



NORTH CAROLINA  
ADMINISTRATIVE OFFICE  
*of the* COURTS

## **Best Practices for North Carolina Drug Treatment Courts**

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# BEST PRACTICES FOR NORTH CAROLINA DRUG TREATMENT COURTS (DTC)

## INTRODUCTION

In 1996, North Carolina piloted five adult criminal drug treatment courts. By 2010, the number of operational drug treatment courts had grown to 45 and had expanded to include juvenile (delinquency) and family (parent respondents in abuse, neglect, and/or dependency cases) drug treatment courts. All North Carolina Drug Treatment Courts (DTC) base their activities on the following 10 Key Components established in 1996 by the National Association of Drug Court Professionals:

1. Drug courts integrate alcohol and other drug treatment (substance abuse) services with justice system case processing.
2. Using a non adversarial approach, prosecution, and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participant's compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation and operations.
10. Forging partnerships among drug courts, public agencies and community-based organizations generates local support and enhances drug court effectiveness.<sup>1</sup>

With almost 15 years of experience with drug treatment courts, North Carolina has moved beyond experimentation to institutionalizing drug treatment courts through state funding for drug court staff and by accessing treatment through the public treatment system. The result of this evolutionary process, from separate experimental pilots to a stable statewide network, is a body of knowledge about what works in drug treatment courts in North Carolina. Reports submitted to the North Carolina General Assembly (<http://www.nccourts.org/Citizens/CPrograms/DTC/Legislative.asp>) describe annual outcomes for adult, juvenile and family drug treatment courts, and the North Carolina Sentencing and Policy Advisory Commission includes adult drug treatment courts in the biennial recidivism studies (<http://www.nccourts.org/Citizens/CPrograms/DTC/Research.asp>). In addition, there is a body of national research that has identified evidence-based court and treatment practices for effective drug treatment courts. Based on experience and outcomes in North Carolina's drug treatment courts and evidence-based research, this document presents a set of best practices and procedures for implementing and operating effective drug treatment courts specific to North Carolina.

The eight best practices for North Carolina Drug Treatment Courts are:

1. Judicial Leadership
2. Court Team Committed to Participant Recovery from Addiction and Shared Decision making
3. Target High-Risk and High-Need Participants
4. Comprehensive Case Planning Based on Evidence-Based Treatment
5. Intensive Monitoring and Use of Individualized, Graduated Incentives and Sanctions
6. Protection of Due Process Rights of Drug Treatment Court Participants
7. Specialized Training for Court Team Members
8. Active Local Management Committee

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<sup>1</sup> U.S. Department of Justice, *Defining Drug Courts: The Key Components* (Washington, DC: Office of Justice Programs, 1997), iii-iv.

## **BEST PRACTICE 1 JUDICIAL LEADERSHIP**

Judicial leadership is essential in implementing and maintaining a drug treatment court (DTC). Drug treatment court involves a cultural shift from adversarial roles to a therapeutic problem-solving approach. The impetus to initiate a drug treatment court comes from the chief district court judge or the senior resident superior court judge. These judicial leaders must engage other key court officials and court partners, gaining local support before requesting support from the NC Administrative Office of the Courts (NCAOC) to initiate the court.

In the case of adult and juvenile drug treatment courts, the chief district court judge or the senior resident superior court judge garners support from the district attorney, the public defender, and the judicial district manager for the Division of Community Corrections (DCC) or chief court counselor for the Department of Juvenile Justice and Delinquency Prevention (DJJDP). In the case of family drug treatment courts, the chief district court judge approaches the Director of the local Department of Social Services (DSS), parent attorneys and the guardian ad litem district administrator for support. All treatment courts require the support and input from the Local Management Entity (LME) to ensure adequate and appropriate treatment is available.

Once the DTC is implemented, the chief district court judge or the senior resident superior court judge, in conjunction with the presiding DTC judge(s), remains the champions for the courts. They are called upon to educate the community about the benefits of the problem-solving court. The chief district court judge or the senior resident superior court judge also provides leadership by convening a Drug Treatment Court Local Management Committee and making sure it is proactive.

## **BEST PRACTICE 2 COURT TEAM COMMITTED TO PARTICIPANT RECOVERY FROM ADDICTION AND SHARED DECISION MAKING**

A committed, open-minded core team, with members who believe that an individual can recover from addiction, is the cornerstone of drug treatment court. The members of the core DTC team do the daily work related to the court and are crucial to participant success. The first decision about the core DTC team is who will serve as the drug treatment court judge(s). The chief district court judge/senior resident superior court judge decides if she/he will be a drug treatment court judge or if another judge will serve as the lead judge. Judges who want to take a more involved approach to supervision and intervention are best suited to be treatment court judges. The decisions about who will serve as the assistant district attorney, defense attorney, juvenile court counselor, or DSS representative are critical, since these team members usually serve as the gatekeepers to participation in drug treatment court. In North Carolina, the core court team must commit to attending pre-court staffing meetings every two weeks to discuss participant behavior and determine incentives and sanctions appropriate to each case.

