



**MINNESOTA
JUDICIAL BRANCH**
STATE COURT ADMINISTRATOR'S OFFICE

**MINNESOTA
TREATMENT COURT
STANDARDS**

January 1, 2019

Minnesota Judicial Branch Treatment Court Standards

Effective January 1, 2019

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I. THE TREATMENT COURT TEAM

A. PROGRAM PLANNING

Treatment court teams shall complete the federal Drug Court Planning Initiative (DCPI), the Veterans Treatment Court Planning Initiative and DWI court training, or the Minnesota equivalent for the specific approved treatment court model before becoming operational. Hybrid treatment court teams that seek to combine multiple models of treatment courts shall complete team-based treatment court training for all relevant models. While Minnesota does not presently offer a mental health court training, mental health courts shall use the Council for State Government's online curriculum.¹

Treatment court teams shall take a minimum of one year to plan and prepare for implementation. This amount of time allows for a cohesive team to form; one that has effectively and collaboratively reached consensus on the variety of issues inherent in the implementation of a treatment court.

B. TEAM COMPOSITION

The treatment court team shall, at a minimum, include a judge, prosecutor, defense counsel, a coordinator, probation/case manager, a chemical dependency expert, treatment provider(s), and other ancillary service providers. Specific models may require additional team members such as a tribal representative (when appropriate), a mental health treatment expert (for mental health court or courts serving individuals with co-occurring disorders), a mental health court case manager (for mental health court), a victim's representative (for DWI Court), a school official (for juvenile treatment court), a Veterans Justice Outreach Specialist (for veterans treatment courts) and a Veterans Service Officer (for veterans treatment courts).

Other possible team members, may include, but are not limited to: a law enforcement representative (who should be represented on adult drug court teams), a Substance Use Disorder assessor, a Social Service representative², recovery community representatives, and peer support providers.

C. STEERING COMMITTEE

Each treatment court shall create a steering committee comprised of key officials and policymakers to provide oversight for treatment court policies and operations, including development and review of the treatment court budget, and to communicate regularly with the county board and/or city council.

¹ [Developing a Mental Health Court: An Interdisciplinary Curriculum](#)

² Specifically, these representatives could come from public health, housing, employment, etc.

D. POLICIES AND PROCEDURES

The planning team shall establish written policies and procedures which reflect shared goals and objectives for a treatment court; at a minimum, the goals of the treatment court shall be those of the TCI: enhancing public safety, ensuring participant accountability, improving participant functioning, and reducing costs to society. An outline example of a local policy and procedure manual is found in Appendix A. Programs shall review their policies and procedures biannually and update them as needed.

E. PRE-COURT STAFFING

Team members shall consistently attend pre-court staff meetings to review participant progress, determine appropriate actions to improve outcomes, and prepare for status hearings in court. Pre-court staff meetings are presumptively closed to participants and the public, unless the court has a good reason for a participant to attend discussions related to that participant's case.

F. COMMUNICATION

There shall be ongoing communication among the court, probation officer and/or case manager, and treatment providers including frequent exchanges of timely and accurate information about the individual participant's overall performance.

G. MEMORANDUM OF UNDERSTANDING

Treatment court teams shall develop a written agreement (i.e., a Memorandum of Understanding) between all participating agencies. This agreement shall include the roles and responsibilities of all parties, decision-making process and the process for resolving conflicts among treatment court team members.

H. INFORMATION SHARING

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. This form shall incorporate the provisions of 42 CFR, Part 2 and HIPAA. The standard consent form shall be completed by all parties – team members, observers, and adjunct team members - to provide communication about confidentiality, participation/progress in treatment, and compliance with the provisions of 42 CFR, Part 2 and HIPAA. Defense attorneys shall only share attorney-client communications with the consent of the client.

I. TREATMENT COURT ASSIGNMENTS

For consistency and stability in treatment court operations, the treatment court team members shall be assigned to the treatment court for a minimum of two years or longer.

J. INITIAL TRAINING

Each treatment court shall plan for the transition of a team member and provide sufficient orientation and training for new team members within 60 days of joining the team. Training could be through online webinars, treatment court trainings and conferences.

K. CONTINUING EDUCATION

Team members shall attend continuing education workshops at least every other year to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision-making, and constitutional and legal issues in treatment courts.

L. SUPERVISION CASELOADS

Caseloads for probation officers or other professionals responsible for community supervision of participants shall permit sufficient opportunities to monitor participant performance, apply effective behavioral consequences, and report pertinent compliance information during pre-court staff meetings and status hearings. When supervision caseloads exceed thirty active participants per supervision officer, program operations shall be monitored carefully to ensure supervision officers can evaluate participant performance accurately, share significant observations with team members, and complete other supervisory duties as assigned. Supervision caseloads shall not exceed fifty active participants per supervision officer.

M. SUSTAINABILITY PLAN

Each treatment court shall develop a written sustainability plan that shall be reviewed by the team every two years.

II. TARGET POPULATION, ELIGIBILITY, REFERRALS AND ORIENTATION

A. OBJECTIVE ELIGIBILITY AND EXCLUSION

Eligibility and exclusion criteria requires the approval of all treatment court team members. Eligibility and exclusion criteria shall be defined objectively, specified in writing, and communicated to potential referral sources including judges, law enforcement, defense attorneys, prosecutors, treatment professionals, and community supervision officers. The treatment court team shall not apply subjective criteria or personal impressions to determine participants' suitability for the program.

B. HIGH-RISK AND HIGH-NEED PARTICIPANTS

Individuals shall be assessed to determine the level of criminogenic risk using a standardized, objective, validated risk screening or assessment tool and to determine treatment needs using a clinical screening or assessment tool. High-risk individuals are appropriate for admission into treatment court. Low-risk individuals may be admitted but only if placed on an alternative track separate from the high-risk individuals and structured according to evidence-based practices.

C. VALIDATED SCREENING AND ASSESSMENT TOOLS

All treatment courts shall use a validated risk tool³ to determine eligibility for inclusion in treatment court. Individuals providing screening for substance use or mental health disorders and suitability for treatment shall be appropriately trained. The treatment court team shall limit subjective criteria or personal impressions to determine eligibility.

For mental health courts and veterans treatment courts, alternative screening and assessment tools may be needed.

D. CLINICAL ELIGIBILITY

Treatment courts shall target defendants for admission who meet the diagnostic criteria for a mental health disorder, a moderate or severe substance use disorder, or a co-occurring substance use and mental health disorder consistent with the most current DSM (Diagnostic and Statistical Manual) diagnostic criteria; are at substantial risk for reoffending; or are unlikely to be successful under traditional supervision due to a mental health disorder. These individuals are commonly referred to as high-risk and high-need defendants.

