



SCHOOL of PUBLIC AFFAIRS
AMERICAN UNIVERSITY • WASHINGTON, D.C.

Drug Court Treatment Issues in Rural America

Webinar: Wednesday, January 29th, 2014

3:00 – 4:30 p.m. EASTERN TIME

QUESTIONS (AND RESPONSES) SUBMITTED BY PARTICIPANTS

CALIFORNIA

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The topics listed seem to cover our issues. For our participants, employment, transportation, and housing are the greatest challenges. For the program they are recruiting and retaining competent treatment staff and securing sufficient funds for residential.

I believe all of these issues are covered both in the webinar and in *The Technical Assistance Guide*. The only item that may not be covered would be funding for residential treatment. In Montana and most other states, publicly funded residential treatment is available although there may be “waiting lists.” Try to get a “priority” for drug court clients as the leverage of the CJS will help ensure that treatment completion will occur. You may also want to consider using drug court fees if you have to pay for residential treatment. Also, please see the attached copy of the generic letter for participants to present to their potential landlords.

COLORADO

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Is anyone using web-based treatment or televideo treatment? One of our treatment providers uses it for psychiatry but not behavioral health yet.

This issue was discussed fairly extensively in the webinar by both the statewide drug court coordinator, Angela Plunkett and Judge Bidegaray from Montana in the webinar. Additionally, the statewide drug court coordinator from Nebraska, Scott Carlson has had considerable experience in this arena (scott.carlson@nebraska.gov).

Curtis Montoya
Problem solving Court Coordinator

(1) What suggestions would there be for an Adult Drug Court that is facing opposition from the Public Defender's office, in a small community where so many qualify for Public Defender services and are being discouraged from participation in Drug Court despite their need and desire for help?

- (a) First, find out what the public defender's objections are and why they are not supportive of the drug court program. If there are fundamental issues relating to the drug court process, legal or other aspects of the program, please consider requesting technical assistance to help address them. Ensuring that constitutional and other rights of participants are protected is a critical area that should be addressed in any event. If there are no fundamental legal objections the public defender has regarding the drug court or its policies and procedures, then consider the following:
- (b) Find out other concerns the PD may have with arguments to offset his/her concerns if possible. Once you determine what these concerns are, seek some help in developing a response. Often, it is because it is a hard program, may be more demanding than an alternative plea offer the prosecutor is offering, and the PD may fear that his/her client may not be able to complete the program and end up with a more severe sentence than if they never entered the drug court. If this is the case, these issues should be addressed by the team and, particularly with the prosecutor/judge and PD to determine what incentives can be offered to address the PD's concerns and make the program attractive to the participant – e.g., the “carrot” that is needed. In addition, you should try to convince him/her that it is worth it and this can be done in several additional ways:
 - Provide them with on line learning courses that will help convince them of the benefit (see section in the new Guideline document on educational resources,
 - Ask other public defenders who are supportive of the drug court process to talk with them about it (this may be individuals inside the state or external to the state,
 - provide the PD data (national/statewide/local that indicates that drug court is a very highly successful and highly researched strategy that is most effective.
 - Focus on strategies to convince the potential drug court candidate that drug court is his/her best chance of getting well and being successful and why. Consider using some MI approaches in order to reduce their ambivalence to do drug court and make a positive decision to try it. While doing any of the above suggestions, I would highly recommend that your judge be involved in the discussions with you and the PD as well for obvious reasons.

In Missouri, one judge approached the local bar and asked them to rotate attendance at staffing and court sessions. Three local attorneys volunteered, and attend a staffing /court session once each month. All the attorneys were provided the NDCI publication for defense attorneys and have attended training at the Missouri drug court conference or through BJA. Referrals have subsequently increased from local bar since the rotation began.

(2) How do we deal with perpetual lack of employment opportunities in an economically depressed region?

