tribal Sovereignty

# NADCP Adult Drug Court Standards

[nadcp.org/standards](http://nadcp.org/standards)

## ADULT DRUG COURT BEST PRACTICE STANDARDS

VOLUME II

NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS  
ALEXANDRIA, VIRGINIA

## ADULT DRUG COURT BEST PRACTICE STANDARDS

VOLUME I

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# Side by Side

## Tribal Key Components

1. Team, Community & Nation Building
2. Eligibility
3. Entry
4. Healing & Treatment
5. Support & Supervision
6. Discipline & Encouragement
7. Respectful Communication
8. Keeping & Telling Stories
9. Enduring Knowledge & Experience
10. Sustained Team, Community & Nation Building

## NDCP Standards

1. Target Population
2. Equity & Inclusion
3. Roles & Responsibilities of Judge
4. Incentives, Sanctions & Therapeutic Adjustments
5. Substance Use Disorder Treatment
6. Complementary Treatment & Social Services
7. Drug & Alcohol Testing
8. Multidisciplinary Team
9. Census & Caseloads
10. Monitoring & Evaluation

# Why?

Research-based

- Not tribal-specific
- Not every practice

Operationalizes the key components

Fidelity to model; do no harm

Funding sources



Healing to Wellness  
Court  
Quick Key Component  
Review

1. Team, Community, & Nation Building

3. Eligibility

2. Entry

4. Healing and Treatment

5. Support & Supervision

10. Sustained Team, Community, & Nation Building

9. Enduring Knowledge & Experience

8. Keeping & Telling Stories

7. Respectful Communication

6. Discipline & Encouragement



# Wellness Court Principal Program Elements

Target  
Population and  
Eligibility Criteria

Legal Screening

Clinical Screening  
and Assessment

Treatment

Complementary  
Support Services

Family  
Involvement

Case  
Management

Drug Testing

Staffing/Hearing

Incentives and  
Sanctions

Data Collection  
and Reporting

# Key Component #1: Team, Community & Nation Building

Brings together treatment, healing resources, and the tribal justice process by using a team approach to achieve the healing of the participant and to promote Native nation building and the well-being of the community.



Judge

### Attorneys

- Presenting Officer
- Defense Advocate
- Children's Advocate

Coordinator

### Community Supervision

- Probation
- Law Enforcement

Case Manager

Substance Abuse Treatment

Mental Health

Evaluator

Cultural Advisor

Social Services/Child Welfare

Housing

School

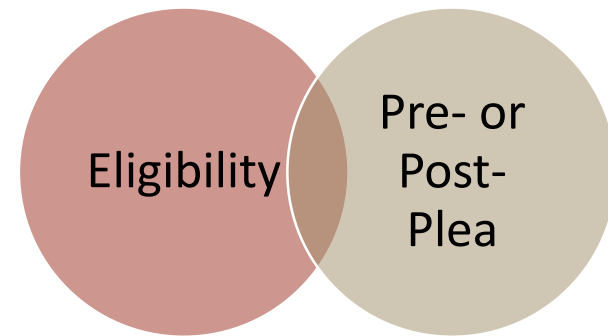


# Standard 8: Multidisciplinary Team

- A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal treatment and supervision services

# Key #2: Entry

Participants enter Wellness Court through various referral points and legal processes that promote tribal sovereignty and the participant's due (fair) process rights.



# Target Population and Eligibility

## Target Population

- Issues facing the community
- Gaps in services
- Tribal priorities or initiatives

## Eligibility Criteria

- Eligible entry point (narrow or wide)
- Statutory considerations
- Funding restrictions

# Standard 1: Target Population

## Target Population and Eligibility

- **High-Risk and High-Need Participants**  
Targets candidates who are addicted to substances *and* at substantial risk for reoffending or failing to complete a less intensive disposition.

If larger scope, use alternative tracks, in which services are modified and participants do not mix.

- **Objective Eligibility and Exclusion Criteria**  
Criteria is defined objectively, specified in writing, and communicated to potential referral points.