³ There are numerous validated assessments to determine the level of risk of offenders. Historically, the use of a variety of assessments has been problematic for treatment courts in determining a unified definition of high risk. Only one validated tool, the "Risk and Needs Triage (RANT), is designed to determine risk into two categories; high and low. Therefore, treatment courts shall use the RANT when available for appropriate offender populations. The RANT may not be appropriate for mental health court or a veterans treatment court. The RANT is a screening tool; therefore, not intended to replace any assessments used by other agencies.

E. ALTERNATE TRACKS

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.

F. CRIMINAL HISTORY DISQUALIFICATIONS

Current or prior offenses may disqualify candidates from participation if the defendant's prior record suggests that the defendant cannot be managed safely or effectively in a treatment court. Barring legal prohibitions, defendants charged with drug distribution or those with violent histories are not excluded automatically from participation in the treatment court.

G. CLINICAL DISQUALIFICATIONS

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.

III. PROGRAM STRUCTURE

A. PROGRAM CAPACITY

The treatment court census shall be predicated on local need, obtainable resources, and the program's ability to apply best practices. When the census reaches 125 active participants, program operations shall be monitored carefully to ensure they remain consistent with best practice standards. If evidence suggests some operations are drifting away from best practices, the team shall develop a remedial action plan and timetable to rectify the deficiencies and evaluate the success of the remedial actions.

B. PROGRAM ENTRY

Treatment court programs shall minimize the time between the precipitating event (arrest or probation violation) and entrance into the treatment court, and the time between treatment court entry and first treatment episode.

C. INCENTIVES FOR PROGRAM PARTICIPATION

The treatment court shall have incentives for completing the program, such as avoiding a criminal record, avoiding incarceration, or receiving a substantially reduced sentence or disposition.

D. PROGRAM DURATION

Treatment courts serving individuals charged with a felony or a gross misdemeanor offenses shall require a minimum of 12 months of participation to complete all program phases. Overall duration and dosage of treatment for participants shall be based on the individual's risk and needs as determined from validated standardized assessments.

E. TERMINATION

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, or the participant is considered non-amendable to treatment.

IV. JUDICIAL MONITORING/COURT HEARINGS

A. FREQUENCY OF STATUS HEARINGS

At a minimum, treatment court participants shall appear before the treatment court judge at least twice monthly during the initial phase of the court. Frequent status hearings during the initial phases of the court shall establish and reinforce the treatment court's policies and ensure effective supervision of each treatment court participant. Courts operating a non-compliant docket track may consider an alternative reporting structure.

B. JUDICIAL DEMEANOR

The judge shall be patient, dignified, and courteous to participants and shall require similar conduct of treatment court staff.

C. JUDICIAL DECISION-MAKING

The judge shall make the final decisions concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty, after taking into consideration the input of the other team members and discussing the matter in court with the participant or the participant's legal representative. The judge shall rely on the expert input of trained treatment professionals when imposing treatment-related conditions.

D. CONSISTENT DOCKETS

Participants shall ordinarily appear before the same judge throughout their enrollment in treatment court.

E. LENGTH OF COURT INTERACTIONS

The treatment court judge shall spend sufficient time during status hearings reviewing each participant's progress in the program. Evidence suggests judges spend a minimum of approximately three minutes during the hearing interacting with each participant in court.

F. LENGTH OF TERM

The length of term for treatment court judges shall be a minimum of two years or longer. A back-up or assisting judge shall be appropriately trained. Training could be through online webinars, treatment court trainings and conferences.

G. NON-ADVERSARIAL APPROACH

Treatment courts shall incorporate a non-adversarial approach while recognizing:

- Retention of prosecution's distinct role in pursuing justice and protecting public safety.

- Retention of defense counsel's distinct role in preserving the constitutional rights of treatment court participants.
- Preservation of due process fostered through judicial leadership.

Provision of detailed materials outlining the process of the treatment court to defense counsel representing a treatment court participant.

H. REPRESENTATION AT STATUS HEARINGS

A defendant may request that defense counsel attend post-admission treatment court staffings for their client(s) only.

I. INFORMED CONSENT

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

A. WRITTEN TESTING PROCEDURES

Treatment courts shall have written policies and procedures for sample collection, sample analysis, and result reporting. The testing policies and procedures shall address elements that contribute to the reliability and validity of the testing process. Urine specimens shall be routinely tested for evidence of dilution and adulteration. Testing protocols take into consideration the ability to monitor compliance with valid prescriptions/medication-assisted treatment and differentiate positive tests between prescribed drugs and drugs of abuse.

B. NOTICE OF TESTING

Upon entering the treatment court, participants shall receive a clear and comprehensive explanation of their rights and responsibilities related to drug and alcohol testing.

C. RANDOM TESTING

All testing shall be random, frequent, and observed. Participants shall not receive more than eight hours notice of when a sample will be collected. For tests with short detection windows, such as oral fluid tests, specimens shall be provided within four hours after being notified.

D. CONFIRMATION TESTS

If a participant denies substance use in response to a positive screening test, a portion of the same specimen shall be subjected to confirmatory analysis using an instrumented test, such as gas chromatography/mass spectrometry (GC/MS) or liquid chromatography/mass spectrometry (LC/MS). Barring staff expertise in toxicology, pharmacology, or a related discipline, drug or metabolite concentrations falling below industry- or manufacturer-recommended cutoff levels shall not be interpreted as evidence of new substance use or a change in a participant's substance use patterns.

E. AVAILABILITY OF RESULTS

Drug test results shall be available to the team and to the court within 48 hours of test administration.

F. FAILURE TO PROVIDE A SAMPLE

Failure to submit to testing, submitting the sample test of another, and adulterated samples shall be treated as non-compliant behavior and receive an immediate response.

G. SCOPE OF TESTING

Drug or alcohol testing shall not be limited to a single drug of choice but shall regularly include a panel of drugs to detect a broad array of known drugs of use in the local treatment court.

H. FREQUENCY OF TESTING

Participants with substance abuse disorders shall be tested a minimum of twice weekly until the final phase of the program. Testing shall occur on weekdays, weekends and holidays. The probability of being tested on weekends and holidays shall be the same as on other days.

