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Back to Basics

The Practices of Evidence-Based Drug Courts

Developed by:
National Drug Court Institute

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Disclosure

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Practices related to positive outcomes

Recidivism and outcome costs

Important issues



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

Treatment attends staffing
Recidivism reduction* ↑ 105%

**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%

Law enforcement is a member of the team

Recidivism reduction* ↑ 87%
Cost savings* ↑ 44%

Coordinator attends staffing

Recidivism reduction* ↑ 58%
Cost savings* ↑ 41%

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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HEARINGS

Judge, prosecutor, defense attorney, treatment, program coordinator, and probation attend court sessions

Recidivism reduction* ↑ 35%, cost savings* ↑ 36%

Treatment attends court sessions

Recidivism reduction* ↑ 100%

Cost savings* ↑ 81%

Law enforcement attends court sessions

Recidivism reduction* ↑ 83%

Cost savings* ↑ 64%

Participants have status review sessions every 2 weeks in the first phase

Recidivism reduction* ↑ 48%

Cost savings* ↑ 23%

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

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JUDICIAL

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%

The judge was assigned to treatment court on a voluntary basis

Recidivism reduction* ↑ 84%

Cost savings* ↑ 4%

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

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CLIENT SELECTION

Treatment court allows nondrug charges

Recidivism reduction* ↑ 95%, cost savings ↑ 30%

The time between arrest and program entry is 50 days or less

Recidivism reduction* ↑ 63%

Accept high-risk and high-need offenders

Recidivism reduction* ↑ 50%

Treatment court excludes offenders with serious mental health issues

Recidivism reduction* ↑ 16%

Cost savings* ↓ 50%

Program caseload is less than 125

Recidivism reduction* ↑ 567%

Cost savings ↑ 35%

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

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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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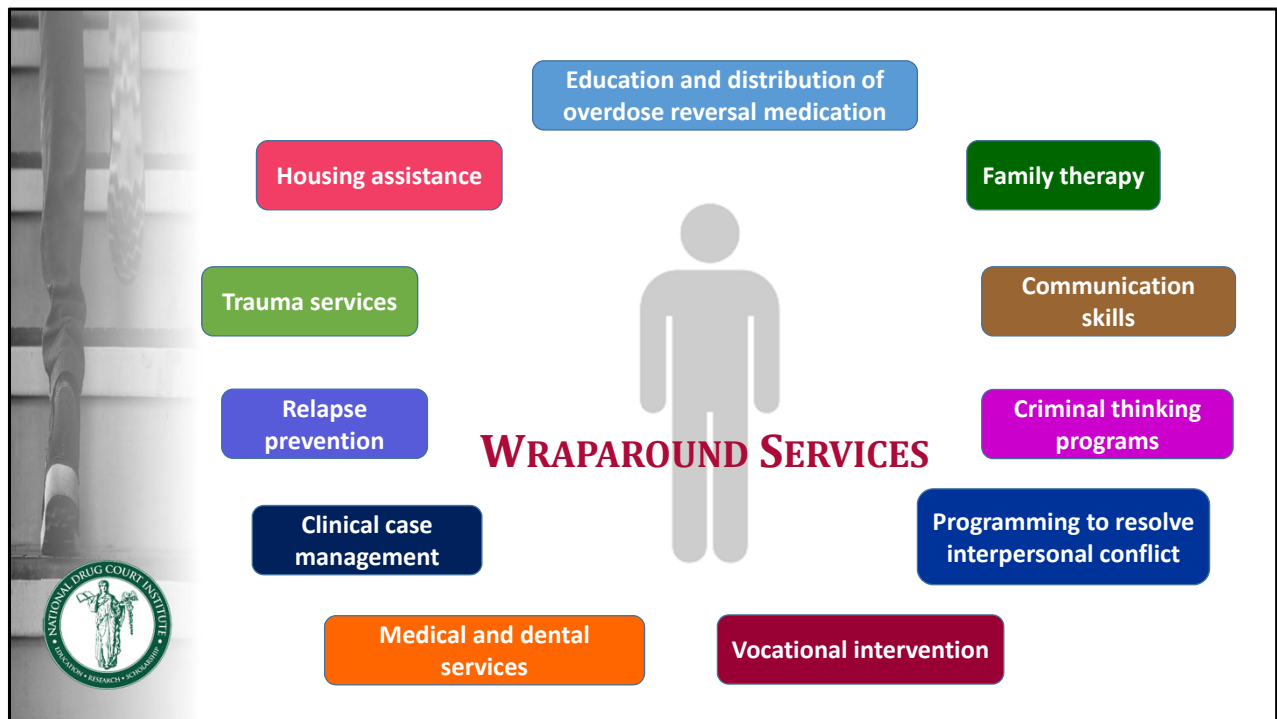


