Overview of Minnesota State Treatment Court Standards

Minnesota State Treatment Court Conference

June 6, 2019

What Have We Learned?

Key Components

- State of knowledge as of 1997
- Define Drug Courts
- Derived from professional experience
- Measurable performance benchmarks
- Envisioned as 10 of them
- Never intended as the final word

Best Practice Standards

- State of knowledge as of 2013 and 2015
- Derived from an empirical threshold of approx. 50% to 100% improvement in outcomes; research listed
- Quantitative benchmarks
- They are the "how" of Drug Courts
- Envisioned far more than 10

The 10 Key Components of a Treatment Court

- ***Drug Courts integrate alcohol and other drug treatment services with justice system case processing.***
- ***Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.***
- ***Eligible participants are identified early and promptly placed in the drug court program.***
- ***Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.***
- ***Abstinence is monitored by frequent alcohol and other drug testing.***
- ***A coordinated strategy governs drug court responses to participants compliance.***
- ***Ongoing judicial interaction with each drug court participant is essential.***
- ***Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.***
- ***Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.***
- ***Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.***

Adult Drug Court Best Practice Standards

1. Target Population
2. Historically Disadvantaged Groups
3. Roles and Responsibilities of the Judge
4. Incentives, Sanctions, and Therapeutic Adjustments
5. Substance Abuse Treatment
6. Complementary Treatment and Social Services
7. Drug and Alcohol Testing
8. Multidisciplinary Team
9. Census and Caseloads
10. Monitoring and Evaluation

Minnesota Treatment Court Standards

- Original Standards were approved by Judicial Council in 2007
- Minimum requirements for the approval and operation of treatment courts
- Create uniform practice statewide but allows for local innovation and for treatment court teams to meet the needs of their community
- Applicable to all drug, DWI, mental health, juvenile, veterans, and hybrid treatment courts
- FDTC have their own set of standards due to their uniqueness

Minnesota Treatment Court Standards

- Revisions occurred in 2009, 2014, and 2016 – Minor wording changes
- National Center for State Courts assisted in the most recent revision to incorporate language for mental health courts and veterans courts into the standards
- Align with the National Association of Drug Court Professionals (NADCP) Adult Best Practice Standards which were published in 2013 (Volume I) and 2015 (Volume II)
- Newly revised standards effective January 1, 2019

I. The Treatment Court Team

- Treatment Court teams shall take a minimum of one year to plan and implement their court.
- Must attend the federal Adult Drug Court Implementation Training, Veterans Treatment Court Planning Initiative, DWI Court training, or the Minnesota equivalent prior to implementation.

I. The Treatment Court Team

- Judge
- Prosecutor
- Defense Counsel
- Coordinator
- Probation/Case Manager
- CD Expert
- Treatment Provider
- Other Ancillary Providers