My best suggestion which has always seemed to work is after a certain amount of time; require the participant to spend 4 hours a day submitting job applications and another 4 hours a day doing community service. You will be surprised how soon they will find a job. Additionally, in the rural webinar, I highly recommended that you establish a SPOC with your local vocational rehabilitation office and your local employment office. This Single Point of Contact should be invited to attend

staffing, drug court docket, and, of course, a graduation. This will help them buy into the process as well as understand how drug court will help them achieve their goals and objectives around training completions and job placements that last at least 60 days. Lastly, consider approaching employers directly and explaining what drug court is and how it works. Employers are constantly looking for on-time, drug-free employees and that is what we have in drug court.

(3) How do rural communities deal with the problem of the “old neighborhood” and all of its temptations and triggers when the entire community is the “old neighborhood?”

Rural or urban this is always an issue. This is what treatment and drug court is all about. Our job is to move the drug offender into a period of sobriety that will last long enough for them to clear their heads and start thinking straight, realize what problems their alcohol and other drug use has caused them (help them overcome their ambivalence to stop using and remain in recovery) and develop a recovery management plan that will move them out of their “old neighborhood.” The benefits far outweigh the problems caused by their drug use. Part of the trick is for us to be patient enough and give them enough time for treatment and the tools they will receive to work. Eventually, there will be enough drug court graduates and recovery oriented system components to make your job a little easier as time goes by.

FLORIDA

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Creative solutions to lack of transportation for participants in rural areas.

This area was covered in both the webinar and the Technical Assistance Guide. If this does not help, I hope you will post your question on the List Serve, again.

GEORGIA

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How to address transportation issues? How to address limited available jobs without transportation? and How to address minimal community resources?

These issues were covered in the webinar and/or in the *Technical Assistance Guide*.

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How can we help participants without licenses with transportation and with accessing supplemental services when providers are few and far between?

Please review both the *Technical Assistance Guide* and the webinar for suggestions on transportation options for drug court participants.

IDAHO

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From the looks of the agenda I think you will cover my questions-they primarily deal with getting a full treatment experience that is similar to those in larger areas.

I hope we covered this in both the webinar and the *Technical Assistance Guide*.

INDIANA

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Request suggestions on ways to motivate offenders to take steps to acquire education and training which can improve their opportunities for securing higher paying jobs and raise their standard of living.

Consider discussing this issue with the treatment provider for the individual that should consider improved education and training. Utilize motivational interviewing techniques to help the drug court participant understand that not improving their education/training has led to a lack of benefit wherein the participant has the ability to significantly improve their standing by involving themselves in additional training, e.g. the use of a Balance Sheet on this issue may help the drug court participant see the real benefit to increased education/training compared to where they stand currently. A Balance Sheet is an MI exercise that draws these comparisons and is completed by the drug court participant. Additionally, you may want to set up an appointment with the local vocational rehabilitation agency after explaining the situation to a voc. Rehab counselor in an effort to help the drug court participant clarify their area(s) of interest or aptitude(s) that they could excel in if they received additional education/training. Once the participant makes a decision that this could be beneficial, the judge from the bench, the case manager (probation officer), the treatment provider and other drug court team members, can continually encourage and review the progress that the individual is making in achieving this goal.

IOWA

Leesa McNeil
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Alternatives for accessing treatment when no providers around

The issue of treatment availability was covered in the webinar and the Technical Assistance Guide. One of the strategies mentioned is to set up a meeting with the Single State Agency for Alcohol and Drug Abuse Prevention and Treatment services in your state. This agency not only may be receiving state general funds and alcohol tax revenues for treatment but also receives funds through the alcohol and drug abuse prevention and treatment federal block grant. Take your local legislator with you and ask what it will take to at least cover your area with outpatient services. Please also review the webinar and the *Technical Assistance Guide* for suggestions in this area.

KANSAS

Libertee Thompson
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Our problem we face is not enough intensive treatment services and NO housing options for people in recovery or our homeless population. We have to send them out of county which is then impossible to keep them in the drug court program.