It is extremely important that DTC team members are willing to serve and that they are carefully chosen on the basis of their work ethic, ability to collaborate and willingness to share power for the sake of consensus decision making. Being part of a drug treatment court team is not for everyone. The minimum standards for North Carolina drug treatment courts describe the essential role and tasks of the DTC team.

The primary responsibility of the core court team is to assure the effective functioning of the in-court process of each local DTC session, so as to attain the long-range rehabilitative and public safety goals of the local DTC. All core court team members should attend regular and frequent pre-court planning and staffing meetings, and engage in an ongoing

collaborative process that includes, where appropriate, treatment providers and others involved in providing services for the local DTC.<sup>2</sup>

The type of treatment court dictates the mandatory and recommended core team members for that court. All team members should be carefully selected based on their professional role, training, experience, and willingness to serve on the team.

- Adult DTC Core Court Team Members: judge, coordinator, defense attorney/public defender, assistant district attorney, probation officer(s), TASC staff, and treatment staff. Other recommended team members include: health department nurse or social worker, law enforcement officer(s), vocational rehabilitation and/or community college staff, pharmacist or physician, and public housing representative.
- Family DTC Core Court Team Members: judge, coordinator, parent attorney, DSS or county attorney, GAL staff, DSS social worker, treatment staff, and health department nurse. Other recommended team members include: QPSA (qualified professional in substance abuse) assessor, probation officer, vocational rehabilitation and/or community college staff, office on youth and/or children's services staff, pharmacist or physician, public housing representative, and law enforcement officer(s).
- Juvenile DTC core court team members: judge, coordinator, defense attorney/public defender, assistant district attorney, juvenile court counselor(s), school representative, and treatment staff. Other recommended team members include: health department nurse or social worker, and office on youth staff.

Each member of the core team should be able to make a commitment to the efficacy of treatment. It is important that the DTC core team members believe that an individual is capable of recovering from addiction. It is best if selected team members come to the team with a core competency or knowledge of substance abuse/addiction, mental health disorders and the characteristics of court-involved individuals. Not everyone will be comfortable working constructively with drug treatment court participants and it is appropriate to seek a replacement for those who do not wish to participate as team members.

Shared decision making among formerly adversarial stakeholders is an essential function of drug treatment courts. The collaborative process of drug treatment court requires consensus decision making. Consensus decision making means that the group is expected to discuss the problem and possible solutions until everyone on the team is able to agree to the solution. This does not mean that everyone will be equally comfortable with the solution but no one should feel s/he is being asked to agree to something against his/her professional code. Working together toward consensus decision making means that each team member is required to share "power" or decision making in many arenas where he or she would solely decide the course of action outside the DTC venue. However, there are two important caveats to this process. First, the judge always makes the final decision because s/he has that authority and responsibility, but this is never done without due consideration of the consensus of the rest of the core team. Second, each team member may have particular situations or occasions where it is incumbent by law that s/he act without the consensus decision of the DTC team. An example of this would be the probation officer's responsibility to arrest a DTC participant if that participant violates certain conditions of probation or commits a new crime. Therefore, core team members must balance their role as a team member with their professional duties.

Drug treatment courts are successful because they harness the collective skills and resources of many individuals and agencies that share some level of responsibility for working with the drug treatment court participant. For instance, assistant district attorneys must carefully review their dockets to identify individuals who can/will remain in the community but whose crimes/offenses were driven by addiction. Likewise, the defense attorney working with the DTC must balance the DTC participant's due process rights with the goal of holding him/her accountable to his/her recovery from alcohol and other drug (AOD) addiction. The DSS social worker must consider the needs of the child while giving parents an avenue to

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<sup>2</sup> North Carolina Administrative Office of the Courts. *The Minimum Standards for North Carolina Drug Treatment Courts* (Raleigh, NC: Court Programs Division, 2010).

recovery and positive parenting skills. Juvenile court counselors must balance the treatment needs of the juvenile and the accountability of this dispositional sanction. Every member of the DTC team has a key role to fulfill which he or she must do while adhering to all the principles and ethics of his/her profession and working collaboratively with the other team members. This requires striking a balance between performing the individual's job and sharing the team's goals.

### **BEST PRACTICE 3**

#### **TARGET HIGH-RISK AND HIGH-NEED PARTICIPANTS**

In deciding to begin a drug treatment court, the lead judge and community must analyze the potential pool of participants to determine if there are sufficient numbers in the court system to meet the eligibility criteria for DTC participation. The stakeholders should review the types and volume of cases that appear within the courts as well as the patterns of alcohol and other drug abuse and addiction. Questions to consider include the following, depending on the type of court: What is the volume of intermediate-level offenders on supervised probation in the district? How many of these offenders are H and I felons with charges related to drugs, larceny, breaking and entering or other property crimes associated with alcohol or other drug addiction? How many petitions are filed in the juvenile abuse/neglect/dependency court? What do the county DSS records indicate are the reasons for the petition to the court? How many Level 1 and 2 juvenile delinquents are on probation in the district? How many of these delinquents have substance abuse as one of the primary factors effecting the adolescent's court involvement?

