



ADULT DRUG COURT BEST PRACTICES AND TRIBAL HEALING TO WELLNESS COURT: A BASIC INTRODUCTION

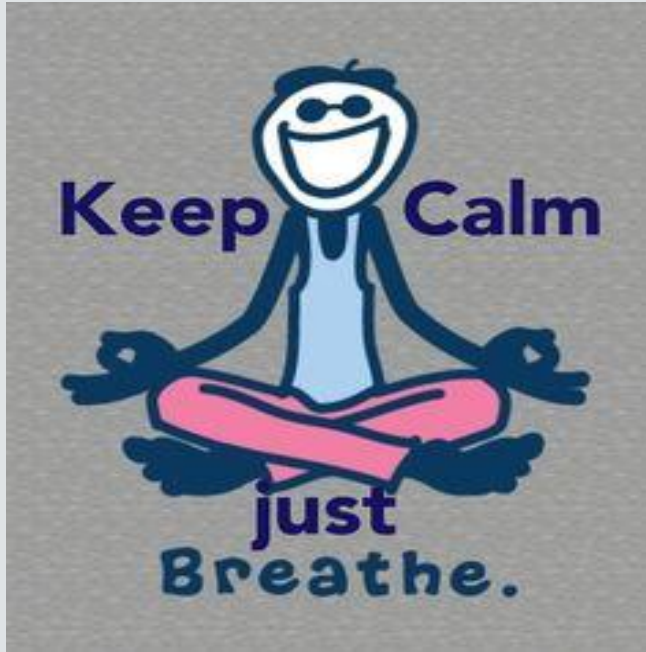
Tribal Law & Policy Institute
Tribal Court Enhancement Training
September 27, 2016

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BACKGROUND INFORMATION

- Tribal Healing to Wellness Courts started in about 1999
 - Modeled after Drug Court model but with modified Key Components
 - Limited research history
- Drug Courts started in 1989
 - 27 years of experience
 - Highly researched
- Research lead to NADCP Best Practices

DISCLAIMER



- Best Practices do not include research on tribal specific programs
- Sharing Information
 - Funding may require applicants to describe programs and compliance with Best Practices
 - Not so different that they would be totally inapplicable
- Realities may not allow implementation of Best Practices

KEY COMPONENT COMPARISON		
KC	TRIBAL COMPONENTS	ADULT DRUG COURT COMPONENTS
1.	THWC 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.	Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2.	Participants enter the THWC through various referral points and legal processes that promote tribal sovereignty and the participant's due (fair) process rights.	Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3.	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 THWC.	Eligible participants are identified early and promptly placed in the drug court program.
4.	THWC provides access to holistic, structured, and phased alcohol and drug abuse treatment and rehabilitation services in incorporate culture and tradition.	Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5.	THWC 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.	Abstinence is monitored by frequent alcohol and other drug testing.
6.	Progressive rewards (or incentives) and consequences (or sanctions) are used to encourage participant compliance with the THWC requirements.	A coordinated strategy governs responses to participants' compliance.
7.	Ongoing involvement of a THWC judge with the THWC team and staffing, and ongoing THWC judge interaction with each participant are essential.	Ongoing judicial interaction with each drug court participant is essential.
8.	Process measurement, performance measurement, and evaluation are tools used to monitor and evaluate the achievement of program goals, identify needed improvements to the THWC and to the tribal court process, determine participant progress, and provide information to governing bodies, interested community groups, and funding sources.	Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9.	Continuing interdisciplinary and community education promote effective THWC planning, implementation, and operation	Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10.	The development and maintenance of ongoing commitments, communication, coordination, and cooperation among THWC team members, service providers and payers, the community and relevant organizations, including the use of formal written procedures and agreements, are critical for THWC success.	Forging partnerships among drug courts, public agencies and community-based organizations generates support and enhances drug court program effectiveness.

COMPARISON TAKE AWAY

- Tribal Key Components have similar core values
- Tribal Key Components recognize
 - Community involvement
 - Family relationships and involvement
 - Culture and tradition
 - Exercise of Tribal Sovereignty



WHY?

- Standard vs Practice
- Standard of care
- Keep what works and eliminate what doesn't
- Fidelity to model
- Funding sources
- Limit and reduce legal errors
 - Due Process
 - Constitutional Rights
 - Do No Harm

VOLUME I - 2013

Key Points from Standards and Key
Components

STANDARD I- TARGET POPULATION

- Objective eligibility and exclusion criteria
- HR/HN
- Validated eligibility assessments
- Criminal history disqualifications
- Clinical disqualifications
- Key Component 3
 - Early and prompt placement of eligible individuals

STANDARD 2 – HISTORICALLY DISADVANTAGED GROUPS

- Equivalent Retention
 - Equivalent Treatment
 - Equivalent Incentives & Sanctions
 - Equivalent Dispositions
 - Team Training
- Applies to which components?