Both of these items are covered in the Rural Challenges and Solutions webinar and in the new American University publication, “A *Technical Assistance Guide for Drug Court Judges on Drug Court Treatment Services*.” I hope these two new items will help you with these important issues. Also, please see the attached copy of the generic letter for participants to present to their potential landlords.

KENTUCKY

Lucy Letton
KY Drug Court Regional Supervisor
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I appreciate the emphasis on rural courts. I'm very interested in what other states have done to influence these problems -- what they have found that works.

Again, I hope we covered this in both the webinar and the Technical Assistance Guide, however if you have additional questions, please ask them on the List Serve that will be forthcoming.

MARYLAND

Eric English
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Maryland
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Updates on best practices and evidence based practices.

This is a difficult item especially for juvenile drug courts because it would appear that fewer studies have been done in this arena than in other drug court categories. I would refer you to the following resources that I am aware of: Treatment Research Institute (Consumer Guide to Adolescent Drug Treatment and an article by Dr. Kathleen Meyers entitled: *Time to Transform Adolescent Treatment* (August 2013). You might also review articles by Dr. Ovgu Kaynak, as Associate Research Scientist at TRI and Dr. Ken

Winters who is the Director of the Center for adolescent Substance abuse Research at the University of Minnesota. 2. You might also be interested in reviewing the Vanderbilt Peabody College website entitled *Evaluating the Effectiveness of Adolescent Substance Abuse Treatment* at:

http://peabody.vanderbilt.edu/research/pri/projects/by_content_area/adolescent_substance_abuse_treatment.php

3. NIH Pub Number: 14-7953, published in January of 2014 by the National Institute on Drug Abuse entitled, *Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide*. 4. The website for the National Council of Juvenile and Family Court Judges at <http://www.ncjfcj.org/our-work/juvenile-drug-courts>. Here you will find the Juvenile Drug Court Information Center with additional resources.

MINNESOTA

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I would like to know more about expanding rural courts to include additional problem solving tracks/modifications to the existing drug court model.

The best resource for this discussion is a Drug Court Practitioner Fact Sheet from the National Drug Court Institute written by Douglas B. Marlowe, JD, PhD entitled, “Alternative Tracks in Adult Drug Courts: Matching Your Program to the Needs of Your Clients” This is actually a two-part series. I recommend that you review both parts. It is particularly relevant for rural drug courts who do not always take high-risk/high-need candidates and that is okay as long as they program accordingly.

Judge Karen Duncan
Third District Court
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What are the best ways to encourage community involvement/acceptance of a new drug court?

I would recommend the following strategies: 1) Keep good data on your program regarding performance criteria (e.g. reduction of drug use from admission to discharge, employment improvement from admission to discharge, educational improvement from admission to discharge, re-offense rates while in the program and at least 2 years after graduating the program, etc. and develop an annual report to the community on the effectiveness of drug court. 2.) Invite and encourage local media to attend drug court graduations to provide coverage for the community. 3) Develop an active Drug Court Advisory Board with Developing Community Support as one of their priority objectives, 4) Do community service projects that are visible to the community and, again, invite the media to cover the events, e.g. community garden where produce is provided to the elderly, planting of public areas with daffodils bulbs and other plants in conjunction with the city recreation/parks department if there is one, maintenance of the public cemetery, etc. 5) It’s helpful to have a judge that is willing to be your ambassador and speak to the local Rotary, Lions, Eagles, VA and Chamber of Commerce.

Charles Kitzman
Probation Director

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What offender risk/needs assessments have shown the most validity or value to DWI Court's probation supervision in rural America?