In reviewing court records and case files, it is important to consider whether the district has a sufficient volume of a particular type of case to make creation of a specialized court practical. If the stakeholders determine that there is insufficient volume but they still wish to work with the population differently, state staff at NCAOC, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), DSS Child Welfare, and DCC can provide technical assistance and training to support a change in practice without implementing a specialized court. In North Carolina, the DTC minimum standards set out the following ratio of staff to participants in a caseload for a full-time DTC case coordinator: Adult DTC 1:30; Family DTC 1:20; Juvenile DTC 1:20.<sup>3</sup>

Identifying the appropriate pool of participants for the drug treatment court is critical for success. In a recent article, Doug Marlowe, Chief of Science and Policy for the National Association of Drug Court Professionals, summarizes research on drug treatment courts across the country. He states that the research indicates "drug courts have been shown to have the greatest effects for high risk offenders who have more severe antisocial backgrounds or poorer prognosis for success in standard treatments".<sup>4</sup>

North Carolina's drug treatment courts are appropriate for high-risk and high-need adult felony offenders, juvenile delinquents, and parents adjudicated for abuse and/or neglect of their children. The structure of the drug treatment court - intensive treatment, intensive supervision by the court, and frequent drug testing - is not appropriate for participants who are not addicted and who are unlikely to commit future offenses.

Legislative and administrative policies are in place to target the right population for NC drug treatment courts. The Minimum Standards for North Carolina Drug Treatment Courts<sup>5</sup> outline the appropriate populations for each type of DTC. The target populations outlined in the minimum standards are based on two primary criteria. First, research has demonstrated that the intensive and invasive nature of a drug treatment court is most appropriate for high-need (addicted) and high-risk (high likelihood of reoffending) offenders. Second, the DTC target population corresponds to the NC DMHDDSAS treatment target

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<sup>3</sup> *Id.*

<sup>4</sup> Douglas B. Marlowe, *The Facts on Adult Drug Treatment Courts*, National Association of Drug Court Professionals, <http://www.ndrc.org/content/facts-adultdrug-courts-1> (June 29, 2010).

<sup>5</sup> [http://www.nccourts.org/Citizens/CPrograms/DTC/Documents/dtcguidelines\\_022808.pdf](http://www.nccourts.org/Citizens/CPrograms/DTC/Documents/dtcguidelines_022808.pdf)

populations, which means that a DTC participant should be eligible for treatment through the publically-funded treatment system.

Depending on the type of DTC that will be implemented, a variety of stakeholders will have the capability to identify and refer potential DTC participants. It is important that all potential stakeholder groups are educated about the court's target population and referral process. This means that in Adult DTC, all assistant district attorneys, criminal district and superior court judges, defense attorneys and probation officers need to understand the court's target population and referral process. In Family DTC, all child protective service and foster care workers and supervisors, GAL staff, parent attorneys and the DSS/county attorney(s), and juvenile abuse/neglect/dependency court judges must be informed of the target population, referral and admission process. In Juvenile DTC, all juvenile court judges, DJJDP court counselors, juvenile defense attorneys and assistant district attorneys (who serve in juvenile delinquency court) need to understand the court's target population and referral process.

## **BEST PRACTICE 4 COMPREHENSIVE CASE PLANNING BASED ON EVIDENCE-BASED TREATMENT**

Comprehensive case planning based on evidence-based treatment is fundamental to an effective drug treatment court. In addition to determining the volume of cases that might benefit from being managed within a treatment court, it is also vital that the core court team take stock of the type and volume of resources available to support a treatment court. Are there sufficient probation, DSS, GAL, and/or court resources to support implementation of the particular type of court? What kind of treatment is available? How accessible is treatment and other support services?

### Case Planning

Developing a comprehensive case plan tailored to the individual needs of each participant is essential to support their recovery process. Drug treatment courts leverage the work and commitment of a variety of professionals to create comprehensive case plans that promote a healthy, crime-free lifestyle. By definition, a comprehensive case plan must address all areas of an individual's life. The comprehensive case plan is not the work or responsibility of one person or agency and it must be driven by both the needs and the strengths of the individual for whom it is crafted. The comprehensive case plan should address substance abuse, mental health, medical care, employment or educational/ vocational needs, recovery support, safe parenting and conditions set by the court. It must also take into account critical resources such as housing, transportation and the family structure. In adult criminal DTC, this process is called the Offender Management Model (OMM), in juvenile and family DTC this process is managed through the Child and Family Team (CFT).

