



# Section VI

## Adult DUI/Drug Court Treatment Standards

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## 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).<sup>3</sup>

**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).

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<sup>3</sup> 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.<sup>4</sup>

**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.

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