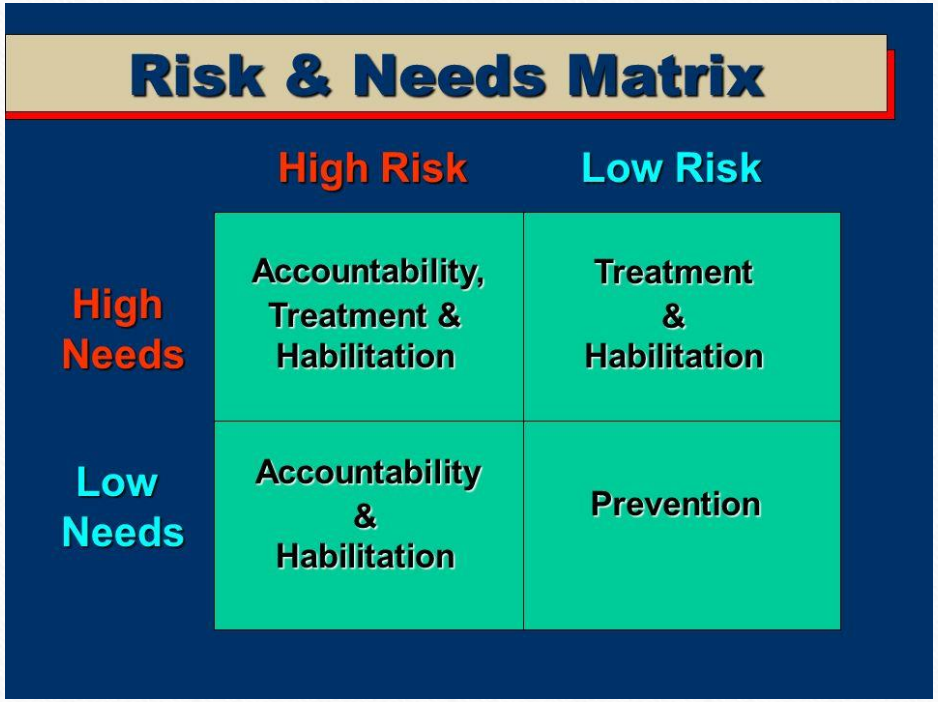
I. The Treatment Court Team

- Steering Committee made up of key officials and policy makers to provide oversight for treatment court policies and operations.
- Written Policies and Procedures with goals of Treatment Court program
- All team member should attend staffing which are presumptively closed
- Communication between team members should be accurate and timely
- Written Memorandum of Understanding (MOU) outline roles and responsibilities of each team member, decision making process, and process for resolving conflicts.

I. The Treatment Court Team

- Participants shall provide voluntary and informed consent about what information will be shared between team members through a written consent or release of information form.
- Treatment court team assignments for a minimum of 2 years.
- Training for new team members within 60 days of joining the team.
- Team member continuing education workshops every other year.
- Supervision caseloads should not exceed 50 participants per probation agent/case manager.
- Review sustainability plan every two years.

II. Target Population



- High Risk, High Needs should be target population
- Use a standardized, objective, validated risk assessment tool such as the RANT
- Eligibility and exclusion criteria requires the approval of all treatment court team members.
- Must be in writing and communicated to all referral sources.

II. Target Population

- Target defendants who meet diagnostic criteria for a :
- Mental Health Disorder
- Moderate or Severe Substance Use Disorder
- Co-Occurring Substance Use Disorder and Mental Health Disorder consistent with DSM Diagnostic Criteria
- Substantial Risk for Reoffending
- Unlikely to be successful on traditional supervision due to a mental health disorder

II. Target Population

- Barring legal prohibitions, defendants charged with drug distribution or those with violent histories are not excluded automatically from participation in the treatment court.
- If adequate treatment is available, candidates shall not be disqualified from participation due to co-occurring mental health or medical conditions or because they have been legally prescribed medications including, but not limited to, psychotropic or addiction medication.
- If a treatment court is unable to target only high-risk and high-need defendants, the program shall develop alternative tracks with services that are modified to meet the risk and need levels of its participants and avoid mixing participants with different risk or need levels.

III. Program Structure

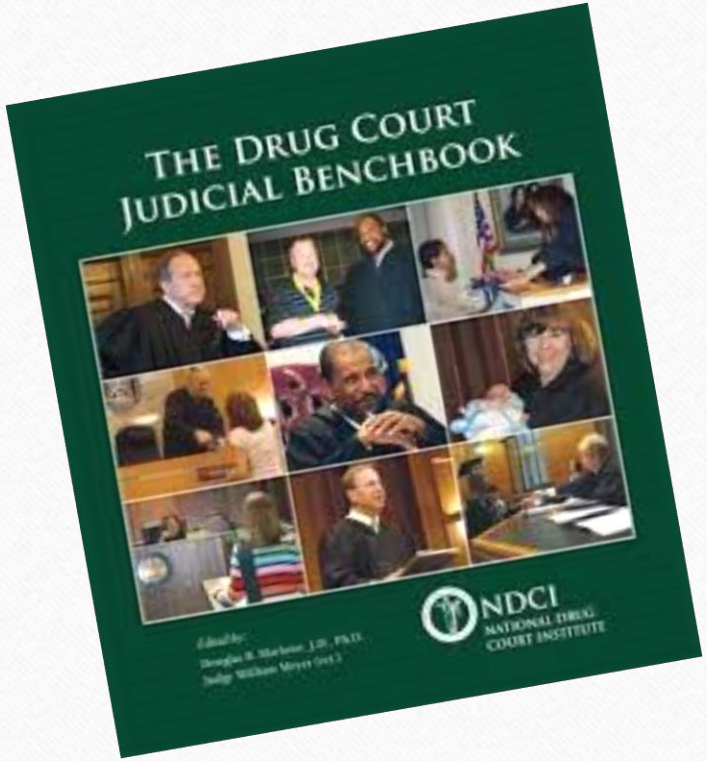
- No more than 125 participants
- Minimize the time between the precipitating event (arrest or probation violation) and program entry and first treatment episode
- Incentives for program participation
- Program should be a minimum of 12 months for felony and gross misdemeanor offenses
- Participants may be terminated from the treatment court if they no longer can be managed safely in the community or if they repeatedly fail to comply with treatment or supervision requirements.
- Termination shall not occur for continued substance use unless it is in conjunction with non-compliance in treatment and/or supervision.

