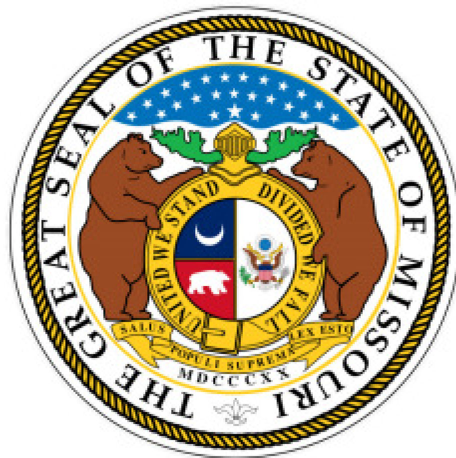
MISSOURI TREATMENT COURT STANDARDS



JUNE 2019

INTRODUCTION

Since the first treatment court started in 1993 in Jackson County, treatment courts in Missouri have increased and evolved. This growth was due in part to legislative adoption of drug courts in 1998. In 2001, to help ensure the coordination and allocation of treatment court funding, the Missouri General Assembly created the Drug Courts Coordinating Commission and the Drug Court Resources Fund. In 2010, the legislature established DWI court programs in Missouri, and in 2013, the legislature established veterans treatment court programs.

In 2018, the Missouri General Assembly enacted comprehensive treatment court legislation with House Bill 2 to improve the efficiency and effectiveness of Missouri's treatment court programs. This legislation: authorizes the circuit courts to establish treatment court divisions within the various circuits; recognizes various types of treatment courts; renames the Drug Courts Coordinating Commission and Drug Court Resources Fund to Treatment Courts Coordinating Commission and Treatment Court Resources Fund; adds representatives for prosecuting attorneys and defense counsel to the commission; charges the commission with establishing standards and practices for treatment courts; provides for transfer of cases for the purpose of participants engaging in treatment court programs; and staying the application of earned compliance credits during treatment court participation.

The Missouri Treatment Courts Coordinating Commission's (TCCC) purpose is to improve the efficiency, and effectiveness of Missouri's treatment court programs by establishing standards and practices based on current research and findings shown to reduce recidivism of offenders with a substance use disorder or co-occurring disorder. The TCCC is also charged with managing the Treatment Court Resources Fund to coordinate the allocation of resources to Missouri's treatment court programs. The TCCC, in cooperation with the Office of State Courts Administrator, shall provide technical assistance to treatment courts to assist them with implementing policies and practices consistent with the standards adopted by the commission.

The TCCC values and relies on research findings to guide treatment court policy decisions. The commission recognizes different types of treatment courts may have unique practices and may not be found in these standards. The standards aim is to create a level of uniform practices and provide guidance to all treatment court types, including adult treatment court, DWI court, family treatment court, juvenile treatment court, and veterans treatment court. Currently, the standards are intended to apply to a high risk/high need population. Over time, the Missouri Treatment Court Standards will evolve through additional research. As written, the standards are intended to serve as ideal expectations and TCCC encourages treatment courts to adhere to these standards. Courts are expected to substantially comply with these standards.

MISSOURI TREATMENT COURT STANDARDS

The standards and practices describe best practices associated with a successful treatment court program and are guided by the 10 Key Components of Drug Courts, the Adult Drug Court Best Practice Standards Volume I and II, published by the National Association of Drug Court Professionals (NADCP), the Guidance to States: Recommendations for Developing Family Drug Court Guidelines, the Guiding Principles of DWI Courts, the Juvenile Drug Court Strategies in Practice and the Juvenile Drug Treatment Court Guidelines. The 10 Key Components are applicable to all treatment courts regardless of type (e.g. adult, DWI, family, juvenile, veteran).

ACKNOWLEDGEMENTS

The development of the Missouri Treatment Court Standards is the direct result of the combined efforts and commitment of the Treatment Court Standards Task Force, Treatment Courts Committee, Treatment Courts Coordinating Commission and the dedicated treatment court professionals and stakeholders throughout Missouri.

A special recognition is reserved for Carolyn Hardin and Carol Venditto with the National Drug Court Institute (NDCI). The Missouri Treatment Court Standards would not be possible without their time, assistance and thoughtful consideration through the process of writing and editing.

Treatment Court Standards Task Force

The Honorable Christine Carpenter, Chair
Retired Circuit Judge
13th Judicial Circuit

The Honorable Alan Blankenship
Associate Circuit Judge
39th Judicial Circuit

The Honorable Rochelle Woodiest
Treatment Court Commissioner
22nd Judicial Circuit

Marilyn Gibson
Treatment Court Administrator
31st Judicial Circuit

Larry Henry, Jr
Treatment Court Administrator
19th Judicial Circuit

Dion Sankar
Jackson County Assistant Prosecuting Attorney
16th Judicial Circuit

Ben Berkstresser
Webster County Prosecuting Attorney
30th Judicial Circuit

Souder Tate
Criminal Defense Attorney

Doug Hennon
Criminal Defense Attorney

Todd Schwent
Assistant Division Director
Missouri Division of Probation and Parole

Alyson Matt
Probation Officer
Missouri Division of Probation and Parole

Wayne Love
Treatment Court Counselor
Alternatives, Inc.

Jennifer King
Clinical Supervisor
Missouri Alcohol Drug Assessment Consultants, Inc. (MADAC)/Freedom Center for Recovery

Tommy St. John
Law Enforcement
Clay County Sheriff's Office

Mike Alford
Law Enforcement
Southeast Missouri Drug Task Force

Treatment Courts Committee

The Honorable Alan Blankenship, Chair
Associate Circuit Judge
39th Judicial Circuit

The Honorable Christine Carpenter
Retired Circuit Judge
13th Judicial Circuit

The Honorable Michael Noble
Circuit Judge
22nd Judicial Circuit

The Honorable David Fry
Treatment Court Commissioner
16th Judicial Circuit

Amanda Grellner
Osage County Prosecuting Attorney
20th Judicial Circuit

Doug Hennon
Criminal Defense Attorney

Dale Good
District Administrator
Missouri Division of Probation and Parole

Alissa Hendricks
Treatment Court Administrator
40th Judicial Circuit

Julie Seymore
Treatment Court Administrator
11th Judicial Circuit

Treatment Courts Coordinating Commission

The Honorable George W. Draper III, Chair
Judge
Supreme Court of Missouri

The Honorable Lawrence E. Mooney
Judge
Missouri Court of Appeals Eastern District

