

DRUG COURT PROGRAM STANDARDS

The mission of drug courts is to reduce offender abuse of and/or addiction to alcohol and/or other drugs, thus decreasing related criminal activity. Drug courts promote sobriety and recovery through a coordinated response to the treatment and related needs of eligible offenders. Utilization of a team approach is required, including collaboration among judges, prosecutors, defense counsel, probation authorities, law enforcement, treatment providers, and others.

The Standards were originally developed in cooperation with the Standards Committee of the Louisiana Association of Drug Court Professionals. They incorporate principles of the *Key Components of Drug Courts* as published by the U.S. Department of Justice, Office of Justice Programs as well as the Adult Drug Court Best Practice Standards Volumes I and II as published by the National Association of Drug Court Professionals.

Standard I: Drug Courts integrate alcohol and other drug treatment services with justice system case processing.

- A. Each drug court program must have a written Policy and Procedure Manual that must be updated at least annually. The manual should conform to LA R.S. 13:5301-5304. Included in the Manual should be:
 1. Target Population – client eligibility shall be predicated on empirical evidence indicating types of offenders that can be treated safely and effectively in drug courts; evaluated with evidence-based assessment tools and procedures
 2. Team members and their roles and responsibilities
 3. Response to Participant Behaviors (Sanctions and Incentives)
 4. Drug screening requirements
 5. Continuing Inter-disciplinary Education Plan for team members
 6. Cooperative Agreements and/or Memoranda of Understanding among team members regarding confidentiality
 7. Clinical and Legal Screening and Assessment criteria
 8. Criteria for Phase advancement, graduation and termination from program, including minimum clean time prior to each Phase advancement
 9. Concrete and measurable Program Goals and Objectives
 10. Quality Improvement Plan
 11. Abuse and Neglect Policy
- B. A drug court team is composed of experts who can share knowledge and observations to enable the judge to make rational and informed decisions, and should include the following members (if applicable):
 1. Judge
 2. District Attorney's Office Representative
 3. Public Defender's Office Representative
 4. Law Enforcement Representative
 5. Treatment Provider or Providers
 6. School Personnel

7. Drug Court Coordinator
 8. Case Manager and/or Clinical Case Manager
 9. Social Service Representative
 10. Probation and/or Parole Department Representative
 11. Other Community-Based Stakeholders
- C. All team members must sign an Agreement or Memorandum of Understanding that allows for sufficient communication regarding the participant's progress while still protecting participant confidentiality.
- D. Each drug court program must have a written Participant Handbook that must be updated at least annually.
1. A copy of the Handbook shall be provided to, and reviewed with, each participant upon admission. An acknowledgement of this receipt and review must be executed by the participant and maintained by the program.
 2. The Handbook must contain a clear indication of which behaviors elicit a sanction, incentive or therapy adjustment, a range of consequences, criteria for phase advancement, graduation and termination from the program.
 3. The Handbook should also contain a list of all prohibited medications/substances.

Standard II: Eligible participants are identified early and promptly placed in the drug court program. Program eligibility criteria should be nondiscriminatory and inclusive of historically disadvantaged groups.

- A. Target Population
1. High risk/ high need participants who are at risk for criminal recidivism.
 2. Others who can be treated safely and therapeutically appropriately in a drug court program pursuant to best practices.
- B. Legal Screening:
1. Eligibility screening is based on established written criteria pursuant to LA R.S. 13:5301-5304.
 2. Legal Screening is performed by staff knowledgeable in drug court legal eligibility requirements.
- C. Clinical Screening:
1. Clinical Screening tools must be validated and evidence based and include risk and need components.
 2. Clinical Screening shall be performed by staff knowledgeable in drug court clinical eligibility.
- D. Consent Forms:
1. A consent form containing comprehensive information about confidentiality, client participation in treatment, and compliance with the provisions of 42 CFR, Part 2 and LA R.S. 13:5301-5304 must be signed by the participant.

- E. Clinical Assessment:
 - 1. Clinical Assessments of participants shall be performed by certified, professional or licensed alcohol and drug treatment professionals. All assessment tools must be validated and evidence based.
- F. Initial appearance:
 - 1. Participant's first appearance before the drug court judge should occur as soon as possible.

Standard III: Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. Treatment providers shall be appropriately licensed and/or credentialed, trained and supervised to deliver this continuum of evidence based interventions.