VI. TREATMENT SERVICES

A. CONTINUUM OF CARE

Treatment courts shall provide prompt access to a continuum of approved substance abuse and mental health services based on a standardized assessment of the individual's treatment needs.

B. PROXIMAL AND DISTAL GOALS

Treatment courts shall address the appropriate proximal and distal goals of the participant based on the participant's phase in the program. Progression by participants through the treatment court shall be based upon the individual's progress with the treatment plan and compliance with court requirements. Treatment court phases and an individual's progress through those phases shall not be based solely upon pre-set court timelines.

C. ADJUSTMENTS TO THE LEVEL OF CARE

The level of care for chemical dependency treatment shall follow standardized placement criteria. Adjustments to the level of care shall be predicated on each participant's response to treatment and shall not be tied to the programmatic phase structure. Substance abuse treatment shall be reduced only if it is clinically determined that a reduction in treatment is unlikely to precipitate a relapse to substance use. For those with substance abuse disorders, the frequency of drug and alcohol testing shall not be reduced until after other treatment and supervisory services have been reduced and relapse has not occurred. If a participant is returned temporarily to the preceding phase of the program because of a relapse or related setback, the team shall develop a remedial plan together with the participant to prepare for a successful phase transition.

D. INDIVIDUALIZED TREATMENT

Treatment court participants shall be matched to services according to their specific needs. Treatment plans shall be individualized for each participant based on the results of the initial assessment and ongoing assessments. Participants shall be reassessed at a frequency determined by the program, and treatment plans may be modified or adjusted based on results.

E. TREATMENT REPRESENTATION

Treatment courts shall use no more than two treatment agencies to provide the primary treatment services for a majority of participants, or a single agency/individual shall oversee and coordinate the treatment provided from other agencies, unless local circumstances prevent this. If more than two agencies provide treatment to participants, communication protocols shall be established to ensure accurate and timely information concerning each participant's progress in treatment shall be conveyed to the treatment team.

F. PROVIDER TRAINING AND CREDENTIALS

All chemical dependency and mental health treatment services shall be provided by programs or persons who are appropriately licensed and trained to deliver evidence-based interventions according to the standards of their profession.

G. MEDICATION-ASSISTED TREATMENT

The treatment court shall have a mechanism in place for accepting participants taking medications determined to be medically necessary and prescribed by a trained and authorized addiction physician to treat their drug dependence (Medication-Assisted Treatment or MAT). The treatment court shall have policies specific to MAT and MOUs in place to ensure proper coordination with treatment and medical providers. 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.

H. TRAUMA-INFORMED SERVICES

Services shall be trauma-informed when appropriate and clinically necessary to the degree that available resources allow this. Participants shall be screened, and assessed as needed, for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD). Participants with PTSD or severe trauma-related symptoms shall be evaluated for their suitability for group interventions and shall be treated on an individual basis or in small groups when necessary. All participants shall receive trauma-related services in gender-specific groups. All treatment court team members, including court personnel and other criminal justice professionals, shall receive formal training on delivering trauma-informed services.

I. INDIVIDUAL TREATMENT

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. The frequency of individual sessions may be reduced subsequently if doing so would be unlikely to precipitate a behavioral setback or relapse.

J. CONCURRENT MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT

Mental illness and substance abuse shall be treated concurrently using an evidence-based curriculum that focuses on the mutually aggravating effects of the two conditions, whenever possible.

K. MANUALIZED EVIDENCE-BASED TREATMENT

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. Examples of evidence-based treatment programming can be found at SAMHSA's National Registry of Evidence-based Programs and Practices' (NREPP) website.

L. SUITABILITY FOR GROUP TREATMENT

Participants shall be screened for their suitability for group interventions, and group membership shall be guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms.

M. TREATMENT GROUP SIZE

Treatment groups for high-risk/high-need participants shall ordinarily have no more than twelve participants and at least two leaders or facilitators.

N. SUBSTANCE ABUSE TREATMENT CASELOAD SIZE

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

O. TRANSITION TO POST-PROGRAM SERVICES

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

A. ANCILLARY SERVICES

The treatment court shall provide or refer participants for treatment and social services to address conditions that are likely to interfere with their response to substance abuse or mental health treatment (responsivity needs), to increase criminal recidivism (criminogenic needs), or to diminish long-term treatment gains (maintenance needs). Depending upon participant needs, 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. Participants shall only be required to receive services for which they have an assessed need.

B. CRIMINAL THINKING INTERVENTIONS

Participants shall receive an evidence-based criminal-thinking intervention after they have been stabilized clinically. A participant's ability to benefit from the curriculum should be considered and participation may be waived if it is not clinically recommended. Staff members shall be trained to administer a standardized and validated cognitive-behavioral criminal-thinking intervention such as Moral Reconciliation Therapy, the Thinking for a Change program, or the Reasoning & Rehabilitation programs.

C. PSYCHOTROPIC MEDICATIONS

Participants shall receive psychiatric medication based on a determination of medical necessity or medical indication by a qualified medical provider. Applicants shall not be denied entry because they are receiving a lawfully prescribed psychiatric medication, and participants shall not be required to discontinue lawfully prescribed psychiatric medication as a condition of graduating from treatment court.

D. FAMILY PARTICIPATION

When feasible, at least one reliable and prosocial family member, friend, or daily acquaintance shall be enlisted to provide firsthand observations to staff about participants' conduct outside of the program, to help participants arrive on time for appointments, and to help participants satisfy other reporting obligations in the program.

E. OVERDOSE PREVENTION AND REFERRAL

Participants with an opioid use disorder shall complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose.

F. PEER SUPPORT

Direct peer-to-peer services include a variety of support services, serving as an advocate, mentor, or facilitator. Where appropriate and feasible, programs should incorporate peer

support services which may include the establishment of alumni groups, peer mentors, and/or peer support groups, that encourage participation in other supports.

VIII. SANCTIONS AND INCENTIVES

A. ADVANCE NOTICE

Responses to compliance and noncompliance (including criteria for termination) shall be explained orally and provided in writing to treatment court participants during their orientation.

B. PROGRESSIVE SANCTIONS

Immediate, graduated, and individualized sanctions shall govern the responses of the treatment court to each participant's noncompliance. Team members shall consider proximal and distal behaviors in conjunction with program status when responding to behavior. Sanctions should change over time as participants advance through the phases of the program.

C. OPPORTUNITY TO RESPOND

The judge shall allow participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments. Participants shall receive a clear justification for why a particular consequence is or is not being imposed. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judges shall permit the participant's attorney or legal representative to assist in providing such explanations.