IV. Judicial Monitoring/Court Hearings

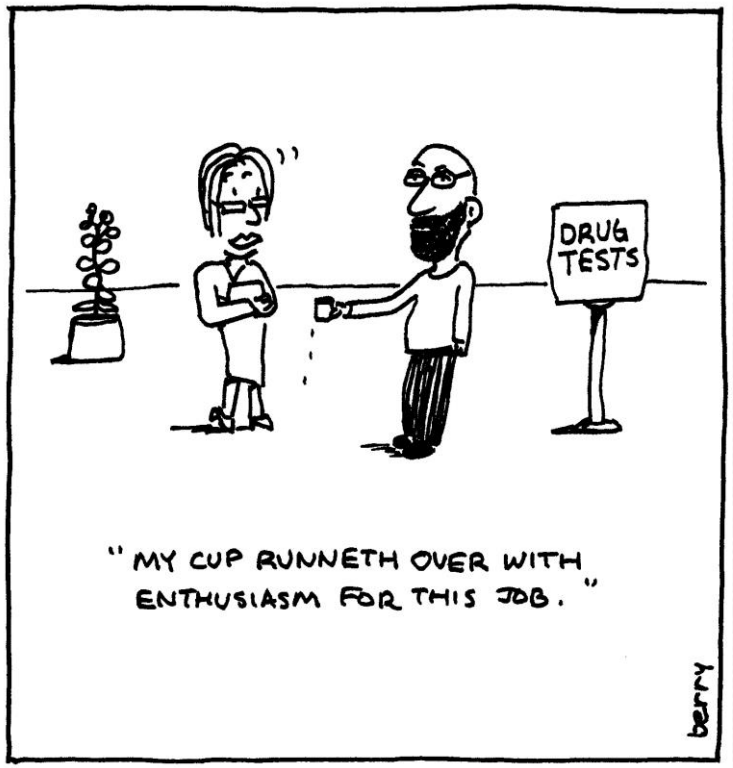
- Appear before the judge at least twice monthly during the initial phase
- Judge is the final decision maker on the team on incentives or sanctions that affect an individual's liberty after input from the team
- Same judge throughout treatment court

IV. Judicial Monitoring/Court Hearings

- 3 minutes per participant judicial interaction
- Length of term for treatment court judge should be two years or longer
- Treatment courts should use non-adversarial approach
- Participant may request defense counsel attends staffing for his/her case only
- Defense counsel shall review the standard form for entry into the treatment court as well as potential sanctions and incentives with the participant, informing them of their basic due process rights.