- A. All substance abuse treatment must be evidence based, and treatment providers must be specifically trained in each treatment method they administer to participants.
 - 1. Standardized assessments of individual treatment needs must be utilized and all participants must have an up-to-date treatment plan.
 - 2. Each drug court program shall have methods in place for documenting client participation in treatment and client compliance with court orders and directives as well as specific criteria for advancement through Phases.
 - 3. Treatment should be used for only clinically-related goals.
 - 4. Treatment must involve a structured treatment regime, delivered in phases pursuant to individual participant's needs, compliance, and progress.
 - 5. Each individual participant shall be reassessed as necessary to determine if the treatment protocol being provided is effective.
 - 6. If a participant is otherwise compliant with all aspects of program requirements, their inability to pay program fees due to indigency should not prevent Phase promotion or program completion.
 - 7. All treatment shall be applied in sufficient dosage and duration in Phases to achieve long term sobriety and recovery and to ensure fidelity to the model of the evidence based practice utilized.

A description of suggested phases with minimum requirements is indicated below. Adult Program Best Practices recommend that a total of 200 hours of treatment be administered over the course of the Program Phases. This allows the flexibility to accommodate individual differences in each participant's response to treatment.

- A. Initial Phase (Acute Stabilization - minimum of 60 days)

Phase I should consist of participant stabilization, orientation and education, and should focus on responsivity needs, compliance and retention. It includes a planned regimen of treatment consisting of a minimum of six (6) treatment hours per week for adults and three (3) hours for juveniles. The Initial Phase is marked by at least bi-weekly meetings (every two weeks) between the participant and the judge and

should last at least two (2) months. There should be a minimum clean time of 14 consecutive days prior to Phase promotion.

B. Interim Phases (Clinical Stabilization, then Adaptive Habilitation)

Interim Phases should continue the therapeutic treatment started in the Initial Phase and should focus on sustaining abstinence from drugs and alcohol, addressing dysfunctional and/or antisocial thought patterns, eliminating delinquent peer associations and establishing a sober network, reducing family conflict, and beginning pro-social activities. These Interim Phases continue with bi-weekly meetings between the participant and the judge and should last for a minimum of four (4) to six (6) months. The minimum clean time between Clinical Stabilization and Adaptive Habilitation should be a minimum of 30 days, while the minimum clean time between Adaptive Habilitation and Continuing Care should be 45 days.

C. Final Phase(s) (Continuing Care – minimum of 120 days)

Final Phase(s) should focus on relapse prevention and use of relapse prevention therapy as a cognitive counseling intervention. It should also consist of long term maintenance processes by enhancing adaptive skills. This may include providing vocational and/or educational assistance, parenting classes, and other interventions designed to enhance activity of daily living skills. These Phase(s) should continue for a period of four (4) to six (6) months during which time the participant will be required to meet with the judge once per month. There should be a minimum clean time of 90 days prior to Program completion.

1. Continuing Care Plan:

All drug court participants shall have a written Continuing Care Plan in place prior to Program completion. This may include participation in an alumni association or a peer support group, as well as any other reasonable mechanism designed to encourage the participant's continued sobriety.

Standard IV: Abstinence is monitored by frequent testing for alcohol and other drugs.

- A. Each drug court Program shall have written drug screening/testing policies and procedures. These should include details regarding testing methods, testing frequency, specimen/sample collection, sample analysis, result reporting, and processes for confirmation (GCMS).
- B. Testing shall be directly observed in the physical presence of the participant, and must also be gender-specific. Testing shall be administered randomly and unpredictably and occur no less than twice a week throughout the duration of the Program, including weekends and holidays.
- C. When a participant tests positive, has failed to submit to testing, has submitted the sample of another, or has adulterated a sample, procedures

should be in place for immediate notification to the drug court Program for appropriate Program response.

- D. Drug testing protocols must be sufficient to include each client's drug of choice, as well as a sufficient range of other common substances. Intermittent testing shall also take place for new and emerging drugs.

Standard V: A coordinated strategy of Responses to Participant Behavior which consists of graduated sanctions and incentives governs the responses of the drug court to each participant's compliance.

Recovery from addiction is a process facilitated through therapeutic strategies aimed at preventing alcohol and/or drug use by teaching participants to manage their ambivalence toward recovery, identify high-risk situations and develop necessary coping skills to deal with high-risk situations, as well as maintaining sobriety for increasing lengths of time. Plans for addressing participants who test positive at intake or who relapse must be clearly established by the drug court team, and consistently enforced by the drug court judge. Consequences for participant's behavior must be predictable, fair, consistent and administered in accordance with evidence-based principles of effective behavior modification.