The Honorable Marco Roldan
Circuit Judge
16th Judicial Circuit

The Honorable Kevin Austin
Treatment Court Commissioner
31st Judicial Circuit

Julia Fogelberg
St. Louis County Prosecutor's Office
21st Judicial Circuit

S. Dean Price
Criminal Defense Attorney

Sandy Karsten
Director
Missouri Department of Public Safety

Mark Stringer
Director
Missouri Department of Mental Health

Steve Corsi
Director
Jennifer Tidball
Interim Director
Missouri Department of Social Services

Anne L. Precythe
Director
Missouri Department of Corrections

Office of State Courts Administrator

Kathy Lloyd
State Courts Administrator

Richard Morrisey
Director
Court Business Services

Beverly Newman
Court Programs Manager
Court Business Services

Bob Bruchsaler
Adult Programs Supervisor
Court Business Services

KC Rafferty
Court Services Principal Management Analyst II
Court Business Services

Key Component #1: Drug courts will integrate alcohol and other drug treatment services with justice system case processing.

1-1 In order to operate and be recognized as a functioning treatment court division, each treatment court division shall adopt policies and practices which are consistent with the standards and practices published by the TCCC.

1-2 Each adult treatment court team shall integrate substance use and/or mental health disorder treatment services with justice system case processing by establishing a team. The team shall include the following roles/agencies: judge/commissioner, prosecuting attorney, defense attorney representative, treatment provider, treatment court administrator/coordinator or program manager, case manager, law enforcement, and probation and parole officer. Depending on local program design, other appropriate key stakeholders shall be added to the team or engaged (e.g. mental health agency, evaluator, child welfare, housing providers, employment specialists, educational and vocational services, etc.). Wherever feasible, treatment court member agencies will make full or part-time staff assignments to the adult treatment courts for a minimum of two years to ensure stability and continuity of day-to-day operations and to strengthen collaborative relationships between the key professionals.

1-3 The team shall collaboratively develop, review and agree upon program processes which are documented in a policy and procedure manual which adheres to evidence-based practices and the Missouri Treatment Court Standards. The manual shall be reviewed and, if needed, updated annually.[1]

1-4 The team shall develop a written agreement or Memorandum of Understanding (MOU) between participating treatment court agencies. This document will identify the roles and responsibilities (duties and tasks) of team members and set forth the expectations and guidelines for sharing confidential information between the team members. The written agreement or MOU shall be reviewed and renewed annually.

1-5 All team members are expected to attend and participate at each scheduled pre-court staff meeting and status hearing. At a minimum, pre-court staff meetings shall occur at the same frequency as, and in advance of, scheduled dockets. Further, local programs shall strive to hold

[1] In addition, each program is expected to establish a Policy Committee and Advisory Committee – for additional information about these groups, *See* Key Component #10.

pre-court staff meetings within 24 hours of the designated docket.

1-6 Treatment providers shall report on participant progress and/or concerns in treatment in advance of dockets through encrypted email or other electronic means.

1-7 The adult treatment court shall ensure equity and inclusion based on race, ethnicity, gender, age, marital status, sexual orientation, gender identity, physical or mental disability, religion, or socioeconomic status and ensure underserved groups receive equal access, retention, treatment, dispositions, outcomes and incentives/sanctions.

1-8 Treatment information and records shall remain confidential, except as authorized for disclosure under these standards or by state law, or authorized for the purposes of research or evaluation, as allowed for in federal law including HIPAA and 42 CFR Part 2. All such records and reports and the contents thereof shall be treated as closed records and shall not be disclosed to any person outside of the treatment court and shall be maintained by the court in a confidential file not available to the public (Section 478.005.3 RSMo).

1-9 Recognizing as a practical matter most, if not all, adult treatment courts or related agencies or treatment providers who receive direct or indirect federal funding or assistance, adult treatment courts shall comply with federal confidentiality laws. (42 U.S.C. 290dd-2 and federal regulations at 42 CFR Part 2). The treatment court judge or commissioner, in conjunction with the designated administrator/ coordinator or program manager, shall supervise the application of confidentiality laws and standards in the adult treatment court.

1-10 The adult treatment court shall have a written consent or release of information form in compliance with 42 CFR Part 2 (Form will include what information, to whom the information is being released and for how long the release is valid). After being provided with an explanation of the contents within the release of information and requirement for consent, participants shall provide voluntary and informed consent about what information will be shared.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

2-1 A prosecutor and a defense representative shall be members of the adult treatment court team and shall assist in the design, implementation and enforcement of screening, eligibility and case-processing policies and procedures.

2-2 The prosecutor and the defense representative shall work to coordinate their efforts by expecting cooperation and collaboration in pursuit of achieving a shared goal allowing for the pursuit of justice, protection of public safety and the preseveration of the constitutional rights of the participant.

2-3 The prosecutor and the defense representative shall attend all team meetings (pre-court staff meetings and status hearings).

2-4 The prosecutor shall: review cases and determine whether a defendant is legally eligible for entry to the adult treatment court program; file all required legal documents; agree a positive drug test or open court admission of drug use will not result in the filing of additional drug charges based on the drug test or admission; and work collaboratively with the team to decide on a team response to participant behavior, including incentives, sanctions and when or whether termination from the program is warranted. The prosecutor shall adhere to practices in filing and providing notices and other pleadings with the adult treatment court to allow for adherence to notices and filings as provided by the Supreme Court of Missouri. The prosecutor shall provide, when requested, any participant a copy of any pleading, filing, or evidence for any formal proceeding on termination of a participant from adult treatment court.

2-5 Although the defense representative does not have an attorney/client relationship with individual participants, he or she shall:

- help ensure the adult treatment court's focus is therapeutic rather than punitive;
- advocate for adult treatment court practices which benefit all participants;
- advocate for due process and other constitutional rights;
- point out mitigating factors at staffing and suggest potential sanctions other than incarceration;

- advocate for policies of graduated incentives and sanctions which recognize the high incidence of relapse during adult treatment court programs;
- support participants in court by encouraging them in their efforts to complete the adult treatment court program.

