



ADULT DRUG COURT BEST PRACTICE STANDARDS
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5 BIGGEST CHALLENGES

1. Team Members
2. Census
3. MAT
4. Equity
5. Jail Sanctions



VOLUME I

- I. Target Population *(all else follows from this)*
- II. Equity and Inclusion in Drug Courts
- III. Roles & Responsibilities of the Judge
- IV. Incentives, Sanctions, & Therapeutic Adjustments
- V. Substance Use Disorder Treatment



VOLUME II

- VI. Complementary Treatment & Social Services
- VII. Drug and Alcohol Testing
- VIII. Multidisciplinary Team
- IX. Census and Caseloads
- X. Monitoring and Evaluation



VOLUME I



TARGET POPULATION

- ✓ Eligibility & Exclusion Criteria are Based on Empirical Evidence
- ✓ Assessment Process is Evidence-Based
 - A. Objective Eligibility Criteria
 - B. High-Risk & High-Need Participants
 - C. Validated Eligibility Assessments
 - D. Criminal History Disqualification
 - ✓ "Barring legal prohibitions..."
 - E. Clinical Disqualifications

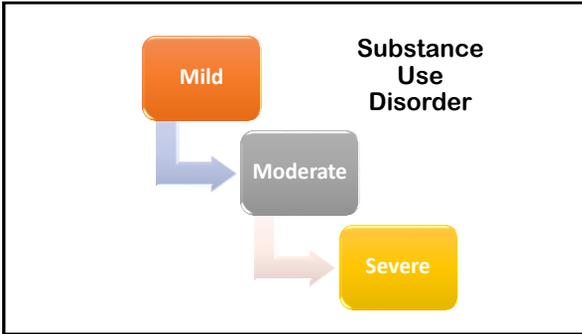



Probation Failure

Treatment Failure

Re-arrest

A chronic, brain-based disorder leading to a maladaptive pattern of clinically significant impairment or distress for at least 12 months.



TARGET POPULATION

Don't Treat or House High Risk and Low Risk Together

WARNING

EQUITY AND INCLUSION

Equivalent Opportunities to Participate and Succeed in Drug Court

- A. Equivalent Access (*intent & impact*)
- B. Equivalent Retention
- C. Equivalent Incentives & Sanctions
- D. Equivalent Legal Disposition
- E. Team Training (*remedial measures*)



ROLES OF THE JUDGE

Contemporary Knowledge; Active Engagement; Professional Demeanor; Leader Among Equals

- A. Professional Training
- B. Length of Term
- C. Consistent Docket
- D. Pre-Court Staff Meetings
- E. Frequency of Status Hearings
- F. Length of Court Interactions
- G. Judicial Demeanor
- H. Judicial Decision-Making



INCENTIVES & SANCTIONS

Predictable, Consistent, Fair, and Evidence-Based

- A. Advance Notice
- B. Opportunity to be Heard
- C. Equivalent Consequences
- D. Professional Demeanor
- E. Progressive Sanctions
- F. Licit Substances



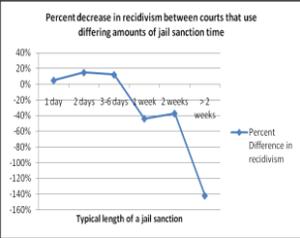
INCENTIVES & SANCTIONS

Predictable, Consistent, Fair, and Evidence-Based

- G. Therapeutic Adjustments
- H. Incentivizing Productivity
- I. Phase Promotion
- J. Jail Sanctions
- K. Termination
- L. Consequences of Graduation and Termination (*leverage*)



INCENTIVES & SANCTIONS



Typical length of a jail sanction	Percent Difference in recidivism
1 day	~10%
2 days	~15%
3-6 days	~10%
1 week	~-40%
2 weeks	~-50%
>2 weeks	~-150%



SUBSTANCE USE DISORDER TREATMENT

Based on Treatment Needs and Evidence-Based

- A. Continuum of Care
"if adequate care is unavailable..."
- B. In-Custody Treatment
- C. Team Representation
- D. Treatment Dosage and Duration
- E. Treatment Modalities



SUBSTANCE USE DISORDER TREATMENT

Based on Treatment Needs and Evidence-Based

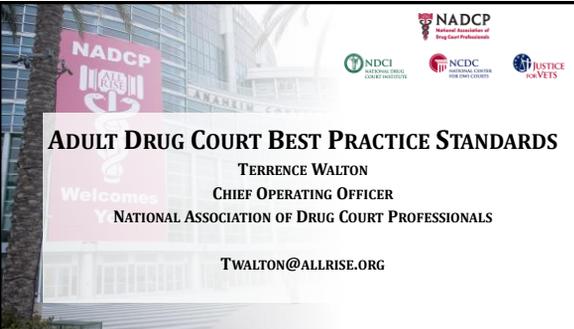
- F. Evidence-Based Treatments
- G. Medications
- H. Provider Training and Credentials
- I. Continuing Care



**SUBSTANCE USE DISORDER
TREATMENT**

Medications

- Medically assisted treatment improves outcomes
- Based on prescription from a treating physician with related expertise.
- Drug Courts discourage participants from obtaining mood altering medication from general practitioners.



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