The components of the case plan should include activities that will most likely lead to retention in treatment and DTC completion which are two of the most important interim outcomes that the DTC is responsible for addressing. In the majority of cases, participants should graduate from DTC in approximately 12 months. Research (Shaffer, 2006) indicates that "drug treatment courts designed to last between eight and 16 months are significantly more effective than those designed to last less than 8 months or longer than 16 months. This finding is largely consistent with previous research suggesting the treatment programs less than three months are of insufficient length to bring about behavioral change, while programs longer than nine months experience diminishing effects".<sup>6</sup>

The DTC team should use the individual's comprehensive case plan goals as the core document against which to measure success and progress. It is the progress toward these goals that should drive all court imposed incentives or sanctions.

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<sup>6</sup> Shaffer, D.K. (2006). *Reconsidering Drug Court Effectiveness; a Meta-analytic Review*. Las Vegas Dept. of Criminal Justice, University of Nevada,4.

### Evidence-Based Substance Abuse Treatment

Appropriate substance abuse treatment is the priority of the comprehensive case plan. A drug treatment court must be able to access a continuum of evidence-based, affordable treatment to meet the needs of the DTC participant. Treatment recommendations should be based upon a diagnosis and the American Society of Addiction Medicine (ASAM) Level of Care. The assessor must be appropriately credentialed. Evidence-based treatment means that the particular treatment regimen has been tested and evaluated as effective for the particular type and level of addiction as well as the age, race and sex of the individual receiving the treatment. Not all treatment is effective and not all evidence-based treatments are effective or appropriate for all types of people. All treatment should be provided by qualified professionals. The ASAM Level of Care identifies the intensity of treatment recommended – residential, intensive outpatient, outpatient or drug education.

During their involvement in the 52-week drug treatment court, participants should receive an array of treatment and continuing-care services that meet the participant's level of need, including residential care to meet higher levels of need and step-down services that support continued recovery. While all treatment should be individualized, a common plan of care for the typical high-risk, high-need drug court participant will generally include:

- Primary Care -12 weeks of Intensive Outpatient Treatment (3 hours, 3 times a week = 108 hours)
- Continuing Care - 8 – 40 weeks of care (1.5 hours, 1 - 2 times a week) depending on the ongoing needs of the individual
- Total of approximately 180 hours of treatment over 52 weeks

The recommended type of treatment is based upon a variety of factors as outlined in the National Registry of Evidence-Based Programs and Practices (<http://www.nrepp.samhsa.gov/>). Certain treatment regimens have been found to be more effective in the treatment of stimulant addictions while others are more effective in the treatment of depressants such as alcohol. Regardless of the type of addiction, special consideration should be given to providing gender-specific treatment. A continuum of evidence-based services should be developed and accessed in consultation with the Local Management Entity (LME) and local treatment providers.

In addition, the type of treatment and composition of any treatment group should be deemed safe and effective for the individual. Whenever an established couple enters the DTC together, consideration should be given to providing separate treatment for the entirety of their participation or for at least some portion of their active treatment. This is particularly important if there is any concern about domestic violence or issues of contested child custody. It is expected that all treatment providers working with DTC participants will conduct drug testing and share those results with the DTC team. The DTC should obtain a Release of Information form for all treatment agencies working with the DTC participant.

### Use of Medication Assisted Therapies

In keeping with recommendations for best practice by the SAMHSA (Substance Abuse Mental Health Services Administration) Center for Substance Abuse Treatment, DTC team members should support recommendations made by treatment professionals regarding the prescription of medication-assisted treatment (MAT) for DTC participants.<sup>7</sup> Integration of MAT into the individual's overall treatment plan necessitates a variety of procedural adjustments including specialized drug testing procedures and careful communication and monitoring between the DTC and prescriber. The drug treatment court should obtain a Release of Information for all physicians and clinicians working with the DTC participant.

### Mental Health Treatment

The court must work closely with treatment professionals to determine which individuals can be successfully and safely monitored by the drug treatment court. Substance abuse and mental health treatment should be delivered in a coordinated and seamless manner. In many cases, a psychiatrist or other physician will need to prescribe and monitor psychiatric medication for the treatment of the disorder.

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<sup>7</sup> <http://www.dpt.samhsa.gov/index.aspx>

The physician must be informed of and understand the nature of the individual's addiction in order to safely prescribe and monitor the psychiatric medications.

The DTC should obtain a Release of Information form for all physicians and clinicians working with the DTC participant. The DTC Coordinator should contact these physicians/clinicians to establish a line of communication about expectations of the DTC and to ensure appropriate monitoring of prescribed medications. This is particularly critical if the participant has been prescribed controlled medications.