## Standard #2: Equity and Inclusion

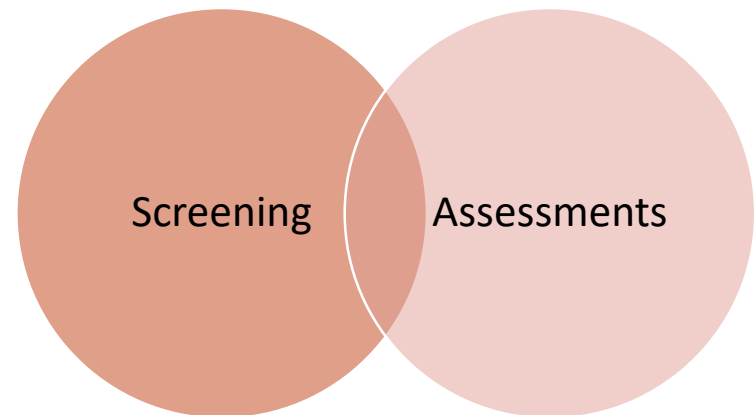
- Individuals who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other individuals to participate and succeed in the Drug Court.

## Standard #2: Equity and Inclusion

- **Equivalent:**  
Access, Retention, Treatment, Incentives & Sanctions and Dispositions
- **Team training is needed to bring awareness**

# Key #3: Eligibility

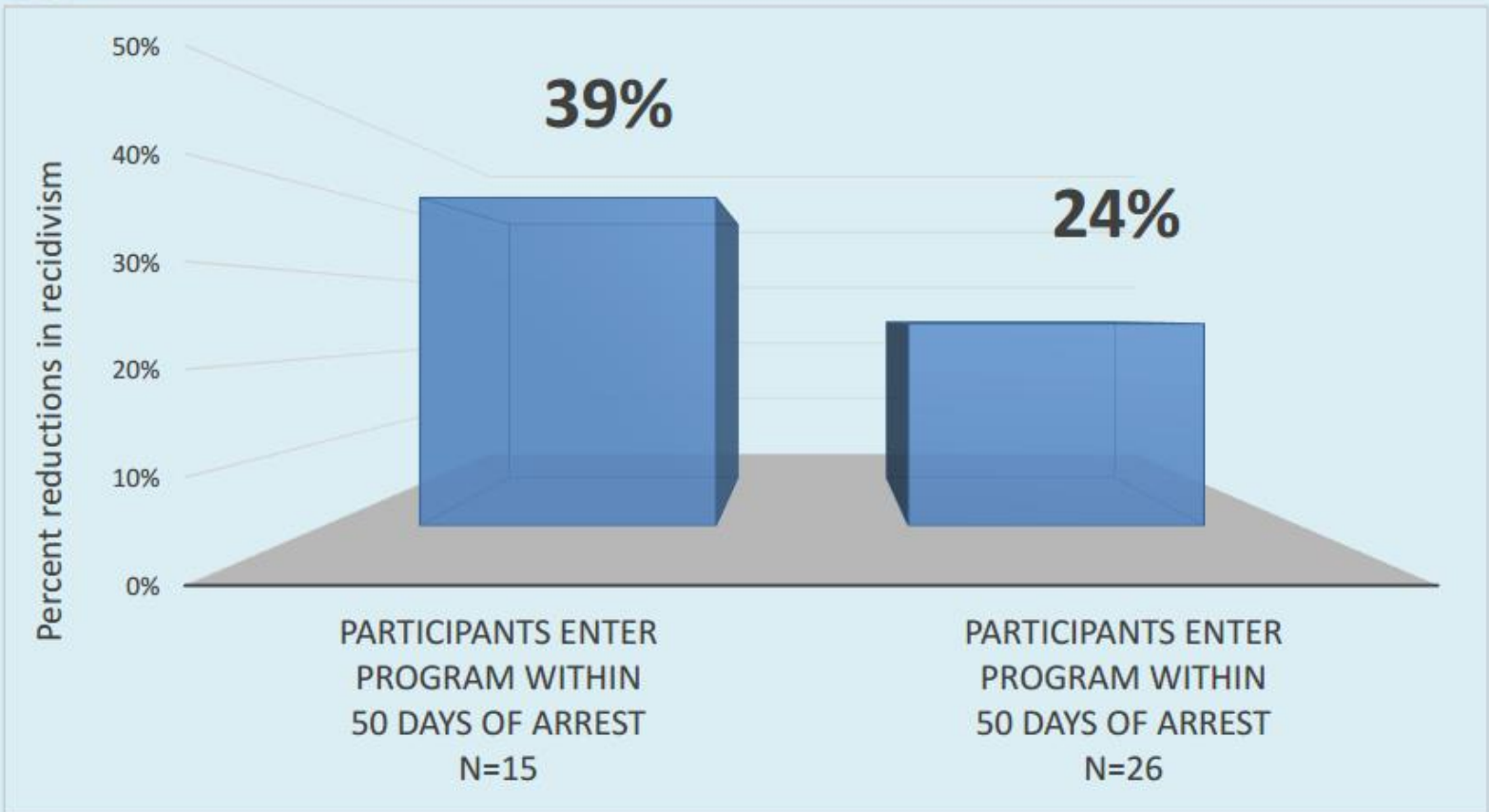
Eligible court-involved substance-abusing candidates are identified early through legal and clinical screening for eligibility and are promptly placed into the Wellness Court.







