

JUDICIAL

Standards for Accountability Courts

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*Judicial Council of Georgia
Administrative Office of the Courts*



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Purpose

To establish standards and practices for Georgia accountability courts.

Introduction

To achieve the goal of creating a statewide system of accountability courts in Georgia, accountability court programs shall adhere to the standards and recommendations for operation approved by the Judicial Council. These standards were developed from a review of national research findings and best practices and an analysis of practices and procedures used in Georgia's accountability courts.

Program certification and eligibility for state funding will be based on adherence to these standards, and each program will be subject to a performance peer review no less than once every three years.

Acknowledgements

The standards for Georgia accountability courts were developed in part from the following research and publications.

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Section I Adult Drug Court Standards

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.

1.1 Pursuant to O.C.G.A. § 15-1-15, each drug court shall establish an accountability court team to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court, and shall include all policies and practices related to implementing the standards set forth in this document.

1.2 The drug court team should include, at a minimum, the following representatives: judge, public defender, prosecutor, program coordinator, law enforcement, and treatment provider/substance abuse professional.

1.3 The drug court team shall collaboratively develop, review, and agree upon all aspects of drug court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, program structure guidelines) prior to commencement of program operations.

1.4 This plan is executed in the form of a Memorandum of Understanding (MOU) between all parties and updated annually as necessary.

1.5 Each of these elements shall be compiled in writing in the form of a Policies and Procedures Manual which is reviewed and updated as necessary no less than every two years.

1.6 The goals of adult drug court programs in Georgia shall be abstinence from alcohol and other illicit drugs and promotion of law-abiding behavior in the interest of public safety.

1.7 All members of the drug court team are expected to attend and participate in a minimum of two formal staffings per month.

1.8 Members of the drug court team should attend drug court sessions.

1.9 Standardized evidence-based treatments, as recommended in the Adult Drug Court Treatment Standards (see Section II), shall be adopted by the drug court to ensure quality and effectiveness of services and to guide practice.

1.10 Drug courts should provide for a continuum of services through partnership with a primary treatment provider(s) to deliver treatment, coordinate other ancillary services, and make referrals as necessary.¹

1.11 The court shall maintain ongoing communication with the treatment provider. The treatment provider should regularly and systematically provide the court with written reports on participant progress; a reporting schedule shall be agreed upon by the drug court team and put in writing as part of the court’s operating procedures. Reports should be provided on a weekly basis and within 24 hours as significant events occur. Significant events include but are not limited to the following: death; unexplained absence of a participant from a residence or treatment program; physical, sexual, or verbal abuse of a participant by staff or other clients; staff negligence; fire, theft, destruction, or other loss of property; complaints from a participant or his/her family; requests for information from the press, attorneys, or government officials outside of those connected to the court; and participant behavior requiring attention of staff not usually involved in his/her care.

¹Ideally, treatment providers should be limited to no more than two.

1.12 Participants should have contact with case management personnel (drug court staff or treatment representative) at least once per week during the first twelve months of treatment to review status of treatment and progress.

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

2.1 Prosecution and defense counsel shall both be members of the drug court team and shall participate in the design, implementation, and enforcement of the program's screening, eligibility, and case-processing policies and procedures.

2.2 The prosecutor and defense counsel shall work to create a sense of stability, cooperation, and collaboration in pursuit of the program's goals.

2.3 The prosecution shall: review cases and determine whether a defendant is eligible for the drug court program; file all required legal documents; participate in and enforce a consistent and formal system of sanctions in response to positive drug tests and other participant noncompliance; agree that a positive drug test or open court admission of drug use will not result in the filing of additional drug charges based on that admission; and make decisions regarding the participant's continued enrollment in the program based on progress and response to treatment rather than on legal aspects of the case, with the exception of additional criminal behavior.

The defense counsel shall: review the arrest warrant, affidavits, charging document, and other relevant information, and review all program documents (i.e., waivers, written agreements); advise the defendant as to the nature and purpose of the drug court, the rules governing participation, the merits of the program, the consequences of failing to abide by the rules, and how participation or non-participation will affect his/her interests; provide a list of and explain all of the rights that the defendant will temporarily or permanently relinquish²; advise the participants on alternative options, including all legal and treatment alternatives outside of the drug court program; discuss with the defendant the long-term benefits of sobriety; explain that the prosecution has agreed that admission to drug use in open court will not lead to additional charges, and therefore encourage truthfulness with the judge and treatment staff; and inform the participant that they will be expected to take an active role in court sessions, including speaking directly to the judge as opposed to doing so through an attorney.

2.4 Pursuant to O.C.G.A. § 15-1-15, drug courts may accept offenders with non-drug charges.

2.5 For any participant whose charges include a property crime, the court must comply with the requirements and provisions set forth in the Crime Victim's Bill of Rights (O.C.G.A. §15-17-1, et seq.).

2.6 All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of handbook shall be acknowledged through a signed form, developed by the Judicial Council Accountability Court Committee, with an executed copy placed in the court file maintained locally.

2.7 Each drug court shall develop and use a form, or adopt the model created by the Judicial Council Accountability Court Committee, to document that each participant has received counsel from an attorney prior to admittance to a drug court, including the receipt of the local participant agreement with an executed copy placed in the official court file maintained locally.

2.8 The decision to participate in a drug court shall be made solely by the eligible participant. There shall be no coerced participation in a drug court, such as by giving eligible offenders the choice between an onerous disposition and participation in the program.

2.9 The decision to participate in a drug court shall not be influenced by offering a dispositional alternative more grueling or demanding to eligible offenders than that which is offered in cases where drug court participation is not an option.

²Each right that will be temporarily or permanently relinquished as a condition of participation in drug court shall be distinguished and explained separately to ensure the defendant fully understands the rights being waived.

2.10 The judge, on the record, must apprise a participant of all due process rights, rights being waived, any process for reasserting those rights, and program expectations.

2.11 Terminations from drug court require notice, a hearing, and a fair procedure. Not covered by this requirement is when a participant self-terminates and this situation does not require any type of pre-termination hearing.

2.12 The consequences of termination from a drug court should be comparable to those sustained in other similar cases before the presiding judge. The sentence shall be reasonable and not excessively punitive solely based on termination from drug court.

2.13 Termination hearings conducted for drug court participants shall include all due process rights afforded to any offender serving a probated sentence under the supervision of the Georgia Department of Corrections.

2.14 In jurisdictions where the drug court judge will also sit as the judge performing a termination hearing, this situation needs to be communicated to offenders in writing at the time where program participation is being considered.

3. Eligible participants are identified early and promptly placed into the drug court program.

3.1 Participant eligibility requirements/criteria (verified through legal and clinical screening) shall be developed and agreed upon by all members of the drug court team and formally included in writing as part of the program's policies and procedures.

3.2 Courts may admit eligible participants pre-plea, post-plea, or operate under a hybrid model.

3.3 Screening for program eligibility shall include the review of legal requirements and clinical appropriateness, including the administration of a risk and needs assessment.

3.4 The target population for drug courts is offenders assessed as low-moderate to high-risk for rearrest and with moderate-to-high treatment needs.

3.5 Members of the drug court team and other designated court or criminal justice officials shall screen cases for eligibility and identify potential drug court participants.

3.6 Participants being considered for a drug court shall be promptly advised about the program, including the requirements, scope, and potential benefits and effects on their case.

3.7 Participants should begin treatment as soon as possible; preferably, no more than 30 days should pass between a participant being determined eligible for the program and commencement of treatment services.

3.8 Assessment for substance abuse and other treatment shall be conducted by appropriately trained and qualified professional staff, using standardized assessment tools.

3.9 Drug courts shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.

3.10 No potential participant shall be excluded solely on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital or parental status, sexual orientation, or disability.

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

4.1 A drug court shall require a minimum 18 months of supervision and treatment for felony offenders to be considered as a drug court.

4.2 Felony programs should last a minimum of 18 months and should not exceed 24 months. Exceptions to the 24-month maximum may be made based on participant progress following a 24-month evaluation and assessment, to be followed up every four months thereafter and not to exceed a total program length of 36 months. A formal report of each assessment following 24 months shall be added to the participant's file to justify extension of the program.

4.3 Drug court programs should be structured into a series of phases. The final phase may be categorized as "aftercare/continuing care."

4.4 Drug court programs shall offer a comprehensive range of core alcohol and drug treatment services. These services include:

- (1) Group counseling
- (2) Individual counseling
- (3) Drug testing.

4.5 Drug court programs should ideally offer:

- (1) Family counseling
- (2) Gender specific counseling
- (3) Domestic violence counseling
- (4) Health screening
- (5) Assessment and counseling for co-occurring mental health issues.

4.6 Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

- (1) Employment counseling and assistance
- (2) Educational component
- (3) Medical and dental care
- (4) Transportation
- (5) Housing
- (6) Mentoring and alumni groups.

4.7 Case management plans shall be individualized for each participant based on the results of the initial assessment; ongoing assessment shall be provided according to a program schedule, and treatment plans may be modified or adjusted based on results.

4.8 Treatment shall include standardized, evidence-based practices (see *Section II, Adult Drug Court Treatment Standards*) and other practices recognized by the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Policies and Practices (NREPP).

4.9 A set of quality controls/review process shall be in place to ensure accountability of the treatment provider.

5. Abstinence is monitored by frequent alcohol and other drug testing.

5.1 Participants shall be administered a randomized drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.

5.2 Drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization.

5.3 All drug courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva testing and electronic monitoring.

5.4 All drug testing shall be directly observed by an authorized, same sex member of the drug court team, a licensed/certified medical professional, or other approved official of the same sex.

5.5 Drug screens should be analyzed as soon as practicable. Results of all drug tests should be available to the court and action should be taken as soon as practicable, ideally within 48 hours of receiving the results.

5.6 In the event a single urine sample tests positive for more than one prohibited substance, the results shall be considered as a single positive drug screen.

5.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

5.8 Each drug court shall establish a method for participants to dispute the results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.

5.9 Creatinine violations and drug screens scheduled and missed without a valid excuse as determined by the presiding judge shall be considered as a positive drug screen.

6. A coordinated strategy governs drug court responses to participants' compliance.

6.1 A drug court shall have a formal system of sanctions, including a system for reporting noncompliance, established in writing and included in the court's policies and procedures.

6.2 A drug court shall have a formal system of rewards.

6.3 The formal system of sanctions and rewards shall be organized on a gradually escalating scale and applied in a consistent and appropriate manner to match a participant's level of compliance.

6.4 Courts should implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or workplace and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

6.5 Regular and frequent communication between all members of the drug court team shall provide for immediate and swift responses to all incidents of non-compliance, including positive drug tests.

6.6 There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention. Incarceration or detention should only be considered as the last option in the most serious cases of non-compliance.

6.7 Participants shall be subject to progressive positive drug screen sanctions prior to being considered for termination, unless there are other acts of non-compliance affecting this decision.

7. Ongoing judicial interaction with each drug court participant is essential.

7.1 A single superior court judge or senior superior court judge must preside over an individual felony drug court program and should be committed to serving in this role long-term.

7.2 A judge of the superior court must preside over a felony drug court program; provided, however, that a judge from another class of court may be the presiding judge of a felony drug court program if that judge is specially designated as such by the chief judge of the judicial circuit in which the court operates and is approved for such by the Judicial Council Accountability Court Committee.

7.3 The presiding judge may authorize assistance from other judges, including senior judges and judges from other classes of court, on a time-limited basis when the presiding judge is unable to conduct court.

7.4 The judge shall attend and participate in all pre-court staffings, sessions, and/or meetings.

7.5 A regular schedule of status hearings shall be used to monitor participant progress.

7.6 There shall be a minimum of two status hearings per month in the first phase of felony drug court programs and, dependent on participant needs, this minimum schedule may continue through additional phases.

7.7 Frequency of status hearings may vary based on participant needs and benefits, as well as judicial resources. Status hearings should be held no less than once per month during the last phase of the program.

7.8 Status review shall be conducted with each participant on an individual basis; to optimize program effectiveness, group reviews should be avoided unless necessary based on an emergency basis.³

7.9 The judge, to the extent possible, should strive to spend an average of three minutes or greater with each participant during status review.

³ Insufficient time based on program census does not constitute an emergency.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

8.1 Participant progress, success, and satisfaction should be monitored on a regular basis through the use of surveys and participant feedback, most importantly at the program entry point and graduation.

8.2 Participant data should be monitored and analyzed on a regular basis (as set forth in a formal schedule) to determine the effectiveness of the program.

8.3 A process and outcomes evaluation should be conducted by an independent evaluator within three years of implementation of a drug court program, and in regular intervals as necessary, appropriate, and/or feasible for the program thereafter.

8.4 Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make any necessary modifications to program operations, procedures, and practices.

8.5 Data needed for program monitoring and management are easily obtainable and are maintained in useful formats for regular review by program management.

8.6 Courts should use the preferred case management program, or compatible equivalent, as designated by the Judicial Council Accountability Court Committee, in the interest of the formal and systematic collection of program performance data.

8.7 Courts shall collect, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee which shall be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee, including a comprehensive end-of-year report. The minimum performance measures to be collected shall include: recidivism (re-arrests and reconvictions), number of moderate and high risk participants, drug testing results, drug testing failures, number of days of continuous sobriety, units of service (number of court sessions, number of days participant receives inpatient treatment), employment, successful participant completion of the program (graduations), and unsuccessful participant completion of the program (terminations, voluntary withdrawal, death/other).

9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

9.1 Drug court programs shall have a formal policy on staff training requirements and continuing education.

9.2 All members of a drug court team shall receive training through the National Drug Court Institute.

9.3 Completion of the National Drug Court Planning Initiative shall be required prior to implementation in order to attain certification.

9.4 Existing programs should participate in Operational Tune-Up, specific to their team, as needed.

9.5 Court teams, to the extent possible, should attend comprehensive training on an annual basis, as provided by the Judicial Council Accountability Court Committee or the National Association of Drug Court Professionals (NADCP).