- A. A sanctions and incentives strategy governing responses to participant behavior must be developed and included in the Participant Handbook. This strategy should incorporate graduated responses to client progress and compliance. The strategy must be in writing and available for a participant's review prior to their decision to enter into the Program.
- B. Procedures for reporting on client progress and compliance must be clearly defined in the drug court Program's Policy Manual. There must be weekly case reviews/staffing with representatives from the entire drug court team present.
- C. The drug court Program's strategy for responding to client compliance and noncompliance must be explained verbally and provided in writing to participants before and during their orientation, as well as intermittently throughout the Program.
- D. Responses for compliance or noncompliance must be fair, consistent, graduated and proportionate to the infraction or accomplishment but must also give staff reasonable discretion to modify, if necessary, on a case by case basis.
- E. Responses for compliance might include:
 - 1. Encouragement and praise from the bench
 - 2. Ceremonies and tokens commemorating progress
 - 3. Phase advancement
 - 4. Reduced supervision and/or curfew adjustments
 - 5. Decreased frequency of court appearances
 - 6. Reduced fines or fees
 - 7. Expedited appearance at status hearings
- F. Responses to or sanctions for noncompliance might include:
 - 1. Warnings and admonitions from the bench in open court

2. Increased requirements to those of an earlier Phase
3. Increased frequency of testing and/or court appearances
4. Increased monitoring and/or curfew adjustments
5. Increased intensity of therapeutic interventions **if clinically appropriate**
6. Community service
7. Jail sanctions that are imposed judiciously and sparingly and are definite in duration. Unless there is risk to public safety, jail sanctions should be imposed only after less severe consequences are determined to be ineffective
8. Revocation/termination from the Program

Standard VI: Ongoing judicial interaction with each drug court participant is essential.

The judge is the leader of the drug court team. Drug court Programs require ongoing judicial involvement in and oversight of each client's compliance with Program requirements. Regularly scheduled case reviews and status hearings provide a vehicle for ongoing judicial involvement, allowing the judge to impose appropriate sanctions and rewards commensurate with Program compliance. The drug court judge must become knowledgeable about addiction and effective treatment methods.

Only a sitting Judge or an ad hoc Judge can preside over status hearings. This judge should stay abreast of current law and best practices and participate in team meetings, interact with participants frequently and respectfully, and give due consideration to the input of other team members. Best practices indicate that better outcomes occur if the judge interacts with each participant for a minimum of three (3) minutes during each status hearing.

To the extent possible, best practices recommend that hearings continue under the same judge for the duration of each client's Program participation.

- A. Pre-Court staffing meetings are used to review progress, develop action plans and prepare for status hearings.
 1. Staffing meetings must occur weekly, and all team members shall attend consistently.
 2. These meetings are closed to clients and the public.
- B. Regular status hearings are used to monitor participant progress.
 1. At least biweekly status hearings are to be held during the Initial and Interim Phases, and not less than monthly in the Final Phase
 2. Time between status hearings may be increased or decreased, on a case by case basis, based on compliance with treatment protocols and overall progress.
- C. The drug court Program's responses to participant behavior are consistent with their Policy and Procedure Manual, and match Program compliance and treatment progress as described in Standard V.

Standard VII: Drug Courts should routinely monitor adherence to best practices and utilize scientifically valid and reliable procedures to evaluate their effectiveness. The goals of the Program are to be described in concrete and measurable terms.

A. Monitoring

1. Each Program shall monitor its adherence to best practices and fidelity to the model at least annually. The Program shall continually monitor each participant's performance.
2. Each Program shall also monitor admission rates and services to ensure that participants who are members of historically disadvantaged groups receive fair and equal treatment.

B. Electronic Database

1. All drug courts receiving funds through the SCDCO must regularly utilize the Drug Court Case Management System (DCCM). An executed DCCM User Access Form must be retained in your Program files for each System user.
2. All employees and contract personnel must adhere to written policies that are consistent with state and federal guidelines that protect against unauthorized disclosure of client records and personal identifying information.
3. Timely and reliable data should be entered in the DCCM on a timely basis; at a minimum, this must be done weekly.

Standard VIII: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

All drug court Programs shall develop a continuing education plan for Program personnel. This plan should include a comprehensive orientation process for new staff, as well as provide for continued licensure and cross-disciplinary training relevant to drug court Programming. It shall maintain up-to-date training and credential information on each staff member.

A. Workshops

1. All team members, including the Judge, must attend continuing education workshops related to drug court practices at least annually.
2. Treatment personnel shall attend continuing education workshops that will allow them to stay current on evidence based practices and adhere to each model utilized.
3. Areas of focus for continuing education may include 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.

Standard IX: Juvenile standards.

Juvenile drug court treatment services must be developmentally appropriate and tailored to meet the needs of adolescents.

- A. Treatment should be needs-based and include all relevant family members where appropriate.
- B. Juvenile drug court dockets shall be separate from all other court proceedings.
- C. A designated family member or guardian should accompany the client to each status hearing, unless an alternative arrangement is approved by the drug court judge.

Standard X: SCDCO monitoring.

The SCDCO will monitor local Program activity both fiscally and programmatically at least annually to ensure compliance with these standards. The SCDCO reserves the right to intervene with noncompliant courts. This intervention may include a variety of responses ranging from the delivery of technical assistance to the reduction or discontinuation of funds. All drug court Programs are subject to annual fiscal and Program monitoring by the SCDCO.