D. JAIL SANCTIONS

Jail sanctions shall be imposed judiciously and sparingly. Unless a participant poses an immediate risk to public safety, jail sanctions shall be administered after less severe consequences have been ineffective at deterring infractions. Jail sanctions shall be definite in duration and shall typically last no more than three to five days. Participants shall be given access to counsel and a fair hearing if a jail sanction might be imposed because a significant liberty interest is at stake. When behavior is attributed to the disease of addiction or mental health issue, a treatment response shall take precedent as the primary response.

E. NON-MEDICAL USE OF SUBSTANCES

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. The treatment court team shall rely on medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available.

F. 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

A. TIMELY PROVISION OF DATA

Treatment courts shall report outcome and other data as required by the State Court Administrator's Office, including information to assess compliance with the standards.

B. INDEPENDENT EVALUATION

Treatment courts shall conduct a formal evaluation with a third party and modify policies and procedures based upon the results no less frequently than every five years by a skilled and independent evaluator. Treatment courts shall develop remedial action plans and timetables to implement recommendations from the evaluator to improve program adherence to best practices.

C. COMPARISON GROUP

Outcomes for the treatment court participants shall be compared to those of an unbiased and equivalent comparison group. Individuals in the comparison group shall satisfy the legal and clinical eligibility criteria for participation in the treatment court but not enter the treatment court for reasons having no relationship to their outcomes. The comparison group shall not include individuals who refused to enter treatment court, withdrew or were terminated from the treatment court, or were denied entry to the treatment court because of their legal charges, criminal history, or clinical assessment results.

D. EQUIVALENT FOLLOW-UP PERIOD

When examining recidivism, participants in the treatment court and comparison groups shall be examined over an equivalent time period beginning from a comparable start date. If participants in either group were incarcerated or detained in a residential facility for a significantly longer period of time than participants in the other group, the length of time participants were detained or incarcerated shall be accounted for statistically in outcome comparisons.

E. STUDY GROUP

All eligible participants who entered the treatment court - regardless of whether they graduated, withdrew, or were terminated from the program - shall be examined as part of the outcome evaluation.

F. DEFINITION OF RECIDIVISM

Where such information is available, new arrests, new convictions, and new incarcerations shall be evaluated for at least three years following each participant's entry into the treatment court. New offenses shall be categorized according to the level (felony, misdemeanor, or summary offense) and nature (e.g., person, property, drug, or traffic offense) of the crime involved.

G. COMPLIANCE WITH BEST PRACTICE STANDARDS

Treatment courts shall monitor their adherence to the treatment court best practice standards a minimum of every two years, developing a remedial action plan and timetable to rectify deficiencies, and examining the success of the remedial actions.

H. EQUITY AND INCLUSION

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. Treatment courts shall develop remedial action plans and timetables to correct disparities and examine the success of the remedial actions.



South St. Louis County DWI Court

**POLICY AND PROCEDURE
MANUAL**

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MISSION STATEMENT

The mission of the South St. Louis County DWI Court is to provide a comprehensive, multi-disciplinary response to the repeat DWI offender that breaks the cycles of addiction and crime through accountability and improved access to services. This will lead to increased public safety, reduced recidivism, lowered costs and strengthened families in our communities.

DWI COURT TEAM

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GOALS AND OBJECTIVES

Goal 1: Reduce Recidivism

Measured by:

- Arrests
- Charges
- Convictions
- Probation violations

Goal 2: Abstinence

Measured by:

- PBT testing
- Urinalysis testing
- Self-report on follow-up interviews

Goal 3: Retention

Measured by:

- Rates of graduations versus terminations
- Appearances at DWI Court hearings
- Attendance at probation appointments
- Completion of treatment programming
- Completion of other programming requirements

Goal 4: Improved Access to Services

Measured by:

- Comprehensive assessment completed during first week
- Referrals to identified services/further assessments
- Identified services entered/completed
- Enrollment with primary care physician

Goal 5: Improved Function Levels

Measured by:

- Attendance at self-help groups
- Obtaining stable housing
- Paying fines and court costs
- Participation in pro-social activities
- Attaining employment
- Reinstatement of driver's license

STRUCTURE

Participants for the St. Louis County DWI Court will be screened for eligibility at arraignment (first appearance) or after a probation violation by probation and referred to the DWI Court team for review.

All individuals must be willing to address their chemical use issues and agree to be released from jail under the following guidelines:

- Supervised release status
- Sign all necessary releases
- Complete chemical health assessment and comply with recommendations
- Comply with random urine and breathalyzer testing
- Maintain contact with probation
- Submit to drug test within 24 hours of release from jail
- Report to DWI Court weekly

Probation will screen all potential applicants for eligibility criteria and refer qualified applicants to the DWI Court team for acceptance. Participants are accepted into the program pre-plea under the agreement to begin treatment programming and/or cognitive-based programming upon release from custody. The length of the program is determined by an individual's success in maintaining sobriety, compliance with program requirements, and meeting case plan goals. The minimum length of time that the active phases of the program can be completed in is 14 months. Participants must move through five phases of the program in order to graduate (phase 6.). Components of the program include regular court appearances, random drug and breathalyzer testing, random home visits (via probation officer and law enforcement on nights and weekends), regular case management contacts, chemical dependency treatment, cognitive-based educational programs and other supportive programming. The DWI Court program is strictly abstinence-based. Should a participant refuse entry into the program at time of arraignment, participation in the program will be mandatory upon plea or finding of guilt. The program is limited to sixty (60) participants.

The DWI Court program functions with a team of criminal justice professionals who are all equally committed to the success of each participant, utilizing strengths-based approaches. The team consists of the following individuals: a judge, prosecuting attorneys, defense attorneys, probation officers, law enforcement, treatment providers, a victim advocate, mental health professionals, and a coordinator. Staffing and court sessions are held once per week.

The **target population** is individuals 18 years of age and over who are residents of South St. Louis County and have been arrested for a Felony DWI, a 3rd in 10 years DWI with one additional conviction, or who are facing a violation of probation on a 2nd Degree DWI that could result in revocation of their stay of execution, or a Felony Criminal Vehicular Operation with victim approval.