2-6 Both the prosecution and the defense representative shall perform their tasks as part of the program eligibility and admission process as swiftly as possible, including working with stakeholders in the legal system to shorten the time to entry into the adult treatment court. The prosecutor and defense representative shall develop a protocol which provides an efficient and practical application process for potential participants, for the purpose of promoting entry into the adult treatment court as swiftly as possible.

2-7 Legal eligibility will be determined by taking into account the specific circumstances of the pending offense, the defendant's criminal history and prior interactions with law enforcement, history of substance use and any other relevant factors.

2-8 The defense representative shall educate the local defense bar regarding adult treatment courts, including the treatment court's potential advantages and disadvantages for clients represented by the local defense bar. Specific topics shall include eligibility criteria, the admission process, legal consequences of successfully completing (or failure to complete the treatment court), and general policies and procedures of the program, including incentives, sanctions, confidentiality and constitutional issues.

Key Component #3: Eligible participants are identified early and promptly placed into the drug court program.

3-1 Participant eligibility requirements/criteria shall be defined objectively, included in writing as part of the adult treatment court's policies and procedures and communicated to potential referral sources.

3-2 Adult treatment court programs may be designed to admit eligible participants pre-plea, post-plea, as a condition of probation, re-entry or may operate as a combination thereof.

3-3 When operating an adult treatment court, the program shall target individuals classified as high-risk and high-need. Adult treatment courts choosing to serve other risk/need levels shall develop alternate tracks and follow the 4-Track Model. Treatment courts should avoid mixing participants with different risk or needs levels in the same court sessions, counseling groups, residential treatment or housing units.

3-4 The adult treatment court shall utilize an actuarial tool approved by the TCCC and validated on a targeted population of drug-involved adult offenders, scientifically proven to identify criminal risk factors which, when properly addressed, can reduce recidivism. Results from validated screening and assessment tools shall be used for both adult treatment court eligibility and to determine level of services and supervision. Adult treatment courts shall use validated clinical assessments for service planning, to address treatment and complementary service needs. To ensure equity and inclusion, adult treatment courts have a responsibility to use validated assessment tools.

3-5 Participants shall be screened for adult treatment court eligibility as soon as possible by designated members of the treatment court team as identified by treatment court policies and procedures.

3-6 The adult treatment court shall allow participants with non-drug offenses and shall not automatically exclude offenders charged with drug dealing or those who have violent histories.

3-7 Participants being considered for adult treatment court shall be promptly advised about the program as soon as they are being considered for the program by a designated team member per program policy and procedures, including the requirements, scope and potential benefits, effects on their case and consequences of noncompliance with the program's case plan.

3-8 Programs shall strive to have participants begin the program within 50 days of the arrest or incident which resulted in being evaluated and considered for entry into the adult treatment court. There shall exist a concerted effort to identify potential adult treatment court cases by law enforcement, prosecutors, pre-trial services and defense counsel.

3-9 Clinical assessments for substance use disorders and other treatment needs shall be conducted by appropriately trained and qualified professional staff.

3-10 If appropriate services are available, adult treatment courts may accept individuals with serious mental health disorders/co-occurring disorders and medical conditions. Adult treatment courts shall gather information from trained medical professionals and consider accepting individuals with valid prescriptions for psychotropic or addictive medication, including narcotics for pain.

3-11 Adult treatment courts shall maintain an appropriate caseload/census based on its capacity to effectively serve all participants in compliance with these standards. Adult treatment courts serving more than 125 participants shall ensure they have the capacity (both services and staff time available) to adhere to these standards.

3-12 The adult treatment court shall not prohibit a participant from participating in and receiving medication assisted treatment (MAT) under the care of a physician licensed in Missouri to practice medicine. A treatment court participant shall not be required to refrain from using MAT as a term or condition of successful completion of the treatment court program. A participant shall not be in violation of the terms or conditions of the treatment court on the basis of his or her participation in MAT under the care of a physician licensed in Missouri to practice medicine.

A. Participants shall be assessed and may be prescribed psychotropic or addiction medicine as needed by medical professionals with expertise in addiction psychiatry, addiction medicine or a closely related field to determine whether they could benefit from psychotropic or addiction medication.

B. Participants shall not be excluded from the adult treatment court because they are receiving a lawfully prescribed psychiatric medication. Participants are not required to discontinue the lawfully prescribed psychiatric medication or MAT as a condition of graduating from treatment court.

Key Component #4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

4-1 Adult treatment courts shall provide a continuum of services through partnership with a primary treatment provider. The adult treatment court team will clearly identify the treatment staff overseeing case management services who will coordinate other ancillary services and make referrals as necessary up to and including detoxification, outpatient, intensive outpatient, day treatment, recovery housing and residential support.

4-2 The adult treatment court strives to use no more than two treatment agencies to provide the primary treatment services for the majority of participants or a single agency/individual oversees and coordinates the treatment provided from other agencies.

4-3 Adult treatment courts shall require a minimum of 12 months of participation to complete all program phases. Overall duration and dosage of treatment for participants shall be based on the individual's risk and needs as determined from validated standardized assessments and following the 4-Track Model.

4-4 Adult treatment courts shall incorporate a phase/level system which is ideally five phases. In the first phase, participants receive services primarily designed to address responsivity needs, that is, conditions that are likely to interfere with retention or compliance in treatment. In interim phases, participants receive services designed to resolve criminogenic needs. In later phases, participants receive services designed to maintain treatment gains by enhancing long-term adaptive functioning, with aftercare/continuing care being the last phase/level.

4-5 A standardized and validated clinical assessment of treatment needs shall be used to assign participants to a level of care. Adult treatment court participants shall be matched to services according to their specific needs. The treatment provider shall develop guidelines for placement at various levels of care (e.g., residential, detoxification, day treatment, outpatient, sober living residences) which incorporate the expertise of the treatment provider using standardized patient placement criteria. Nationally, the most commonly used placement criteria are the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders (ASAM-PPC).

4-6 Standardized, manualized, behavioral or cognitive behavioral, evidence-based treatment programming, implemented with fidelity, shall be adopted by the adult treatment court to ensure quality and effectiveness of services and to guide practice.