V. Drug and Alcohol Testing



V. Drug and Alcohol Testing

- **RANDOM, FREQUENT, AND OBSERVED!**
- Written policies and procedures for sample collection, sample analysis, and results reporting.
- Participant rights and responsibilities about drug testing when entering program
- No more than 8 hours notice, shorter notice for oral swabs – 4 hours notice
- Confirmation testing for if a participant denies use

V. Drug and Alcohol Testing

- Results available within 48 hours of test administration to the team
- Failure to submit a test, submitting the sample of another, and adulterated samples should be treated as non-compliant behavior
- Regularly include a panel of drugs
- Minimum of twice weekly until the final phase of the program

VI. Treatment Services

- Prompt access to substance use disorder and mental health treatment
- Individualized treatment plan with proximal and distal goals
- Standardized placement criteria for treatment services
- No more than two treatment agencies on your team or a clinical treatment liaison
- All treatment services provided by licensed and trained individuals and should be evidence based interventions

VI. Treatment Services

- A treatment court shall not force any participant to discontinue MAT unless clinical and medical assessment indicates that it is not appropriate for the participant or is no longer needed.
- Services shall be trauma-informed when appropriate and clinically necessary to the degree that available resources allow this.

VI. Treatment Services

- If a treatment plan indicates, participants with a substance use disorder shall meet individually with a clinical case manager or comparable treatment professional at least weekly during the first phase of treatment court.
- Mental illness and substance abuse shall be treated concurrently using an evidence-based curriculum.
- Standardized, manualized, behavioral or cognitive behavioral evidence-based treatment programming shall be adopted by the treatment court whenever possible and implemented with fidelity to ensure quality and effectiveness of services and to guide practice.

VI. Treatment Services

- Participants shall be screened for their suitability for group interventions and group membership.
- Treatment groups for high-risk/high-need participants shall ordinarily have no more than twelve participants and at least two leaders or facilitators.
- Caseloads for clinicians providing services to individuals with substance use disorders shall not exceed the following thresholds:

  50 active participants for clinicians providing clinical case management

  40 active participants for clinicians providing individual therapy or counseling

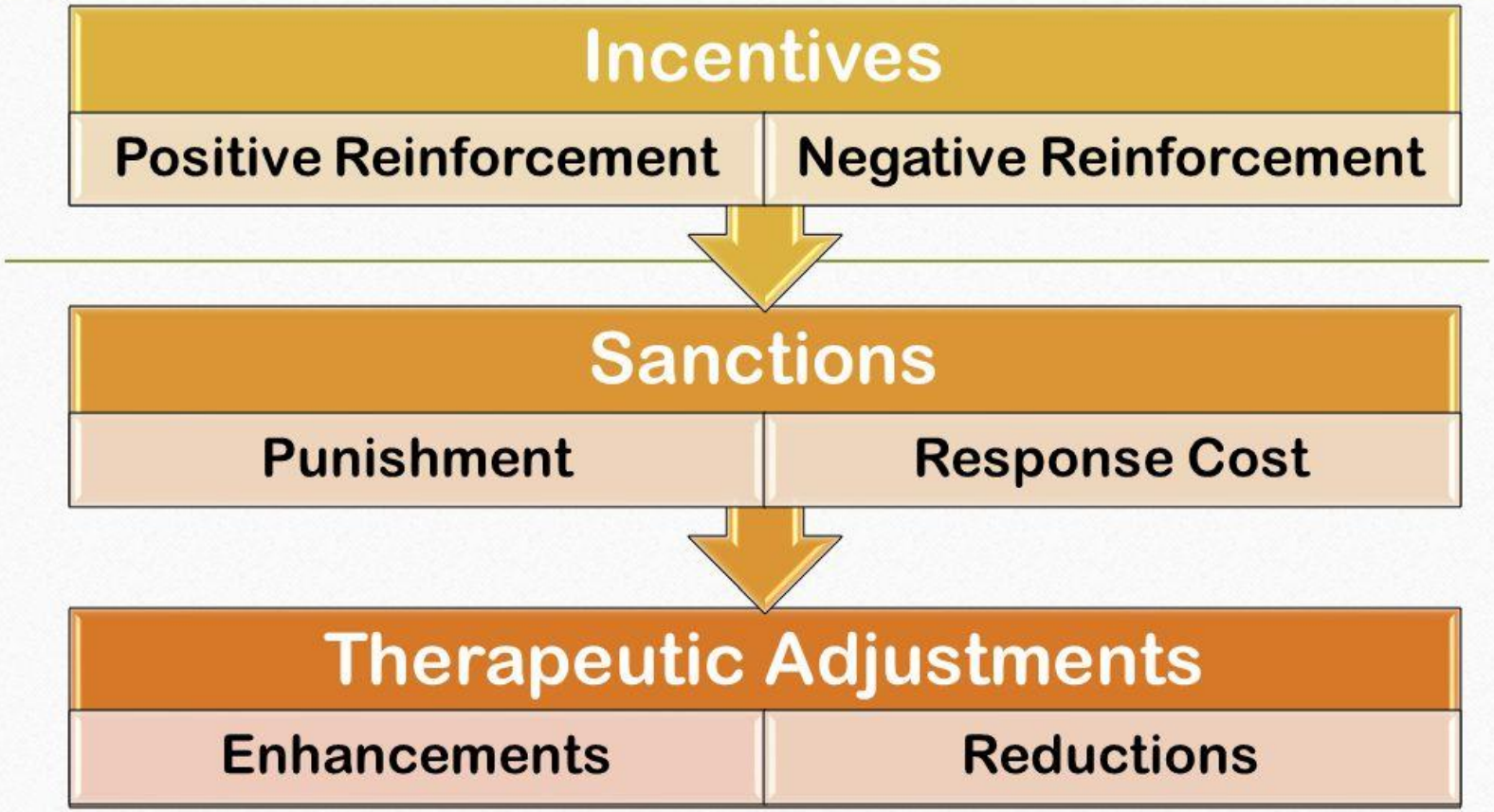
  30 active participants for clinicians providing both clinical case management and individual therapy or counseling
- Case managers shall help participants prepare for their transition out of the court program by providing referrals to treatment and services that are accessible after court supervision concludes.