STANDARD 3 – ROLES AND RESPONSIBILITIES OF THE JUDGE

- Professional Training
- Length of Term
- Consistent Docket
- Participates in Staff Meetings
- Frequent Hearings
- Length of Court Interactions
- Judicial Demeanor
- Judicial Decision Making
- Key Component 1
 - Integration of treatment services with justice system case processing
- Key Component 2
 - Promotion of public safety using non-adversarial approach and protection of rights
- Key Component 7
 - Judicial Interaction
- Key Component 9
 - Interdisciplinary Training

STANDARD 4 – INCENTIVES, SANCTIONS, AND THERAPEUTIC ADJUSTMENTS

- Advance Notice
- Opportunity to Be Heard
- Equivalent Consequences
- Professional Demeanor
- Progressive Sanctions
- Licit Addictive or Intoxicating Substances
- Therapeutic Adjustments
- Incentivizing Productivity
- Phase Promotion
- Jail Sanctions
- Termination
- Consequences of Graduation & Termination

STANDARD 4 – INCENTIVES, SANCTIONS, AND THERAPEUTIC ADJUSTMENTS

- Key Component 1
 - Integration of treatment services with justice system case processing
- Key Component 2
 - Promotion of public safety using non-adversarial approach and protection of rights
- Key Component 4
 - Treatment and Rehabilitative Services
- Key Component 5
 - Abstinence monitoring
- Key Component 6
 - Incentives and Sanctions
- Key Component 7
 - Judicial Interaction

STANDARD 5 – SUBSTANCE ABUSE TREATMENT

- Continuum of Care
- In-Custody Treatment
- Team Representation
- Treatment Dosage and Duration
- Treatment Modalities
- Evidence-Based Treatment
- Medication
- Provider Training and Credentials
- Peer Support Groups
- Continuing Care
- Key Component 1
 - Integration of treatment services with justice system case processing
- Key Component 4
 - Treatment and Rehabilitative Services
- Key Component 9
 - Interdisciplinary Education

VOLUME II - 2015

Standards, Key Components and Research

STANDARD 6– COMPLEMENTARY TREATMENT AND SOCIAL SERVICES

- Scope of Complementary Services
- Sequence and Timing of Services
- Clinical Case Management
- Housing Assistance
- Mental Health Treatment
- Trauma-Informed Services
- Criminal Thinking Interventions
- Family and Interpersonal Counseling
- Vocational and Educational Services
- Medical and Dental Services
- Prevention of High-Risk Behaviors
- Overdose Prevention and Reversal
- Key Component 4
 - Treatment and Rehabilitative Services

STANDARD 7 – DRUG AND ALCOHOL TESTING

- Frequent
- Random
- Duration
- Breadth of Testing
- Witnessed
- Valid specimen
- Accurate and Reliable Procedures
- Rapid Results
- Participant Contract
- Key Component 5
 - Abstinence Monitoring

STANDARD 8 – MULTIDISCIPLINARY TEAM

- Monitor day to day operations
 - Review participant progress
 - Contribute professional recommendations within area of expertise
 - Delivery of legal, treatment and supervision services
- Key Component 1
 - Integration of treatment services with justice system case processing
 - Key Component 2
 - Promotion of public safety using non-adversarial approach and protection of rights
 - Key Component 7
 - Judicial Interaction
 - Key Component 9
 - Interdisciplinary Training
 - Key Component 10
 - Community Partnerships

STANDARD 9 – CENSUS AND CASELOADS

- Drug Court Census
- Supervision Caseloads
- Clinician Caseloads
- Key Component 1
 - Integration of treatment services with justice system case processing
- Key Component 4
 - Treatment and Rehabilitative Services
- Key Component 8
 - Program Evaluation

STANDARD 10 – MONITORING AND EVALUATION

- Adherence to best practices
- In-program outcomes
- Criminal Recidivism
- Independent evaluations
- Historically Disadvantaged Groups
- Electronic database
- Timely and reliable data entry
- Intent to treat analysis
- Comparison Groups
- Time at Risk
- Key Component 8
- Program Evaluation

FOR MORE INFORMATION

- www.wellnesscourts.org
- www.ndcrc.org
- NADCP Adult Drug Court Best Practice Standards, Volume I (2013)
- NADCP Adult Drug Court Best Practice Standards, Volume II (2015)