## Drug Courts in Which Participants Entered the Program within 50 Days of Arrest Had 63% Greater Reductions in Recidivism



Note: Difference is significant at  $p < .05$

# Legal Screening

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# Clinical Screening and Assessment

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# Standard 1: Target Population

- **Validated Eligibility Assessments**

Eligibility is assessed with validated risk-assessment and clinical-assessment tools.

- APPENDIX A: VALIDATED RISK AND NEED ASSESSMENT TOOLS
- <http://lib.adai.washington.edu/> -- Alcohol and Drug Abuse Institute Library

# Standard 1: Target Population

- **Criminal History Disqualifications**

Current or prior offenses may disqualify candidates. But, histories of drug dealing and violence are not automatically excluded.

- **Clinical Disqualifications**

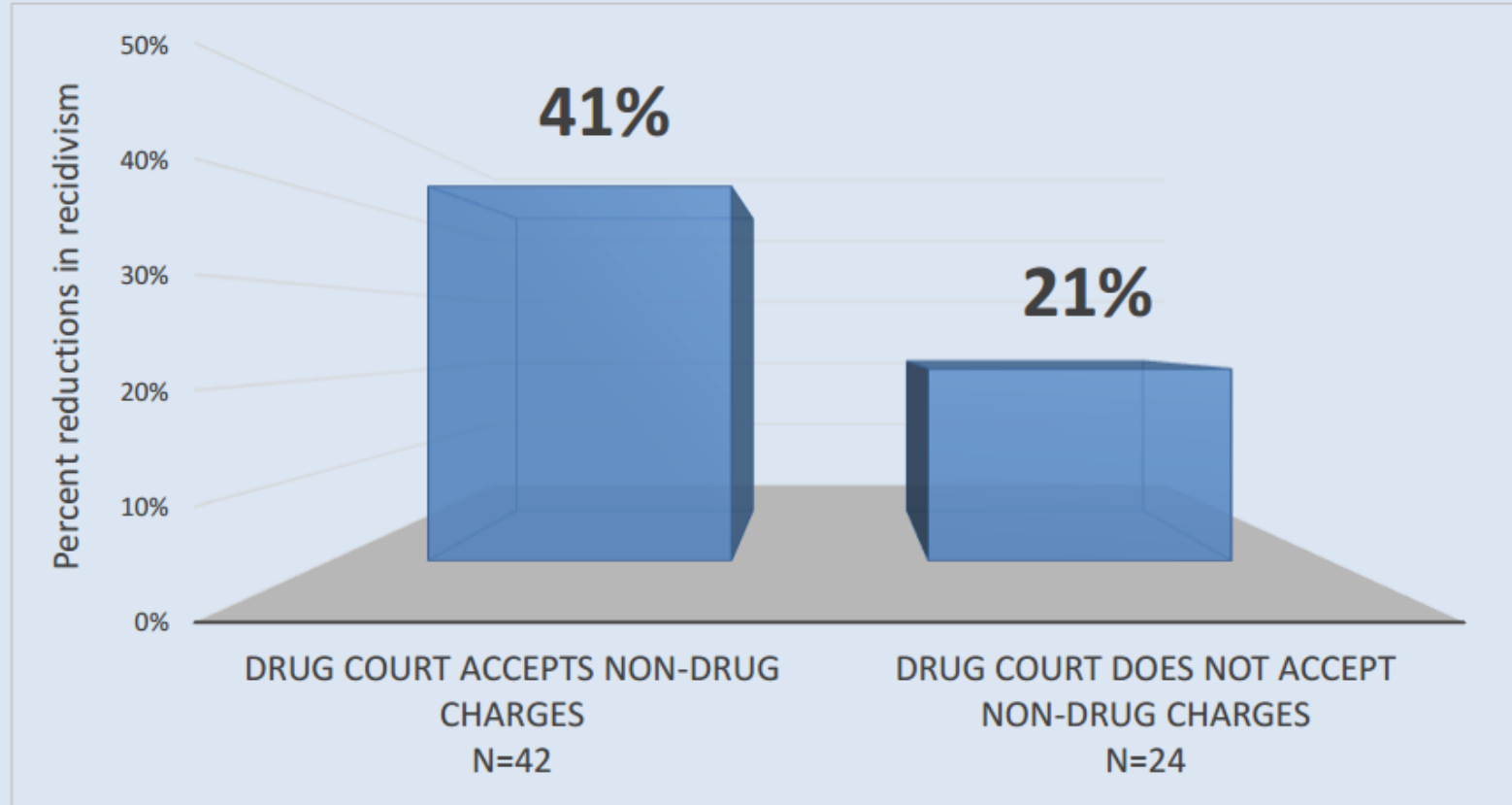
If adequate treatment is available, candidates are not disqualified because of co-occurring mental, medical conditions, or MAT.

# Consider: Inter-Jurisdictional Referrals

- Wellness Court as a condition of state probation
- Case Transfers
- *See Sample Inter-Jurisdictional Case Transfer MOU*



## Drug Courts That Accepted Participants With Non-Drug Charges Had Nearly Twice the Reductions in Recidivism and 30% higher cost savings