ELIGIBILITY CRITERIA

Eligibility

1. Felony DWI, 3rd in 10 years DWI, 2nd Degree DWI facing a VOP, or a Felony Criminal Vehicular Operation with victim approval.
2. United States Citizen¹
3. A resident of South St. Louis County and/or the offense occurred in South St. Louis County and it is feasible for the Court to supervise the participant.
4. 18 years of age or older
5. Chemical assessment of substance abuse or dependence

Presumptive Commits

Clients who would be considered presumptive commits are not eligible for acceptance into the DWI Court Program *unless* the DWI Court Team believes that there are *substantial and compelling reasons* for departure based on the factors listed below:

- Recommendation from past probation officer
- Prior criminal history
- Past criminal behavior is related to the addiction
- Prior Assaults
 - Prior convictions for assault will be given discretionary review by the DWI Court Team to determine client eligibility and additional program conditions for acceptance.

The sentence for clients who are presumptive commits will be different than for clients who are subject to the standard DWI felony sentence. Clients in DWI Court on a presumptive commit must:

- Complete longer phases (a total of 2 years minimum between phases I-IV of the program)
- Serve 6-15 consecutive days in jail
- Complete community service hours as determined by the DWI Court team (typically 160 hours)
- Pay DWI Court fee as determined by the DWI Court Team. \$100 per month in program.
- Comply with all other DWI Court Rules
- Plead to charges prior to starting Phase 1

Disqualification

The guidelines that the South St. Louis County DWI Court uses to identify that an offender may be ineligible for the program are as follows:

- The offender is a juvenile.
- The offender is not mentally competent or medically capable of complying with the rules of the DWI Court.
- The offender is currently on Conditional Release, or under DOC jurisdiction, for a prior offense.
- Certain sex offenses/domestic assaults/violent offenses/weapons convictions will be given discretionary review by the DWI Court Team to determine client eligibility and additional program conditions for acceptance.

Returning Clients

Previous Gross Misdemeanor DWI Court clients, who are returning to the DWI Court under a new Gross Misdemeanor DWI, must meet current DWI Court eligibility criteria. Returning clients accepted into the DWI Court under a new Gross Misdemeanor DWI will be subject to the standard Gross Misdemeanor DWI sentence, with an extended probation period of 3 to 4 years.

DWI Court clients who completed the DWI court on a felony DWI, and are returning to the DWI Court under a new Felony DWI, will be considered following the same policy provisions as a new referral, providing they are not previously disqualified.

The sentence for clients who are *returning* felony participants will be different than for clients who are subject to the standard DWI felony sentence. Returning clients in DWI Court on a presumptive commit must:

- Complete longer phases (a total of 2 years minimum between phases I-IV of the program)
- Serve 6-15 consecutive days in jail
- Complete community service hours as determined by the DWI Court team (typically 160 hours)
- Pay DWI Court fee as determined by the DWI Court Team. \$100 per month in program.
- Comply with all other DWI Court Rules
- Plead to charges prior to starting Phase 1
- Complete 7 years of probation

¹ The DWI Court reserves the right to accept illegal/legal aliens into the court with substantial and compelling reasons. All illegal/legal aliens must have the ability to pay for treatment or be eligible to apply for consolidated funds. There must also be no INS holds in order for the court to accept client.

TERMINATION

Participants may be terminated from the program for one or more of the following:

- Failure to maintain contact and/or absconding for a minimum of 30 days
- Incurring a new DWI charge
- Failure to comply with program requirements within a reasonable period of time and participant has failed to improve attendance or motivation
- Any conduct deemed inappropriate for DWI Court participation as determined by the DWI Court Team

The judge and/or the DWI Court Team retain discretion to take any of the following actions in lieu of termination:

- Continuance in current phase
- Demotion to prior phase
- Schedule more frequent court appearances
- Incarceration
- Electronic Monitoring
- STS/CSW
- Probation time extended

GRADUATION

Participants will graduate from the program upon completion of all of the following requirements:

- Successful completion of all phase and program requirements, including chemical dependency treatment and cognitive programming
- Six months minimum continuous, documented sobriety
- All participants will serve a minimum of 14 months in the program
- Submission of graduation application
- Approval of DWI Court Team

Any of the above requirements may be waived by the DWI Court Judge under special circumstances. Upon graduation, participants will continue to be monitored by probation for the balance of their probation term.

PHASES

Pre-Admission Phase

Presumptive commits and other clients, to be determined by the DWI Court Team, will be placed in a pre-admission phase. This will be an extended assessment phase prior to acceptance into the DWI Court Program. The pre-admission phase will be an opportunity for the DWI Court team to evaluate the client prior to official acceptance into the program. This conditional acceptance will be an opportunity for the team to decide whether this program will work for a particular client and whether we have the services and the ability to assist the client.

- The pre-admission clients will be put on a DWI Court pre-trial release contract with added requirements which will include:
- All necessary signed releases for the DWI Court, treatment staff etc.
- A chemical use assessment
- Follow the recommendations of the assessment
- Follow through with psychological evaluation if deemed necessary
- Follow all rules of the DWI Court Team
- There *is* an expectation of random drug and alcohol testing and home visits by probation and law enforcement.

- The client will be allowed to move out of the pre-admission phase only with the consent of the DWI Court Team. It is anticipated that this phase will last at least 4-6 weeks.
- Clients will be allowed to start Phase 1 as a *post-plea* client.

Phase 1

Acute Stabilization (60 days)

In addition to all the terms of DWI Court probation, participants will also be required to:

- Report to Court every week
- Call UA line daily
- Comply with random home visits
- Comply with Probation Office visits as directed by Probation Officer
- Comply with random and/or scheduled UA's/PBT's as directed by Probation Officer
- Comply with Outreach Smartphone Monitoring (OSM) as required
- 7 pm curfew
- Comply with Treatment Requirements
- Comply with all Supervision Requirements
- Pay DWI Court fees at \$100 per month
- With the help of your Probation Officer, develop Case Plan, which may include, but will not be limited to:
 - Address transportation
 - Address housing
 - Maintain employment or education
- Obtain mental health and medical assessments
- Serve statutory-mandated jail time
- Make appropriate changes to maintain a sober lifestyle

Phase 2

Clinical Stabilization (90 Days)

In addition to all the terms of DWI Court probation, participants will also be required to:

- Report to Court 2 times per month
- Call UA line daily
- Minimum of 2 UA's per week
- Comply with random home visits
- Comply with Probation Office visits as directed by Probation Officer
- Comply with random and/or scheduled UA's/PBT's as directed by Probation Officer
- Comply with Outreach Smartphone Monitoring (OSM) as required
- 8 pm curfew
- Comply with Treatment Requirements
- Comply with all Supervision Requirements
- Pay DWI Court fees at \$100 per month
- With the help of your Probation Officer, review Case Plan, which may include, but will not be limited to:
 - Address transportation
 - Address housing
 - Address financial situation if necessary
 - Maintain employment or education
- Obtain mental health and medical assessments
- Continue making appropriate choices to maintain a sober lifestyle
- Begin to focus on Peer Support Groups and Pro-Social Activities

