

**TRIBAL 10 KEY COMPONENTS' SUGGESTED PRACTICES**  
**WITH**  
**NADCP'S BEST PRACTICES**

Judge Carrie E. Garrow

The following attempts to include the NADCP's best practices with the Tribal 10 Key Components' Suggested Practices. If the Best Practice was not specifically mentioned in a suggested practice, I placed it under the Key Component with which it best fit. Many of the Best Practices fit with a specific Suggested Practice of a Key Component, so I listed under that specific Suggested Practice. Some Best Practices could fit under two or more Suggested Practices, but I only listed it once where I felt it was the best fit. I did leave out Best Practice II. Historically Disadvantaged Groups.

**Key Component #1: Individual and Community Healing Focus**

*Tribal Healing to Wellness Court brings together alcohol and drug treatment, community healing resources, and the tribal justice process by using a team approach to achieve the physical and spiritual healing of the individual participant, and to promote Native nation building and the well-being of the community.*

**Suggested Practices**

1. The planning of a Wellness Court, from referral to aftercare, should be carried out by a broad-based, interdisciplinary group, including people who represent all parts of the tribal justice system, the local treatment programs, tribal leaders, knowledge holders and elders, and others.
  - **VIII. Multidisciplinary Team. A. Team Composition** – The Drug Court team comprises representatives from all partner agencies involved in the creation of the program, including but not limited to a judge or judicial officer, program coordinator, prosecutor, defense counsel representative, treatment representative, community supervision officer, and law enforcement officer.
2. For consistency and the stability of Tribal Wellness Court program operations, the core planning and implementation team members should remain with the Tribal Wellness Court program for a sufficient period of time, if necessary in an advisory role or as a member of a steering committee.
3. Planning groups/Tribal Wellness Court teams should keep their governing bodies informed by including tribal leaders on the team or by making regular presentations to the tribal government about the Tribal Wellness Court program. Teams should continue to make periodic presentations on Tribal Wellness Court operations and performance.

4. Traditional healers and dispute resolution authorities should be included in the decision-making process, and traditional values should be carefully considered in the development and ongoing modification of the Tribal Wellness Court program.

5. Throughout the planning process, a record should be kept of key program design decisions and the intent behind these decisions so they may be used as building blocks for any future laws or court rules that institutionalize the Tribal Wellness Court and its processes.

6. Documents defining the Tribal Wellness Court's mission, goals, eligibility criteria, operating procedures, and performance measures should be collaboratively developed and agreed upon by the planning group, then reviewed periodically to account for program change, which includes the high rate of staff turnover experienced in tribal courts and government.

7. Documents defining team member roles and responsibilities, including job descriptions and memorandums of understanding (MOU), should be collaboratively developed and agreed upon by the planning group and partner agencies, then reviewed periodically by the team to account for additional and/or new team members and program staff.

- **VIII. Multidisciplinary Team C. Sharing Information** – Team members share information as necessary to appraise participants' progress in treatment and compliance with the conditions of the Drug Court. Partner agencies execute memoranda of understanding (MOUs) specifying what information will be shared among team members. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. Defense attorneys make it clear to participants and other team members whether they will share communications from participants with the Drug Court team.

8. In order to ensure mutual respect, prompt and consistent meeting of program and individual responsibilities, and community recognition of the professional integrity of the Tribal Wellness Court and team members, methods of shared decision making, and conflict resolution within the team should be established.

9. Ongoing interdisciplinary education should be provided for every person involved in the planning and implementing of the Tribal Wellness Court in order to develop a shared understanding of the values, goals, and operating procedures of the treatment and justice system components. This should include familiarizing team members with community customs and traditions for addressing an individual's behavior when it is not in accordance with local standards.

- **VIII. Multidisciplinary Team F. Team Training** – Before starting a Drug Court, team members attend a formal pre-implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and

social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. New staff hires receive a formal orientation training on the Drug Court model and best practices on Drug Courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter.

10. The community should be educated about the Tribal Wellness Court program and how it is intended to contribute to family and community well-being. Potential activities to help educate, inform, and involve the community may include running articles in local newspapers and holding open houses and potluck lunches or dinners. 11. Alumni groups should be encouraged when the graduate population includes a sufficient number of people who express a desire to maintain a connection with the Wellness Court. When possible, the Wellness Court should provide adequate support to sustain the group's activity.

## **Key Component #2: Referral Points and Legal Process**

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

### **Suggested Practices**

1. Prosecutors, presenting officers, and defense counsel, if available, should participate in the design of legal eligibility, screening, and case processing policies and procedures to guarantee that due process rights and public safety needs are served.
2. The continuing role and the nature of the role of prosecutors, presenting officers, and defenders in the daily operations of the Tribal Wellness Court should be discussed with the Tribal Wellness Court team members and be mutually agreed upon.
3. Screening for Wellness Court participant eligibility should be swift. The Tribal Wellness Court team should determine early what charges, offenses, or negative conduct will be appropriate for Tribal Wellness Court participation. The team should also determine whether the offender or candidate exhibits characteristics/risk factors that indicate a high probability of offending.
4. The eligibility process should be clearly described, especially in regards to general criteria such as suitable charges, offense, or negative conduct.
5. The Tribal Wellness Court team should determine if the defendant, parent, or juvenile is a frequent user diagnosed for alcohol or drug dependence. The team should also determine whether he or she will benefit from available treatment services and other activities.
6. The designated legal officer or team member should ensure that all necessary legal documents are stored and contained in the defendant's hardcopy case file and/or electronic case file.
7. Before deciding on acceptance of an individual as a participant, the Tribal Wellness Court team should properly review any transfer order, arrest warrant, affidavit, complaint/petition, and other relevant information in the potential participant's case file.

8. After a participant is determined to be eligible and is accepted into the Tribal Wellness Court, a designated legal officer or team member should ensure that the participant's file is complete and includes all admission documents, program acceptance, and enrollment forms (for example, waivers, contracts, consent forms, and written agreements).