4-7 Adult treatment court programs shall offer a comprehensive range of treatment services based on the specific court type. The program shall adopt guidelines directing the frequency of each service which a participant shall receive based on assessed need. These services include, but are not limited to:

- Group counseling
- Individual counseling
- Family counseling
- Substance use disorder education
- Gender-specific counseling
- Culturally competent and linguistically appropriate services
- Domestic violence counseling
- Anger Management
- Criminal Thinking Interventions
- Health screening
- Brief evidence-based educational curriculum to prevent health-risk behavior (e.g. STIs and other diseases)
- Brief evidence-based educational curriculum to prevent or reverse drug overdose
- Drug and alcohol testing
- Medication management
- Assessment and counseling for mental health disorders
- Trauma-informed care, including trauma-related services
- Evaluation for suitability for group interventions
- Residential treatment
- MAT (if needed for substance use disorder)
- Transition plan (for the participant's continued recovery following treatment court)
- Services for Post-Traumatic Stress Disorder (PTSD)

4-8 Ancillary services shall be made available to meet the needs of participants. These services may include but are not limited to:

- Employment counseling and assistance (beginning in later phase of program) or help applying for public assistance benefits
- Parenting education

- Child care
- Education and job training
- Medical and dental care
- Applying for health insurance coverage
- Transportation
- Housing (participants shall not be excluded from treatment court due to lack of stable residence)
- Mentoring and alumni groups

4-9 Participants with PTSD shall be provided an evidence-based (manualized, standardized, cognitive-behavioral) intervention. 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. All treatment court team members are trauma-informed.

4-10 Participants shall receive mental health and substance use disorder treatment concurrently with an evidence-based curriculum for co-occurring disorders.

4-11 Adult treatment court participants shall individually meet weekly with a member of the case management team during the first phase. Case management team may include addiction counselors, social workers, psychologists or probation officers who have received specialized training. The participant will receive a reliable and validated needs assessment to determine whether the participant requires complementary or social services and the case management team provides or refers participants to indicated services (including linking the participants to public benefits and other subsidies to which they are legally entitled). The case management team coordinates care between partner agencies and keeps the treatment court team apprised of participants' progress. The adult treatment court uses one of the four basic models of clinical case management (See Adult Drug Court Best Practice Standards Vol. II, Standard VI for descriptions of the case management models) and staff members who provide these services are trained on the case management model used in the program.

4-12 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.

4-13 Treatment/case management plans shall be individualized for each participant based on the results of the initial assessment and ongoing assessments. Participants shall be reassessed at a frequency determined by the program and treatment plans may be modified or adjusted based on the participant's response to treatment.

4-14 Programs will establish quality assurance processes to ensure the accountability of the treatment provider to incorporate services and training consistent with the treatment court model and treatment best practices (such as using evidence-based practices, culturally appropriate approaches, cognitive behavioral therapy, manualized treatment, and trained/licensed professionals, maintaining fidelity to their treatment models and appropriately matching individuals to services based on assessed needs).

4-15 Treatment providers shall be licensed or certified to deliver substance use disorder treatment, have substantial experience working with criminal justice populations and are supervised regularly to ensure fidelity to the treatment model. Treatment providers shall be an agency certified by the Missouri Department of Mental Health, Division of Behavioral Health as a substance use treatment provider.

4-16 Programs shall include a focus on continuing care services, including relapse prevention (for participants with substance use disorders) and aftercare services. This assistance may include establishment of alumni groups, certified peer specialists, and/or peer support groups, which encourage participation in other community supports. Effective and evidence-based interventions are used to encourage continued participant involvement in self-help groups and other recovery oriented activities.

4-17 Participants shall not be incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services, residential treatment or sober living quarters.

4-18 Caseloads for probation officers or other professionals shall be determined based on risk/need level.

4-19 Caseloads for clinicians providing case management and treatment shall be determined based on risk/need level.

4-20 The adult treatment court shall provide referrals to services for participant's children.

Key Component #5: Abstinence is monitored by frequent alcohol and drug testing.

5-1 The adult treatment court program shall implement a standard system in which participants will engage in drug and alcohol testing.

5-2 The drug and alcohol testing shall be:

A. Observed by an authorized, same sex member of the adult treatment court team or other approved official who has been trained in drug and alcohol testing collection;

B. Random and unpredictable;

C. Administered an average of two times a week to include holidays, weekends and weekdays;

   1. Participants are required to deliver a test specimen as soon as practicable after being notified a test has been scheduled (no longer than eight hours after notification).

D. Administered in all phases of the program.

   1. Drug and alcohol testing is continued at an average of twice per week until the last phase (after the participant has met treatment and rehabilitation goals). Testing may be tapered near the end of the program to provide participants with the time to demonstrate they can remain substance-free. If necessary, the treatment court team has the time to intervene if the participant relapses or otherwise responds negatively to this change.

5-3 Results of drug and alcohol testing shall be used in adult treatment court to determine:

A. If the participant is maintaining abstinence;

B. If the case plan needs modifying;

C. Appropriate incentives;

D. Appropriate sanctions;

E. Appropriate treatment level of care;

F. Therapeutic responses to behavior;

G. Whether the individual may be terminated or graduated from the adult treatment court.

5-4 Adult treatment courts shall utilize urinalysis as the primary method of drug and alcohol testing but may use other methods to supplement urinalysis i.e. breath, saliva, drug patch, mobile alcohol monitoring and electronic transdermal monitoring.

5-5 Results of drug and alcohol testing shall be provided to the adult treatment court team as soon as possible, at most within 48 hours of being submission to lab. If the participant provided a diluted or altered specimen, or fails to submit a specimen, this information will be provided to the adult treatment court team immediately.

A. Test specimens shall be examined for all unauthorized substances which are suspected to be used by participants;

B. If using urine testing to detect alcohol consumption, treatment courts shall use EtG or EtS tests to allow for a longer detection window;

C. Tests which have short detection windows (e.g. breathalyzers, oral fluid tests) are administered when recent substance use is suspected or use is more likely to occur (e.g. weekend, holidays).

1. If a test with a short detection window is used as the primary method of drug and alcohol testing, the treatment court shall conduct testing more frequently than twice per week and will require no more than four hours after being notified a test has been scheduled.