#### Medical Care

Often, individuals involved in criminal or civil abuse/neglect/dependency (A/N/D) court have received little or no primary medical care. The court coordinator or other assigned case manager should work with the DTC participant to establish a "patient-centered medical home."<sup>8</sup> Working with a physician, the DTC participant may address a variety of health care needs from education to treatment. Health care should extend to sight, hearing and dental care. An undiagnosed sight or hearing problem, or major dental problems may be complicating an individual's ability to complete educational or vocational programs and may impact his/her ability to find work.

In support of improving the DTC participant's medical outcomes, every drug treatment court should engage the local Department of Public Health as a participating team member. The court should also reach out to local private physicians, dentists and optometrists for services to build a network of primary care resources.

When appropriate, the drug treatment court may obtain a Release of Information form for physicians and clinicians working with the DTC participant. The DTC Coordinator should contact these physicians/clinicians to establish a line of communication about expectations of the DTC and to ensure appropriate monitoring of prescribed medications. This is particularly critical if the participant is experiencing a high-risk pregnancy or has been prescribed controlled medication such as opiates for management of chronic pain.

#### Employment/Educational/Vocational

All DTC participants are required to become and remain actively engaged in employment or educational/vocational programs. Some individuals enter the program already employed or engaged in an educational/vocational program, but many need support in getting and keeping a job or participating in educational programs. The court should work with the individual and treatment professionals to determine how to best support this goal. Many drug treatment court participants will need to participate in parenting, domestic violence or other targeted educational programs.

#### Recovery Support Programs

All drug treatment courts require active participation in some form of recovery support program. While Alcoholics or Narcotics Anonymous (AA or NA) are the most common, the court may need to work with the participant to locate another type of recovery support group if he or she finds the spiritual component of the programs unacceptable. Examples of this kind of program include: Rational Recovery, Secular Organizations for Recovery (SOS), LifeRing Secular Recovery, and SMART Recovery (Self Management and Recovery Training).

DTC team members should become familiar with the 12 Steps included in the AA/NA Big Book and attend an "open" meeting to become familiar with the basic operation of the meetings. Treatment programs generally work with the individual to locate a group that is both geographically convenient and appropriate/safe. The DTC participant will likely find some groups a better fit than others. Drug Treatment Court team members, particularly treatment professionals, should be able to provide recommendations about different recovery support meeting groups.

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<sup>8</sup> American Academy of Family Physicians

Participation in a recovery support group should include obtaining a sponsor. The DTC should monitor participation in the recovery support group as part of the required treatment plan. Often, participation in the recovery support increases as participation in formal treatment groups decreases. Increased participation in a support group is also a common and recommended behavior response or sanction. Under no circumstances should a DTC team member, including law enforcement or probation, attend a recovery support meeting in an effort to confirm attendance. Some groups have an individual who will agree to initial/sign attendance slips for those mandated to participate. It is recommended that DTCs consider asking each participant to complete a brief attendance slip that summarizes the speaker topic for the meeting and requires the participant to write a reflection about the meeting. This maintains anonymity while furthering the participant's recovery by asking them to share what they learned/took from the meeting.

#### Conditions Set by the Court

All adult and juvenile DTC participants are on supervised probation. Case plans should address conditions set by the court including required office, work/school and home visits, curfews, and drug tests.

#### Discharge Planning

Drug treatment court is one of the most intensive and invasive court responses available. A team of professionals including a judge, attorneys, probation officers and social workers join treatment counselors to structure the DTC participant's life and hold them accountable. Most participants are engaged in the treatment court for approximately one year. It is vital that the DTC participant's case plan include an effective and sustainable discharge plan, and that the plan be developed long before the participant is released. The discharge plan must focus on the identification and development of individual strengths and community/family supports. These supports include building and rebuilding family relationships strained by the participant's addiction, ensuring the individual has a safe and sober living and employment situation, and emergency plans that include identifying a sponsor and establishing what to do when stressors threaten the individual's continued sobriety. All participants must develop and maintain a relapse prevention plan. Generally, the court should focus on "stepping up" the individual's natural support system as the court's services and supports are "stepped down."

## **BEST PRACTICE 5 INTENSIVE MONITORING AND USE OF INDIVIDUALIZED, GRADUATED INCENTIVES AND SANCTIONS**

Intensive monitoring of participant behaviors and delivery of individualized, timely incentives and sanctions by core team members are crucial functions of drug treatment courts. All drug treatment court participants are ordered by the court to follow specific conditions. Judges in all drug treatment courts provide intensive monitoring through frequent status hearings. Adult and juvenile offenders are on supervised probation. Parents in family drug treatment court have active cases in juvenile abuse/neglect/dependency court. Structured supervision and accountability through graduated incentives and sanctions are effective methods to alter participant behavior and support the difficult changes necessary in "people, places, things" to support sobriety. Core court team members have a role in monitoring the participant's behavior, documenting the behavior, sharing that information with other core team members at pre-court staffing meetings, and presenting the information in status court hearings if necessary.