9. The designated legal officer or team member should thoroughly advise the individual as to the nature and purpose of the Tribal Wellness Court program, the rules for participants, the consequences of noncompliance, and how program participation—or lack thereof—will affect the participant's legal and liberty interests. Court and/or program rules should be reviewed periodically with participants.

10. The designated legal officer or team member should ensure that the individual understands the rights that he or she will temporarily or permanently relinquish, where applicable.

11. The designated legal officer or team member should inform the individual of alternative courses of action, including legal and treatment alternatives available outside the Tribal Wellness Court program.

12. The designated legal officer or team member should discuss with the individual the potential long-term benefits of sobriety and a drug-free life with successful Tribal Wellness Court involvement.

13. The designated legal officer or team member should, if applicable, inform the individual that a positive alcohol or other drug test or open court admission of alcohol or other drug possession or use will not result in a referral for or the filing of additional drug charges based on that admission.

14. The designated legal officer or team member should inform the individual that he or she is expected to speak directly to the judge, or panel of judges, regarding program compliance and personal progress, usually without legal representation, unless the tribe provides it to all participants.

15. The designated legal officer or team member should review with the participant the coordinated strategy for responding to positive alcohol and other drug tests and other instances of noncompliance, including how sanctions are utilized and applied.

- **VII. Drug and Alcohol Testing - I. Participant Contract.** Upon entering the Drug Court, participants receive a clear and comprehensive explanation of their rights and responsibilities related to drug and alcohol testing. This information is described to a participant contract or handbook and reviewed periodically with participants to ensure they remain cognizant of their obligations.

16. At the onset of program participation, each participant should fully understand when termination from Tribal Wellness Court is considered.

17. The Tribal Wellness Court team should base its decisions regarding a participant's continued program participation on performance in treatment rather than on legal aspects of the case, barring additional criminal behavior.

18. The Tribal Wellness Court team should comply with all tribal and federal regulations governing privacy and confidentiality of treatment records and communication of confidentiality of substance abuse treatment records. All communication about an individual's participation in treatment must be in compliance with the provisions of 42 CFR, Part 2 (the federal regulations governing confidentiality of alcohol- and drug-abuse patient records) and with similar tribal regulations.<sup>36</sup> See, for example, JEFFREY TAUBER, SUSAN WEINSTEIN, AND DAVID TAUBE, *FEDERAL CONFIDENTIALITY LAWS AND HOW THEY AFFECT DRUG COURT PRACTITIONERS*, (National Drug Court Institute, 1999), available at [www.ndci.org/sites/default/files/nadcp/federalconfidentiality.pdf](http://www.ndci.org/sites/default/files/nadcp/federalconfidentiality.pdf).

- **VIII. Multidisciplinary Team C. Sharing Information** – Team members have information as necessary to appraise participants' progress in treatment and compliance with the conditions of the Drug Court. Partner agencies execute memoranda of understanding (MOUs) specifying what information will be shared among team members. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements. Defense attorneys make it clear to participants and other team members whether they will share communications from participants with the Drug Court team.

19. Depending on the Wellness Court's intent and available healing resources, priority should be given to offenders or candidates who demonstrate both criminogenic risk and high substance abuse treatment need. Targeting offenders who are subject to (or may be eligible for) legal sanctions may provide greater leverage in program compliance.

- **I. Target Population – B. High-Risk and High-Need Participants.** The Drug Court targets offenders for admission who are addicted to illicit drugs or alcohol and are at substantial risk for reoffending or failing to complete a less intensive disposition, such as standard probation or pretrial supervision. These individuals are commonly referred to as high-risk and high-need offenders. If a Drug Court is unable to target only high-risk and high-need offenders, the program develops alternative tracks with services that are modified to meet the risk and need levels of its participants. If a Drug Court develops alternative tracks, it does not mix participants with different risk or need levels in the same counseling groups, residential treatment milieu, or housing unit.

### **Key Component #3: Screening and Eligibility**

*Eligible court-involved substance-abusing parents, guardians, juveniles, and adults are identified early through legal and clinical screening for eligibility and are promptly placed into the Tribal Healing to Wellness Court.*

- **I. Target Population – A. Objective Eligibility and Exclusion Criteria.** Eligibility and exclusion criteria are defined objectively, specified in writing, and communicated to potential referral sources including judges, law enforcement, defense attorneys, prosecutors, treatment professionals, and community supervision officers. The Drug

Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program.

- **I. Target Population – D. Criminal History Disqualifications.** Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. Barring legal prohibitions, offenders charged with drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court.
- **I. Target Population – E. Clinical Disqualifications.** If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication.
- **IX. Census and Caseloads A. Drug Court Census –** The Drug Court does not impose arbitrary restrictions on the number of participants it serves. The Drug Court census is predicated on local need, obtainable resources, and the program's ability to apply best practices. When the census reaches 125 active participants, program operations are monitored carefully to ensure they remain consistent with best practice standards. If evidence suggests some operations are drifting away from best practices, the team develops a remedial action plan and timetable to rectify the deficiencies and evaluates the success of the remedial actions.

### **Suggested Practices**

1. Team members should engage in a discussion about whether a "readiness assessment" is appropriate and available for their participants. If so, evaluate periodically for its continued applicability.
2. Eligibility screening should be undertaken using written legal criteria and tested clinical screening tools.
  - **I. Target Population – C. Validated Eligibility Assessments.** Candidates for the Drug Court are assessed for eligibility using validated risk-assessment and clinical-assessment tools. The risk-assessment tool has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population. The clinical-assessment tool evaluates the formal diagnostic symptoms of substance dependence or addiction. Evaluators are trained and proficient in the administration of assessment tools and interpretation of the results.
3. Program coordinators, case managers, tribal prosecutors, or other qualified team members should be designated and trained to legally screen cases and identify potential participants.
4. Trained intake officers or certified/licensed treatment professionals should conduct the initial clinical screening to determine whether the individual's treatment needs will be met by the available treatment services. The initial screening should also identify the risk of relapse and recidivism.