5-6 The adult treatment court shall use scientifically valid and reliable drug and alcohol testing procedures and follow the chain of custody for each specimen. Participants have the right to a confirmation test if they dispute the results of an immunoassay screening test.

5-7 Upon treatment court entry, participants shall be given a contract, handbook or other information which clearly explains their rights and responsibilities related to drug and alcohol testing.

Key Component #6: A coordinated strategy governs drug court responses to participants' compliance.

6-1 The adult treatment court shall have a formal system of responses to participant behavior, including incentives/rewards, sanctions and therapeutic responses, established in writing and included in the program's policies and procedures manual and the participant handbook. The adult treatment court provides these guidelines to team members for use in pre-court staff meetings.

6-2 The adult treatment court shall place as much or more emphasis on incentivizing productive behaviors as it does on reducing crime, illicit substance use and other infractions. Criteria for phase advancement and graduation include evidence participants are engaged in productive activities such as employment, education or attendance in peer support or self-help groups.

6-3 Phase promotion shall be predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen and remaining abstinent from substances for a specified period of time. Incentives and sanctions may change over time as participants advance through the phases of the program. If the frequency of drug and alcohol testing is reduced, it shall not be done until after other treatment and supervisory services have been reduced without a resulting relapse.

6-4 Before entering the program and throughout their involvement, participants shall be informed about the types of incentives and sanctions used in the program and the types of behaviors which result in incentives, sanctions or therapeutic responses. The adult treatment court has incentives for completing the program, such as avoiding a criminal record, avoiding incarceration or receiving a substantially reduced sentence or disposition.

6-5 Responses to behavior (incentives, sanctions and therapeutic responses) shall be certain, fair and of the appropriate magnitude. All responses shall focus on specific behaviors and be administered with a clear direction for the desired behavior change.

6-6 The responses to participant behavior shall be a graduated scale, offering a range of options, from least to most severe/strong, to be applied in a consistent and appropriate manner to match individual participants' conduct and level of adherence to program requirements. The program's system of responses to behavior must also incorporate an individual's ability to

understand the program's expectations. The team consistently takes into account participants' risk and need level (quadrant), phase level and proximal and distal goals in determining a response to participant behaviors.

6-7 No single set of responses is effective for everyone. Incentives, sanctions and therapeutic responses shall be tailored to the individual participant using information obtained during the assessment process, through conversations in pre-court staff meetings and with the participant in court and case management meetings. Although not identical, responses shall be of similar magnitude for similar behavior and similar risk and need level.

6-8 Information regarding incidents of participant noncompliance shall be communicated immediately to all members of adult treatment court team to coordinate an appropriate response to the noncompliance incident.

6-9 Responses to participant noncompliance shall come as close in time as possible to the targeted behavior.

6-10 Consequences shall be imposed for the nonmedical indicated use of intoxicating or addictive substances (including alcohol, cannabis/marijuana and prescription medications), regardless of the licit or illicit status of the substance. The adult treatment court team shall rely on medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating and medically safe alternative treatments are available.

6-11 Therapeutic adjustments (NOT sanctions) shall be used when a participant is not responding to treatment interventions, but is otherwise in compliance with program requirements.

6-12 Sanctions shall be implemented in a way for the participant to understand the consequence of noncompliance without being viewed simply as punitive. Participants shall be informed of expectations and offered assistance to meet the expectations. Sanctions shall be delivered without expression of anger, ridicule, foul or abusive language, or shame.

6-13 Adult treatment court teams may come to a mutual agreement and make recommendations on incentives, sanctions and therapeutic responses for individual cases. However, the judge/commissioner shall make the ultimate decision and deliver the response after receiving legal and professional expertise from the team members and allowing the participant opportunity to be heard in court. Pre-court staff meetings allow the team to coordinate an

appropriate sanction based on the participant's resources and ability (proximal and distal considerations).

6-14 All programs shall have an affirmative obligation to continually monitor whether incentives, sanctions and therapeutic responses are being applied equivalently for underserved participants and to take corrective actions if discrepancies are detected.

6-15 Participants in the adult treatment court shall pay fees (distinct from restitution owed) and any ordered restitution as part of their program involvement. Fees may be part of existing court or probation supervision, may be associated with treatment or drug and alcohol testing or may be a periodic (e.g., monthly) program fee. Fees may be reduced as an incentive for positive behavior. Programs shall work with each individual to establish a payment plan and monitor progress to ensure lack of payment does not become a barrier to graduation. The judge/commissioner has authority to waive adult treatment court fee requirements. A policy shall be in place to establish a cap on treatment court fees regardless of length of time in the treatment court.

6-16 All programs shall have a policy for indigent participants:

- The indigent policy shall be included in the policy and procedure manual and the participant handbook;
- Participants shall not be subject to jail sanctions for inability to pay fees;
- Programs shall not charge an assessment fee, admission fee, exit fee or graduation fee;
- Participants shall not be prevented from entering a program, progressing in a program or commencement from a program due to their inability to pay treatment court fees;
- Treatment court fees due at program commencement may be submitted to Tax Offset and/or Debt Collection;
- It is recommended treatment court programs use the Statement of Financial Condition to determine indigent status;
- It is recommended programs conduct a hearing on the record to allow participants to present evidence about their financial condition in assessing their ability to pay and establishing payment requirements;
- Participants who are determined to be indigent may complete community service in lieu of paying treatment court fees.

6-17 Treatment court fees shall be collected by the circuit clerk's office in accordance with Court Operating Rule (COR) 4.

6-18 To graduate, participants shall have paid all required court-ordered fines and fees, have a court approved waiver or have a post-completion payment plan.

6-19 Programs shall use jail sanctions sparingly and with the intention of modifying participant behavior in a positive manner. Jail sanctions shall be definite in duration and typically last no more than three to five days. If a participant denies behavior and a jail sanction is imposed, a hearing shall be provided because a significant liberty interest is at stake. Programs shall allow participants to communicate with a defense attorney prior to the imposition of a jail sanction.

6-20 Programs shall take into consideration psychiatric or other medically necessary medication needs of the participant prior to using jail as a sanction.

6-21 Participants may be terminated from the adult treatment 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 shall not be terminated from the program for continued substance use if they are otherwise compliant with program requirements, unless they are non-amenable to the treatment which are reasonably available in their community. The adult treatment court shall use objective criteria for participant termination.