To my knowledge, there are no DWI risk/assessment tools specifically developed for that population except for the new DUI/RANT which is currently being tested in Montana drug courts and some other drug courts across the country. It should be ready for use in the next couple of months. You should contact Meghan Love, Senior Program Manager at the Treatment Research Institute (mlove@tresearch.org)

MISSOURI

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It would be helpful to know how to access the different forms that were referenced.
Please request specific forms that you are seeking by emailing: JKushner@MT.gov

Question about concerns with the use of Skype for Virtual Counseling with regard to confidentiality:

Due to the nature in which Skype is used there are no confidentiality concerns. There is no confidential information exchanged via this system nor does the contact identify the participant as a drug court participant or a consumer of Preferred Family Healthcare. The staff member calls via Skype, the address that is used is not identified as Preferred Family Healthcare and when the participants answer we verify that it is them by the video image. None of the therapeutic conversation happens on Skype. The participants are called at random times during their session. During orientation we assure that they have Skype set up and that they know they will be randomly contacted during their treatment sessions (individual and groups) and that they are expected to answer immediately with the video activated so that we can verify that they are the person participating. Then throughout treatment at any time during the sessions we call, they answer, exchange little more than "hi" and hang up. The interaction continues via Portal through this process.

Judge Patricia Riehl
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How to engage public defender clients in the process due to costs of the program?

No one should be excluded from participating in drug court due to the cost. Treatment programs that receive public funding (state or federal funds) are usually mandated by legislation to charge for treatment services based on an ability to pay. On the other hand, there are usually funding streams available for those who cannot afford to pay for treatment. Funding streams available depending on the state may include:

- The **Substance Abuse Prevention and Treatment Block** grant awarded to every state for prevention and treatment services from the Substance Abuse and Mental Health Services

Administration. A federal formula determines how much money each state will receive and it is awarded in most cases to the Single State Agency for Alcohol and Drug Abuse Prevention and Treatment (SSA).

- Another source of funding in many states is **state general fund** dollars. These state general funds may be awarded to the SSA as well or as is the case in some states, to the Court Administrator's Office. Many states including the Court Administrator's Office in Montana, receives state general funds primarily to purchase treatment services, urinalysis and drug court coordinator positions. In Idaho funds are given to the Court Administrator's Office to purchase treatment services as well.
- Additionally, many states earmark **beer, wine and liquor tax monies** for treatment services. In many states, these alcohol tax funds are available at a local and state level.
- And there is **Medicaid** funding that includes a combination of federal funds with state match. Medicaid is different in each state as to what Medicaid will pay for and who is eligible to receive it. There is also wide variability among states as to what specific services are reimbursable under Medicaid. Some states will pay for substance use disordered services and others will not. In some states (Alaska, for example), only women with children in their custody and the severely mentally ill are eligible for Medicaid paid services. For those who qualify for available Medicaid services, the availability of Medicaid payment for drug court provided services appears to also depend upon the state's determination of the nature and extent of services (substance abuse as well as non-substance abuse) that will be covered. In some states, these services may cover outpatient services only; a specified number of drug tests; a specified number of assessments, etc. The availability of these services for eligible individuals exists irrespective of whether they participate in a drug court or not. The wild card now is the new **Affordable Care Act (ACA)**. Again, there is wide variation in what services are covered (although there must now be parity for alcohol and other drug treatment services with other medical services) and who is covered. Each state is different. Some states have opted to expand their Medicaid eligibility under the ACA to cover a much broader spectrum of individuals and, again depending on the state, many drug court clients could now be covered for substance use disorder services who have not been in the past. Getting clarity on how the new ACA is being implemented in your state will be important not only for coverage of substance use disorder services for your drug court participants but also for medical/dental services as well as mental health services.

Additionally, most drug courts charge between \$250-\$300 as the **drug court fee** but during the 12-18 months of drug court, give credits for achieving certain levels or phases. Many drug courts average collecting about half of the fee by the time of graduation. If the drug court requires people to be working when they graduate, a fee of \$150 or so is very doable. On the other hand, the judge may want to waive the entire fee at time of graduation for certain drug court participants, for example a women who is working part-time, on welfare, and is an only parent with 3-4 children. Usually the fees that are collected are used by the drug court to pay for incentives, graduation expenses, and services for those who cannot afford to pay including treatment.