5. While anyone with proper training can administer the simpler clinical screening instruments, clinical assessments should be validated for the targeted population whenever possible and must be administered by a certified substance abuse counselor or a licensed treatment professional (psychologist or psychiatrist).
6. A certified drug and alcohol counselor should undertake the clinical screening but not the assessment. The better practice for undertaking clinical assessments is to subcontract with a licensed treatment professional, who will be able to detect the presence of potential mental health and other issues.
7. Eligible participant's interest and requests for specific substance abuse services, including traditional healing options if available, should be considered early.
8. Participants screened or assessed with potential mental health issues should be referred to appropriate further assessment and treatment services if the tribe or the Tribal Wellness Court cannot provide adequate treatment options.
9. The design and formulation of individualized treatment plans should be undertaken with participant contribution to strengthen commitment and ownership.
10. An initial appearance before the Tribal Wellness Court judge should be scheduled immediately after an individual is found to be eligible for, and is enrolled in, the Tribal Wellness Court program.
11. Not only should team members be familiar with current eligibility criteria, Referral Sources, but all interested community members should be updated as well. Thus, they can contribute to and support the Wellness Court.

#### **Key Component #4: Treatment and Rehabilitation**

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

- **IV. Incentives, Sanctions, and Therapeutic Adjustments – I. Phase Promotion.** Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time. As participants advance through the phases of the program, sanctions for infractions may increase in magnitude, rewards for achievements may decrease, and supervision services may be reduced. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. The frequency of drug and alcohol testing is not reduced until after other treatment and supervisory services have been reduced and relapse has not occurred. If a participant must be returned temporarily to the preceding phase of the program because of a relapse or related setback, the team develops a remedial plan together with the participant to prepare for a successful phase transition.

- **V. Substance Abuse Treatment – B. In-custody Treatment.** Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters.
- **V. Substance Abuse Treatment – C. Team Representation.** One or two treatment agencies are primarily responsible for managing the delivery of treatment services for Drug Court participants. Clinically trained representatives from these agencies are core members of the Drug Court team and regularly attend team meetings and status hearings. If more than two agencies provide treatment to Drug Court participants, communication protocols are established to ensure accurate and timely information about each participant's progress in treatment is conveyed to the Drug Court team.
- **IV. Substance Abuse Treatment – D. 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.
- **V. Substance Abuse Treatment – E. 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.
- **V. Substance Abuse Treatment – F. 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.
- **V. Substance Abuse Treatment – G. 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.
- **V. Substance Abuse Treatment – H. Provider Training and 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.
- **V. Substance Abuse Treatment – I. Peer Support Groups.** Participants regularly attend self-help or peer support groups in addition to professional counseling. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy, to



prepare the participants for what to expect in the groups and assist them to gain the most benefits from the groups.

- **V. Substance Abuse Treatment – J. Continuing Care.** Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in prosocial activities and remain connected with a peer support group after their discharge from the Drug Court. For at least the first ninety days after discharge from the Drug Court, treatment providers or clinical case managers attempt to contact previous participants periodically by telephone, mail, e-mail, or similar means to check on their progress, offer brief advice and encouragement, and provide referrals for additional treatment when indicated.

### **Suggested Practices**

1. Tribal Wellness Court team members should continually learn about addiction (and substance abuse and substance dependence) and the leading approaches in treating addiction (and the various modalities and how to distinguish key concepts such as relapse and lapse).
  2. Tribal Wellness Court team members should work together to understand and design the standard elements, therapeutic goals, and advancement requirements of a Tribal Wellness Court phased treatment plan.
  3. Clinical assessments should include mental health assessments as warranted and the requisite treatment plan and services provided by a psychologist or psychiatrist in addition to standard drug and alcohol abuse counseling.
  4. In designing Tribal Wellness Court phased treatment plans, the tribal court and Tribal Wellness Court team should take into consideration existing treatment resources and finances. However, the tribal court and Tribal Wellness Court team should plan to expand such services to fill gaps and to introduce state-of-the-art (for example, substance abuse, substance dependence, and addiction) treatment into the tribal community. This may require subcontracting for the services of licensed treatment professionals who are knowledgeable about the drug court model and the rapidly changing field.
- **VI. Complementary Treatment and Social Services - B. Sequence and Timing of Services.** In the first phase of Drug Court, participants receive services designed primarily to address responsibility needs such as deficient housing, mental health symptoms, and substance-related cravings, withdrawal, or anhedonia (diminished ability to experience pleasure). In the interim phases of Drug Court, participants receive services designed to resolve criminogenic needs that co-occur frequently with substance abuse, such as criminal-thinking patterns, delinquent peer interactions, and family conduct. In the later phases of Drug Court, participants receive services designed to maintain treatment gains by enhancing their long-term adaptive functioning, such as vocation or educational counseling.

- **IX. Census and Caseloads C. Clinician Caseloads** – Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate dosages of substance abuse treatment and indicated complementary services. Program operations are monitored carefully to ensure adequate services are delivered when caseloads exceed the following thresholds:
  - 50 active participants for clinicians providing clinical case management
  - 40 active participants for clinicians providing individual therapy or counseling
  - 30 active participants for clinicians providing both clinical case management and individual therapy or counseling

5. Tribal Wellness Court teams should provide access to training for local treatment providers and other team members in the various screening/assessment techniques, therapies, and treatment modalities used by drug courts (for example, motivational interviewing and motivational enhancement therapy, cognitive-behavioral interventions, relapse prevention therapy, and family based interventions).

6. Treatment plans should be tailored to the individual participant’s needs based on the initial assessment. The treatment plan can be modified in response to additional assessments and/or change in circumstances. The participant should take an active role in the development of the treatment plan as well as integrating what treatment providers may recommend.

- **V. Substance Abuse Treatment – A. 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 augment sentence if they fail to respond to a level of care that is substantially below or above their assessed treatment needs.

7. The Tribal Wellness Court team should ensure that case management is undertaken with care for each participant in order to assure that available additional support is provided to the participant.