9.6 Drug court judges and staff should participate in ongoing continuing education as it is available through professional organizations [Institute of Continuing Judicial Education (ICJE), NADCP, Georgia Council of Court Administrators (GCCA), etc.].

9.7 New team members shall attend formal orientation and training administered by the Judicial Council Accountability Court Committee or the National Association of Drug Court Professionals.

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

10.1 Pursuant to O.C.G.A. §15-1-15, each drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court, and shall include all policies and practices related to implementing the standards set forth in this document.

10.2 A local steering committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, and the faith community should meet on a quarterly basis to provide policy guidance, fundraising assistance, and feedback to the drug court program.

10.3 Drug courts should consider forming an independent 501(c)(3) organization for fundraising and administration of the steering committee.

10.4 Drug courts should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach, and other ways of marketing.

10.5 Drug court staff should participate in ongoing cultural competency training on an annual basis.

Section II Adult Drug Court Treatment Standards

1. Screening

1.1 Legal: Drug court programs should work with an interdisciplinary team to ensure systematic, early identification, and early engagement of a target population.

1.2 Clinical: Drug courts will enroll participants who meet diagnostic criteria for a Substance-Related Disorder and whose needs can be met by the program. A brief screen for mental health problems should occur.

1.2.1 Recommended tools: Texas Christian University, Substance Abuse II (TCUDS); Addiction Severity Index-Drug Use Subscale (ASI-Drug); Substance Abuse Subtle Screening Inventory-2 (SASSI-2); Brief Jail Mental Health Screen, National GAINS Center.

2. Assessment

2.1 Drug courts will employ an assessment tool that captures offenders' risk of recidivism and treatment needs. This should also include a short assessment for mental health needs.

2.1.1 Recommended tools: Level of Service Inventory-R (LSI-R); Correctional Offender Management and Profiling Alternative Sanctions (COMPAS).

2.2 Appropriate assessment instruments are actuarial tools that have been validated on a targeted population, are scientifically proven to determine a person's risk to recidivate, and to identify criminal risk factors that, when properly addressed, can reduce that person's likelihood of committing future criminal behavior.

2.3 The assessment tool should also be suitable for use as a repeat measure. Programs should re-administer the tool as a measure of program effectiveness and offender progress.

3. Level of Treatment

3.1 Drug courts will offer an appropriate level of treatment for the target population.

3.1.1 Recommended tools: ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (PPC-2R).

3.2 Drug courts will match participant risk of recidivism and needs with an appropriate level of treatment and supervision. Ideal length of a program is 12-18 months.

4. Addiction Treatment Interventions

4.1 Drug courts will use a manualized curriculum and structured [e.g. Cognitive Behavior Therapy (CBT)] approach to treating addiction.

4.1.1 Recommended tools: Relapse Prevention Therapy (RPT); Motivational Enhancement Therapy (MET).

4.2 Aftercare services are an important part of relapse prevention. Aftercare is lower in intensity and follows higher-intensity programming.

5. Recidivism/Criminality Treatment Interventions

5.1 Drug courts will incorporate programming that addresses criminogenic risk factors: those offender characteristics that are related to risk of recidivism.

5.1.1 Recommended tools: Moral Reconciliation Therapy (MRT); Thinking for a Change (TFAC).

5.2 Criminal risk factors are those characteristics and behaviors that affect a person's risk for committing future crimes and include, but are not limited to, antisocial behavior, antisocial personality, criminal thinking, criminal associates, substance abuse, difficulties with impulsivity and problem-solving, underemployment, or unemployment.

6. Treatment/Case Management Planning

6.1 Drug courts will use treatment/case management planning that follows from assessment and systematically addresses core risk factors associated with relapse and recidivism.

6.2 Treatment and case management planning should be an ongoing process and occur in conjunction with one another.

7. Information Management Systems

7.1 Drug courts will employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measures of treatment services delivered and attended by participants should be captured.

8. Oversight and Evaluation

8.1 Drug courts are responsible for oversight of all program components. Regular monitoring of judicial status hearings, treatment, and case management services should occur.

8.2 Meetings with and surveys of participants to assess program strengths and areas for improvement increase legitimacy of the process and lead to improved outcomes.

Section III Adult Mental Health Court Standards

1. Planning and Administration. A broad-based group of stakeholders representing the criminal justice, mental health, substance abuse treatment, and related systems and the community guides the planning and administration of the court.

1.1 Mental health courts are situated at the intersection of the criminal justice, mental health, substance abuse treatment, and other social service systems. Their planning and administration should reflect extensive collaboration among practitioners and policymakers from those systems, as well as community members. To that end, a multidisciplinary “planning committee” should be charged with designing the mental health court. Along with determining eligibility criteria, monitoring mechanisms, and other court processes, this committee should articulate clear, specific, and realizable goals that reflect agreement on the court’s purposes and provide a foundation for measuring the court’s impact (see *Standard 10: Sustainability*).

1.2 The planning committee should identify agency leaders and policymakers to serve on an “advisory group” (in some jurisdictions members of the advisory group will also make up the planning committee) responsible for monitoring the court’s adherence to its mission and its coordination with relevant activities across the criminal justice and mental health systems. The advisory group should suggest revisions to court policies and procedures when appropriate and should be the public face of the mental health court in advocating for its support. The planning committee should address ongoing issues of policy implementation and practice that the court’s operation raises. Committee members should also keep high-level policymakers, including those on the advisory group, informed of the court’s successes and failures in promoting positive change and long-term sustainability (see *Standard 10: Sustainability*). Additionally, by facilitating ongoing training and education opportunities, the planning committee should complement and support the small team of professionals who administer the court on a daily basis, the “court team” (see *Standard 8: Court Team*). The planning committee should meet at least semi-annually.

1.3 In many jurisdictions, the judiciary will ultimately drive the design and administration of the mental health court. Accordingly, it should be well represented on and take a visible role in leading both the planning committee and advisory group.

1.4 Pursuant to O.C.G.A. §15-1-16, each mental health court division shall establish a planning group to develop a written work plan. The planning group shall include judges, prosecuting attorneys, sheriffs or their designees, public defenders, probation officers, and persons having expertise in the field of mental health. The work plan shall address the operational, coordination, resource, information management, and evaluation needs of the mental health court division. The work plan shall include written eligibility criteria for the mental health court division. The mental health court division shall combine judicial supervision, treatment of participants, and drug and mental health testing.

2. Target Population. Eligibility criteria address public safety and consider a community's treatment capacity, in addition to the availability of alternatives to pretrial detention for defendants with mental illnesses. Eligibility criteria also take into account the relationship between mental illness and a defendant's offenses, while allowing the individual circumstances of each case to be considered.

2.1 Because mental health courts are, by definition, specialized interventions that can serve only a portion of defendants with mental illness, careful attention should be paid to determining their target populations.

2.2 Mental health courts should be conceptualized as part of a comprehensive strategy to provide law enforcement, court, and corrections systems with options other than arrest and detention for responding to people with mental illnesses. Such options include specialized police-based responses and pretrial services programs. For those individuals who are not diverted from arrest or pretrial detention, mental health courts can provide appropriately identified defendants with court-ordered, community-based supervision and services. Mental health courts should be closely coordinated with other specialty or problem-solving court-based interventions, including drug courts and community courts, as target populations are likely to overlap.

2.3 Clinical eligibility criteria should be well defined and should be developed with an understanding of treatment capacity in the community. Mental health court personnel should explore ways to improve the accessibility of community-based care when treatment capacity is limited and should explore ways to improve quality of care when services appear ineffective (see *Standard 6: Treatment Supports and Services*).

2.4 Mental health courts should also focus on defendants whose mental illness is related to their current offenses. To that end, the planning committee should develop a process or a mechanism, informed by mental health professionals, to enable staff charged with identifying mental health court participants to make this determination.

2.5 Pursuant to O.C.G.A. §15-1-16, defendants charged with murder, armed robbery, rape, aggravated sodomy, aggravated sexual battery, aggravated child molestation, or child molestation shall not be eligible for entry into the mental health court division, except in the case of a separate court supervised reentry program designed to more closely monitor mentally ill offenders returning to the community after having served a term of incarceration. Any such court supervised, community reentry program for mentally ill offenders shall be subject to the work plan as provided for in this document.

3. Timely Participant Identification and Linkage to Services. Participants are identified, referred, and accepted into mental health courts, then linked to community-based service providers as quickly as possible.

3.1 Providing safe and effective treatment and supervision to eligible defendants in the community, as opposed to in jail or prison, is one of the principal purposes of mental health courts. Prompt identification of participants accelerates their return to the community and decreases the burden on the criminal justice system for incarceration and treatment.

3.2 Mental health courts should identify potential participants early in the criminal justice process by welcoming referrals from an array of sources such as law enforcement officers, jail and pretrial services staff, defense counsel, judges, and family members. To ensure accurate referrals, mental health courts must advertise eligibility criteria and actively educate these potential sources. In addition to creating a broad network for identifying possible participants, mental health courts should select one or two agencies to be primary referral sources that are especially well versed in the procedures and criteria.

3.3 The coordinator, prosecutor, defense counsel, and a mental health professional should quickly review referrals for eligibility. When competency determination is necessary, it should be expedited, especially for defendants charged with misdemeanors. The time required to accept someone into the program should not exceed the length of the sentence that the defendant would have received had he or she pursued the traditional court process. Final determination of eligibility should be a team decision (see *Standard 8: Court Team*).

3.4 The time needed to identify appropriate services, the availability of which may be beyond the court's control, may constrain efforts to identify participants rapidly (see *Standard 6: Treatment Supports and Services*). This is likely to be an issue especially in felony cases, when the court may seek services of a particular intensity to maximize public safety. Accordingly, along with connecting mental health court participants to existing treatment, officials in criminal justice, mental health, and substance abuse treatment should work together to improve the quality and expand the quantity of available services.

4. Terms of Participation. Terms of participation are clear, promote public safety, facilitate the defendant's engagement in treatment, are individualized to correspond to the level of risk that the defendant presents to the community, and provide for positive legal outcomes for those individuals who successfully complete the program.

4.1 Mental health courts need a written handbook for plea agreements, program duration, supervision conditions, and the impact of program completion. Within these parameters, the terms of participation should be individualized to each defendant and should be put in writing prior to his or her decision to enter the program. The terms of participation will likely require adherence to a treatment plan that will be developed after engagement with the mental health court program, and defendants should be made aware of the consequences of noncompliance with this plan.

4.2 Whenever plea agreements are offered to people invited to participate in a mental health court, the potential effects of a criminal conviction should be explained. Collateral consequences of a criminal conviction may include limited housing options, opportunities for employment, and accessibility to some treatment programs. It is especially important that the defendant be made aware of these consequences when the only charge he/she is facing is a misdemeanor, ordinance offense, or other nonviolent crime.

4.3 The length of mental health court participation should not extend beyond the maximum period of incarceration or probation a defendant could have received if found guilty in a more traditional court process. In addition, program duration should vary depending on a defendant's program progress. Program completion should be tied to adherence to the participant's court-ordered conditions and the strength of his/ her connection to community treatment. The minimum length for a misdemeanor program should be 12 months and 18 months for a felony program.

4.4 Least restrictive supervision conditions should be considered for all participants, especially those charged with misdemeanors. Highly restrictive conditions increase the likelihood that minor violations will occur, which can intensify the involvement of participants in the criminal justice system. When a mental health court participant completes the terms of his/her participation in the program, there should be some positive legal outcome. When the court operates on a pre-plea model, a significant reduction or dismissal of charges can be considered. When the court operates in a post-plea model, a number of outcomes are possible such as early termination of supervision, vacated pleas, and lifted fines and fees. Mental health court participants, when in compliance with the terms of their participation, should have the option to withdraw from the program at any point without having their prior participation and subsequent withdrawal from the mental health court reflect negatively on their criminal case.

4.5 Pursuant to O.C.G.A. §15-1-16, any plea of guilty or *nolo contendere* entered pursuant to participation in a mental health court shall not be withdrawn without the consent of the court. In addition, the clerk of the court instituting the mental health court division or such clerk's designee shall serve as the clerk of the mental health court division.

5. Informed Choice. Defendants fully understand the program requirements before agreeing to participate in a mental health court. They are provided legal counsel to inform this decision and subsequent decisions about program involvement. Procedures exist in the mental health court to address, in a timely fashion, concerns about a defendant's competency whenever they arise.

5.1 Defendants' participation in mental health courts is voluntary. But ensuring that participants' choices are informed, both before and during the program, requires more than simply offering the mental health court as an option to certain defendants. All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of handbook shall be acknowledged through a signed form, with an executed copy placed in the court file maintained locally.

5.2 Mental health court administrators should be confident that prospective participants are competent to participate. Typically, competency determination procedures can be lengthy, which raises challenges for timely participant identification. This is especially important for courts that focus on defendants charged with misdemeanors (see *Standard 3: Timely Participant Identification and Linkage to Services*). For these reasons, as part of the planning process, courts should develop guidelines for the identification and expeditious resolution of competency concerns.

5.3 Even when competency is not an issue, mental health court staff must ensure that defendants fully understand the terms of participation, including the legal repercussions of not adhering to program conditions. The specific terms that apply to each defendant should be spelled out in writing, such as an enrollment contract or bond order. Defendants should have the opportunity to review these terms, with the advice of counsel, before opting into the court.

5.4 Defense attorneys play an integral role in helping to ensure that defendants' choices are informed throughout their involvement in the mental health court. Courts should make defense counsel available to advise defendants about their decision to enter the court and have counsel be present at status hearings for felony defendants. In misdemeanor mental health courts, at a minimum, defense counsel should be available at the time of enrollment and preferably at any status hearings. It is particularly important to ensure the presence of counsel when there is a risk of sanctions or dismissal from the mental health court. Defense counsel participating in mental health courts—like all other criminal justice staff assigned to the court—should receive special training in mental health issues (see *Standard 8: Court Team*).