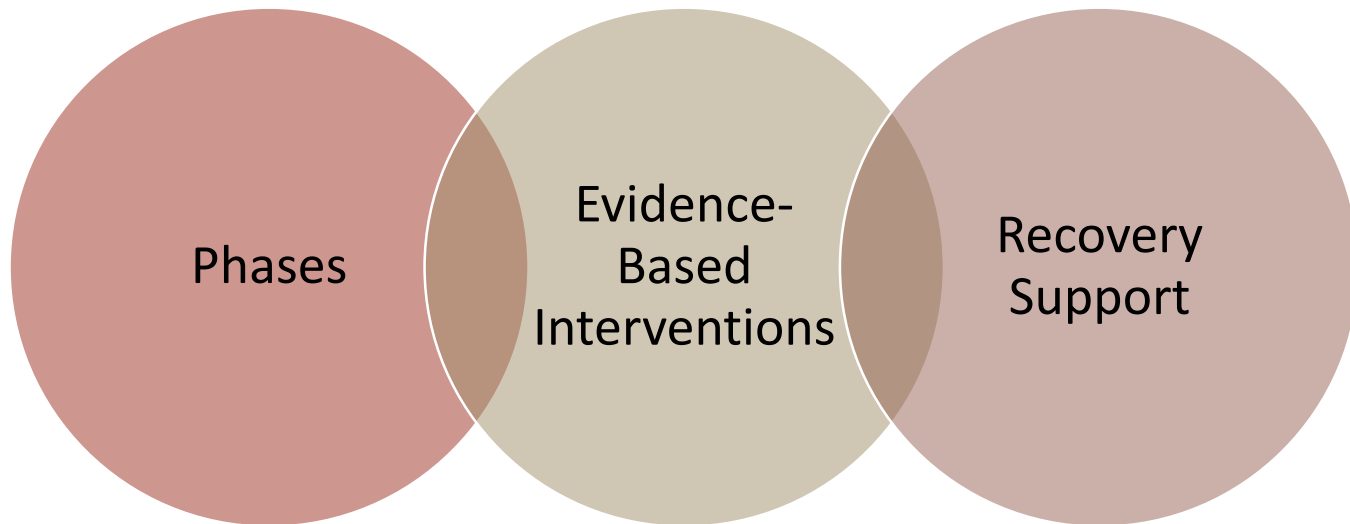


Note 1: Difference is significant at  $p < .05$

Note 2: Non-drug charges include property, prostitution, violence, etc.

# Key #4: Treatment and Healing

- Wellness Court provides access to holistic, structured, and phased alcohol and drug abuse treatment and rehabilitation services that incorporate culture and tradition.





# Standard #5: Substance Abuse Treatment

Participants receive treatment based on standardized assessment of their treatment needs.

Treatment is not provided to reward behaviors.

Treatment providers are trained to delivered a continuum of evidence-based interventions.

- **Continuum of Care**

Includes detoxification, residential, sober living, day treatment, intensive outpatient, and outpatient services. Adjustments are based on treatment need and not phase structure.

# Treatment

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# Standard #5: Substance Abuse Treatment

- **Treatment Dosage and Duration**

In Phase 1: ~6-10 hours of counseling/week  
~200 hours of counseling over 9-12 months; but allow flexibility

- **Treatment Modalities**

Meet with treatment provider at least 1x/week.  
Frequency may be reduced.

Group counseling has no more than 12 participants.

- **Medications**

MAT is based on medical necessity.

# Culturally-Based Treatment



- Culture is more than hobby or “piece” of someone
- It shapes one’s
  - Worldview
  - Role in society
  - Guidepost for thoughts and actions
- Treatment should help participants
  - Regain a practical ethnic identity
  - Gain a healthy social network
  - Make a spirituals/moral commitment to themselves and community
  - Reengage in “prosocial” activities
  - Gain a social role in the community

# Evidence-Based Treatments

- **Evidence-Based Treatments (S#5)**