- **VI. Complementary Treatment and Social Services - A. Scope of Complementary Services.** The Drug Court provides or refers participants for treatment and social services to address conditions that are likely to interfere with their response to substance abuse treatment or other Drug Court services (*responsibility needs*), to increase criminal recidivism (*criminogenic needs*), or to diminish long-term gains (*maintenance needs*). Depending on participant needs, complementary services may include housing assistance, mental health treatment, trauma-informed services, criminal-thinking interventions, family or interpersonal counseling, vocational or educational services, and medical or dental treatment. Participants receive only those services for which they have an assessed need.

- **VI. Complementary Treatment and Social Services - C. Clinical Case Management.** Participants meet individually with a clinical case manager or comparable treatment professional at least weekly during the first phase of Drug Court. The clinical case manager administers a validated assessment instrument to determine whether participants require complementary treatment or social services, provides or refers participants for indicated services, and keeps the Drug Court team apprised of participants' progress.
- **VI. Complementary Treatment and Social Services - D. Housing Assistance.** Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of Drug Court and continuing as necessary throughout their enrollment in the program. If professional housing services are not available to the Drug Court, clinical case managers or other staff members help participants find safe and sober housing with prosocial and drug-free relatives, friends, or other suitable persons. Participants are not excluded from participation in Drug Court because they lack a stable place of residence.
- **VI. Complementary Treatment and Social Services - E. Mental Health Treatment.** Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders. Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. Mental illness and addiction are treated concurrently using an evidence-based curriculum that focused on the mutually aggravating effects of the two conditions. Participants receive psychiatric medication based on a determination of medical necessity or medical indication by a qualified medical provider. Applicants are not denied entry to Drug Court because they are receiving a lawfully prescribed psychiatric medication, and participants are not required to discontinue lawfully prescribed psychiatric medication as a condition of graduating from Drug Court.
- **VI. Complementary Treatment and Social Services - F. Trauma-Informed Services.** Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). Participants with PTSD receive an evidence-based intervention that teaches them how to manage distress without resorting to substance abuse or other avoidance behaviors, desensitizes them gradually to symptoms of panic and anxiety, and encourages them to engage in productive actions that reduce the risk of retraumatization. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. Female participants receive trauma-related services in gender-specific groups. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-related services.
- **VI. Complementary Treatment and Social Services - G. Criminal Thinking Interventions.** Participants receive an evidence-based criminal-thinking intervention after they are stabilized clinically and are no longer experiencing acute symptoms of

distress such as cravings, withdrawal, or depression. Staff members are trained to administer a standardized and validated cognitive-behavioral criminal-thinking intervention such as Moral Reconciliation Therapy, the Thinking for a Change program, or the Reasoning & Rehabilitation program.

- **VI. Complementary Treatment and Social Services - H. Family and Interpersonal Counseling.** When feasible, at least one reliable and prosocial family member, friend, or daily acquaintance is enlisted to provide firsthand observations to staff about participants' conduct outside of the program, to help participants arrive on time for appointments, and to help participants satisfy other reporting obligations in the program. After participants are stabilized clinically, they receive an evidence-based cognitive-behavioral intervention that focuses on improving their interpersonal communication and problem-solving skills, reducing family conflicts, and eliminating associations with substance-abusing antisocial peers and relatives.
- **VI. Complementary Treatment and Social Services – I. Vocation and Education Services.** Participants with deficient employment or academic histories receive vocational or education services beginning in a late phase of Drug Court. Vocational or educational services are delivered after participants have found safe and stable housing, their substance abuse and mental health symptoms have resolved substantially, they have completed a criminal-thinking intervention, and they are spending most or all of their time interacting with prosocial and sober peers. Vocation interventions are standardized and cognitive-behavioral in orientation and teach participants to find a job, keep a job, and earn a better or higher-paying job in the future through continuous self-improvement. Participants are required to have a stable job, be enrolled in a vocational or education program, or be engaged in comparable prosocial activity as a condition of graduating from Drug Court. Continued involvement in work, education, or comparable prosocial activity is a component of each participant's continuing-care plan.
- **VI. Complementary Treatment and Social Services J. Medical and Dental Treatment.** Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment. Treatment for nonessential or nonacute conditions that are exacerbated by substance abuse may be provided in a late phase of Drug Court or included in the participant's continuing-care plan.
- **VI. Complementary Treatment and Social Services - K. Prevention of Health-Risk Behaviors.** Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to reduce their exposure to sexually transmitted and other communicable diseases.
- **VI. Complementary Treatment and Social Services - L. Overdose Prevention and Reversal.** Participants complete evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose.

8. The Tribal Wellness Court should require weekly or semi-monthly status hearings during the early phases of a participant in order to review participant compliance and progress with the

treatment plan. Team and participant family members should be coordinated to support a commitment to and compliance with the treatment plan.

- **VIII. Multidisciplinary Team E. Status Hearing** - Team members attend status hearings on a consistent basis. During status hearings, team members contribute relevant information or recommendations when requested by the judge or as necessary to improve outcomes or protect participants' legal interests.

9. Once a participant agrees to be placed in a Tribal Wellness Court, the Tribal Wellness Court team should require the participant to be immediately and actively involved in treatment screening, assessment, and services.

10. Continued coordination and collaboration with the Wellness Court's partners is necessary to plan and provide aftercare for participants after graduation.

### **Key Component #5: Intensive Supervision**

*Tribal Healing to Wellness Court participants are monitored through intensive supervision that includes frequent and random testing for alcohol and drug use, while participants and their families benefit from effective team-based case management.*

- **VII. Drug and Alcohol Testing.** Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the Drug Court.

### **Suggested Practices**

1. Testing should be frequent, undertaken multiple times per week during the early phases of treatment, and reduced in frequency thereafter.

- **VII. Drug and Alcohol Testing - A. Frequent Testing.** Drug and alcohol testing is performed frequently enough to ensure substance use is detected quickly and reliably. Urine testing is performed at least twice per week until participants are in the last phase of the program and preparing for graduation. Tests that measure substance use over extended periods of time, such as ankle monitors, are applied for at least ninety consecutive days followed by urine and other intermittent testing methods. Tests that have short detection windows, such as breathalyzers or oral fluid tests, are administered when recent substance use is suspected or when substance use is more likely to occur, such as during weekends or holidays.