6. Treatment Supports and Services. Mental health courts connect participants to comprehensive and individualized treatment supports and services in the community. They strive to use and increase the availability of treatment and services that are evidence-based.

6.1 Mental health court participants require an array of services and supports, which can include medications, counseling, substance abuse treatment, benefits, housing, crisis intervention services, peer supports, and case management. Mental health courts should anticipate the treatment needs of their target population and work with providers to ensure that services will be made available to court participants.

6.2 When a participant is identified and linked to a service provider, the mental health court team should design a treatment plan that takes into account the results of a complete mental health and substance abuse assessment, individual consumer needs, and public safety concerns. Participants should also have input into their treatment plans. The mental health treatment provider(s) will offer at a minimum the core services outlined in the mental health court treatment standards approved by the Judicial Council.

6.3 A large proportion of mental health court participants have co-occurring substance abuse disorders. The most effective programs provide coordinated treatment for both mental illnesses and substance abuse problems. Thus, mental health courts should connect participants with co-occurring disorders to integrated treatment whenever possible and advocate for the expanded availability of integrated treatment and other evidence-based practices. Drug testing according to Adult Drug Court Standard 5 should be implemented for participants with co-occurring substance abuse disorders. Mental health court teams should also pay special attention to the needs of women and ethnic minorities and make gender-sensitive and culturally competent services available.

6.4 Treatment providers should remain in regular communication with court staff concerning the appropriateness of the treatment plan and should suggest adjustments to the plan when appropriate. At the same time, court staff should check with community-based treatment providers periodically to determine the extent to which they are encountering challenges stemming from the court's supervision of the participant.

6.5 Case management is essential to connect participants to services and monitor their compliance with court conditions. Case managers—whether they are employees of the court, treatment providers, or community corrections officers—should have caseloads that are sufficiently manageable to perform core functions and monitor the overall conditions of participation. They should serve as the conduits of information for the court about the status of treatment and support services.

6.6 Case managers also help participants prepare for their transition out of the court program by ensuring that needed treatment and services will remain available and accessible after their court supervision concludes. The mental health court may also provide post-program assistance, such as graduate support groups, to prevent participants' relapses.

7. Confidentiality. Health and legal information should be shared in a way that protects potential participants' confidentiality rights as mental health consumers and their constitutional rights as defendants. Information gathered as part of the participants' court-ordered treatment program or services should be safeguarded in the event that participants are returned to traditional court processing.

7.1 To identify and supervise participants, mental health courts require information about their mental illnesses and treatment plans. When sharing this information, treatment providers and representatives of the mental health court should consider the wishes of defendants. They must also adhere to federal and state laws that protect the confidentiality of medical, mental health, and substance abuse treatment records.

7.2 A well-designed procedure governing the release and exchange of information is essential to facilitating appropriate communication among members of the mental health court team and to protect confidentiality. Release forms should be part of this procedure. They should be developed in consultation with legal counsel, adhere to federal and state laws, and specify what information will be released and to whom. Potential participants should be allowed to review the form with the advice of defense counsel and treatment providers. Defendants should not be asked to sign release of information forms until competency issues have been resolved (see *Standard 5: Informed Choice*).

7.3 When a defendant is being considered for the mental health court, there should not be any public discussions about that person's mental illness, which can stigmatize the defendant. Even information concerning a defendant's referral to a mental health court should be closely guarded—particularly because many of these individuals may later choose not to participate in the mental health court. To minimize the likelihood that information about defendants' mental illnesses or their referral to the mental health court will negatively affect their criminal cases, courts whenever possible should maintain clinical documents separately from the criminal files and take other precautions to prevent medical information from becoming part of the public record.

7.4 Once a defendant is under the mental health court's supervision, steps should be taken to maintain the privacy of treatment information throughout his or her tenure in the program. Clinical information provided to mental health court staff members should be limited to whatever they need to make decisions. Furthermore, such exchanges should be conducted in closed staff meetings; discussion of clinical information in open court should be avoided. A set of quality controls/review process shall be in place to ensure accountability of the treatment provider, including direct observation of treatment by the coordinator.

8. Court Team. A team of criminal justice and mental health staff and service and treatment providers receives special, ongoing training and helps mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process.

8.1 The mental health court team works collaboratively to help participants achieve treatment goals by bringing together staff from the agencies with a direct role in the participants' entrance into, and progress through, the court program. The court team functions include conducting screenings, assessments, and enrollments of referred defendants; defining terms of participation; partnering with community providers; monitoring participant adherence to terms; preparing for all court appearances; and developing transition plans following court supervision. Team members should work together on each participant's case and contribute to the court's administration to ensure its smooth functioning.

8.2 The composition of this court team differs across jurisdictions. These variations notwithstanding, it typically should comprise the following: a judicial officer; a coordinator, a treatment provider or case manager; a prosecutor; a defense attorney; and, in some cases, a court supervision agent such as a probation officer. The judge's role is central to the success of the mental health court team and the mental health court generally. The judge oversees the work of the mental health court team and encourages collaboration among its members, who must work together to inform the judge about whether participants are adhering to their terms of participation.

8.3 Mental health court planners should carefully select team members who are willing to adapt to a nontraditional setting and rethink core aspects of their professional training. Planners should seek criminal justice personnel with expertise or interest in mental health issues and mental health staff with criminal justice experience. Planners should also ensure mental health court staff is comfortable with its goals and procedures.

8.4 Team members should take part in cross-training before the court is launched and during its operation. Mental health professionals must familiarize themselves with legal terminology and the workings of the criminal justice system, just as criminal justice personnel must learn about treatment practices and protocols. Team members should also be offered the opportunity to attend regional or national training sessions and view the operations of other mental health courts. New team members should go through a period of training and orientation before engaging fully with the court.

8.5 Periodic review and revision of court processes must be a core responsibility of the court team. Using data, participant feedback, observations of team members, and direction from the advisory group and planning committee (see *Standard 1: Planning and Administration*), the court team should routinely make improvements to the court's operation.

9. Monitoring Adherence to Court Requirements. Criminal justice and mental health staff collaboratively monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions, and modify treatment as necessary to promote public safety and participants' recovery.

9.1 Whether a mental health court assigns responsibility for monitoring compliance with court conditions to a criminal justice agency, a mental health agency, or a combination of these organizations, collaboration and communication are essential. The court must have up-to-date information on whether participants are taking medications, attending treatment sessions, abstaining from drugs and alcohol, and adhering to other supervision conditions. This information will come from a variety of sources and must be integrated routinely into one coherent presentation or report to keep all court staff informed of participants' progress. Case staffing meetings provide such an opportunity to share information and determine responses to individuals' positive and negative behaviors. These meetings should occur regularly and involve key members of a team, including representatives from the prosecution, defense, treatment providers, court supervision agency, and the judiciary.

Courts should implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or workplace and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

9.2 Status hearings allow mental health courts publicly to reward adherence to conditions of participation, to sanction non-adherence, and to ensure ongoing interaction between the participant and the court team members. These hearings should be frequent at the outset of the program and should decrease as participants' progress positively. The mental health court should meet at least once per month for misdemeanor programs and twice per month for felony programs. Mental health programs should be structured into a series of phases. The final phase may be categorized as "aftercare/continuing care."

9.3 All responses to participants' behavior, whether positive or negative, should be individualized. Incentives, sanctions, and treatment modifications have clinical implications. They should be imposed with great care and with input from mental health professionals.

9.4 Relapse is a common aspect of recovery; non-adherence to conditions of participation in the court is common. But non-adherence should never be ignored. The first response should be to review treatment plans, including medications, living situations, and other service needs. For minor violations, the most appropriate response may be a modification of the treatment plan.

9.5 In some cases, sanctions are necessary. The manner in which a mental health court applies sanctions should be explained to participants prior to their admittance to the program. As a participant's commission of violations increases in frequency or severity, the court should use graduated sanctions that are individualized to maximize adherence to his or her conditions of release. Specific protocols should govern the use of jail as a consequence for serious noncompliance. There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention.

9.6 Mental health courts should use incentives to recognize good behavior and to encourage recovery through further behavior modification. Individual praise and rewards, such as coupons, certificates for completing phases of the program, and decreased frequency of court appearances are helpful and important incentives. Systematic incentives that track the participants' progress through distinct phases of the court program are also critical. As participants complete these phases, they receive public recognition.

9.7 Courts should have at their disposal a menu of incentives that is at least as broad as the range of available sanctions; incentives for sustained adherence to court conditions, or for situations in which the participant exceeds the expectation of the court team, are particularly important.

10. Sustainability. Data are collected and analyzed to demonstrate the impact of the mental health court; its performance is assessed periodically (and procedures are modified accordingly); court processes are institutionalized; and support for the court in the community is cultivated and expanded.

10.1 Mental health courts must take steps early in the planning process and throughout their existence to ensure long-term sustainability. To this end, performance measures and outcome data will be essential. Data describing the court's impact on individuals and systems should be collected and analyzed. Such data should include the court's outputs, such as number of defendants screened and accepted into the mental health court, as well as its outcomes, such as the number of participants who are rearrested and re-incarcerated. Setting output and outcome measures is a key function of the court's planning and ongoing administration (see *Standard 1: Planning and Administration*). Quantitative data should be complemented with qualitative evaluations of the program from staff and participants.

10.2 Formalizing court policies and procedures is also an important component of maintaining mental health court operations. Compiling information about a court's history, goals, eligibility criteria, information sharing protocols, referral and screening procedures, treatment resources, sanctions and incentives, and other program components helps ensure consistency and lessens the impact when key team members depart. Developing additional plans for staff turnover helps safeguard the integrity of the court's operation.

10.3 Because sustaining a mental health court without funding is difficult, court planners should identify and cultivate long-term funding sources early on. Court staff should base requests for long-term funding on clear articulations of what the court plans to accomplish. Along with compiling empirical evidence of program successes, mental health court teams should invite key county officials, state legislators, foundation program officers, and other policymakers to witness the court in action.

10.4 Outreach to the community, the media, and key criminal justice and mental health officials also promotes sustainability. To that end, mental health court teams should make community members aware of the existence and impact of the mental health court and the progress it has made. More importantly, administrators should be prepared to respond to notable program failures, such as when a participant commits a serious crime. Ongoing guidance from, and reporting to, key criminal justice and mental health leaders also helps to maintain interest in, and support for, the mental health court.

10.5 Courts shall collect, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee which shall be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee, including a comprehensive end-of-year report. The minimum performance measures to be collected shall include: recidivism (rearrests and reconvictions), number of moderate and high risk participants, drug testing results, drug testing failures, number of days of continuous sobriety, units of service (number of court sessions, number of days participant receives inpatient treatment), employment, successful participant completion of the program (graduations), unsuccessful participant completion of the program (terminations, voluntary withdrawal, death/other), inpatient hospitalizations, crisis intervention episodes, emergency room visits, new arrests, new convictions, new violations of probation/parole, new jail admissions, and new prison admissions.

Section IV

Adult Mental Health Court Treatment Standards

1. Screening

1.1 Legal: Mental health court programs should work with an interdisciplinary team that consists of a judge, prosecutor, defense attorney, mental health provider, law enforcement, probation, and coordinator to ensure systematic, early identification, and early engagement of the target population.

1.1.1 Recommended tool: Brief Jail Mental Health Screen at jail and/or first appearance.

1.2 Clinical: Mental health courts will enroll participants who meet diagnostic criteria for severe and persistent mental illness and/or dual diagnosis and whose needs can be met by the program.

1.2.1 Recommended tools: Texas Christian University, Substance Abuse II (TCUDS); Addiction Severity Index-Drug Use Subscale (ASI-Drug); Substance Abuse Subtle Screening Inventory-2 (SASSI-2); Brief Jail Mental Health Screen, National GAINS Center.

2. Assessment

2.1 Mental health courts will employ an assessment tool that captures offenders' risk of recidivism and treatment needs.

2.1.1 Recommended tools: Level of Service Inventory-R (LSI-R) starting January 2013 and/or Short-Term Assessment of Risk and Treatability (START) for utilization with mental health court participants of all levels of impairment.

2.2 Appropriate assessment instruments are actuarial tools that have been validated on a targeted population, are scientifically proven to determine a person's risk to recidivate and to identify criminal risk factors that, when properly addressed, can reduce that person's likelihood of committing future criminal behavior.

2.3 An assessment tool should also be suitable for use as a repeat measure. Programs should re-administer the tool as a measure of program effectiveness and offender progress.

3. Level of Treatment

3.1 Mental health courts will offer an appropriate level of evidence based treatment for the target population.

3.1.1 Recommended tools: ASAM Patient Placement Criteria for the Treatment of Dual Diagnosis participants (PPC-2R).

3.1.2 Recommended clinical assessment: START to determine level of need for participants with primary mental health issues.

3.2 Mental health courts will match participant risk of recidivism and needs with an appropriate level of treatment and supervision. Program length should be a minimum of 12 months for misdemeanor programs and 18 months for felony programs.

4. Treatment/Case Management Planning

4.1 Mental health courts will use treatment/case management planning that follows from assessment and systematically addresses core risk factors associated with treatment and recidivism.

4.2 Mental health court case managers will link participants with the appropriate level of treatment in the community.

4.2.1 This treatment can include linkage to a private psychiatrist and therapist if private insurance is available.

4.2.2 This treatment can also include linkage to the local Community Service Board for indigent or state-served clients.

4.3 Treatment and case management planning should be an ongoing process and occur in conjunction with one another.

4.4 Mental health court programs will offer and/or collaborate with community partners to offer a comprehensive range of mental health and dual diagnosis treatment services. These services include:

- (1) Group counseling
- (2) Individual counseling
- (3) Drug testing
- (4) Psychosocial rehabilitation
- (5) Family support
- (6) Medication management.