6-22 If a participant is unable to complete the adult treatment court because adequate treatment is not available, information shall be provided to the sentencing judge upon remand and the participant does not receive an augmented sentence or disposition for the inability to complete the program.

6-23 Procedural protections are due under the due process clause when the participant will potentially suffer impairment to a recognized liberty or property right under the Fourteenth Amendment. Due process requires the procedural protections the situation demands. Procedural due process obligations in adult treatment court are usually identified with revocation of probation, termination from treatment court and the imposition of sanctions, which often involve an individual’s liberty rights.

6-24 A participant who has advanced substantially in the program, with extended abstinence, shall not be moved back to the first phase of the program in response to a relapse.

Key Component #7: Ongoing judicial interaction with each drug court participant is essential.

7-1 The adult treatment court judge/commissioner shall preside over the treatment court for at least two years (longer terms are better). Consistency of the judge/commissioner for participants correlates with better outcomes. Rotating or alternating judges/commissioners shall be avoided (with the exception of having a back-up judge).

7-2 The adult treatment court judge/commissioner shall be assigned to the treatment court on a voluntary basis.

7-3 The adult treatment court judge/commissioner shall attend regular treatment court training events to allow them to become knowledgeable on the treatment court model, which includes legal and constitutional issues in treatment courts, judicial ethics, evidence-based substance use and mental health treatment and behavior modification. A second judge shall be trained in the treatment court philosophy and protocols to cover any status hearing during the absence of the primary judge/commissioner.

7-4 The adult treatment court judge/commissioner shall attend all pre-court staff meetings. At a minimum, pre-court staff meetings shall occur at the same frequency as, and as close in time to scheduled status hearings.

7-5 The adult treatment court judge/commissioner shall strive to interact on average three minutes with each participant during status hearings, especially those participants who are doing well. The treatment court judge/commissioner shall offer supportive comments to participants, stress the importance of their commitment to treatment and other program requirements, and express optimism about their abilities to improve their health and behavior. The judge/commissioner shall not humiliate participants or subject them to foul or abusive language.

7-6 The adult treatment court judge/commissioner shall make final decisions in court concerning the imposition of incentives or sanctions which affect a participant’s legal status or liberty after taking into consideration the input of the other treatment court team members and discussing the matter in court with the participant or the participant’s legal representative. The judge/commissioner shall rely on the expert input of trained professionals when imposing therapeutic adjustments.

7-7 Participants shall attend regular weekly or every other week status hearings while in the first phase of the program depending on the participant's risk and need level. This schedule may continue through additional phases. Frequency of status hearings may vary based on participant needs and/or judicial resources. Status hearings shall be held no less than once per month during the last phase of the program.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

8-1 The TCCC, in cooperation with the Office of State Courts Administrator (OSCA) shall evaluate and provide technical assistance to treatment courts to assist them with the implementation of policies and practices consistent with the standards adopted by the TCCC. Evaluations may be used to track performance, monitor and provide technical assistance to the treatment courts consistent with the standards adopted by the TCCC.

8-2 Evaluations shall include, but not be limited to the following data elements: admissions, exits, recidivism, retention, days to admission, programs, MAT, risk and needs assessment, drugs of choice and comparing underserved groups to the other participants to identify and work to address-any areas of inequality in program access, treatment, responses to behavior and dispositions. Outcomes are examined for all participants who enter the treatment court, regardless of the exit status. Treatment services shall be evaluated based upon the use of evidence-based practices, providing individualized treatment plans and delivering treatment services in sufficient dosage for the individual.

8-3 Treatment courts shall enter program performance data in the approved statewide case management system as specified by the TCCC.

8-4 Data needed for program monitoring and management not stored in the statewide case management system shall be kept in electronic data systems, be easily obtainable and maintained in useful formats for regular review by program teams and management.

8-5 Staff members shall record information concerning the provision of services and in-program outcomes within 48 hours of the respective events, but no longer than 30 days after the respective events. Timely and reliable data entry is required of each staff member and is a basis for evaluating the program.

8-6 The treatment court shall monitor its adherence and conduct a self-assessment to best practice standards on at least an annual basis, develop a plan for improvement and timetable to rectify deficiencies and examines the success of the remedial actions. Teams shall incorporate the use of surveys, including exit surveys at the time of the graduation or termination. Feedback from participant surveys shall be used to make program improvements.

8-7 If funding is available, the statewide treatment court coordinator shall work with a qualified, independent evaluator to conduct appropriate evaluations of treatment courts which may include a cost-benefit analysis.

Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation and operations.

9-1 Adult treatment court programs shall address staff training requirements and continuing education in the policy and procedure manual. Recommended training shall align with standards and practices published by the TCCC and include, but not be limited to, training opportunities with NADCP, National Drug Court Institute (NDCI), National Center for DWI Courts (NCDC) and Justice for Vets. Treatment practices must be evidence-based practices endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA) or culturally-based practices considered effective and appropriate or which are deemed promising practices.

9-2 Adult treatment court staff members shall be educated across disciplines for professional development, cultural responsiveness and team building. Training and education shall include topics such as:

- The treatment court model;
- Best practices;
- The nature of substance use disorders and the dynamics of recovery;
- Substance use disorder and mental health treatment;
- Medication Assisted Treatment (MAT);
- Managing co-occurring disorders;
- Trauma-informed care;
- Use of effective behavior management strategies (including incentives, sanctions, therapeutic adjustments and drug and alcohol testing protocols);
- Confidentiality and ethics;
- Recognizing implicit cultural biases and correcting disparate impacts for members of underserved groups;
- Proficiency in dealing with participants' race, culture, ethnicity, gender, age, marital status, sexual orientation, gender identity, physical or mental disability, religion, socioeconomic status and trauma.

9-3 Treatment court teams shall attend comprehensive training yearly or every other year as provided by national or state treatment court organizations (e.g. NADCP, NDCI, NCDC, Justice for Vets, Missouri Association of Treatment Court Professionals [MATCP], and online webinars, etc.). The treatment court shall keep documentation of training attended.