2. Testing should be undertaken randomly in order to assure participant compliance and accountability. Random testing means that the participant is unable to predict when the time of the test will occur.

- **VII. Drug and Alcohol Testing - B. Random Testing.** The schedule of drug and alcohol testing is random and unpredictable. The probability of being tested on weekends and

holidays is the same as on other days. Participants are required to deliver a test specimen as soon as practicable after being notified that a test has been scheduled. Urine specimens are delivered no more than eight hours after being notified that a urine test has been scheduled. For tests with short detection windows, such as oral fluid tests, specimens are delivered no more than four hours after being notified that a test was scheduled.

3. The scope of testing should be sufficiently broad in order to detect the participant's primary drug of choice as well as other potential drugs.

- **VII. Drug and Alcohol Testing - D. Breadth of Testing.** Test specimens are examined for all unauthorized substances of abuse that are suspected to be used by Drug Court participants. Randomly selected specimens are tested periodically for a broader range of substances to detect new substances of abuse that might be emerging in the Drug Court population.

4. Use technology that is reliable for drug testing when it must be determined whether a participant has used a specific drug.

5. Because the drug of choice in most indigenous communities is alcohol, BJA Program Design Feature relating to Key Component #5: As noted in the Introduction, BJA and NIJ have identified seven evidence-based program design features that effective drug courts should utilize. Beginning in 2011, BJA began evaluating drug court grant funding using these seven design features. BJA Program Design Feature Monitoring applies to both Key Components #5 and #8. • **Monitoring**—The applicant should demonstrate a comprehensive plan to monitor drug court participants using random drug testing and community supervision; disseminate results efficiently to the drug court team; and immediately respond to noncompliance with program requirements. For more information on the BJA Seven Program Design Features: [www.research2practice.org](http://www.research2practice.org) 48 random use of a breathalyzer should be incorporated into the testing regimen.

6. Alcohol and other drug-testing policies and procedures should be based on established and tested guidelines.

- **VII. Drug and Alcohol Testing - C. Duration of Testing.** Drug and alcohol testing continues uninterrupted to determine whether relapse occurs as other treatment and supervision services are adjusted.
- **VII. Drug and Alcohol Testing - E. Witnessed Collection.** Collection of test specimens is witnessed directly by a staff person who has been trained to prevent tampering and substitution of fraudulent specimens. Barring exigent circumstances, participants are not permitted to undergo independent drug or alcohol testing in lieu of being tested by trained personnel assigned to or authorized by the Drug Court.
- **VII. Drug and Alcohol Testing - F. Valid Specimens.** Test specimens are examined routinely for evidence of dilution and adulteration.
- **VII. Drug and Alcohol Testing - G. Accurate and Reliable Testing Procedures.** The Drug Court uses scientifically valid and reliable testing procedures and establishes a

chain of custody for each specimen. If a participant denies substance use in response to a positive screening test, a portion of the same specimen is subjected to confirmatory analysis, using an instrument test, such as gas chromatography/mass spectrometry (GC/MS) or liquid chromatography/mass spectrometry (LC/MS). Barring staff expertise in toxicology, pharmacology, or a related discipline, drug or metabolite concentrations falling below industry – or manufacturer-recommended cutoff levels are not interpreted as evidence of new substance use or changes in participants' substance use patterns.

7. If a program uses contracted laboratories to analyze urine or other samples, these laboratories should be held to established standards.

8. Test results should be available and communicated to the Tribal Wellness Court and the participant within one day.

- **VII. Drug and Alcohol Testing - H. Rapid Results.** Test results, including results of confirmation testing, are available to the Drug Court within forty-eight hours of sample collection.

9. The Tribal Wellness Court team should be notified immediately when a participant has tested positive, failed to submit to testing, submitted the sample of another, or adulterated a sample.

10. The Tribal Wellness Court team should respond immediately to any dirty drug tests or other noncompliance.

11. Tribal Wellness Courts should develop a coordinated strategy for responding to positive, missed, and fraudulent tests.

## **Key Component #6: Incentives and Sanctions**

*Progressive rewards (or incentives) and consequences (or sanctions) are used to encourage participant compliance with the Tribal Healing to Wellness Court requirements.*

- **IV. Incentives, Sanctions, and Therapeutic Adjustments – B. Opportunity to Be Heard.** Participants are given an opportunity to explain their perspectives concerning factual controversies and the imposition of incentives, sanctions, and therapeutic adjustments. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations. Participants receive a clear justification for why a particular consequence is or not is being imposed.
- **IV. Incentives, Sanctions, and Therapeutic Adjustments – D. Professional Demeanor.** Sanctions are delivered without expressing anger or ridicule. Participants are not shamed or subjected to foul or abusive language.

- **IV. Incentives, Sanctions, and Therapeutic Adjustments – F. Licit Addictive or Intoxicating Substances.** Consequences are imposed for the nonmedically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of their licit or illicit status of substance. The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether nonaddictive, nonintoxicating, and medically safe alternative treatments are available.
- **IV. Incentives, Sanctions, and Therapeutic Adjustments – G. Therapeutic Adjustments.** Participants do not receive punitive sanctions if they are otherwise compliant with their treatment and supervision requirements but are not responding to the treatment interventions. Under such circumstances, the appropriate course of action may be to reassess the individual and adjust the treatment plan accordingly. Adjustments to treatment plans are based on the recommendations of duly trained treatment professionals.
- **IV. Incentives, Sanctions, and Therapeutic Adjustments – H. Incentivizing Productivity.** The Drug Court places as much emphasis on incentivizing productive behaviors as it does on reducing crime, substance abuse, and other infractions. Criteria for phase advancement and graduation include objective evidence that participants are engaged in productive activities such as employment, education, or attendance in peer support groups.
- **IV. Incentives, Sanctions, and Therapeutic Adjustments – K. Termination.** Participants may be terminated from the Drug Court if they no longer can be managed safely in the community or if they fail repeatedly to comply with treatment or supervision requirements. Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are nonamenable to the treatments that are reasonably available in their community. If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program.
- **IV. Incentives, Sanctions, and Therapeutic Adjustments – L. Consequences of Graduation and Termination.** Graduates of the Drug Court avoid a criminal record, avoid incarceration, or receive a substantially reduced sentence or disposition as an incentive for completing the program. Participants who are terminated from the Drug Court receive a sentence or disposition for the underlying offense that brought them into the Drug Court. Participants are informed in advance of the circumstances under which they may receive an augmented sentence for failing to complete the Drug Court program.