MISSISSIPPI

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21st Judicial District DUI/Drug Court
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Is there anyone that received a grant that can help the 21st Judicial District?

Please contact Justice Programs Office at American University (email us at justice@american.edu or call us at 202/885-2875).

NEBRASKA

Scott Carlson
Statewide Coordinator for Problem-Solving Courts
Nebraska
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Use of Video Conferencing in Rural Jurisdictions.

Both of these items are covered in the Rural Challenges and Solutions webinar and in the new American University publication, “A technical Assistance Guide for Drug Court Judges on Drug Court Treatment Services.” I hope these two new items will help you with these important issues.

Missouri is looking at technology called Radvision. We are hoping to use it for the SEMO Veterans Treatment Court program which covers 18 counties, 8 judicial circuits and 10 Probation and Parole districts. We’ve discussed the possibility of having the technology in the courtroom and in the outlying P&P offices. The veteran would visit his PO on the day/time of court and he (along with his PO) would Radvision into the courtroom. This would keep the PO engaged and if a jail sanction would need to be imposed, the participant could be taken into custody

NEW HAMPSHIRE

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We lack mental health options and our only treatment provider is Phoenix House apart from individual counselors. What have other communities done to solve this? We also have transportation issues as many participants in the program have lost their license.

Both of these items are covered in the Rural Challenges and Solutions webinar and in the new American University publication, “A Technical Assistance Guide for Drug Court Judges on Drug Court Treatment Services.” I hope these two new items will help you with these important issues.

NEW MEXICO

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Information regarding access to the Family Strength Needs Survey discussed by Jeff Kushner.
Please see the attached: Family Strengths and Needs Survey

NEVADA

Theresa Lemus
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How to handle several types of cases (adult criminal, family, mental health, DUI) without having a "specialty court" for every type of issue?

It is difficult to include a family drug court or a juvenile drug court on the same docket with a variety of adult drug courts (adult/Veteran/co-occurring/DUI/mental health), because the drug court team is so different. For example, in a family drug court, you have the usual set of team members (judge, drug court coordinator, law enforcement, probation, treatment, public defender, and prosecutor) but you also have a Guardian Ad Litem, attorney for the child, attorney for the family services agency, a social worker for the agency, attorneys for the mother, an attorney for the father, and for the children. On the other hand, it is possible to include different categories of adult drug courts on the same docket because most of the drug court team members are the same for all types of adult drug court categories. You may want to consider, as have some of Montana's drug courts, having all the adult drug court clients first on the docket, DUI clients next on the docket, and mental health/co-occurring clients next on the docket and staggering their scheduling a bit. This staggering allows for the same type of client to be in the courtroom at the same time as well as a representative for a specific docket to be involved, for example, a representative of the National Alliance for the Mentally Ill to attend only that part of the docket that includes mental health/co-occurring participants. I would refer you to Drug Court Practitioner Fact Sheet from the National Drug Court Institute written by Douglas B. Marlowe, JD, PhD entitled, "Alternative Tracks in Adult Drug Courts: Matching Your Program to the Needs of Your Clients" This is actually a two-part series.

OHIO

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As it becomes available information on the drug court judicial leadership initiative.
Please see the attached *Judicial Leadership Initiative: Over-Riding Principle*.

Lacey Caporale
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I'd like to receive any additional information on topics discussed and identified as topics panelists will follow-up with. Also, is there a test run we can try for these avatar systems of care?"

The Preferred Family Healthcare website includes a video from the 2013 Missouri Association of Drug Court Professionals (MADCP) conference and a demo of Virtual Counseling:
<http://www.pfh.org/portal-dwi/>

For detailed information specific to Virtual Counseling, please contact Kathy Hoppe, Vice President of Treatment Services, Central Region, Preferred Family Healthcare: khoppe@pfh.org or 660-785-8864

WISCONSIN

Ron Ledford
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Any models for therapeutic court programs in multiple county districts with local DAs and judges?