PROMISING PRACTICES RELATED TO POSITIVE OUTCOMES IN TREATMENT COURTS

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.

COMMENCEMENT

**The minimum length of treatment
court is 12 months or more**

Recidivism reduction* ↑ 57%

Cost savings* ↑ 39%

**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.*

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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.*

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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.



TRAINING

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.

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PROMISING PRACTICES RELATED TO POSITIVE OUTCOMES IN TREATMENT COURTS

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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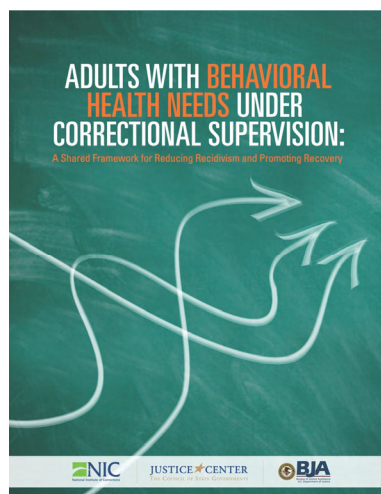
Thanks to David D'Amora and CSG Justice
Center for some of these slides

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](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?

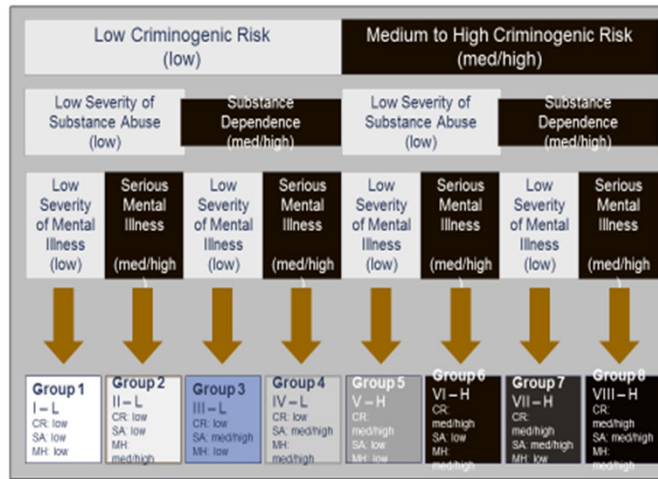
Static Risk Factors

- 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

Criminogenic Risk and Behavioral Health Needs Framework



JUSTICE CENTER
The Center for Public Corrections
Collaborative Approaches to Public Safety

High Criminogenic Risk with
High Behavioral Health Treatment Needs

Group 6	Group 7	Group 8
CR: MED/HIGH	CR: MED/HIGH	CR: MED/HIGH
SA: LOW	SA: MED/HIGH	SA: MED/HIGH
MI: MED/HIGH	MI: LOW	MI: MED/HIGH

- 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

Low Criminogenic Risk
Without Significant Behavioral Health Disorders

Group 1

CR: LOW

SA: LOW

MI: 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.

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Low Criminogenic Risk with
High Behavioral Health Treatment Need

Group 2	Group 3	Group 4
CR: LOW	CR: LOW	CR: LOW
SA: LOW	SA: MED/HIGH	SA: MED/HIGH
MI: MED/HIGH	MI: LOW	MI: MED/HIGH

- 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.

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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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