



Section II

Adult Drug Court Treatment Standards

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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.