Phase 3

Pro-Social Habilitation (90 Days)

In addition to all the terms of DWI Court probation, participants will also be required to:

- Report to Court 1 times per month
- Call UA line daily
- Minimum of 2 UA's per week
- Comply with random home visits
- Comply with Probation Office visits as directed by Probation Officer
- Comply with random and/or scheduled UA's/PBT's as directed by Probation Officer
- Comply with Outreach Smartphone Monitoring (OSM) as required
- 9 pm curfew
- Comply with Treatment Requirements
- Comply with all Supervision Requirements
- Pay DWI Court fees at \$100 per month
- With the help of your Probation Officer, review Case Plan, which may include, but will not be limited to:
 - Continue to address transportation
 - Continue to address housing
 - Continue to address financial situation if necessary
 - Maintain employment or education
- Continue making appropriate choices to maintain a sober lifestyle
- Focus on relapse prevention
- Maintain consistent Peer Support group and Pro-Social Activity attendance
- Begin Cog Skills if deemed necessary by the DWI Court Team
- Establish a sober network

Phase 4

Adaptive Habilitation (90 Days)

In addition to all the terms of DWI Court probation, participants will also be required to:

- Report to Court 1 times per month
- Call UA line daily
- Minimum 2 UA's per week
- Comply with random home visits
- Comply with Probation Office visits as directed by Probation Officer
- Comply with random and/or scheduled UA's/PBT's as directed by Probation Officer
- Comply with Outreach Smartphone Monitoring (OSM) as required
- 10 pm curfew
- Comply with Treatment Requirements
- Comply with all Supervision Requirements
- Pay DWI Court fees at \$100 per month
- With the help of your Probation Officer, review Case Plan, which may include, but will not be limited to:
 - Continue to address transportation
 - Address license reinstatement if you haven't done so already
 - Continue to address housing
 - Continue to address financial situation if necessary
 - Maintain employment or education
- Continue making appropriate choices to maintain a sober lifestyle
- Focus on relapse prevention
- Maintain consistent Peer Support group and Pro-Social Activity attendance
- Continue and complete Cog Skills if deemed necessary by the DWI Court Team
- Establish a sober network

Phase 5

Continuing Care (90 Days)

In addition to all the terms of DWI Court probation, participants will also be required to:

- Report to Court 1 times per month
- Call UA line daily
- Minimum 2 UA's per week
- Comply with random home visits
- Comply with Probation Office visits as directed by Probation Officer
- Comply with random and/or scheduled UA's/PBT's as directed by Probation Officer
- 11 pm curfew
- Comply with Treatment Requirements
- Comply with all Supervision Requirements
- Pay DWI Court fees at \$100 per month
- With the help of your Probation Officer, review Case Plan, which may include, but will not be limited to:
 - Maintain transportation
 - Address license reinstatement if you haven't done so already
 - Maintain housing
 - Maintain financial stability
 - Maintain employment or education
- Continue making appropriate choices to maintain a sober lifestyle
- Continue focusing on relapse prevention
- Maintain consistent Peer Support group and Pro-Social Activity attendance
- Maintain a sober network
- Develop continuing care plan

Phase 6

Graduate Status (From your graduation date until you complete probation)

In addition to all the terms of DWI Court probation, participants will also be required to:

- Report to Court 1 time every 6 months
- Comply with random home visits
- Comply with Probation Office visits as directed by Probation Officer
- Comply with random and/or scheduled UA's/PBT's as directed by Probation Officer
- Comply with all Supervision Requirements
- Maintain sober lifestyle and network

SANCTIONS AND INCENTIVES

Sanctions: The imposition of one or more negative consequences in response to undesirable behavior(s). Sanctions must be predictable, consistent and immediate. According to best practices, sanctions should be graduated.

Incentives: The award of one or more positive consequences that is the direct result of, and is a reward for, the participant's positive behavior.

Sanctions and incentives should be applied as soon as the DWI Court Team is aware of the behavior. The principle applied should be that the participant receives the least restrictive sanction based upon past behavior and sanctioning.

Table of Sanctions and Incentives

Possible Sanction	Possible Incentives
Verbal or written warning	Praise, compliments from the Judge
Verbal or written apology to judge and/or group	Court: All-Star list, early call
Essays for court	Fishbowl drawings
Journaling	Bus passes
Reading list-complete	Movie passes
Peer review	Restaurant/retail/grocery gift card
Round table with team	Video rental gift card
Self-imposed sanctions	Applause/special recognition
Penalty box	Lunch with Judge
Restricted travel	Lunch with Team Member of choice
House arrest	Books/coffee cups/key chains
Modified curfew/check-in time	Birthday cards
Extra UA/breath testing	Medical/dental assistance
Increased supervision/court reporting	Medallions
Increased community support groups	Social parties (bowling, mini golf, etc.)
Increase time in phase or track	Candy/other treats
Demotion to earlier program phase	Staggered Sentencing
Volunteer at Detox	Reduction in sentence
Emergency Room visit	Decreased frequency of court appearances
STS	Decreased supervision/
MADD Panel	Lift curfew
EHM	Leave court early
Increased home supervision	Waive fines
CSW	Phase acceleration
Detox	Graduation certificate
Short-term jail sentence	Graduation treats
Termination	Graduation/early graduation

DRIVING OFFENSES

Cancelled license and driving or Ignition Interlock violations	Minimum 24 hours jail. Add 6 months to the end of phase 5. Graduates will return to phase 5 for 6 months.
Cancelled license or use of drugs or alcohol and either driving or attempting to drive (which includes attempted use of Ignition Interlock)	Minimum 7 days jail. Start over phase 1, day 1.

TREATMENT PROTOCOL

Identification and referral to treatment occurs once the eligible participant is released from custody after arrest. Participants should enter a treatment program as soon as possible following the assessment. If this is not possible, the team and the participant will develop an interim care plan that addresses housing, court appearances, support group meetings, and whatever else the team deems necessary.