#### Monitoring Behavior through Judicial Status Hearings

The role of the judge sets drug treatment courts apart from other interventions with offenders. The judge should monitor the drug court participant's behavior through status hearings conducted every two weeks. DTC judges should all be trained in motivational interviewing. At each session, the DTC judge should use motivational interviewing techniques to elicit feedback from the participant on his/her successes and struggles during the past two weeks. The relationship that develops between the judge and the participant in the courtroom is an essential element of changing the participant's behavior. The judge

serves as the arbiter of incentives and sanctions based on the participant's behavior. Judges set expectations for changing behavior and the participants strive to live up to those expectations.

#### Monitoring Behavior through Drug Testing

Monitoring participant behavior through frequent drug testing is a critical function of drug treatment courts. Random drug testing is the best method for holding participants accountable for their substance use. All drug testing should be observed. DTC participants should be randomly tested an average of twice per week. This testing frequency may be increased or decreased based upon the drug of choice, how long the participant has been in the program or as part of a behavior response.

Adult and juvenile probation staff is responsible for drug testing adult and juvenile DTC participants. It is expected that all treatment providers working with DTC participants also will conduct drug testing and share those results with the DTC team. Adult and juvenile probation staff should provide two drug tests per week for each participant enrolled in a DTC and provide written reports weekly to the DTC team. Family DTC participants may be tested by social services, the FDTC case/court coordinator or another party, such as the Health Department, as negotiated locally. Anyone who conducts drug testing should complete training on proper urine drug screen collection and chain of custody protocol. Regardless of who conducts the drug testing, DTC staff is responsible for entering the drug test data into the DTC/YTC Management Information System (MIS).

#### Individualized, Graduated Incentives and Sanctions

In adult drug treatment court, the probation officer is the lead case manager and is responsible for reporting probation violations to the court. In juvenile drug treatment court, primary case management responsibility is with the juvenile court counselor, who reports probation violations. In family drug treatment court, the social worker has the primary responsibility for case management and reporting progress in juvenile abuse/neglect/dependency court. Yet these primary case managers cannot be effective without timely and accurate information from others including the DTC coordinator, treatment providers, TASC coordinators and school staff. The core court team must specify how they will provide timely information to each other regarding participants so that a summary report can be discussed at the pre-court staffing. Core court team members should model accountability to each other.

Delivering timely and appropriate incentives and sanctions based on the participant's behavior is an essential activity in drug treatment courts. Drug treatment courts are about behavior change. The courts are effective because they hold individual participants highly accountable while being able to respond quickly to the changing needs of the individual. These behavior responses are frequently called incentives and sanctions and are imposed by the court team to support or extinguish a behavior.

The team must meet to discuss, develop and reach consensus on behaviors expected by each DTC participant. These behaviors must be based upon the individual's time in the treatment court and the severity of the participant's needs. These may be called "proximal" (close, near or soon) and "distal" (far or future) behaviors. An individual who is addicted to drugs or alcohol is unlikely to be able to stop using substances in the first week or month of admission to the court. Instead, the court should focus its efforts – sanctions and incentives – on ensuring that the participant attends court, treatment, and probation/case manager meetings. As the participant becomes engaged in the court, attendance at meetings should no longer be a challenge (little need to sanction or reward the behavior). Instead, the court should focus on behaviors, such as halting drug and alcohol use and actively engaging in treatment groups. The team should view this ladder of activities in much the same way one might think of teaching a child new skills. As the participant masters each required skill/behavior, the court should move on to expecting new skills/behaviors with a focus on providing sanctions and incentives for these new behaviors.

The expected skills and behaviors are often set out in phases of the court. The court must provide participants with a written Participant's Manual that explicitly details expected behaviors and the range of court responses – incentives and sanctions – in relation to the expected behaviors. The manual must be written in a language and with a vocabulary that the participant can understand. It is recommended that the manual be written at no greater than an eighth grade literacy level. The expected behaviors must be

attainable, based on the severity of the individual's needs and the individual's ability to comply. The court cannot sanction an individual for failure to attend treatment, for instance, if treatment is not located in a place or time within the individual's reach.

Core team members must make informed decisions based on analysis of data. Decisions about whether to reward or punish participants should be based on objective information about the participant's behavior. Twenty years ago, decisions about how to supervise or treat adult offenders, juvenile delinquents, or parents facing termination of parental rights was a largely subjective decision. Good outcomes were not predictable. Today, drug treatment courts in North Carolina have access to critical information on participants and to research to guide informed decision making that is more likely to result in successful outcomes.

## **BEST PRACTICE 6**

### **PROTECTION OF DUE PROCESS RIGHTS OF DRUG TREATMENT COURT PARTICIPANTS**

In North Carolina, drug treatment court is a special session of criminal or civil district court (i.e. juvenile court) or criminal superior court. A clerk should be present during the hearings. Participants in drug treatment court retain their due process rights. However, drug treatment courts in North Carolina, as in other states, operate in an informal and non adversarial manner which is different from traditional court.

