Disclosure

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• Points of views or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.
As we move through this session, I would like to provide you with some definitions to explain the definition for recidivism and outcome costs.

Recidivism is the average number of rearrests over two years from program entry.

*Reduction of Recidivism* is the percent decrease in average number of rearrests for the Treatment Court participant when compared with the comparison group.

*Outcome costs* are the costs incurred because of criminal recidivism for both the Treatment Court participant and comparison group members in the 2 years following program entry.

*Recidivism-related costs* include re-arrests, new court cases, probation & parole, time served, and incarceration.
Promising Practices Related to Positive Outcomes in Treatment Courts

Team Engagement

All team members should attend case staffings and court sessions.

Judge, prosecutor, defense, coordinator, supervision, treatment, law enforcement
STAFFING

Judge, prosecutor, defense attorney, treatment, program coordinator, and probation attend staffing
Recidivism reduction* ↑ 50%, cost savings* ↑ 20%

Defense attorney attends staffing
Recidivism reduction* ↑ 21%
Cost savings* ↑ 93%

Coordinator attends staffing
Recidivism reduction* ↑ 58%
Cost savings* ↑ 41%

Law enforcement is a member of the team
Recidivism reduction* ↑ 87%
Cost savings* ↑ 44%

Law enforcement attends staffing
Recidivism reduction* ↑ 67%
Cost savings* ↑ 42%

*Recidivism reduction and cost savings relative to treatment courts that do not follow these practices.

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Judge, prosecutor, defense attorney, treatment, program coordinator, and probation attend court sessions
Recidivism reduction* ↑ 100%, cost savings* ↑ 81%

Participants have status review sessions every 2 weeks in the first phase
Recidivism reduction* ↑ 48%, cost savings* ↑ 23%

Law enforcement attends court sessions
Recidivism reduction* ↑ 83%, cost savings* ↑ 64%

*Recidivism reduction and cost savings relative to treatment courts that do not follow these practices.
The judge was assigned to treatment court on a voluntary basis
Recidivism reduction * ↑ 84%
Cost savings * ↑ 4%

The judge spends an average of 3 minutes or more per participant during status review hearings
Recidivism reduction * ↑ 153%
Cost savings * ↑ 36%

The judge’s term is indefinite
Recidivism reduction * ↑ 35%
Cost savings * ↑ 17%

*Recidivism reduction and cost savings relative to treatment courts that do not follow these practices.

NPC Research Key Components Study 2008
Serious mental health issues – MAIN POINT – courts should not routinely disqualify clients with mental health issues especially if you have services to meet their needs. If you don’t have adequate services, you can’t serve this population. Please reference Volume I Standard V page 8 section E. Clinical Disqualifications.

The 125 caseload is not meant to impede expansion. It is to suggest that you must increase all services to meet the needs of the increase. You must monitor to ensure that intensive supervision continues, judge spends average of 3 minutes per client, treatment provides attend court and staffing, etc.
TREATMENT

Treatment communicates with court via email
Recidivism reduction* ↑ 119%, cost savings* ↑ 39%

Treatment court works with two or fewer treatment agencies
Recidivism reduction* ↑ 74%
Cost savings* ↑ 19%

Treatment court has guidelines on frequency of individual treatment sessions a participant receives
Recidivism reduction* ↑ 52%

Treatment court offers gender-specific services
Recidivism reduction* ↑ 20%

Treatment court offers mental health treatment
Recidivism reduction* ↑ 80%
Cost savings* ↑ 12%

*Recidivism reduction and cost savings relative to treatment courts that do not follow these practices.

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PROMISING PRACTICES RELATED TO POSITIVE OUTCOMES IN TREATMENT COURTS

Wraparound Services

Participants need additional support services such as anger management, educational assistance, and relapse prevention.
This refers to Volume II Standard 6: Complementary Treatment and Social Services.
In order to graduate, participants must have a job or be in school
Recidivism reduction* ↑ 24%
Cost savings* ↑ 83%

In order to graduate, participants must have a sober housing environment
Recidivism reduction* ↑ 14%
Cost savings* ↑ 48%

*Recidivism reduction and cost savings relative to treatment courts that do not follow these practices.

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er outlined the “how to” in the phases presentation.
Drug Testing

Drug test results are back in 2 days or less
Recidivism reduction* ↑ 73%, cost savings* ↑ 68%

In the first phase, drug tests are collected at least 2 times a week
Recidivism reduction* ↑ 38%
Cost savings* ↑ 61%

Participants are expected to have more than 90 days sober before graduation
Recidivism reduction* ↑ 164%
Cost savings* ↑ 50%

*Recidivism reduction and cost savings relative to treatment courts that do not follow these practices.