## Suggested Practices

1. A comprehensive approach to community supervision requires frequent and regular communication between the team members and timely reporting of participants' progress and/or noncompliance to program rules and treatment plans.

- **VIII. Multidisciplinary Team. B. Pre-Court Staff Meetings** – Team members consistently attend pre-court staff meetings to review participant progress, determine appropriate actions to improve outcomes, and prepare for status meetings in court. Pre-court staff meetings are presumptively closed to participants and the public unless the court has good reason for a participant to attend discussions related to that participant's case.
- **VIII. Multidisciplinary Team. D. Team Communication and Decision Making** – Team members contribute relevant insights, observations, and recommendations based on their professional knowledge, training, and experience. The judge considers the perspectives of all team members before making decisions that affect participants' welfare or liberty interests and explains the rationale for such decisions to team members and participants.

2. Monitoring and support of participants should occur during regular business hours and in the evening and weekends when participants face potential challenges to engage in noncompliant conduct and activities.

- **IX. Census and Caseloads B. Supervision Caseloads** – Caseloads for probation officers or other professionals responsible for community supervision of participants must permit sufficient opportunities to monitor participant performance, apply effective behavioral consequences, and report pertinent compliance information during pre-court staff meetings and status hearings. When supervision caseloads exceed thirty active participants per supervision office, program operations are monitored carefully to ensure supervision officers can evaluate participant performance accurately, share significant observations with team members, and complete other supervisory duties as assigned. Supervision caseloads do not exceed fifty active participants per supervision officer.

3. Procedures for reporting noncompliance should be clearly defined in the Tribal Wellness Court's policies and procedures manual, the participant's handbook, and other operating documents.

4. The Tribal Wellness Court should respond immediately to applicable participant conduct by the next review/status hearing, rewarding productive progress and sanctioning noncompliance.

5. The Tribal Wellness Court's policy regarding compliance and noncompliance should be explained verbally and provided in writing to participants before or at their official orientation, as well as at various points of program participation.

6. Tribal Wellness Courts should impose appropriate graduated responses for choices that involve further use of alcohol and/or drugs or other noncompliance. The first sanction needs to

teach accountability, whereas the subsequent sanctions may be used more as a means of punishment (sanction).

- **IV. Incentives, Sanctions, and Therapeutic Adjustments – E. Progressive Sanctions.** The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program. For goals that are difficult for participants to accomplish, such as abstaining from substance use or obtaining employment, the sanctions increase progressively in magnitude over successive infractions. For goals that are relatively easy for participants to accomplish, such as being truthful or attending counseling sessions, higher magnitude sanctions may be administered after only a few infractions.

7. Participants should be made aware of potential responses (sanctions and/or incentives) before officially starting the Tribal Wellness Court. When possible, include participants in developing and revising the incentive and sanction schedule.

- **IV. Incentives, Sanctions, and Therapeutic - A. Advance Notice.** Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. The policies and procedures provide a clear indication of which behaviors may elicit an incentive, sanction, or therapeutic adjustment; the range of consequences that may be imposed for those behaviors; the criteria for phase advancement, graduation, and termination from the program; and the legal and collateral consequences that may ensue from graduation and termination. The Drug Court team reserves a reasonable degree of discretion to modify a presumptive consequence in light of the circumstances presented in each case.

8. The certainty and swiftness of the Tribal Wellness Court response to participant behavior should be reviewed with the participant in written form and verbally prior to enrollment in order to support the fullest comprehension.

9. Consistent and equitable distribution of sanctions and incentives require close supervision of participants and transparent documentation of the reward and sanction system used.

- **IV. Incentives, Sanctions, and Therapeutic Adjustments – C. Equivalent Consequences.** Participants receive consequences that are equivalent to those received by other participants in the same phase of the program who are engaged in comparable conduct. Unless it is necessary to protect the individual from harm, participants receive consequences without regard to their gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation.

10. Periodic review of the policies should be made with participants throughout their stay in the Tribal Wellness Court.

11. Where possible, choices for sanctions and incentives should offer flexibility for each participant—that is, what is a punishment for one participant may be an incentive for another.

12. The team should be sensitive to the participants' motivations for reoffending before imposing a sanction and/or incentive because there may be underlying reasons as to why a participant is reoffending. For example, a Tribal Wellness Court participant might reoffend so that he or she would be jailed in order to have a place to sleep and eat meals. 56

13. Rewards or incentives for compliance may include encouragement and praise from the bench; honoring ceremonies; publicly awarded tokens, medals, and/or certificates showing participant progress; recognition for involvement in community or cultural activities; community recognition of participant success (such as a story in a tribal newsletter); traditional gifts (such as eagle feathers, baskets, or Pendleton blankets); gift cards, movies tickets, and so forth; and/or forgiven fines or fees.

14. Sanctions may include warnings and admonishment from the bench in open court, increased frequency of alcohol and other drug testing, increased court appearances, increased community service hours (for example, providing services for tribal elders), required appearances before traditional forums or instruction by tribal elders, confinement in the courtroom or jury box, increased monitoring, and/or fines.

15. If detention is to be utilized as a sanction, a clear policy should be reviewed with participants and consistently followed.

- **IV. Incentives, Sanctions, and Therapeutic Adjustments – J. Jail Sanctions.** Jail sanctions are imposed judiciously and sparingly. Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions. Jail sanctions are definite in duration and typically last no more than three to five days. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed because a significant liberty interest is at stake.