9-4 New treatment court team members shall receive formal orientation and training administered by previously trained treatment court team members within 60 days of joining the team. Formal training may be supplemented with online webinars, treatment court trainings and conferences. The treatment court shall keep documentation of training attended.

9-5 The judge/commissioner shall receive specialized training in legal and constitutional issues, judicial ethics, behavior modification, evidence-based practices, substance use disorder, mental health treatment, best practices and community supervision. The judge/commissioner shall attend annual training conferences and workshops. The treatment court shall keep documentation of training attended.

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

10-1 Adult treatment courts are encouraged to utilize other community-based services and treatment providers who may be able to augment treatment court services.

10-2 The adult treatment court shall establish a policy committee to oversee the operations of the court and to establish a written plan. The plan shall address sustainability of the court's operation, resources, information management and evaluation needs. The written plan shall include implementation tasks and timeframes to ensure compliance with the Missouri Treatment Court Standards. The plan shall incorporate the goals of participant abstinence from alcohol and illicit drugs and the promotion of law-abiding behavior in the interest of public safety. The policy committee shall meet quarterly. Members of the policy committee are to be drawn from the participating agencies. Recommended membership includes: prosecuting attorney, defense attorney, community corrections agency, the court, law enforcement, child welfare and treatment.

10-3 The adult treatment court shall organize an advisory committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social services agencies, the business community, media, faith community and other community groups. The advisory committee shall meet at least yearly to provide guidance to the policy committee and treatment court team. The advisory committee shall be consulted for guidance fundraising, resource development to address unmet needs of participants and other program challenges. Adult treatment courts shall consider whether the advisory committee members may form an 501(c)(3) organization for fundraising purposes.

10-4 Adult treatment courts shall cooperate with the TCCC to ensure compliance with these standards. The TCCC shall enforce compliance with these standards.

DEFINITIONS/GLOSSARY

4-Track Model: A treatment court which uses a validated and standardized assessment tool to determine Prognostic Risk and Criminogenic Needs of the participants and provides a specific track for each: High Risk/High Needs, High Risk/Low Needs, Low Risk/High Needs, and Low Risk/Low Needs. The judicial officers, coordinators, team members and community organizations develop appropriate supervision, treatment and other complementary services for participants within each risk and need level or track. More information may be obtained with Alternative Tracks in Adult Drug Court and How to Implement a Multi-Track Model in Your Treatment Court (Manual from NPC to be added when link is obtained).

42 CFR Part 2 (Code of Federal Regulations): Federal confidentiality law which prohibits the release of identification and alcohol or other drug-use information from any program that is assisted by the federal government, with certain exceptions.

501(c)(3) Organization: A corporation, trust, unincorporated association or other type of organization exempt from federal income tax under 501(c)(3)of Title 26 of the United States Code.

Adult Treatment Court: An alternative to incarceration for adult offenders in the criminal justice system who have been diagnosed with substance use disorder or co-occurring disorder. This problem solving court is led by a judge or treatment court commissioner and is comprised of a team of professionals which may include treatment providers for both substance use disorders and mental health issues, community supervision, prosecuting attorney, defense counsel, law enforcement, and social services providers. An emphasis on public safety and due process, along with supervision and accountability is joined with treatment to achieve individual success.

Advisory Committee/Board: A group which meets at least annually and brings in people representing the community, including business community, faith community, social services/nonprofits, other stakeholders or other people who may be able to promote sustainability, political support and generate resources to meet participant needs. The group does not make program policies. An advisory committee may serve many purposes, but one of the most important is sustainability. Thinking in terms of linking community resources, community partnerships will allow teams to access more services. Establishing relationships with potential stakeholders (such as employers) can be a great way to establish buy-in from the community as well as encourage their involvement. The team shall also explore any potential stakeholders in childcare, transportation, education or the business or faith communities. Meeting at least

annually allows committee members to learn about the needs of the program and its participants and discuss ways resources can be generated to meet those needs. Meeting regularly can keep partners engaged and able to respond to changing political or community contexts. Including community members could result in expanded community understanding and support of the program, as well as additional services, facilities, and rewards for the program.

Ancillary Service: Services in addition to substance use disorder treatment and/or mental health treatment based on the individual needs of each participant. These may include housing, educational, employment, parenting, money management, vocational training, health, gender specific issues and cognitive behavioral therapy to address criminal thinking patterns.

Assessment: The process of using a validated and standardized tool to determine levels of Prognostic Risk (see risk) and Criminogenic Needs (see needs). The results of the assessment help create an individual treatment plan for each participant.

Best Practices: Procedures which have been shown by research and experience to produce statistically significantly better outcomes when compared to programs that do not utilize such procedures. Best practices are usually agreed upon in any field of practice because research has shown they produce outcomes that are statistically significantly improved than outcomes produced by alternatives.

Case Management Team: Treatment court staff, community links or resources, participants and participant's family members who impact the participant's life may be considered part of a case management team. This team changes as the needs of the participant are being addressed. Not all members of the team will be involved with the participant at the same time and will not necessarily meet at the same time.

Community Based Services: Primary and ancillary services which are available in the community and allow the criminal justice system to address the needs of the participant locally, as opposed to incarceration.

Co-Occurring Disorder: The existence of both a substance use disorder and a mental health disorder.

Data: Facts and statistics collected for reference or analysis.

Detoxification: The process of removing toxic substances from the body, such as metabolites of drugs and/or alcohol. Medical detoxification safely manages the acute physical symptoms of withdrawal which may be associated with stopping drug use. This is frequently the first stage of treatment for substance/alcohol use disorders.

Distal Goal: Behavior that is ultimately desired but may take participants some time to accomplish. Examples may be employment or family reunification (See Proximal Goal)

Drug Court: See Adult Treatment Court definition.

Eligible: Potential treatment court participants who meet the criteria established for acceptance into treatment court. Each court may establish entry criteria and use an appropriate assessment tool to determine eligibility.

Evidence-Based: An intervention which is included in a federal registry of evidence-based interventions, has produced positive effects on the primary targeted outcome, and these findings are reported in a peer-reviewed journal, or has documented evidence of effectiveness, based on guidelines developed by the Center for Substance Abuse Prevention and/or the state, tribe, or jurisdiction in which the intervention took place.