4.5 Mental health court programs should ideally offer:

- (1) Family counseling
- (2) Gender specific counseling
- (3) Domestic violence counseling
- (4) Health screening
- (5) Assessment and counseling for co-occurring substance use issues.

4.6 Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

- (1) Employment counseling and assistance
- (2) Educational component
- (3) Medical and dental care
- (4) Transportation
- (5) Housing
- (6) Mentoring and alumni groups
- (7) Assistance with government funded/community based assistance programs.

4.7 Aftercare services are an important part of program services to ensure transition to less supervised services. Aftercare is lower in intensity and follows higher-intensity programming.

5. Mental Health Treatment Interventions

5.1 Mental health courts will use a manualized curriculum and structured [e.g. Cognitive Behavior Therapy (CBT)] approach when applicable to a participant for treating mental health symptoms.

5.1.1 Recommended tool: Wellness Recovery Action Plan (WRAP).

5.2 Mental health courts will use a manualized curriculum and structured approach to address trauma/abuse symptoms and will be done in gender-specific groups and/or individual treatment.

5.2.1 Recommended tools: Seeking Safety; Trauma Focused Cognitive Behavioral Therapy.

6. Dual Diagnosis Treatment Interventions

6.1 Mental health courts will use a manualized curriculum and structured (e.g. CBT) approach to treating dual diagnosis.

6.1.1 Recommended tools: Relapse Prevention Therapy (RPT); Motivational Enhancement Therapy (MET); Hazelden Co-Occurring Disorders Program; TCU Mapping-Enhanced Counseling; Integrated Dual Disorders Treatment.

6.2 Abstinence is monitored by frequent alcohol and other drug testing. This is the cornerstone of dual diagnosis treatment.

6.2.1 Participants shall be administered a drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.

6.2.2 Drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization. This can pose a problem in more rural counties.

6.2.3 All mental health courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva testing and electronic monitoring.

6.2.4 All drug testing shall be directly observed by an authorized, same sex member of the mental health court team, a licensed/certified medical professional, or other approved official of the same sex.

6.2.5 Drug screens should be analyzed as soon as practicable. Results of all drug tests should be available to the court and action should be taken as soon as practicable, ideally within 48 hours of receiving the results.

6.2.6 In the event a single urine sample tests positive for more than one prohibited substance, the results shall be considered as a single positive drug screen.

6.2.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

6.2.8 Each mental health court shall establish a method for participants to dispute the results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.

6.2.9 Creatinine violations and drug screens scheduled and missed without a valid excuse as determined by the presiding judge shall be considered as a positive drug screen.

7. Recidivism/Criminality Treatment Interventions

7.1 Mental health courts will incorporate programming that addresses criminogenic risk factors for those offender characteristics that are related to risk of recidivism.

7.1.1 Recommended tools: Moral Reconciliation Therapy (MRT); Thinking for a Change (TFAC). These tools are appropriate for participants who are assessed as “stable” and of moderate-risk (or higher) for recidivism.

7.2 Criminal risk factors are those characteristics and behaviors that affect a person's risk for committing future crimes and include, but are not limited to, antisocial behavior, antisocial personality, criminal thinking, criminal associates, substance abuse, difficulties with impulsivity and problem-solving, underemployment, or unemployment.

8. Information Management Systems

8.1 Mental health courts will employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measures of treatment services delivered and attended by participants should be captured.

9. Oversight and Evaluation

9.1 Mental health courts are responsible for oversight of all program components. Regular monitoring of judicial status hearings, treatment, and case management services should occur.

9.2 Meetings with and surveys of participants to assess program strengths and areas for improvement increase legitimacy of the process and lead to improved outcomes.

Section V Adult DUI/Drug Court Standards

1. DUI/Drug courts integrate alcohol and other drug treatment services with justice system case processing.

1.1 The goals of DUI/Drug court programs in Georgia shall be the participant's abstinence from alcohol and other illicit drugs and promotion of individual accountability in the interest of public safety.

1.2 Pursuant to O.C.G.A. § 15-1-15, prior to implementation, each DUI/Drug court shall establish a planning group to develop a work plan. The planning group shall include the judge, program coordinator, prosecuting attorneys, defense attorneys, probation officers, law enforcement and persons having expertise in the field of substance abuse. The work plan shall address the operational, coordination, resource, information management, and evaluation needs and include eligibility criteria for the court. The court shall combine judicial supervision, treatment of participants, and drug testing.

1.3 Prior to commencement of program operations, the DUI/Drug Court planning group shall collaboratively develop, review, and agree upon all aspects of court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, program structure guidelines).

1.4 Each of these elements shall be compiled in writing in the form of a *Policies and Procedures Manual* which is reviewed and updated as necessary, but no less than every two years.

1.5 Once established, the DUI/Drug court shall have a continuing court team which shall include, at a minimum, the following representatives: judge, defense attorney, prosecutor, program coordinator, law enforcement, treatment provider/certified addiction treatment clinicians, and probation/supervision officer.

1.6 The team shall operate pursuant to a Memorandum of Understanding (MOU) between all parties, which shall be updated annually or as necessary.

1.7 All members of the DUI/Drug court team are expected to attend and participate in a minimum of two formal staffings per month.

1.8 Members of the DUI/Drug court team should attend DUI/Drug court sessions (i.e. status conferences/hearings).

1.9 DUI/Drug courts should provide for a continuum of services through partnership with a primary treatment provider to deliver treatment, coordinate other ancillary services, and make referrals as necessary.

1.10 Standardized evidence-based treatments, as recommended in the Adult DUI/Drug Court Treatment Standards (see *Section 6*), shall be adopted by the DUI/Drug court to ensure quality and effectiveness of services and to guide practice.

1.11 The court shall maintain ongoing communication with the treatment provider. The treatment provider should regularly and systematically provide the court with reports on the progress of, and any significant events involving, each participant. A reporting schedule and method of reporting shall be agreed upon by the DUI/Drug court team and put in writing as part of the court's operating procedures.

1.12 Participants should have contact with DUI/Drug court staff, probation officer, or treatment representative at least once per week during the first twelve months of the program.

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

2.1 Prosecution and defense counsel shall both be members of the DUI/Drug court team and shall participate in the design, implementation, and enforcement of the program's screening, eligibility, and case-processing policies and procedures.

2.2 The prosecutor and defense counsel shall work to create a sense of stability, cooperation, and collaboration in pursuit of the program's goals.

2.3 The prosecution shall: review cases and determine whether a defendant is eligible for the DUI/Drug court program; file all required legal documents; participate in and enforce a consistent and formal system of sanctions in response to positive drug tests and other participant noncompliance; agree that a positive drug test or open court admission of drug use will not result in the filing of additional drug charges based on that admission; and make recommendations regarding the participant's continued enrollment in the program based on progress and response to treatment rather than on legal aspects of the case, with the exception of additional criminal behavior.

2.4 Pursuant to O.C.G.A. § 15-1-15, DUI/Drug courts may accept offenders with non-DUI charges.

2.5 For any participant whose charges include a property crime, the court must comply with the requirements and provisions set forth in the Crime Victim's Bill of Rights (O.C.G.A. § 15-17-1, et seq.).

2.6 All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of handbook shall be acknowledged through a signed form.

2.7 The judge, on the record, must apprise a participant of all due process rights, rights being waived, any process for reasserting those rights, and basic program expectations.

2.8 Where the state or the participant seeks a revocation or modification of a DUI/Drug court sentence, there shall be notice and a hearing at which the participant shall be afforded all due process rights.

2.9 The consequences of revocation from a DUI/Drug court should be comparable to those sustained in other similar cases before the presiding judge. The sentence shall be reasonable and not excessively punitive solely based on termination from DUI/Drug court.

3. Eligible participants are identified early and promptly placed into the DUI/Drug court program.

3.1 Targeting is the process of identifying a subset of the DUI offender population for inclusion in the DUI/Drug court program. This is a complex task given that DUI courts, in comparison to the traditional drug court programs, accept primarily one type of offender: the person who drives under the influence of alcohol or drugs. The DUI court target population, therefore, shall be clearly defined with eligibility criteria clearly documented.

3.2 The target population for DUI/Drug courts should be multiple DUI offenders with a minimum of two DUIs in five years or three or more DUIs in a lifetime. Courts may grant a case by case exception when an offender has a first DUI charge, other alcohol related offenses, or a history of substance abuse or addiction.

3.3 Participant eligibility requirements/criteria shall be developed and agreed upon by all members of the DUI/Drug court team and included in writing as part of the program's policies and procedures.

3.4 Courts shall only admit eligible DUI/Drug court participants post-conviction. Under no circumstance shall a DUI charge be dismissed as a condition of completing a DUI court sentence/program.

3.5 Screening for program eligibility shall include the review of legal requirements and clinical appropriateness.

3.6 Members of the DUI/Drug court team and other designated court or criminal justice officials shall screen cases for eligibility and identify potential DUI/Drug court participants.

3.7 Participants being considered for a DUI/Drug court should be promptly advised about the program, including the requirements, scope, potential benefits, the effects on their case and consequences of failing to abide by the rules.

3.8 Participants should begin treatment as soon as possible after sentencing.

3.9 DUI/Drug courts will use a standardized/validated screening instrument which will be used as part of the clinical assessment process to gather evaluation data. Assessment for substance abuse and other treatment shall be conducted by appropriately trained and qualified professional staff.

3.10 DUI/Drug courts shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.

3.11 No potential participant shall be excluded solely on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital or parental status, sexual orientation, or disability.

4. DUI/Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.

4.1 Substance dependence is a chronic, relapsing condition that can be effectively treated with the right type and length of treatment regimen. In addition to having a substance abuse problem, a significant proportion of the DUI population also suffers from a variety of co-occurring mental health disorders. Therefore, DUI/Drug courts must carefully select and implement treatment practices demonstrated through research to be effective with the hard-core impaired driver to ensure long-term success.

4.2 DUI/Drug courts shall use treatment providers that are on the Department of Human Services Registry for the State Multiple Offender Program so that both re-licensing requirements and court requirements are met.

4.3 A DUI/Drug court shall require a minimum of 12 months of supervision and treatment.

4.4 DUI/Drug court programs should be structured into a series of phases. The final phase may be categorized as “aftercare/continuing care.”

4.5 DUI/Drug court programs shall offer a comprehensive range of core alcohol and drug treatment services. These services include, but are not limited to:

- (1) Group counseling
- (2) Individual counseling
- (3) Drug testing.

4.6 DUI/Drug court programs should ideally offer or make appropriate referrals to:

- (1) Family counseling
- (2) Gender specific counseling
- (3) Domestic violence counseling
- (4) Anger management
- (5) Health screening
- (6) Assessment and counseling for co-occurring mental health issues.

4.7 DUI/Drug court programs should ideally offer or make appropriate referrals for ancillary services to meet the needs of participants, including but not limited to:

- (1) Employment counseling and assistance
- (2) Educational component
- (3) Medical and dental care
- (4) Transportation
- (5) Housing
- (6) Mentoring and alumni groups.

4.8 Case management plans shall be individualized for each participant based on the results of the initial assessment. Ongoing assessment shall be provided according to a program schedule and treatment plans may be modified or adjusted based on results.

4.9 Treatment shall include standardized, evidence-based practices (see Section 6, *Adult DUI/Drug Court Treatment Standards*) and other practices recognized by the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Policies and Practices (NREPP).

4.10 A set of quality controls/review process shall be in place to ensure accountability of the treatment provider.

5. Abstinence is monitored by frequent alcohol and other drug testing.

5.1 Each participant shall be administered a drug test a minimum of twice per week during the first two phases of the program or for six months, whichever is longer. A standardized system of drug testing shall continue through the entirety of the program.

5.2 In addition to specific targeted testing, drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization.

5.3 All DUI/Drug courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva testing and electronic monitoring.

5.4 All collection of urine samples shall be directly observed by a licensed/certified medical professional, an authorized same-sex member of the drug court team, or other approved official of the same sex.

5.5 Drug screens should be analyzed as soon as practicable. Results of all drug tests should be available to the court and action should be taken as soon as practicable, ideally within 48 hours of receiving the results.

5.6 In the event a single urine sample tests positive for more than one prohibited substance, the results shall be considered as a single positive drug screen.

5.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

5.8 Each drug court shall establish a method for participants to dispute the results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.

5.9 Creatinine violations (not medically explained) and drug screens scheduled and missed without a valid excuse as determined by the presiding judge shall be considered positive drug screens.

6. A coordinated strategy governs DUI/Drug court responses to participants' compliance.

6.1 Driving under the influence presents a significant danger to the public. Increased supervision and monitoring by the court, probation department, law enforcement, and treatment provider must occur as part of a coordinated strategy to intervene with repeat and high-risk DUI offenders to protect against future impaired driving.

6.2 DUI/Drug courts will have supervision components that include home visits, random observed drug screens, and may include curfews and use of alcohol and other drug monitoring equipment and recognized techniques as appropriate.

6.3 Courts should implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or workplace and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

6.4 Regular and frequent communication between all members of the DUI/Drug court team shall provide for swift responses to all incidents of non-compliance, including positive drug tests.

6.5 A DUI/Drug court shall have a formal system of sanctions and rewards, including a system for reporting noncompliance, established in writing and included in the court's policies and procedures.

6.6 The formal system of sanctions and rewards shall be organized on a gradually escalating scale and applied in a consistent and appropriate manner to match a participant's level of compliance.

6.7 There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention.

6.8 Participants shall be subject to progressive positive drug screen sanctions prior to being considered for termination, unless there are other acts of noncompliance affecting this decision.

6.9 For a participant that does not have a valid driver's license, a transportation plan should be developed with the participant. Additionally, the court should consider local transportation system ridership for program participants during the license suspension period.

6.10 The court should have a clearly defined policy which cautions the participant against and outlines potential consequences of driving without a license.

6.11 DUI/Drug courts will incorporate the completion of state administrative re-licensing requirements for DUI convictions into the program.