Use behavioral or cognitive-behavioral treatments that are documented in manuals and proven to be effective. Providers are trained and supervised regularly.

- *National Registry of Evidence-Based Programs and Practices*

- Moral Reconciliation Therapy
- Thinking for a Change Program
- Reasoning & Rehabilitation Program

# Standard #6: Complementary Treatment and Social Services

- **Mental Health Treatment**

Participants are assessed for major mental health disorders, including

- Major depression
- Bipolar disorder (manic depression)
- Posttraumatic stress disorder (PTSD)
- Other major anxiety disorders

Mental illness and addiction are treated concurrently, not consecutively.

## Standard #2: Historically Disadvantaged Groups (HDGs)

## Standard #6: Complementary Treatment

- **Trauma-Informed Services**

Participants are assessed for a trauma-history and receive a trauma-informed evidence-based intervention. Females receive trauma-related services in gender-specific groups.

“The conditions and history of genocidal policies aimed at destroying Native family ties, as well as experiences of ongoing discrimination, bring added dimensions for consideration...”

# Standard #5: Substance Abuse Treatment

## Standard 9: Census and Caseloads

- **Peer Support Groups**

Participants regularly attend self-help groups that follow a structured model.

- **Continuing Care**

Participants complete a final phase focusing on relapse prevention and continuing care. Contact is maintained with the participant for at least 90 days after discharge.

- **S9: Clinician Caseloads**

50 active participants for clinicians providing clinical case management

- 40 – individual therapy or counseling
- 30 – both clinical case management and individual therapy