VII. Complementary Treatment and Social Services

- Provide or refer participants to treatment and social services.
- Complementary services may include housing assistance, trauma-informed services, criminal-thinking interventions, family or interpersonal counseling, vocational or educational services, and medical or dental treatment.

VII. Complementary Treatment and Social Services

- Participants shall receive an evidence-based criminal-thinking intervention after they have been stabilized clinically.
- Participants shall receive psychiatric medication based on a determination of medical necessity or medical indication by a qualified medical provider.


Incentives
Positive Reinforcement
Negative Reinforcement
Sanctions
Punishment
Response Cost
Therapeutic Adjustments
Enhancements
Reductions

VIII. Sanctions and Incentives

- Response to compliance and non-compliance shall be explained orally and in writing during orientation.
- Sanctions should be immediate, graduated, and individualized and consider proximal and distal goals
- Participants should have the opportunity to explain their perspective on the situation.
- Jail sanctions shall be imposed judiciously and sparingly.
- Consequences shall be imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance.

VIII. Sanctions and Incentives

- The treatment court shall place as much emphasis on incentivizing productive behaviors as it does on reducing crime, substance abuse, and other infractions.
- Criteria for phase advancement and graduation shall include objective evidence that participants are engaged in productive or prosocial activities such as employment, education, volunteering, or attendance in peer support groups.

IX. Program Evaluation

- Treatments courts shall report outcome and other data as required by the State Court Administrator's Office, including information to assess compliance with the standards.
- Formal evaluation by a skilled evaluator at least every 5 years

IX. Program Evaluation

- Outcomes for the treatment court participants shall be compared to those of an unbiased and equivalent comparison group.
- Equivalent time period for follow-up for control group and comparison group
- All eligible participants should be included in the study group.

IX. Program Evaluation

- Treatment courts shall monitor their adherence to the treatment court best practice standards a minimum of every two years.
- Minnesota Judicial Branch is distributing an online self-assessment in the next 2-3 weeks that will monitor team's adherence to the standards.
- Approximately 150 yes/no questions to be completed as a team
- Local and statewide reports will be available in the coming months
- This will be done once per biennium.
- Treatment courts shall continually monitor admission rates, services delivered, and outcomes achieved for members of historically disadvantaged groups who are represented in the treatment court population.

Questions?

Abby Kuschel, State Treatment Court Coordinator

abby.kuschel@courts.state.mn.us

(612) 902-9592

Minnesota Judicial Branch Policy 511.1 (CourtNET) or call/email and an electronic copy can be sent to you.