7. Ongoing judicial interaction with each DUI/Drug court participant is essential.

7.1 Judges are a vital part of the DUI/Drug court team. As leader of this team, the judge's role is paramount to the success of the DUI/Drug court program. The judge must possess recognizable leadership skills as well as the capability to motivate team members and elicit buy-in from various stakeholders. The selection of the judge to lead the DUI/Drug court team, therefore, is of utmost importance.

7.2 DUI/Drug courts shall be conducted by a senior state court judge or superior court judge.

7.3 The presiding judge may authorize assistance from other judges, including senior judges and judges from other classes of court, on a time-limited basis when the presiding judge is unable to conduct court.

7.4 The judge shall attend and participate in all pre-court staffings.

7.5 A regular schedule of DUI/Drug court sessions (i.e. status conferences/hearings) shall be used to monitor participant progress.

7.6 There shall be a minimum of two DUI/Drug court sessions (i.e. status conferences/hearings) per month in the first phase of DUI/Drug court programs. In other phases, frequency of DUI/Drug court sessions (i.e. status conferences/hearings) may vary based on participant needs and benefits, as well as judicial resources, except as provided in Standard 7.7.

7.7 DUI/Drug court sessions (i.e. status conferences/hearings) should be held no less than once per month during the last phase of the program.

7.8 Status reviews shall be conducted with each participant on an individual basis to optimize program effectiveness. Group reviews should be avoided unless necessary on an emergency basis.¹

7.9 The judge, to the extent possible, should strive to spend an average of three minutes or more with each participant during status review.

¹ Insufficient time based on program census does not constitute an emergency.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

8.1 Participant data should be gathered, monitored, and analyzed on a regular basis to determine the effectiveness of the program.

8.2 A process and outcome evaluation should be conducted by an independent evaluator within three years of implementation of a DUI/Drug court program and in regular intervals as necessary, appropriate, and/or feasible for the program thereafter.

8.3 Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make any necessary modifications to program operations, procedures, and practices.

8.4 Courts should use the preferred case management program, or compatible equivalent, as designated by the Judicial Council Accountability Court Committee, if one is designated, in the interest of the formal and systematic collection of program performance data.

8.5 Courts shall collect, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee which shall be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee, including a comprehensive end-of-year report.

9. Continuing interdisciplinary education promotes effective DUI/Drug court planning, implementation, and operations.

9.1 DUI/Drug court programs shall have a formal policy on staff training requirements and continuing education.

9.2 All members of a DUI/Drug court team shall receive training through the National Drug Court Institute, as available (depending on financial resources and availability to the team).

9.3 Completion of the National Center for DWI Courts Planning Initiative shall be required prior to implementation in order to attain certification.²

9.4 Existing programs should participate in Operational Tune-Up training every three years.

9.5 Court teams, to the extent possible, should attend comprehensive training on an annual basis, as provided by the Judicial Council Accountability Court Committee or the National Association of Drug Court Professionals (NADCP).

9.6 DUI/Drug court judges and staff should participate in ongoing continuing education as it is available through professional organizations including, but not limited to: Institute of Continuing Judicial Education (ICJE), NADCP, etc.

9.7 New team members shall attend formal orientation and training administered by the Judicial Council Accountability Court Committee or NADCP.

² Applicable only if training is available and offered.

10. Forging partnerships among DUI/Drug courts, public agencies, and community-based organizations generates local support and enhances DUI/Drug court program effectiveness.

10.1 Ideally, a local steering committee consisting of representatives from the court and including, but not limited to, community organizations, law enforcement, treatment providers, health providers, social service agencies, and the faith community should meet on a quarterly basis to provide policy guidance, fundraising assistance, and feedback to the drug court program.

10.2 DUI/Drug courts should consider forming an independent 501(c)(3) organization for fundraising and administration of the steering committee.

10.3 DUI/Drug courts should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach, and other ways of marketing.

10.4 DUI/Drug court staff should participate in ongoing cultural competency training on an annual basis.

Section VI Adult DUI/Drug Court Treatment Standards

1. Screening Prior to Program Entry (Eligibility)

1.1. Legal: DUI/Drug court programs should work with an interdisciplinary team to ensure systematic, early identification, and early engagement of a target population.

1.2. Clinical: DUI/Drug courts will enroll participants who meet diagnostic criteria for a Substance-Related Disorder and whose needs can be met by the program. Brief screens for mental health problems should occur.

1.3. Programs should focus on high-risk and high-need participants. High-risk participants are defined as having a second and subsequent arrest of two DUIs in five years, three or more DUIs in a lifetime, or having a blood alcohol level (BAC) of 0.15 or higher. High need participants are defined as those unlikely to be successful without the level of supervision, treatment, and support provided by the DUI/Drug court program and community public safety.

2. Post-Sentence Assessment for Risk of Recidivism and Need for Treatment

2.1 DUI/Drug courts will employ an assessment tool that captures offenders' risk of recidivism and need for treatment. This should also include a short assessment for mental health needs.

2.1.1 Recommended tools may include but are not limited to: Level of Service Inventory-R (LSI-R); NEEDS Assessment; Texas Christian University, Substance Abuse II (TCUDS); Addiction Severity Index-Drug Use Subscale (ASI-Drug); Substance Abuse Subtle Screening Inventory-3 (SASSI-3); Brief Jail Mental Health Screen, National GAINS Center.

2.1.2 Further clinical assessments will be made as outlined below.

2.2 Appropriate assessment instruments are actuarial tools that have been validated on a targeted population, are scientifically proven to determine a person's risk to recidivate, and are able to identify criminal risk factors that, when properly addressed, can reduce that person's likelihood of committing future criminal behavior.

3. Level of Treatment

3.1 DUI/Drug courts will offer an appropriate level of treatment for the target population which matches participant risk of recidivism and treatment needs with an appropriate level of treatment and supervision. Ideal program duration should be 12-18 months. DUI/Drug courts will provide referrals for appropriate levels of care based on the participant's progress or lack thereof.

3.1.1 Recommended tools: ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (PPC-2R).³

3.2 Assessment tools should also be suitable for use as a repeated measure.

4. Addiction Treatment Interventions

4.1 DUI/Drug court treatment providers must hold a license to practice within the mental health field or be supervised by a professional with said license. Such person must hold a license issued by the State of Georgia including one or more of the following: Licensed Professional Counselor (LPC); Clinical Social Worker (CSW); Clinical Nurse Specialist; Psychiatry/Mental Health (CNS/PMH); Marriage and Family Therapist (MFT); Psychologist; or Medical Doctor (psychiatry).

³ Minimum of ASAM Level 1

4.2 DUI/Drug courts will use an evidence-based curriculum and structured approach recognized by the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Policies and Practices (NREPP). All treatment providers shall comply with state law and regulations regarding license reinstatement of all participants.⁴

4.3 Aftercare services are an important part of relapse prevention. Aftercare is lower in intensity and follows higher-intensity programming.

5. Recidivism/Criminality Treatment Interventions

5.1 DUI/Drug courts will incorporate programming that addresses criminogenic risk factors. Criminal risk factors are those characteristics and behaviors that affect a person's risk for committing future crimes and include, but are not limited to, antisocial behavior, antisocial personality, criminal thinking, criminal associates, substance abuse, difficulties with impulsivity and problem-solving, underemployment, or unemployment.

5.2 Recommended tools may include but are not limited to: Thinking for a Change (TFAC); Matrix Model; Prime Solutions, Moral Reconciliation Therapy; Motivational Enhancement Therapy; Cognitive Behavioral Therapy; Relapse Prevention Therapy; Seeking Safety; Rational-Emotive Behavioral Therapy; etc.

6. Treatment/Case Management Planning

6.1 DUI/Drug courts will use treatment/case management planning that follows participants from assessment to program completion and systematically addresses core risk factors associated with relapse, recidivism, and other ongoing needs.

6.2 Treatment and case management planning should be an ongoing process and occur in conjunction with one another.

7. Information Management Systems

7.1 DUI/Drug courts will employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measures of treatment services delivered and attended by participants should be captured.

7.2 All data management practices shall comply with all applicable state and federal laws, rules, and regulations including, but not limited to, 42 CFR Part 2 and HIPAA.

7.3 All DUI/Drug courts should protect the confidentiality of participant data outside of the requirements of the program.

⁴ <http://www.mop.uga.edu/cetp/DUIIPwebsite/registry.htm>

Section VII Adult DUI/Drug Court Case Transfer Rules

These rules are intended to facilitate full participation in DUI/Drug courts. Recognizing that many jurisdictions do not have DUI/Drug courts and that some DUI defendants live or work in jurisdictions different from the offense county, transfer of cases to and from jurisdictions having DUI/Drug courts is authorized. These rules are not all inclusive.

Transfer Rules

1. A participant or person who lives or works in a jurisdiction other than that in which the offense was committed and who wishes to participate in a DUI/Drug court in another county may request the transfer of his or her DUI/Drug court case(s) to a DUI/Drug court in another jurisdiction. If the sending DUI/Drug court approves the transfer, the sending DUI/Drug court shall initiate a transfer request.
2. The proposed transferee shall expeditiously comply with all application requirements of the receiving court.
3. If the receiving DUI/Drug court does not agree to accept the participant, the receiving DUI/Drug court shall notify in writing the sending DUI/Drug court. No case shall be sentenced into another county's DUI/Drug court unless and until approved by the receiving court.
4. If the receiving DUI/Drug court agrees to accept the participant, the receiving DUI/Drug court shall notify the sending DUI/Drug court of the acceptance. The sending court shall honor conditions of acceptance by the receiving court or not send the case.
5. Any transfers must be accomplished without a significant lapse in or initiation of treatment, supervision, or judicial involvement. Until the transfer is effectuated, the participant must report as directed to the sending court.
6. The sending DUI/Drug court shall order the transfer of the case to the receiving DUI/Drug Court on a form prescribed by the Judicial Council. The sending DUI/Drug court shall transmit a copy of the transfer order to the receiving DUI/Drug court.
7. Following completion of acceptance, the receiving DUI/Drug court shall provide an official acceptance letter on a form prescribed by the Judicial Council to the sending DUI/Drug court and add the participant to its caseload.
8. It is the responsibility of the sending DUI/Drug court to maintain an appropriate level of communication with the receiving jurisdiction to ensure that the transfer process is successfully completed.
9. The participant shall contact the receiving DUI/Drug court to make an appointment for orientation/intake the next business day after notification of acceptance.
10. The sending DUI/Drug court shall transfer supervision of the entire case to the receiving DUI/Drug court. All decisions including, but not limited to, sanctions, incentives, phase changes, incarceration, violation of probation and termination are to be made by the receiving court. The DUI/Drug court in the receiving jurisdiction shall exercise the same authority over the transferee as for any participant sentenced within its jurisdiction.
11. Fines and surcharges shall be paid to the sending court by the participant as directed by the sending court in its sentencing order. Jail time in the original sentence shall be served in the sending county. All other fines and fees and the methods for their collection shall be determined by the receiving court.

12. Following completion of DUI/Drug court, the participant shall remain on the receiving court's caseload and shall continue to be supervised by said court.

File Transfer

The following documents, if available, shall be signed and forwarded in a timely manner to the receiving court for review:

- Request for Transfer
- Consent for Release of Information
- Clinical Assessment Report
- Receiving court's Participation Agreement
- Accusation, Plea Agreement forms and Sentencing Orders
- Any other documents deemed appropriate by either court

**IN THE STATE COURT OF _____ COUNTY
STATE OF GEORGIA**

STATE OF GEORGIA)
)
vs.) **CASE NO.** _____
)
_____)

TRANSFER ORDER

The above-named Defendant having been sentenced in this Court on _____, 20____, to participate in the _____ County DUI Court, and it appearing that said Defendant is eligible for and has been accepted into said DUI Court and has agreed to the terms hereof, it is hereby **ORDERED** that supervision over Defendant’s case be and hereby is transferred permanently and for all subsequent proceedings, to the State Court of _____ County. All parties to this Order explicitly agree to the following conditions of transfer:

1. The State Court of _____ County and _____ County DUI Court shall exercise the same authority over Defendant as if Defendant had been sentenced under its jurisdiction, including, in the case of sanction(s), incarceration in that County’s jail.
2. Probation monitoring shall be transferred to the State Court of _____ County’s probation department. Defendant shall pay all appropriate supervision fees as directed by the State Court of _____ County and _____ County DUI Court.
3. Defendant is to pay fines and surcharges originally imposed as a part of the sentence to the Clerk of the State Court of _____ County (sending court) as directed by the _____ County DUI Court (sending court). All DUI Court-related fees, including, but not limited to, participant fees and monetary sanctions, are to be paid to the _____ County DUI Court.
4. Defendant is ordered to comply with all conditions, terms, and requirements of the State Court of _____ County and _____ County DUI Court. Defendant must comply with all orders issued by the presiding judge, including all sanction orders.
5. Defendant consents to this transfer and understands that all sanctions, termination proceedings, probation revocation hearings, and all other matters subsequent to this plea will be handled in and by the State Court of _____ County.

SO ORDERED this, the ____ day of _____, 20____.

_____, Judge
State Court of _____ County

_____, Judge
State Court of _____ County

Consented to by:

Defendant

Defendant’s Attorney Bar. No

Section VIII Family Drug Court Standards

1. Family drug courts integrate substance abuse treatment services with deprivation/child welfare/child abuse and neglect case processing.

1.1 Pursuant to O.C.G.A. §15-1-15, each family drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court and shall include all policies and practices related to implementing the standards set forth in this document. The family drug court shall rely on judicial leadership for both planning and implementation of the court.

1.2 The family drug court team should include, at a minimum, the following representatives: judge, special assistant attorney general (SAAG), parent attorney, child attorney, program coordinator, Department of Family and Children Services (DFCS), court appointed special advocate (CASA) or other child advocate, community policing officer/surveillance officer, and treatment provider/substance abuse professional.