Health Insurance Portability and Accountability Act (HIPAA): Enacted by Congress in 1996 and adopted in 2002, the purpose of the Act is to improve the health care system through the establishment of standards and requirements for the electronic transmission of certain health information. It is commonly believed to protect privacy concerning health information.

Incentives: Tangible and intangible reward responses to positive behaviors and to the achievement of both proximal and distal goals which encourage and reinforce behavior modification (See Sanctions).

Justice for Vets: A division of National Association of Drug Court Professionals (NADCP) which provides training to veteran's treatment courts and operates the Justice for Vets National Veteran Mentor Corps.

Legal Eligibility: A legal screening by the treatment court team (prosecuting attorney, law enforcement representative or other designee) is part of the larger screening process for admission to treatment court. Certain criminal history, current charges or history of violence may be determined to exclude participants.

Medication Assisted Treatment (MAT): Recognized as a best practice, MAT provides FDA approved medications, in combination with counseling and behavioral therapies in the treatment of substance use disorders.

National Association of Drug Court Professionals (NADCP): A non-profit training, membership and advocacy organization devoted to furthering the treatment court model, providing training and support and reforming the criminal justice system worldwide. Established

in 1994, the organization annually hosts the world's largest training conference on mental health, substance use and criminal justice.

National Center for DWI Courts (NCDC): Division of NADCP which provides training to new and established DWI courts.

National Drug Court Institute (NDCI): The training and technical assistance division of NADCP. Assistance is provided to adult, family, juvenile treatment courts, tribal healing to wellness courts, and statewide treatment court conferences.

Need: In the context of treatment court, "need" refers to criminogenic need. Criminogenic needs refer to clinical disorders or functional impairments that, if treated, significantly reduce the likelihood of future involvement in crime. Common criminogenic needs among offenders include a diagnosis of substance use disorder, major mental illness and a lack of basic employment or daily living skills (See Risk).

Peer Support: Peer recovery support workers, whether trained volunteers or professionals, help individuals and families initiate, stabilize and sustain recovery. Peers have "lived experience," meaning they have successfully engaged in their own recovery with substance use and/or mental health disorder. This support is accomplished by building a relationship with the participant through trust and credibility.

Policy Committee: A group which meets separately from regular treatment court team meetings to discuss program-level policies or practices. Membership ideally includes leadership (someone with decision-making authority) from the partner agencies in addition to the regular team members. Every program needs a dedicated time for the important decision-makers from the partner agencies to get together and discuss policies and procedures, review data and make changes which help the program improve. The policy committee may be the same group as the team, but must include the individuals from each agency who have the authority to make decisions affecting their agency. The group can also meet during regular team meeting times, but there must be some distinction between regular team meeting topics and policy committee topics, which are program-level rather than participant level discussions and actions.

Proximal Goal: Behaviors participants are already capable of engaging in and are necessary for long term objectives to be achieved. Examples of Phase One proximal goals are attending treatment sessions and providing urine samples (See Distal Goal).

Recidivism: This data element searches for a plea or finding of guilt for a new felony or Class A misdemeanor for participants who entered a treatment court within an identified three year period. In order to calculate three years of recidivism all participants in the cohort must have exited the program by the last day of the three year period. The recidivism rate is calculated by

taking the number of participants with new charges and dividing them by the total number of program exits.

Recovery: A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their potential. This is the ultimate goal of all treatment courts for their participants.

Retention: The ability to keep participants engaged in the structure of treatment court. Individual treatment plans, imposition of daily structure, drug and alcohol testing, interaction with the judge/commissioner and team, and maintaining public safety are all components which contribute to retaining participants in the program and continuing to live a recovery-based lifestyle. Retention rates should be measurable and recorded to aid in determination of fidelity by the court to the treatment court model. Retention is determined by the percentage of participants who, after a set time frame (1 year, 6 months, etc.), had either graduated or remained active in the treatment court. A researcher would need to know the time frame to measure retention (which could be determined at the time of a data request).

Risk: Refers to the characteristics of offenders that predict relatively poorer outcomes in standard rehabilitation programs. These include risk factors such as young age, early onset of substance use or delinquency, prior convictions, previous treatment attempts, peers or family substance use and criminality (See Need).

Substance Abuse and Mental Health Services Administration (SAMHSA): An agency established within the U.S. Department of Health and Human Services in 1992 which leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance use disorder and mental illness on America's communities.

Sanctions: tangible and intangible responses to negative behaviors as part of a complete system of monitoring the behavior of treatment court participants (See Incentives).

Screening: The process of reviewing available information to identify potential treatment court participants who may then go on to a formal assessment process to determine whether they are eligible for program admission and to match participants with appropriate treatment and supervision services (and track assignment). Screening typically addresses issues such as residency, age, legal status and history, medical history, educational level, and housing and employment status. Each treatment court establishes screening criteria to adjust to the target population and recognize available treatment and support services.

Substance Use Disorder: Terminology from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This term replaces the former diagnoses of substance abuse and dependence. Substance use disorder is defined as mild, moderate, or severe to indicate the

level of severity, which is determined by the number of diagnostic criteria met by an individual. A diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use and pharmacological criteria.

Therapeutic Response/Adjustment: While there should be a response to all behavior by the imposition of incentives and sanctions (contingency management), it may also be appropriate to consider a therapeutic response to behaviors. This response is based on treatment considerations such as level of care, individual treatment plan and potential for medication assistance treatment.

Treatment Courts Coordinating Commission (TCCC): Established by statute, 478.009.1 RSMo. The purpose of the Commission is to evaluate resources available for treatment, secure funding to facilitate treatment courts and allocate resources among the treatment courts of the state.

Underserved Groups: In the context of treatment court, certain groups (associated with race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion and socioeconomic status) are underserved because they experience differential access to the programs: treatment options may not meet certain needs associated with their social status (racial trauma, limited physical or mental abilities, sexual health needs, etc.); retention rates may differ because the social environment creates barriers to meeting program requirements (such as residential segregation and impacts on efficacy); sanctions and incentive options may not be suitable; dispositions may differ because of factors like longer criminal histories related to differential policing practices in neighborhoods; and teams may not have adequate training on how to meet the needs of underserved groups. Underlying all these potential differences is implicit bias which can lead staff to interpret participant behavior differently based on one or more of those underserved characteristics.