It is critical that the judge, the assistant district attorney, the defense attorney, the DSS/county attorney, the GAL attorney, and the parent's attorney balance their roles as a drug treatment court team member with their legal and ethical duty to protect the due process rights of participants.

#### Role of Drug Treatment Court Attorneys

Attorneys should always be present during pre-court staffing meetings and court hearings. Attorneys in drug treatment court "shed their traditional adversarial courtroom relationships and work together as a team."<sup>9</sup> Participants in drug treatment court generally have one attorney prior to admission to DTC and a different attorney when they are ordered to participate. The DTC attorney represents all the participants during all drug court proceedings, including contempt hearings.

The assistant district attorney in adult criminal and juvenile delinquency drug treatment courts, and DSS/county attorneys in family drug treatment court serve as the gatekeepers for participation in these specialized courts. This role is critical to community acceptance of drug treatment courts.

The assistant district attorney protects public safety by screening each candidate to make sure he/she is appropriate for drug treatment court, and once admitted, that each participant complies with all drug treatment court conditions.<sup>10</sup> The district attorney should assign one assistant district attorney to participate as the core drug treatment court team member. The DTC assistant district attorney should coordinate with all other assistant district attorneys to make sure they understand the purpose, criteria for entry, and operation of the DTC. The DSS/county attorney's role is child welfare and to ensure that reasonable efforts are made to maintain or return the child to his/her home.

The DTC assistant district attorney or the DSS/county attorney reviews each case and determines if the person meets the eligibility criteria for the court, participates in determining incentives and sanctions for compliance, and makes decisions on retention in the DTC. The decision to continue or remove a

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<sup>9</sup>U.S. Department of Justice, *Defining Drug Courts: The Key Components* (Washington, DC: Office Of Justice Programs, 1997), iii-iv.

<sup>10</sup> *Id* at 11.

participant from DTC should be based on his/her progress or lack of progress on the individual's comprehensive case plan. However, community and child safety must always remain paramount.<sup>11</sup>

The role of the defense attorney and the parent's attorney in drug treatment court is to "protect the participant's due process rights while encouraging full participation."<sup>12</sup> These attorneys advise the participant about the purpose of the drug treatment court, the rules for participants, the consequences of compliance or noncompliance with rules, and whether participating in the drug treatment court is in his or her best interests. They discuss all the rights that the defendant could temporarily or permanently relinquish in DTC. He/she gives advice on options, including legal and treatment alternatives available outside the drug treatment court. It is important that these attorneys explain that criminal prosecution will not occur for admitting to alcohol or other drug use in the DTC, and that the participant should be truthful with the judge and with treatment staff. Also, the defense attorney or the parent's attorney explains that the participant is expected to speak directly to the judge, not through an attorney.<sup>13</sup>

### Role of Drug Treatment Court Judge

Leading a drug treatment court requires judges to step beyond their traditional independent and objective arbiter roles.<sup>14</sup> The discretion of judges in drug treatment courts has been compared to early juvenile courts when questions arose about the imposition of punishment without the due process protections of the criminal justice system.<sup>15</sup> National, state and local policy makers have developed procedures to avoid abuses of due process rights in drug treatment courts. For example, participants receive notice and have an opportunity to be heard before the DTC judge imposes sanctions. To avoid concerns of ex-parte communication with the DTC judge, the active participation of counsel is required at pre-court staffing meetings, status court hearings including those which impose sanctions or remove the participant from the drug treatment court, and to assist in an appeal. Additionally, the DTC judge is mindful to avoid out-of-court contact with participants.

Drug court judges should participate in pre-court staffing meetings and are the decision-makers when team members cannot reach consensus as to awarding sanctions and incentives, and retaining or terminating participants. Drug treatment court judges directly monitor participants in bimonthly court hearings and are critical to motivating participants to remain in treatment and comply with court conditions. In a 2000 survey, over 75 percent of drug treatment court participants cited the judges' supervision as instrumental to their continuing progress in drug treatment court.<sup>16</sup>

Judges who preside over drug court sometimes question whether they should preside over revocation hearings or termination of parental rights cases that involve current or former DTC participants. DTC judges learn more about the lives of DTC participants through the drug court than in a traditional court setting. A motion to recuse should be granted not only when the judge believes that he/she cannot be impartial, but also when the judge's impartiality "may reasonably be questioned." (N.C. Code Jud. Conduct 3(C)(1)). Therefore, when the defendant, the state, or either party in a civil case makes a motion for recusal, the DTC judge should grant the motion and disqualify him/herself. However, it is not unusual for the DTC participant to prefer the DTC judge to hear the case rather than a judge who is unfamiliar with the participant's situation. When a motion to recuse is not made, the judge should consider whether s/he can hear the case impartially. If the judge believes that his/her judgment is compromised (or could be construed as compromised), the judge should recuse him/herself on the judge's own initiative. Rules regarding when judges should recuse themselves are codified by statute (G.S. 15A-1223 in criminal cases and G.S. 5A-15 in contempt cases) and in the N.C. Code of Judicial Conduct (Canon 3).