1.3 The family drug court team shall collaboratively develop, review, and agree upon all aspects of drug court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, and program structure guidelines) prior to commencement of program operations.

1.4 This plan is executed in the form of a Memorandum of Understanding (MOU) between all team members and updated annually as necessary.

1.5 Each of these elements shall be compiled into a written Policies and Procedures Manual which shall reflect current practices and shall be reviewed and updated as necessary no less than every two years.

- 1.6** The goals of family drug court programs shall be as follows:
- (1) the protection, best interests, and permanency of children
 - (2) the promotion of safe and stable families through abstinence from alcohol and illicit drugs
 - (3) the promotion of law-abiding behaviors in the interest of public safety while addressing the comprehensive needs of parents and children
 - (4) targeting permanency for children who have been exposed to parental substance abuse.

1.7 All members of the family drug court team are expected to attend and participate in a minimum of two formal staffings per month.

1.8 Members of the family drug court team are expected to attend all drug court sessions.

1.9 Evidenced-based treatments, programs, and practices, as recommended by Section VI: Family Drug Court Treatment Standards, shall be adopted by the family drug court to ensure quality and efficacy of services to guide practices.

1.10 Family drug courts should provide for a continuum of services through partnership with a primary provider to deliver substance abuse treatment. Additional services shall be provided to children, parents, and families, which may include child development, trauma, mental health, parenting, vocation education, or other ancillary services, as needed.

1.11 All service providers shall maintain ongoing communication with the family drug court. Treatment and other service providers should provide weekly written reports to the court on the progress of the children, participants, and families in the drug court. A reporting schedule shall be agreed upon by the family drug court team and established in writing as part of the family drug court’s operating procedures. Significant events should be reported immediately but no later than 24 hours after the event.

1.12 Participants should have contact with case management personnel (family drug court staff, treatment representative, or DFCS) at least once per week during the first twelve months of treatment to review status of treatment and progress.

1.13 Family drug courts shall operate within the mandates of all applicable state and federal laws.

2. Using a non-adversarial approach, the judge, prosecution, defense counsel, and others promote public safety while protecting the rights of participants.

2.1 State attorneys, parent attorneys, and child advocates shall be members of the family drug court team and shall participate in the design, implementation, and enforcement of the program's screening, eligibility, and case-processing policies and procedures.

2.2 The state attorney, parent attorney, and child advocate shall work to create a sense of stability, cooperation, and collaboration in pursuit of the program's goals.

2.3 Roles of family drug court team members:

- (1) **Judge:** The role of the judge is to ensure the safety, permanency, and well-being of children; provide leadership; serve as the public face of the family drug court; ensure children and participants receive appropriate services; oversee the progress of family members in treatment; lead the team in development of all protocols and procedures; encourage continuous education for all family drug court staff; make appropriate court orders at hearings; reward successes; sanction noncompliance; and facilitate team discussions. Judges are a vital part of the family drug court team. As a leader, the judge's role is paramount to the success of the family drug court program. The judge must also possess recognizable leadership skills as well as the capability to motivate team members and elicit buy-in from various stakeholders. The selection of the judge to lead the family drug court team, therefore, is of utmost importance.
- (2) **Coordinator:** The role of the coordinator is to jointly serve as the public face of the family drug court; serve as the chief administrator; coordinate drug testing and results; coordinate the referral process; develop and communicate agendas; provide notification of special meetings and dates; schedule and facilitate clinical staffing and pre-court staffing; participate with all team members in the development of the forms necessary to process cases in the family drug court; maintain files on all family drug court clients; act as liaison between the parents, attorneys, treatment providers, and others; monitor the provision of services; keep appropriate and current case files on clients; collect weekly progress information; prepare a consolidated weekly progress update on each client reporting for court; assist in identification and enrollment of potential participants; and coordinate additional services for family drug court participants.
- (3) **SAAG:** The role of the SAAG is to represent DFCS at staffings and family drug court hearings; prepare and file necessary pleadings; and participate as an active, engaged member of the family drug court team.
- (4) **Child Attorney:** The role of the child attorney is to represent children in the family drug court at staffing and required hearings; prepare for and file necessary pleadings; and participate as an active, engaged member of the family drug court team.
- (5) **Parent Attorney:** The role of the parent attorney is to represent parent participants of the family drug court at staffing and required hearings; prepare and file necessary pleadings; and participate as an active, engaged member of the family drug court team.
- (6) **CASA/Child Advocate:** The CASA /Child Advocate should advocate for the best interests of the children served by family drug court at staffings and hearings and participate as an active, engaged member of the family drug court team.
- (7) **DFCS Representative:** The role of the DFCS Representative is to protect children's health and safety; ensure the well-being of the children; ensure that children and their parents receive necessary services in addition to substance abuse treatment; assist in identifying potential participants and refer them to family drug court; inform the team immediately of any significant changes in the needs of children and parents; and attend and participate as an active, engaged member of the family drug court team in all staffings and required hearings.

- (8) **Treatment Provider:** The role of the treatment provider is to provide the parent with the appropriate level of substance abuse treatment as determined after evaluation and assessment, bring physical/mental health treatment needs of the parent to the attention of the family drug court team, provide services to address parents' needs or make appropriate referrals for services, provide weekly progress notes to the family drug court each week in a timely manner, provide random, observed drug and alcohol testing, and to provide a discharge plan for the parent and all parties involved.
- (9) **Community Policing Representative/Surveillance Officer:** The role of the Community Policing Representative/Surveillance Officer is to report observations made during random home visits; report observations regarding the children and the home environment; conduct random, observed drug screens; and report results of drug tests and any other information deemed relevant to the family's continued success.

2.4 All pending family drug court cases shall be scheduled for regular staffing and judicial court reviews in compliance with the standards set for each case's current phase in the program.

2.5 All family drug court team members shall agree to attend staffing and court as appropriate, participate in relevant training opportunities; continuously strive to improve the lives of children and families by providing support and services; and contribute to the team's efforts in community education, education of peers, colleagues, and the judiciary regarding the effects of generational substance abuse and neglect and the efficacy of family drug courts in addressing the problem.

2.6 All family drug court team members shall strive to work together as a collaborative, non-adversarial team which shall be supported by regular cross-training opportunities.

2.7 The family drug court shall employ a non-adversarial approach with all parties which shall promote public safety while protecting participants' due process rights.

2.8 Parents are eligible for family drug courts when they have unremediated substance abuse which adversely affects their ability to parent their children properly.

2.9 The family drug court shall focus on the permanency, safety, and welfare of abused and neglected children while addressing the needs of the parents, as well.

2.10 All participants shall receive a participant handbook. Receipt of the handbook shall be acknowledged through a signed form or through a signed contract, a copy of which shall be placed in the court file.

2.11 Each family drug court shall develop and use a form or contract to document that each participant has received counsel from an attorney prior to admittance to the family drug court, a copy of which shall be placed in the court file.

2.12 The decision to participate in a family drug court shall be made solely by the eligible participant with advice from counsel.

2.13 The judge must apprise a participant of all due process rights, rights being waived, and program expectations on the record or through signed contract entered into the record.

2.14 Parents may request a formal hearing on the issue of termination of the family drug court program.

3. Family drug courts emphasize early identification and placement of eligible participants.

3.1 Eligible participants shall be identified early and promptly admitted into the drug court program, should they elect to participate.

3.2 Participants' eligibility requirements/criteria (verified through legal and clinical screening) shall be developed and agreed upon by all members of the drug court team and included in writing as part of the program's policies and procedures.

3.3 Screening for program eligibility shall include the review of legal requirements and clinical appropriateness, including the administration of a risk and needs assessment.

3.4 The target population for family drug courts should be participants classified as moderate to high-risk and/or needs, as determined by a risk and needs assessment.

3.5 Members of the family drug court team shall screen cases for eligibility and identify potential family drug court participants.

3.6 Participants being considered for family drug court shall be promptly advised about the program, including the requirements, scope, and potential benefits and effects on their case.

3.7 Participants should begin treatment as soon as possible; preferably, no more than 30 days should pass between a participant being determined eligible for the program and commencement of treatment services.

3.8 Assessment for substance abuse and other treatment shall be conducted by appropriately trained and qualified professional staff using standardized assessment tools.

3.9 Family drug courts shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.

3.10 No potential participant shall be excluded solely on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.

4. Family drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

4.1 The family drug court shall provide confidentiality for both parents and children.

4.2 Family drug court programs should last a minimum of 12 months and should not exceed 24 months.

4.3 Family drug court programs shall offer a comprehensive range of core alcohol and drug treatment services. These services include:

- (1) Group counseling
- (2) Individual counseling
- (3) Drug testing.

4.4 Family drug court programs should ideally offer:

- (1) Family counseling
- (2) Gender specific counseling
- (3) Domestic violence counseling
- (4) Health screening
- (5) Assessment and counseling for co-occurring mental health issues.

4.5 Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

- (1) Employment counseling and assistance
- (2) Educational component
- (3) Medical and dental care referrals and assistance
- (4) Transportation
- (5) Housing needs
- (6) Mentoring
- (7) Alumni groups.

4.6 Case management plans shall be individualized for each participant based on the results of the initial assessment; ongoing assessment shall be provided according to a program schedule and treatment plans may be modified or adjusted based on results.

4.7 Treatment shall be comprised of standardized, evidence-based practices and other practices recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-Based Policies and Practices (NREPP).

5. Abstinence is monitored by frequent alcohol and other drug testing.

5.1 Participants shall be administered a drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.

5.2 Drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization.

5.3 All family drug courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva analysis.

5.4 All drug testing shall be directly observed by an authorized, same sex member of the drug court team, a licensed/certified medical professional, or other trained professional of the same sex as the participant being screened.

5.5 Urine specimens should be analyzed as soon as practical. Results of all drug screens should be made available to the court and action should be taken as soon as practical, ideally within 48 hours of receiving results of the screen.

5.6 In the event a single urine specimen tests positive for more than one prohibited substance, the results shall be considered as a single positive screen.

5.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

5.8 Each family drug court shall establish a method for participants to admit to use or dispute the results of a positive drug screen through gas chromatography-mass spectrometry or liquid chromatography-mass spectrometry.

5.9 Evidence of adulterated urine specimens, diluted urine specimens, failure to timely produce, and violations of testing protocols (i.e. temperature anomalies) may be considered positive screens. Missed, unexcused (as determined by the presiding judge), or substituted urine screens will be considered a positive screen.

6. A coordinated strategy shall govern family drug court responses to participant's compliance.

6.1 A family drug court shall have a formal system of sanctions and rewards, including a system for reporting noncompliance, which shall be established in writing and included in the court's policies and procedures.

6.2 The formal system of sanctions and rewards shall be organized on a gradually escalating scale and applied in a consistent and appropriate manner to match a participant's level of compliance.

6.3 Family drug courts should implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or workplace and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

6.4 Regular and frequent communication between all members of the family drug court team shall provide for immediate and swift responses to all incidents of noncompliance, including positive drug tests, among other transgressions.

6.5 There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention. Incarceration or detention should only be considered as the last option in the most serious cases of noncompliance.

6.6 Participants shall be subject to progressive positive drug screen sanctions prior to being considered for termination, unless there are other acts of noncompliance affecting this decision.

7. Ongoing judicial interaction with each family drug court participant is essential.

7.1 A designated juvenile court judge must preside over a family drug court program and should be committed to serving in this role long-term.

7.2 The presiding judge may authorize assistance from other judges, including senior judges and judges from other classes of courts, on a time-limited basis when the presiding judge is unable to conduct court.

7.3 The judge shall attend and participate in all pre-court staffings.

7.4 A regular schedule of status hearings shall be used to monitor participant progress.

7.5 There shall be a minimum of two status hearings per month in the first phase of family drug court programs and, dependent on participant needs, this minimum schedule may continue through additional phases.

7.6 Frequency of status hearings may vary based on participant needs and benefits, as well as judicial resources. Status hearings should be held no less than once per month during the last phase of the program.

7.7 Status review shall be conducted with each participant on an individual basis; to optimize program effectiveness, group reviews should be avoided unless necessary based on an emergency.

7.8 The judge, to the extent possible, should strive to spend an average of three minutes or greater with each participant during status review.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

- 8.1** Each family drug court shall be committed to regular measurement of program outcomes.
- 8.2** Participant progress, success, and satisfaction should be monitored on a regular basis (including upon program entry and graduation) through the use of surveys.
- 8.3** Participant data should be monitored and analyzed on a regular basis (as set forth in a formal schedule) to determine the effectiveness of the program.
- 8.4** A process and outcomes evaluation should be conducted by an independent evaluator within three years of implementation of a family drug court program and at regular intervals as necessary, appropriate, and/or feasible for the program thereafter.
- 8.5** Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make modifications to program operations, procedures, and practices.
- 8.6** Data needed for program monitoring and management are easily obtainable and shall be maintained in useful formats for regular review by program management.
- 8.7** If possible, family drug courts should use the preferred case management program, or compatible equivalent, as designated by the Judicial Council Accountability Court Committee.
- 8.8** Family drug courts shall collect, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee which shall be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee, including a comprehensive end-of-year report. The minimum performance measures to be collected shall include: recidivism (re-arrests and reconvictions), number of moderate and high risk participants, drug testing results, drug testing failures, number of days of continuous sobriety, units of service (number of court sessions, number of days participant receives inpatient treatment), employment, successful participant completion of the program (graduations), and unsuccessful participant completion of the program (terminations, voluntary withdrawal, death/other).

9. Continuing interdisciplinary education promotes effective family drug court planning, implementation, and operations.

9.1 Family drug court programs shall have a formal policy on staff training requirements and continuing education.

9.2 All members of a family drug court team shall receive training through the State of Georgia, national drug court organizations, and/or other approved training.