The DWI Court will match the participant with the appropriate level of treatment intervention, utilizing the least restrictive environment that will address the presenting problems. The treatment continuum can and will involve:

- Detox
- Assessment and funding determination (county-paid-consolidated funds, Medical Assistance, self-insurance)
- Referral to appropriate treatment resource(s)
- Residential/extended care program
- High intensity outpatient program
- Low intensity outpatient program
- Continuing care
- Support group meetings
- In-custody outpatient programming at Northeast Regional Corrections Center

Participants with co-occurring disorders will be matched to appropriate programming and ancillary resources. Referrals will be made as required and included in case planning.

All providers will be required to develop treatment case plans, maintain participant records, monitor participants during treatment and continue to provide case management as the participant moves into recovery in the community. The DWI probation officer will be involved in case planning and supportive services with the counselor and the participant during treatment and aftercare through successful completion of the DWI Court Program.

SUPERVISION PROTOCOL

Each participant will be referred to a probation officer specifically assigned to DWI Court for case planning, monitoring, accountability, and direct services. After sentencing, the probation officer will conduct an LSI-R (Level of Service Inventory-Revised, a pre-screening and risk/needs assessment tool) and a Pre-Sentence Investigation on each program participant.

A comprehensive, individualized case plan will be developed for each participant based on information gathered from the chemical assessments, face-to-face interviews and the pre-sentence investigation. The participant will participate in developing the case plan.

The probation officer and DWI Court Team are expected to facilitate the participant's completion of the case plan and provide assistance in obtaining ancillary services needed, e.g. supportive housing, employment skills training, GED classes, child care, transportation and other needs.

Participants will be supervised by probation upon their release from jail. Contact with probation should occur where the needs of the participant are best met; locations can include but are not limited to: probation office, clients' home, clients' employment site, treatment facility or court. In addition, random field visits to the participant's home or place of employment will be conducted by probation or law enforcement during non-business hours: evenings, weekends and holidays. The frequency of field visits is dictated by Phase (i.e. Phase 1 would be visited more often than Phase 2) and will be increased or decreased when necessary, however, 50% of the contacts with clients must be during non-traditional hours. The recommended client contact expectations are as follows:

- Phase 1: A minimum of three (3) visits a week or more at the discretion of the team
- Phase 2: A minimum of two (2) visits a week or more at the discretion of the team
- Phase 3: A minimum of one (1) visits a week or more at the discretion of the team Phase 4:
- Phase 5: A minimum of one (3) visits a month or more at the discretion of the team
- Phase 6: As needed as determined by the DWI Court team

Participants must attend DWI Court sessions on a regular bases; the frequency is dictated by Phase and will be increased or decreased when necessary based on compliance or non-compliance.

TESTING PROTOCOLS

Alcohol and other drug testing is one of the ten key components for a problem-solving court and crucial for program integrity. Test results can act as a deterrent to future drug use, identify participants who are maintaining abstinence, identify participants who have relapsed, provide incentive, support and accountability for participants and are an adjunct to treatment and frame sanction decisions. Effective testing is frequent, must be random (unexpected, unannounced, unanticipated) and progressive (linked to phase requirements). Breathalyzer testing along with urinalysis testing for alcohol and other drugs will be utilized with all DWI Court participants

All DWI Court participants will be informed about testing policies and procedures upon entry into the program and must sign an agreement to comply with testing requirements. Therapeutic and/or punitive responses are determined by the DWI Court Team for positive drug and breathalyzer tests.

All urinalysis tests will be observed. A full screen, including testing for nine drugs will be obtained upon release from jail to establish a baseline. After the initial baseline is established, participants will be placed on a list for random UA's and must call as directed by probation daily to receive instructions regarding when to report for drug/alcohol testing. In addition, participants will be required to enroll in Outreach Smartphone Monitoring (OSM). The OSM program requires a smartphone, PBT device, and includes a monthly subscription fee. OSM program fees are paid by participant.

DWI Court Clients who have been identified as having a drug of choice other than alcohol will be routinely tested for that drug. In addition to the ETG (alcohol testing), DWI Court Client's will be tested randomly, monthly for additional drugs to ensure that clients are not abusing other chemicals.

Positive Test Results

If a participant admits that the urine will be positive for drugs, a confirmation test is not necessary. If the participant denies using drugs and the test results are positive, the sample will be submitted for confirmation. Sanctions will be imposed for positive tests. The participant is responsible for payment of the confirmation test if the test is positive and use of drugs has been denied.

Urine and/or breath testing will be conducted on a random and frequent basis and will be dictated by Phase and be increased or decreased based on compliance or non-compliance at the discretion of the DWI Court Team:

- Phase 1: eight (8) times per month, two (2) times per week
- Phase 2: eight (8) times per month, two (2) times per week
- Phase 3: eight (8) times per month, two (2) times per week
- Phase 4: eight (8) times per month, two (2) times per week
- Phase 5: eight (8) times per month, two (2) times per week
- Phase 6: one (1) time per month

Urine Testing and Incidental Drug and Alcohol Exposure

Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectable levels of alcohol. In order to preserve the integrity of the DWI Court testing program, it has become necessary to restrict and/or advise DWI Court participants regarding the use of certain alcohol containing products.

It is the responsibility of the participant to limit his/her exposure to the products and substances detailed below that contain ethyl alcohol. (This information is contained in the handbook and will be verbally explained to each client upon entrance into the court). It is the responsibility of the participant to read product labels, to know what is contained in the products that he/she uses and consumes and to stop and inspect these products **BEFORE** he/she uses them. *Use of the products detailed below, or any other labeled to contain alcohol, will NOT be allowed as an excuse for a positive test result.*

Cough Syrups and Other Liquid Medications

DWI Court participants are prohibited from using alcohol containing cough/cold syrups, such as Nyquil. You are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol). All prescription and over-the-counter medications should be reviewed with your probation officer before use.

Information on the composition of prescription medications should be available from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and retail stores.

Non-Alcoholic Beer and Wine

Although legally considered non-alcoholic, NA beers do contain a residual amount of alcohol that may result in a positive test. DWI Court participants are NOT permitted to ingest NA beer or wine.

Food and Other Ingestible Products

There are numerous other consumable products that could result in a positive test. Flavoring extracts, such as vanilla and almond extract, and liquid herbal extracts such as Ginko Biloba, could result in a positive screen for alcohol. Communion wine, food cooked with wine, and flambé dishes (cherries jubilee or baked Alaska) MUST be avoided. Read carefully the labels on any liquid herbal or homeopathic remedy. In addition, foods containing poppy seeds must not be consumed.

Mouthwash and Breath Strips

Most mouth washes (Listermint, Cepacol, etc) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol can produce a positive test. DWI Court participants are not permitted to use mouthwashes and breathe strips that contain ethyl alcohol. Non-alcohol mouthwashes are readily available.