## **Key Component 7**

*Ongoing involvement of a Tribal Healing to Wellness Court judge with the Tribal Wellness Court team and staffing, and ongoing Tribal Wellness Court judge interaction with each participant are essential.*

- **III. Roles and Responsibilities of the Judge – A. Professional Training.** The Drug Court judge attends current training events on legal and constitutional issues in Drug Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision. Attendance at annual training conferences and workshops ensure contemporary knowledge about advances in the Drug Court field.
- **III. Roles and Responsibilities of the Judge – B. Length of Term.** The judge presides over the Drug Court for no less than two consecutive years to maintain the continuity of the program and ensure the judge is knowledgeable about Drug Court policies and procedures.

- **III. Roles and Responsibilities of the Judge – C. Consistent Docket.** Participants ordinarily appear before the same judge through their enrollment in the Drug Court.
- **III. Roles and Responsibilities – E. Frequency of Status Hearings.** Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program. The frequency of status hearings may be reduced gradually after participants have initiated abstinence from alcohol and illicit drugs and are regularly engaged in treatment. Status hearings are scheduled no less frequently than every four weeks until participants are in the last phase of the program.
- **III. Roles and Responsibilities – F. Length of Court Interactions.** The judge spends sufficient time during status hearings to review each participant’s progress in the program. Evidence suggests judges should spend a minimum of approximately three minutes interacting with each participant in court.

### **Suggested Practices**

1. The judge or captain of the Tribal Wellness Court team effectively and efficiently conducts the weekly staff meeting.

- **III. Roles and Responsibilities – D. Participant in Pre-Court Staff Meetings.** The judge regularly attends pre-court staff meetings during which each participant’s progress is reviewed and potential consequences for performance are discussed by the Drug Court team.

2. The judge must have a basic understanding of alcohol and other drug treatment and be able to discuss the treatment plan with treatment providers. The judge must also keep up to date on available healing resources that may benefit the Wellness Court and its participants. BJA Seven Program Design Features relating to Key Component #7: As noted in the Introduction, BJA and NIJ have identified seven evidence-based program design features that effective drug courts should utilize. Beginning in 2011, BJA began evaluating drug court grant funding using these seven design features as criteria. BJA Program Design Feature Judicial Interaction applies to Key Components #7. • **Judicial Interaction**—Judges should interact directly and regularly with drug court participants during drug court hearings, which should be as frequent as the participant may require. As the program leader, the judge will maintain authority by demonstrating support for the program and knowledge of individual offenders. Communication between the participant and the judge should be based on a foundation of respect, and judges must maintain an understanding of program resources available to assess and respond to participant behavior. For more information on the BJA Seven Program Design Features: [www.research2practice.org](http://www.research2practice.org) 62

3. Tribal Wellness Courts require judges to step beyond their role of sole decision maker and into a position that promotes a partnership perspective—at times more captain than coach, and at other times, vice versa. Not every judge can serve proficiently as a Tribal Wellness Court judge.

4. The judge interacts directly and regularly with participants at court appearances to review progress or lack thereof; educate; encourage for compliance; and/or discipline for noncompliance.

- **III. Roles and Responsibilities – G. Judicial Demeanor.** The judge offers supportive comments to participants, stresses the importance of their commitments to treatment and other program requirements, and expresses optimism about their abilities to improve their health and behavior. The judge does not humiliate participants or subject them to foul or abusive language. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments.

5. The judge maintains authority and leadership of a Wellness Court by playing an active role in the treatment process, including frequently reviewing participant treatment progress as well as the status provided by the treatment providers and staff.

- **III. Roles and Responsibilities – H. Judicial Decision Making.** The judge is the ultimate arbiter of factual controversies and makes the final decisions concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty. The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or participant's legal representative. The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions.

6. The judge responds to each participant's positive efforts as well as to noncompliant behavior respectfully and through a consistently applied set of rewards and punishments (incentives and sanctions).

### **Key Component #8: Monitoring and Evaluation**

*Process measurement, performance measurement, and evaluation are tools used to monitor and evaluate the achievement of program goals, identify needed improvements to the Tribal Healing to Wellness Court and to the tribal court process, determine participant progress, and provide information to governing bodies, interested community groups, and funding sources.*

- **X. Monitoring and Evaluation - A. Adherence to Best Practices.** The Drug Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. Outcome evaluations describe the effectiveness of the Drug Court in the context of its adherence to best practices.

1. The collection and management of information, and the effective evaluation of such data, begins in the initial comprehensive planning stage, including the development of program goals and objectives.

- **X. Monitoring and Evaluation H. Intent-to-Treat Analyses.** Outcomes are examined for all eligible participants who entered the Drug Court regardless of whether they graduated, withdrew, or were terminated from the program.

2. Specific and measurable goals that define the parameters of data collection and management should be established early and then evaluated at repeated intervals. BJA Program Design Feature relating to Key Component #8: Monitoring—The applicant should demonstrate a comprehensive plan to monitor drug court participants using random drug testing and community supervision; disseminate results efficiently to the drug court team; and immediately respond to noncompliance with program requirements.

3. An evaluator can serve as a valuable member of the planning team.

4. Data needed for internal program monitoring should be collected in records maintained for day-to-day program operations.

- **X. Monitoring and Evaluation - B. In-Program Outcomes.** The Drug Court continually monitors participant outcomes during enrollment in the program, including attendance at schedule appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests.

5. Team members should gather and organize data in useful formats for regular review.

6. Logic models, diagrams, and flow charts may be used to delineate critical steps in a Tribal Wellness Court process, both for explaining to others and to highlight critical information points requiring documentation to staff.

7. Team members should keep their home agencies informed of Tribal Wellness Court data requirements and facilitate official authorization when necessary.

- **X. Monitoring and Evaluation - G. Timely and Reliable Data Entry.** Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. Timely and reliable data entry is required of each staff member and is a basis for evaluating staff job performance.

8. Information regarding monitoring and evaluation is gathered at program start through an automated system that provides timely and useful reports. If an automated system is not available, manual data collection and report preparation should be designed to fit the available record-keeping system.