9.3 Existing programs should participate in Family Drug Court Operational Tune-Up as needed.

9.4 Court teams, to the extent possible, should attend comprehensive training on an annual basis, as provided by the Judicial Council Accountability Court Committee, the National Association of Drug Court Professionals (NADCP), and/or other professional organizations.

9.5 New team members shall participate in formal orientation and training.

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

10.1 Family drug courts shall provide for a planned program of sustainability which shall include establishment and cultivation of community partnerships, cooperation with other public agencies, and collaboration with other family drug courts.

10.2 Pursuant to O.C.G.A. §15-1-15, each family drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court and shall include all policies and practices related to implementing the standards set forth in this document.

10.3 A local steering committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, and the faith community should meet on a quarterly basis to provide policy guidance, fundraising assistance, and feedback to the family drug court program.

10.4 Family drug courts should consider forming an independent 501(c)3 organization for fundraising and administration of the steering committee.

10.5 Family drug courts should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach, and other ways of marketing.

10.6 Family drug court staff should participate in ongoing cultural competency training.

Section IX

Family Drug Court Treatment Standards

1. Screening

1.1 Legal: Family drug court programs should work with interdisciplinary team to ensure systematic, early identification, and early engagement of target population.

1.2 Clinical: Family drug courts will enroll participants who meet diagnostic criteria for Substance-Related Disorder and whose needs can be met by the program. A brief screen for mental health problems should occur.

2. Assessment

2.1 Family drug courts will employ a variety of assessment tools that capture child safety, parental capacity and treatment needs. This should also include a short assessment for mental health needs.

2.1.1 Recommended tools: Level of Service Inventory-R (LSI-R).

2.2 Appropriate assessment instruments are actuarial tools that have been validated on a targeted population, are scientifically proven to determine a person's risk to recidivate and to identify criminal risk factors that, when properly addressed, can reduce that person's likelihood of repeating behaviors that lead to child neglect.

2.3 Assessment tools should also be suitable for use as a repeat measure. Programs should re-administer the tool as a measure of program effectiveness and parental progress.

3. Level of Treatment

3.1 Family drug courts will offer an appropriate level of treatment for the target population.

3.1.1 Recommended tools: ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (PPC-2R).

3.2 Family drug courts will match participant risk of recidivism and needs with an appropriate level of treatment and supervision. The ideal length of program is 12-18 months.

4. Addiction Treatment Interventions

4.1 Family drug courts will use a manualized curriculum and structured [e.g. Cognitive Behavior Therapy (CBT)] approach to treating addiction.

4.1.1 Recommended tools: Relapse Prevention Therapy (RPT); Motivational Enhancement Therapy (MET).

4.2 Aftercare services are an important part of relapse prevention. Aftercare is lower in intensity and follows higher-intensity programming.

5. Treatment/Case Management Planning

5.1 Family drug courts will use treatment/case management planning that follows from assessment and systematically addresses core risk factors associated with relapse and recidivism.

5.2 Treatment and case management planning should be an ongoing process and occur in conjunction with one another.

6. Information Management Systems

6.1 Family drug courts will employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measures of treatment services delivered and attended by participants should be captured.

7. Oversight and Evaluation

7.1 Family drug courts are responsible for oversight of all program components. Regular monitoring of judicial status hearings, treatment, and case management services should occur.

7.2 Meetings with and surveys of participants to assess program strengths and areas for improvement increase legitimacy of the process and lead to improved outcomes.

Section X

Juvenile Drug Court Standards

Preface

As most juvenile justice practitioners know all too well, the populations and caseloads of juvenile court dockets have changed dramatically over the past decade. The nature of both the delinquent acts and dependency matters being handled has become more complex and includes escalating degrees of substance abuse. Practitioners in the juvenile justice system recognize that the situations bringing many juveniles under the court's jurisdiction are frequently linked with substance abuse and complicated often multigenerational, family, and personal problems. These associated problems must be addressed if the pattern of youth crime and family dysfunction is to be reversed. Many justice system practitioners also recognize that, insofar as substance abuse problems are an issue, the juvenile and criminal dockets are increasingly handling the same types of situations and often the same litigants.

The juvenile court has traditionally been considered an institution specifically established to address the juvenile's needs holistically. However, many juvenile court practitioners have found the traditional approach to be ineffective when applied to the problems of substance-abusing juvenile offenders. During the past several years, a number of jurisdictions have looked to the Drug Court Model to determine how juvenile courts might incorporate a therapeutic approach to deal with the increasing population of substance-abusing juveniles more effectively.

Development of juvenile drug courts can be a complex task. Juvenile drug courts require the involvement of many agencies and community representatives. For example, most programs characterize the extent of drug use among the participating juveniles as increasingly more severe. Most programs also report the age at first use among participants to be between 10 and 14 years of age, although earlier use is being detected. During 1995 and 1996, when juvenile drug courts first began, participants reported alcohol and marijuana as their primary drugs of choice. However, more recently there appears to be increasing use of other substances, particularly methamphetamine, crack/cocaine, heroin, toxic inhalants, and prescription drugs.

Purpose

These standards are recommended to provide a general framework of common principles, policies, and practices for juvenile and family drug courts in Georgia. They present a single orientation from which the judicial branch, including judges and all court personnel, can work with prosecutors, the defense bar, corrections officials, local government, law enforcement, department of social services, and public and private treatment providers to address problems of substance abuse which pervade the court system's criminal and abuse and neglect caseload.

The steps are stated broadly in order to leave room for each juvenile and family drug court to meet local needs. This structure of standards and practices will:

- Minimize duplication of efforts and ensure greater coordination among all court supervised juvenile drug court programs throughout Georgia
- Maximize coordination and sharing of scarce treatment resources
- Strengthen efforts to obtain federal funding
- Facilitate development of coordinated long-range plans for financing drug treatment court operations.¹

¹ Background information obtained from a report prepared by the Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project at the American University, Washington, D.C.

1. Drug courts integrate alcohol and other drug treatment services with juvenile justice case processing.

1.1 Pursuant to O.C.G.A. §15-1-15, each juvenile drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the juvenile drug court and shall include all policies and practices related to implementing the standards set forth in this document.

1.2 The juvenile drug court team should include, at a minimum, the following representatives: judge, public defender, prosecutor, program coordinator, law enforcement or probation, and treatment provider/substance abuse professional.

1.3 The juvenile drug court team shall collaboratively develop, review, and agree upon all aspects of drug court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, and program structure guidelines) prior to commencement of program operations.

1.4 This plan is executed in the form of a Memorandum of Understanding (MOU) between all team members and updated annually as necessary.

1.5 Each of these elements shall be compiled in writing in the form of a Policies and Procedures Manual which is reviewed and updated as necessary no less than every two years.

1.6 The goals of juvenile drug court programs in Georgia shall include compliance with local program requirements, participation in treatment, employment, educational achievement, restitution to the victim or to the community, and declining incidence of alcohol and/or other drug use, with eventual long term recovery.

1.7 All members of the juvenile drug court team are expected to attend and participate in a minimum of two formal staffings per month.

1.8 Members of the juvenile drug court team should attend drug court sessions.

1.9 Standardized evidence-based treatments, as recommended in the Juvenile Drug Court Treatment Standards (Section X), shall be adopted by the juvenile drug court to ensure quality and effectiveness of services and to guide practice.

1.10 Juvenile drug courts should provide for a continuum of services through a partnership with a primary treatment provider to deliver treatment, coordinate other ancillary services, and make referrals as necessary.

1.11 The juvenile drug court shall maintain ongoing communication with the treatment provider. The treatment provider should regularly and systematically provide the court with written reports on participant progress; a reporting schedule shall be agreed upon by the drug court team and put in writing as part of the court’s operating procedures. Reports should be provided on a weekly basis and within 24 hours as significant events occur. Significant events include but are not limited to the following: death; unexplained absence of a participant from a residence or treatment program; incidents of drug/alcohol use; physical, sexual, or verbal abuse of a participant by staff or other clients; staff negligence; fire, theft, destruction or other loss of property; complaints from a participant or his/her family; requests for information from the press, attorneys, or government officials outside of those connected to the court; and participant behavior requiring attention of staff not usually involved in his/her care.

1.12 Participants should have contact with case management personnel (juvenile drug court staff or treatment representative) at least once per week during the first twelve months of treatment to review status of treatment and progress. Additionally, a juvenile drug court should consider including a school liaison on the team to provide information, help youth enroll in school or alternative programs, help youth take proficiency exams if applicable, and help youth set goals to increase engagement in school or graduate.

2. Using a non-adversarial approach, the judge, prosecution, defense counsel, and others promote public safety while protecting the rights of participants.

2.1 Prosecution and defense counsel shall both be members of the juvenile drug court team and shall participate in the design, implementation, and enforcement of the program's screening, eligibility, and case-processing policies and procedures.

2.2 The prosecutor and defense counsel shall work to create a sense of stability, cooperation, and collaboration in pursuit of the program's goals.

2.3 The prosecution or other designated team member shall review cases and determine whether a juvenile is eligible for the drug court program; file all required legal documents; participate in and enforce a consistent and formal system of sanctions in response to positive drug tests and other participant noncompliance; agree that a positive drug test or open court admission of drug use will not result in the filing of additional drug charges based on that admission; and make decisions regarding the participant's continued enrollment in the program based on progress and response to treatment rather than on legal aspects of the case, with the exception of additional criminal behavior.

2.4 The defense counsel shall review the arrest warrant, affidavits, charging document, and other relevant information, and review all program documents (i.e., waivers, written agreements); advise the juvenile as to the nature and purpose of the juvenile drug court, the rules governing participation, the merits of the program, the consequences of failing to abide by the rules, and how participation or non-participation will affect his/her interests; provide a list of and explain all of the rights that the juvenile will temporarily or permanently relinquish; advise the participants on alternative options, including all legal and treatment alternatives outside of the drug court program; discuss with the juvenile the long-term benefits of sobriety; explain that the prosecution has agreed that admission to drug use in open court will not lead to additional charges, and therefore encourage truthfulness with the judge and treatment staff; and inform the participant that they will be expected to take an active role in court sessions, including speaking directly to the judge as opposed to doing so through an attorney.

2.5 Pursuant to O.C.G.A. §15-1-15, juvenile drug courts may accept offenders with non-drug charges.

2.6 For any participant whose charges include a property crime, the court must comply with the requirements and provisions set forth in the Crime Victims Bill of Rights (O.C.G.A. §15-17-1, et seq.).

2.7 All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of handbook shall be acknowledged through a signed form, developed by the Judicial Council Accountability Court Committee, with an executed copy placed in the court file maintained locally.

2.8 Each juvenile drug court shall develop and use a form, or adopt the model created by the Judicial Council Accountability Court Committee, to document that each participant has received counsel from an attorney prior to admittance to a drug court, including the receipt of the local participant agreement with an executed copy placed in the official court file maintained locally.

2.9 Some juvenile drug courts may be involuntary in that the juvenile and his family are ordered to be part of the program. If the juvenile drug court is involuntary, there should not be any coerced participation in a juvenile drug court, such as giving eligible offenders the choice between an onerous disposition and participation in the program.

2.10 The decision to participate in a juvenile drug court shall not be influenced by offering a dispositional alternative more grueling or demanding to eligible offenders than that which is offered in cases where drug court participation is not an option.

2.11 The judge, on the record, must apprise a participant of all due process rights, rights being waived, any process for reasserting those rights, and program expectations.

2.12 Terminations from juvenile drug court require notice, a hearing, and a fair procedure. Not covered by this requirement is when a participant self-terminates, and this situation does not require any type of pre-termination hearing.

2.13 The consequences of termination from a juvenile drug court should be comparable to those sustained in other similar cases before the presiding judge. The sentence shall be reasonable and not excessively punitive solely based on termination from juvenile drug court.

2.14 Termination hearings conducted for juvenile drug court participants shall include all due process rights afforded to any offender serving a probated sentence.

3. Juvenile drug courts emphasize early identification and placement of eligible participants.

3.1 Participant eligibility requirements/criteria (verified through legal and clinical screening) shall be developed and agreed upon by all members of the juvenile drug court team and included in writing as part of the program's policies and procedures.

3.2 Juvenile drug courts may admit eligible participants pre-plea, post-plea, or operate under a hybrid model.

3.3 Screening for program eligibility shall include the review of legal requirements and clinical appropriateness, including the administration of a risk and needs assessment.

3.4 Risk assessment factors that are crucial in determining a participant's suitability for the juvenile drug court, such as family and community ties, mental health status, employment status, educational level, and prior criminal history, are weighed by the juvenile drug court team on a case-by-case basis.

3.5 Members of the juvenile drug court team and other designated court or criminal justice officials shall screen cases for eligibility and identify potential juvenile drug court participants.

3.6 Participants being considered for a juvenile drug court shall be promptly advised about the program, including the requirements, scope, and potential benefits and effects on their case.

3.7 Participants should begin treatment as soon as possible; preferably, no more than 30 days should pass between a participant being determined eligible for the program and commencement of treatment services.

3.8 Assessment for substance abuse and other treatment shall be conducted by appropriately trained and qualified professional staff using standardized assessment tools.

3.9 Juvenile drug courts shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.

3.10 No potential participant shall be excluded solely on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital or parental status, sexual orientation, or disability.

3.11 Each participant and the participant's parent or guardian shall consult with a defense attorney and review all juvenile drug court requests.

4. Juvenile drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

4.1 Juvenile drug court programs should last a minimum of 12 months and should not exceed 24 months; a minimum of 18 months is considered best practice. Exceptions to the 24-month maximum may be made based on participant progress and/or additional violations following a 24-month evaluation and assessment, to be followed up every four months thereafter and not to exceed a total program length of 36 months. A formal report of each assessment following 24 months shall be added to a participant's file to justify extension of the program.

4.2 Juvenile drug court programs should be structured into a series of phases. The final phase may be categorized as "aftercare/continuing care."

4.3 Juvenile drug court programs shall offer a comprehensive range of core alcohol and drug treatment services. These services include:

- (1) Group counseling
- (2) Individual counseling
- (3) Drug testing.