Hand Sanitizers

Hand sanitizers and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary or repeated use of these products could result in a positive test. Hand washing with soap and water is just as effective.

Cosmetics and Tanning Lotions, Enhancers, Sunscreens and Self-Tanners

Some cosmetics and tanning lotions contain hemp or THC. Use of these products could result in a positive test.

Preliminary Positives

The 500 ng/ml is the standard cutoff for all Minnesota Drug Courts and is the nationally accepted cutoff for

EtG testing. If we do receive a preliminary positive on at EtG test, the following procedures will be implemented.

- The participant will be confronted with the preliminary positive result.
- If the participant admits to alcohol use or the use of the products he/she has been warned about, the team will proceed with the standard sanctions.
- If the participant denies, the team will consider interventions in order to ensure abstinence until results come back.

PRESCRIPTION DRUG POLICY

If during the course of participation it becomes necessary for a participant to take prescription medication, the participant must have a blue card signed by their provider, stating that the medication is absolutely necessary. Probation must be notified immediately. The following are the procedures that must be followed for all participants who are placed on prescription medications.

DWI Court participants will be required to provide a blue card signed by their provider if a prescription drug is required. Participants will be required to identify one primary health care provider (PHCP) to coordinate all healthcare needs and sign the appropriate releases for the DWI Court Team. The PHCP will be responsible for managing all the prescription medications with the exception of those participants who do see a psychiatrist.

Participants will be asked to notify the DWI Court team if he/she is prescribed or administered a mood altering or controlled substance. He/she will also be required to provide a copy of the prescription by his/her next scheduled court date and keep the medication in its original prescription container.

In addition, the participant should expect pill counts to be completed by probation, if the team feels it is necessary, or by random.

Participants will be required to fill all of his/her prescriptions at one pharmacy. A quarterly printout documenting new prescriptions and/or refills from that pharmacy must be provided to the DWI Court Team.

The South St. Louis County DWI Court prohibits the illegal use of smoked or raw marijuana by participants, and requires convincing and demonstrable evidence of medical necessity presented by a competent physician with expertise in addiction psychiatry or addiction medicine before permitting the use of smoked or raw marijuana by participants for ostensibly medicinal purposes.

Failure to comply with the prescription drug policy may result in a sanction or termination from the program.

FEES

DWI Court fees are \$100/month, minimum \$1400, but vary depending on the charges faced. Each participant is responsible for keeping track of the fees they owe. Participants should speak to the coordinator or probation to determine fees owed. Other court fees assessed outside of DWI Court are not covered under this policy, and participants should speak to Court Administration if they have questions regarding those fees.

Participants must pay 1/3 of their fees in order to move from Phase I to Phase II. Participants must have paid 2/3 of their fees to move from Phase II to Phase III. Participants cannot graduate to Phase IV until all fees have been paid.

Participants will be required to pay \$100 per month to the DWI Court. If payment of \$100 is not possible, the participant may contact probation to request permission to complete community service work or sentence to serve to pay off fees. The equivalent amount of community service work (CSW) or Sentence to Service (STS) work must be performed

Payments must be made or the work must be done by the last day of each month. If participants fail to pay \$100 per month or get their community service/STS work completed, the DWI Court Judge may order that the payments or work be made up. If participants fail to comply with the Judge's order, it will be considered a violation, and the DWI Court Team may use its discretion to sanction the participant.

COMMUNITY SERVICE/STS WORK

Community service work must be approved by probation or the DWI Court Team in order for it to count towards participants' court fees. Community service work will only be accepted in lieu of DWI Court fees on a case-by-case basis, and as needed. Participants are responsible for finding their own community service opportunities, which the DWI Court can help with. Participants should contact probation for help finding community service work opportunities. Currently, one hour of community service or STS work is equivalent to \$10.00 in DWI Court fees.

EVALUATION DESIGN

Data is maintained by Arrowhead Regional Corrections through data entry into the Court Services Tracking System (CSTS). This database is used statewide to collect, store, and distribute extensive information about each participant, the case, and progress on probation. It is stored on the St. Louis County computer network and shared statewide through the Statewide Supervision System (SSS). Additional data, pertaining to DWI Court participation and/or necessary for evaluation, is stored within CSTS to the limits of its capacity or maintained by the DWI Court Coordinator. In determining which data to collect, the DWI Court examined the drug court proposed variables for statewide reporting and reviewed data necessary for measurement of goals and objectives.

Team evaluation occurs yearly to determine progress toward meeting goals and objectives and to ensure fidelity to the program design. In addition, an outcome evaluation is conducted at least every two years through an outsource contractor.

ETHICS AND CONFIDENTIALITY STATEMENT

Any program that specializes, in whole or in part, in providing treatment counseling or assessment and referral services for participants with alcohol or drug problems must comply with the Federal confidentiality regulations (42 C.F.S. §2.12(e)). The Federal regulations apply to programs that receive Federal funding and Federal law will prevail if there is a conflict with state laws.

Two Federal laws and regulations guarantee the strict confidentiality of information about persons – including participants – receiving alcohol and drug abuse assessment and treatment services. These laws and regulations are found in 42 USC § 290dd-3 and ee-3 and 42 CFR Part 2.

Confidentiality of participants is governed under 42 USC §290dd which encourages treatment and is applicable to most problem-solving court programs. Section 290dd applies if the Court orders screening, assessments, referrals, treatment and diagnosis.

Information that is protected by Federal confidentiality regulations may be disclosed after the offender has signed a proper consent form. The regulations also permit disclosure without the participant's consent in several situations, including medical emergencies, program evaluations and communications among program staff.

Participants who refuse to sign consent forms permitting essential communications can be excluded from treatment or provided treatment temporarily in the hope that resistance to signing the consent forms will evaporate as treatment proceeds.

A proper consent form must be in writing and must contain each of the items contained in §2.31, including:

- The name or general description of the program(s) making the disclosure;
- The name or title of the individual or organization that will receive the disclosures;
- The name of the client who is the subject of the disclosure;
- The purpose or need for the disclosure;
- How much and what kind of information will be disclosed;
- A statement that the client may revoke the consent at any time, except to the extent that the program has already acted upon it;
- The date, event, or condition upon which the consent expires if not previously revoked;
- The signature of the client; and
- The date the consent is signed.

A general medical release form or any consent form that does not contain all of the elements listed above and herein, is not acceptable.