Best practices additional research shows that you should never drop down from two test per week until the later phase of the program. Reference Volume II, Standard 7 page 30 Section C: Duration of Testing.
PROMISING PRACTICES RELATED TO POSITIVE OUTCOMES IN TREATMENT COURTS

Responses to Participant Behavior

Require clients to pay program fees.

Require clients to complete community service.

There is a danger with these practices if you don’t look out for the following:
Ability to pay program fees – clients should not be stuck in treatment court because of inability to pay
You need to ensure that trauma and other mental health issues are addressed before sending clients into a unknown community service atmosphere
INCENTIVES AND SANCTIONS

Sanctions are imposed immediately after noncompliant behavior
Recidivism reduction* ↑ 32%
Cost savings* ↑ 100%

Team members are given a copy of the guidelines for sanctions
Recidivism reduction* ↑ 55%
Cost savings* ↑ 72%

*Recidivism reduction and cost savings relative to treatment courts that do not follow these practices.

NPC Research Key Components Study 2008
PROMISING PRACTICES RELATED TO POSITIVE OUTCOMES IN TREATMENT COURTS

Training

Staff should participate in training prior to program implementation.

Judges should receive formal training.

All team members should receive training ASAP.
All new hires to treatment courts complete a formal training or orientation
Recidivism reduction* ↑ 57%
Cost savings* ↑ 7%

*Recidivism reduction and cost savings relative to treatment courts that do not follow this practice.
Data Collection and Monitoring

Data is maintained electronically.

Programs participate in evaluations and use program statistics to make improvements.
MONITORING AND EVALUATION

EXIT INTERVIEWS

The results of program evaluations have led to modifications in treatment court operations
Recidivism reduction* ↑ 85%
Cost savings* ↑ 100%

Review of the data and/or regular reporting of program statistics has led to modifications in treatment court operations
Recidivism reduction* ↑ 105%
Cost savings* ↑ 131%

*Recidivism reduction and cost savings relative to treatment courts that do not follow these practices.

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Risks/Needs/Responsivity Principles In Your Drug Court

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Thanks to David D’Amora and CSG Justice Center for some of these slides
Key Component # 3: Eligible participants are identified early

Screenings
Assessments- possibly ongoing once fog clears
Criminogenic Risks/Needs-Target the correct “high risks/needs” population
CRIMINOGENIC RISKS/NEEDS/RESPONSIVITY FRAMEWORK - BJA/CSG Publication

https://www.bja.gov/Publications/CSG_Behavioral_Framework
What do we mean by **Criminogenic Risk**?

-≠ Crime type
-≠ Failure to appear
-≠ Sentence or disposition
-≠ Custody or security classification level
-≠ Dangerousness

**Risk** =

How likely is a person to commit a crime or violate the conditions of supervision?
How Has Behavioral Health Addressed Dynamic Risk Factors?

Static Risk Factors
- Criminal history
- Number of arrests
- Number of convictions
- Type of offenses
- Current charges
- Age at first arrest
- Current age
- Gender

Dynamic Risk Factors
- Anti-social attitudes
- Anti-social friends and peers
- Anti-social personality pattern
- Substance abuse
- Family and/or marital factors
- Lack of education
- Poor employment history
- Lack of pro-social leisure activities
High Criminogenic Risk with
High Behavioral Health Treatment Needs

- Priority population for corrections staff time and treatment
- Intensive supervision and monitoring; use of specialized caseloads when available
- Access to effective treatments and supports
- Enrollment in interventions targeting criminogenic need including cognitive behavioral therapies

Council of State Governments Justice Center
Low Criminogenic Risk
Without Significant Behavioral Health Disorders

Group 1
CV: LOW
SA: LOW
MR: LOW

- Lowest priority for services and treatment programs.
- Low intensity supervision and monitoring.
- When possible, separated from high-risk populations in correctional facility programming and/or when under community supervision programming.
- Referrals to behavioral health providers as the need arises to meet targeted treatment needs.
Low Criminogenic Risk with High Behavioral Health Treatment Need

- Less intensive supervision and monitoring based
- Separation from high-risk populations
- Access to effective treatments and supports
- Officers to spend less time with these individuals and to promote case management and services over revocations for technical violations and/or behavioral health-related issues.
Framework Implementation Challenges

- Assessing risk and behavioral health needs soon after someone is charged with a crime
- Packaging assessment results for decision-makers and sharing this information appropriately
- Using information to inform services and supervision provided
- Encouraging treatment providers and supervising agents to serve “high risk” populations
- Ensuring treatment system has capacity/skills to serve populations they would not otherwise see as a priority population
QUESTIONS?

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