4.4 Juvenile drug court programs should ideally offer:

- (1) Family counseling
- (2) Gender specific counseling
- (3) Educational counseling and assistance
- (4) Domestic violence counseling
- (5) Mental health screening
- (6) Assessment and counseling for co-occurring mental health issues
- (7) Risk and needs assessment (e.g. LSI-R, etc.)
- (8) CBT curricula geared towards Relapse Prevention and Criminal Thinking (evidence-based practices).

4.5 Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

- (1) Employment counseling and assistance
- (2) Educational component
- (3) Medical and dental care referrals and assistance
- (4) Transportation
- (5) Housing needs
- (6) Mentoring
- (7) Alumni groups.

4.6 Case management plans shall be individualized for each participant based on the results of the initial assessment; ongoing assessment shall be provided according to a program schedule and treatment plans may be modified or adjusted based on results.

4.7 A review process or set of quality controls shall be in place to ensure accountability of the treatment provider.

5. Abstinence is monitored by frequent alcohol and other drug testing.

5.1 Participants shall be administered a drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.

5.2 Drug testing shall be administered to each participant on a random selection basis.

5.3 All juvenile drug courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva testing and electronic monitoring.

5.4 All drug testing shall be directly observed by an authorized, same sex member of the drug court team, a licensed/certified medical professional, or other approved official of the same sex.

5.5 Results of all drug tests should be available to the court and action should be taken as soon as possible, ideally within 48 hours of receiving the results.

5.6 In the event a single urine sample tests positive for more than one prohibited substance, the results shall be considered as a single positive drug screen.

5.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

5.8 Each juvenile drug court shall establish a method for participants to dispute the results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.

5.9 Creatinine violations and scheduled drug screens missed without a valid excuse, as determined by the presiding judge, may be considered as a positive drug screen.

6. A coordinated strategy governs responses from the juvenile drug court to each participant's performance and progress.

6.1 A juvenile drug court shall have a formal system of sanctions and rewards, including a system for reporting noncompliance, established in writing and included in the court's policies and procedures.

6.2 The formal system of sanctions and rewards shall be organized on a gradually escalating scale and applied in a consistent and appropriate manner to match a participant's level of compliance.

6.3 Juvenile drug courts should implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or school and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

6.4 Regular and frequent communication between all members of the juvenile drug court team shall provide for immediate and swift responses to all incidents of noncompliance, including positive drug tests.

6.5 Responses to compliance and noncompliance (including criteria for expulsion) are explained orally and provided in writing to juvenile drug treatment court participants during their orientation. Periodic reminders are given throughout the treatment process.

6.6 There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention. Incarceration or detention should only be considered as the last option in the most serious cases of noncompliance.

6.7 Participants shall be subject to progressive positive drug screen sanctions prior to being considered for termination, unless there are other acts of noncompliance affecting this decision.

7. Ongoing judicial interaction with each juvenile drug court participant is essential.

7.1 A single juvenile court judge or associate juvenile court judge must preside over an individual juvenile drug court program and should be committed to serving in this role long-term.

7.2 The judge shall attend and participate in all pre-court staffings.

7.3 A regular schedule of status hearings shall be used to monitor participant progress.

7.4 There shall be a minimum of two status hearings per month in the first phase of juvenile drug court programs and, dependent on participant needs, this minimum schedule may continue through additional phases.

7.5 Frequency of status hearings may vary based on participant needs and benefits, as well as judicial resources. Status hearings should be held no less than once per month during the last phase of the program.

7.6 Status review shall be conducted with each participant on an individual basis; to optimize program effectiveness, group reviews should be avoided unless necessary based on an emergency.

7.7 The judge, to the extent possible, should strive to spend an average of three minutes or greater with each participant during status review.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

8.1 The goals of the juvenile drug court program are described concretely and in measurable terms. Minimum goals are:

- (1) Reducing drug addiction and drug dependency
- (2) Reducing crime
- (3) Reducing recidivism
- (4) Reducing drug-related court workloads
- (5) Increasing personal, familial, and societal accountability among participants
- (6) Promoting effective planning and use of resources among the criminal justice and social services systems and community agencies
- (7) Encouraging education by reducing truancy, reducing dropout rates, and increasing the number of juveniles receiving diplomas, GEDs, and completing vocational programs.

8.2 Participant progress, success, and satisfaction should be monitored on a regular basis (including at program entry and graduation) through the use of surveys.

8.3 Participant data should be monitored and analyzed on a regular basis (as set forth in a formal schedule) to determine the effectiveness of the program.

8.4 A process and outcomes evaluation should be conducted by an independent evaluator within three years of implementation of a juvenile drug court program and in regular intervals as necessary, appropriate, and/or feasible for the program thereafter.

8.5 Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make any necessary modifications to program operations, procedures, and practices.

8.6 Data needed for program monitoring and management are easily obtainable and are maintained in useful formats for regular review by program management.

8.7 Juvenile drug courts should use the preferred case management program, or compatible equivalent, as designated by the Judicial Council Accountability Court Committee, in the interest of the formal and systematic collection of program performance data.

8.8 Juvenile drug courts shall collect, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee which shall be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee, including a comprehensive end-of-year report. The minimum performance measures to be collected shall include: recidivism (re-arrests and reconvictions), number of moderate and high risk participants, drug testing results, drug testing failures, number of days of continuous sobriety, units of service (number of court sessions, number of days participant receives inpatient treatment), employment, successful participant completion of the program (graduations), and unsuccessful participant completion of the program (terminations, voluntary withdrawal, death/other).

9. Continuing interdisciplinary education promotes effective juvenile drug court planning, implementation, and operations.

9.1 Juvenile drug court programs shall have a formal policy on staff training requirements and continuing education.

9.2 All members of a juvenile drug court team shall receive training through the National Drug Court Institute if offered for juvenile drug courts and funding is available.

9.3 Completion of the National Drug Court Planning Initiative, if offered for juvenile drug courts, shall be required prior to implementation in order to attain certification.

9.4 Existing programs should participate in Juvenile Drug Court Operational Tune-Up, as needed.

9.5 Court teams, to the extent possible, should attend comprehensive training on an annual basis, as provided by the Judicial Council Accountability Court Committee, the National Association of Drug Court Professionals (NADCP), and the National Council of Juvenile and Family Court Judges (NCJFCJ). Comprehensive training may also include a technical assistance component (facilitated site-visits, implementation and educational goal development for program enhancement, and strategic planning meetings).

9.6 Juvenile drug court judges and staff should participate in ongoing continuing education as available through professional organizations (ICJE, NADCP, GCCA, etc.).

9.7 New team members shall attend formal orientation and training administered by the Judicial Council Accountability Court Committee or the National Association of Drug Court Professionals (NADCP). If possible, a codified transition policy should be in place for new team members.

9.8 Juvenile drug court staff should participate in ongoing cultural competency training on an annual basis.

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

10.1 Pursuant to O.C.G.A. §15-1-15, each juvenile drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court and shall include all policies and practices related to implementing the standards set forth in this document.

10.2 A local steering committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, and the faith community should meet at a minimum three times per year to provide policy guidance, fundraising assistance, and feedback to the drug court program.

10.3 Juvenile drug courts should consider forming an independent 501(c)3 organization for fundraising and administration of the steering committee.

10.4 Juvenile drug courts should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach, and other ways of marketing. It is recommended that the team meet every six months to do community mapping to help forge partnerships in the community.

Section XI

Juvenile Drug Court Treatment Standards

1. Screening

1.1 Legal: Juvenile drug court programs should work with an interdisciplinary team to ensure systematic, early identification and early engagement of a target population.

1.2 Clinical: Juvenile drug courts shall enroll participants who meet diagnostic criteria for Substance-Use Disorder (SUD) and those whose needs can be met by the program. Diagnostic criteria shall incorporate both screening tools and a clinical interview. Initial screening will include, but not be limited to, the following: PTSD, depression, anxiety, self-esteem, and family issues.

1.3 Juvenile drug courts shall screen using an evidence-based screening tool.

1.3.1 Recommended tools: Teen Addiction Severity Index (T-ASI), Drug Usage Screening Inventory - Revised (DUSI-R), Substance Abuse Subtle Screening Inventory - Adolescent 2 (SASSI-A2), Brief Mental Health Screen, National GAINS Center.

2. Initial and Continuing Assessment

2.1 The assessment tool should be designed specifically for the developing adolescent, comply with evidence-based practices, and capture data related to the major life domains of an adolescent. This assessment tool should include, but not be limited to, issues of substance abuse, mental health, physical health, legal, development, school/education/employment, and family/peer relationships. The assessment tool should also be strength-based in order to accurately assess the juvenile's unique abilities and needs. As recommended, a staff person qualified to administer the instrument should perform assessments.

2.2 The assessment tool should be suitable for use as a repeat measure. Juvenile drug courts should re-administer the assessment tool as a measure of program effectiveness. Repeat assessments and/or documented treatment plan reviews are recommended every 90 days, but must be completed no less than every 180 days.

3. Level of Treatment

3.1 Juvenile drug courts shall offer an appropriate level of treatment for the target population by taking into consideration the following:

- (1) Treatment Track: Make every effort to keep the juvenile in the appropriate treatment track, i.e. abuse, dependency, etc. ASAM's Patient Placement Criteria (PPC) provides a guideline for determining treatment setting and service matching.
- (2) Age; developmental stage; mental status; gender; culture; behavioral; emotional issues including traumatic exposure and/or self-identity, and the individual needs of the juvenile and existing clientele to ensure that the juvenile and other clientele would not be adversely impacted by their interaction.

3.2 Juvenile drug courts shall match participant needs with an appropriate level of treatment and supervision. The ideal length of a juvenile drug court program is 12-18 months, which can be inclusive of aftercare treatment plans.

4. Treatment Interventions

1.1 Juvenile drug courts should integrate a youth development philosophy as the foundation of treatment of juveniles which include the following, but are not limited to:

- (1) Assessment and treatment planning processes that are strength-based rather than deficit based
- (2) Uncovering what is unique about the juvenile and building on his/her individual abilities and strengths
- (3) Frequent expressions of support and consistent, clear, and appropriate messages about what is expected of the juvenile
- (4) Encouragement and assistance in developing multiple supportive relationships with responsible, caring adults.

1.2 Juvenile drug courts shall use a structured program which addresses the following:

1.2.1.1 Identification of emotional issues

1.2.1.2 Stabilizing of substance use.

1.3 Recommended approach: Relapse prevention strategies that include a crisis relapse prevention plan and re-evaluation, as needed, of the possible deficit areas in the treatment plan which may relate to a relapse incident; Integrated approach for dual diagnosed Substance Use/PTSD; Multi-Dimensional Family Therapy (MDFT); Cognitive Behavior Therapy (CBT); Matrix, Seven Challenges; and any other evidence-based tools.

1.4 Aftercare services are an important part of relapse prevention. Each juvenile drug court juvenile and their family member shall participate in the development of an individualized aftercare treatment plan.

5. Family Interventions and Educational Support

5.1 Juvenile drug courts shall include the family in the juvenile's individualized treatment plan. A juvenile's immediate family may not be nuclear and may include, but are not limited to: godparents, step-parents, other relatives, live-in friends of parents, neighbors, or other caretakers¹.

5.2 The juvenile drug court shall identify the family dynamics and engage and include the family in the juvenile's treatment as early as possible (as part of the intake and assessment process, if clinically appropriate and specified in the treatment plan). The juvenile drug court shall make efforts to provide individual family counseling, multi-family groups, and parental education sessions as clinically appropriate and specified in the treatment plan.

The juvenile drug court should strongly recommend (or require, if possible) that families actively be engaged in the youth's treatment reviews, family counseling, and family education offered by treatment provider.

5.3 Juvenile drug court shall work to improve interfamilial relations and assist the family in providing a support structure that can function both during and after the period of court intervention. This should include the development of a relapse prevention plan². Juvenile drug courts should assist the juvenile in developing a support system to help reinforce behavioral gains made during treatment and providing ongoing support to prevent relapse³.

¹ Juvenile Accountability Incentive Block Grants Program Report, May 2001, p.10; <https://www.ncjrs.gov/pdffiles1/ojdp/184744.pdf>

² Juvenile Accountability Incentive Block Grants Program Report, May 2001, p.10; <https://www.ncjrs.gov/pdffiles1/ojdp/184744.pdf>

³ California Youth Treatment Guidelines

5.4 Juvenile drug courts shall obtain the juvenile's current educational records. The juvenile drug court should fully integrate the juvenile's educational program into the juvenile's clinical program by:

- (1) Providing the juvenile access to educational instruction while in treatment, in accordance with state law
- (2) Working with the educational system to address the juvenile's school-related problems
- (3) Developing a plan to assist the juvenile's successfully transition back into the community educational system, if appropriate
- (4) Ensuring that the assessment process screens for possible key roadblocks to learning and academic success.

6. Treatment/Case Management Planning

6.1 Juvenile drug courts shall use treatment/case management planning that follows from assessment and systematically addresses core risk factors associated with relapse.

6.2 Treatment and case management planning should be ongoing and occur in conjunction with one another.

6.3 Juvenile drug courts should make efforts to assist the family by making referrals for community-based medical and mental health resources and governmental assistance programs, as needed.

7. Information Management Systems

7.1 Juvenile drug courts shall employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measurement should capture, but is not limited to, the type of treatment services both delivered to and attended by participants.

8. Oversight and Evaluation

8.1 Juvenile drug courts are responsible for oversight of all juvenile drug court program components. Regular monitoring of judicial status hearings, treatment, and case management services should occur.

8.2 Each juvenile drug court should establish a valid and structured means of ensuring oversight for the quality of treatment provided to the clientele that upholds standards of ethics and confidentiality of the client. Input from participants and their families to assess program strength and areas for improvement increases legitimacy of the process and leads to improved outcomes.