Not sure what the issue is here but if jurisdiction is the issue in a multi county area, usually local judges and prosecutors can work out venue issues either informally or through written MOUs. In Montana we have a situation where the District Court Judge is referring felony drug cases to the local judge who is operating a drug/DUI court.

WYOMING

Anne Comeaux
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I'm curious about average number of recommended treatment hours for a dependent client in IOPT (not duration or total months in treatment). What is average or acceptable \$ for treatment (per person) in rural communities lacking economy of scales like big cities?

According to the American Society of Addiction Medicine, the minimum number of hour for IOP is 9 per week, regular outpatient is up to 6 and day treatment is a minimum of 20 hours per week. These can be made up of both group and individual counseling. Regarding rates, I would start by looking at what rates Medicaid pays for alcohol and other drug abuse group and individual treatment. You may then want to compare that with other insurance carrier rates in your state. Lastly, I don't think there is any agreement that it costs more to deliver services in a rural environment vs. an urban environment. There are cost advantages and disadvantages in both cases. For example, treatment programs in urban areas claim that due to competition and the lack of qualified and licensed addiction counselors, it costs more to pay them than in a rural setting, whereas rural treatment programs claim that it costs more to hire counselors due to the nature of the environment and the small town setting.

INTERNATIONAL

JAMAICA

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What is a reasonable timeframe to terminate a participant in the early phase of the programme due to their inability to comply?

Too often, drug courts terminate participants before they have had a chance for treatment to work and to gain the tools to stay in recovery for the long term. According to the National Institute on Drug Abuse, it take a minimum of 36 months and often much longer for an adequate dosage of treatment to be effective. If we do not allow enough time for treatment to take effect, then we are terminating drug court participant early that need the treatment and the drug court environment the most. It is critical that drug courts understand the difference between proximal (What can be achieved immediately) and distal behavioral (behavior that will take some time to achieve) goals and operate their drug court sanctions accordingly (See Drug Court practitioner Fact Sheet from National Drug Court Institute entitled: Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions) (<http://www.ndci.org/sites/default/files/BehaviorModification101forDrugCourts.pdf>).

The fact is that individuals who are dependent on or addicted to alcohol or other drugs should be expected to require considerable time and effort to achieve sustained sobriety. The neuroscience of addiction validates that we must provide enough time for brain reparation if there is to be sustained recovery. That is the job of drug court and our treatment partners. You may also want to review the NADCP Bench book and specifically Chapter 7 entitled, *Applying Incentives and Sanctions* by Marlowe.

Kelly Latoyak
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One of the challenges that played a significant part to many drug abusers is "social issues". What are some of the things have you put in place to assist abusers from relapse and maintain a well develop life after rehabilitation.

Below are three resources that cover this issue: 1) the Technical Assistance Guide covers this area in II F, Recovery Management/Continuing Care: When Should It Start? How Long Should It Last? What Strategies Can Be Used? 2) the R2P webinar by American University entitled, "Aftercare and Relapse Prevention" (<http://.research2practice.org/>), and 3) Email: JKushner@mt.gov for a draft policy for drug courts on Recovery Management in a Drug Court Environment including a Recovery Management Plan format to be completed by each drug court participant upon entry into the final phase of drug court.

We welcome any additional information and/or perspective readers may have on this topic.

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APPENDIX

- A. *Judicial Leadership Initiative: Over-Riding Principles*. Draft Version, February 15, 2014
- B. *Technical Assistance Guide for Drug Court Judges on Drug Court Treatment Services*. Draft Version. January 29, 2014
- C. *FAQ on Medicaid Coverage for Substance Abuse and Related Services for Drug Court Clients*. BJA Drug Court Technical Assistance Project. August 1, 2012
- D. Copy of the generic letter for participants to present to their potential landlords. Provided by Marilyn Kesner
- E. Family Strengths and Needs Survey (Family Futures)