- **X Monitoring and Evaluation. F. – Electronic Database.** Information relating to services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-

time information concerning the Drug Court's adherence to best practices and in-program outcomes.

9. Additional monitoring information can be acquired through observation by program staff and through participant interviews.

10. Automated and manual information systems should adhere to written guidelines that protect against unauthorized disclosure of sensitive personal information about individuals and families.

11. The Tribal Wellness Court team should review outside court evaluations and program monitoring reports. They can be useful to analyze program operations, gauge effectiveness, and modify procedures and refine goals when necessary.

12. Process evaluation activities should be undertaken throughout the course of Tribal Wellness Court operations, as early as the planning stage and throughout implementation.

13. If feasible, a qualified independent evaluator should be selected and given responsibility for developing and conducting a process and performance evaluation design and for preparing interim and final reports. If an independent evaluation is unavailable, a Tribal Wellness Court may design and implement its own evaluation, based on guidance available in the field.

- **X. Monitoring and Evaluation - D. Independent Evaluations.** A skilled and independent evaluator examines the Drug Court's adherence to best practices and participant outcomes no less frequently than every five years. The Drug Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices.

14. Judges, prosecutors, the defense advocates, treatment staff, and others may design evaluations for their components collaboratively with the evaluator. The independent evaluator should assist the Tribal Wellness Court's information-systems expert design and implement the information management system.

15. The independent evaluator should have access to relevant justice system and treatment information and maintain contact with Tribal Wellness Court team members in order to provide information on a regular basis.

16. At least six months after participants begin and exit a Tribal Wellness Court, progress and status information should be gathered and evaluated that is designed to document the participant's full programmatic progress.

- **X. Monitoring and Evaluation - C. Criminal Recidivism.** Where such information is available, new arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the Drug Court and are categorized according to the level and nature of the crime involved.

17. The success of Tribal Wellness Court graduates and those individuals within a comparison group (which should have been defined during the planning stages of the Tribal Wellness Court)

should be examined in order to determine the long-term performance of the Tribal Wellness Court.

- **X. Monitoring and Evaluation - I. Comparison Groups.** Outcomes for Drug Court participants are compared to those of an unbiased and equivalent comparison group. Individuals in the comparison group satisfy legal and clinical eligibility criteria for participation in the Drug Court, but did not enter the Drug Court for reasons having relationship to their outcomes. Comparison groups do not include individuals who refused to enter the Drug Court, withdrew or were terminated from the Drug Court, or were denied entry to the Drug Court because of legal charges, criminal history, or clinical assessment results.
- **X. Monitoring and Evaluation - J. Time at Risk.** Participants in the Drug Court and comparison groups have an equivalent opportunity to engage in conduct of interest to the evaluation, such as substance use and criminal recidivism. Outcomes for both groups are examined over an equivalent time period beginning from a comparable start date. If participants in either group were incarcerated or detained in a residential facility for a significantly longer period of time than participants in the other group, the length of time participants were detained or incarcerated is accounted for statistically in outcome comparisons.

## **Key Component 9**

*Continuing interdisciplinary and community education promote effective Tribal Healing to Wellness Court planning, implementation, and operation.*

### **Suggested Practices**

1. Team members and other key personnel should attain a specified level of basic education, as defined in their job descriptions and in the written Tribal Wellness Court's policies and procedures.
2. The program's policies and procedures should outline minimum requirements for continuing education of each team member.
3. Team members and Tribal Wellness Court staff should be involved in interdisciplinary education and training before the first case is heard.
4. Team members from justice, treatment, and social services agencies should cross-train each other beginning with the Tribal Wellness Court design and planning process and continuing throughout to current operational issues.
5. Team members should not assume that professionals from the legal discipline or the treatment or social services disciplines know the purposes, processes, and limitations of each other's agencies.



6. Attendance at educational and training sessions by all team members should be required periodically.
7. Team members should attend regional and national drug court training sessions that provide new information about innovative developments among other Native nations and state courts.
8. When feasible, training sessions should be attended as a team.
9. Offering continuing educational credits for professional education should be considered and planned for if available in the community.
10. The team should develop an educational curriculum including the goals, policies, and procedures of its Tribal Wellness Court and the basic role and functions of each team member and their agency or program. 72
11. Training for new team members and staff should include various topics such as the goals and philosophy of healing to wellness courts, the nature of alcohol and other drug abuse, treatment and treatment terminology, the dynamics of abstinence and techniques for preventing relapse, and responses to relapse and to noncompliance of other program requirements.
12. The team should be versed in basic legal processes and with an overview of the criminal justice, juvenile justice, and family court policies, procedures, and terminology.
13. Team members should have general and functional knowledge of drug testing standards and procedures.
14. Team members should be trained in sensitivity to racial, cultural, ethnic, gender, and sexual orientation as they pertain to Tribal Wellness Court participants.
15. Team members should be trained in the interrelationship of co-occurring conditions such as alcohol and other drug abuse and mental illness (also known as “dual diagnosis”).
16. Staff and team members should be trained in tribal, federal, state, and local confidentiality laws and participant rights to privacy.

### **Key Component 10**

*The development and maintenance of ongoing commitments, communication, coordination, and cooperation among Tribal Healing to Wellness Court team members, service providers and payers, the community and relevant organizations, including the use of formal written procedures and agreements, are critical for Tribal Wellness Court success.*

### **Suggested Practices**

1. Form a steering committee composed of Tribal Wellness Court agencies and community partners that provides healing resources and defines roles and responsibilities in writing (typical steering committee responsibilities include developing policy, providing guidance, advocating for reforms, and acquiring funds and resources).

2. Review and develop proposed reforms to tribal laws and tribal court policies and rules to fully institutionalize the Tribal Wellness Court.
3. Negotiate and develop written agreements and protocols with key partners.
4. Consider forming a nonprofit organization with partners to bring in funding and resources.
5. Provide opportunities for community involvement, including the holding of informational meetings, community forums, and other outreach.
6. Use tribal and local media for community education, for program announcements, and to recruit funds and resources.