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<sup>11</sup> *Id* at 12.

<sup>12</sup> *Id*.

<sup>13</sup> *Id* .

<sup>14</sup> *Id* at 27.

<sup>15</sup> Peggy F. Hora and Theodore Stalcup, "Drug Treatment Courts in the Twenty-first Century: The Evolution of the Revolution in Problem-solving Courts," *Georgia Law Review* 42 (Spring 2008), 776.

<sup>16</sup> Caroline S. Cooper et al., U. S. Department of Justice, 2000 Drug Court Survey Report: Program Operations, Services , and Participant Perspectives 10 (draft 2001), available at <http://spa.american.edu/justice/documents/128.pdf>.

### Due Process Rights Issues

The drug treatment court judge should lead a discussion with the drug treatment court team regarding due process rights of drug treatment court participants. The following legal issues have arisen in North Carolina drug treatment courts:

- Waiver of fundamental rights – Defense attorneys should ensure that DTC participants understand what rights they may be temporarily or permanently waiving. However, there are questions as to whether a participant can prospectively waive his/her due process rights.
- Short jail or detention terms as a sanction – In North Carolina, civil and criminal statutes provide for brief incarceration in jail or detention. The legal procedures authorized by statute should be used when imposing this sanction. In adult drug treatment courts, judges should impose a split sentence, and the active part of the split sentence should be used for short commitments to jail. In juvenile delinquency court, judges are limited by statute as to the amount of time in detention that they can order as a sanction. In family drug treatment court, judges should use civil contempt proceedings (including use of appropriate notice) to order participants to a short term in jail. <http://www.nccourts.org/Citizens/CPrograms/DTC/Family/FDTC.asp>
- Requirement to attend AA/NA meetings – Three federal circuits have held that mandatory AA/NA meetings violates the First Amendment to the U. S. Constitution. In North Carolina, drug treatment courts identify other support organizations in the community that participants can choose to attend if they do not wish to attend an AA/NA meeting.
- Warrantless searches – North Carolina law allows warrantless searches of a car, home, and drug testing as a condition of probation (G. S. 15A-1343(b1)(7)).

### Procedural Fairness

“Drug treatment courts are real courts; the defendants face very real consequences, including criminal records and incarceration, and are entitled to the same protections as defendants in more traditional courtrooms. For this reason, drug treatment courts must act fairly towards each participant involved in the process.”<sup>17</sup> In a 2010 article, Judge Kevin Burke postulates that procedural fairness may be what makes drug treatment courts successful.<sup>18</sup> Psychology professor Tom Tyler suggests that procedural fairness consists of:

- Voice – the ability to participate in the case by expressing their viewpoints;
- Neutrality – consistently applied legal principles, unbiased decision makers, and a transparency about how decisions are made;
- Respectful treatment – individuals are treated with dignity and their rights are obviously protected;
- Trustworthy authorities – authorities are benevolent, caring, and sincerely trying to help the litigants; this trust is garnered by listening to individuals and by explaining or justifying decisions that address the litigants’ needs.<sup>19</sup>

Procedural fairness does not mean that litigants are happy with each decision, rather it means that they are satisfied with the process.<sup>20</sup> Drug treatment courts should embody the elements of procedural fairness. The element of voice should be evident in the conversation that occurs between the judge and the participant since the participant should be offered an opportunity to express his/her concerns, and the judge should listen attentively. The element of neutrality is evident if the drug treatment court participant feels that he/she has been treated equally and fairly. Judges often explain the reasons for their decisions in drug treatment court, which enhances the participant’s understanding and acceptance of the court’s decisions. The element of respect is evident when the participant feels that he/she is treated politely and with dignity. Judges and other team members display respect for participants in their tone, demeanor,

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<sup>17</sup> See Hora and Stalup, *supra* note 13, at 787.

<sup>18</sup> Kevin S. Burke, “Just What Makes Drug Courts Successful?” *New England Journal on Criminal and Civil Confinement* 36 (Winter 2010) at 52.

<sup>19</sup> Kevin Burke and Steve Leben, “Procedural Fairness: A Key Ingredient in Public Satisfaction,” *Court Review* 44 (2007) at 6.

<sup>20</sup> See Burke, *supra* note 16, at 53.

and language in drug treatment courts. The element of a trustworthy authority relates to the participant's perception that he/she can trust the integrity and sincerity of the judge and attorneys.<sup>21</sup> These elements of procedural fairness – voice, neutrality, respect, trustworthy authority – can help to balance the traditional roles of attorneys and judges in the non traditional setting of drug treatment courts.

## **BEST PRACTICE 7**

### **SPECIALIZED TRAINING FOR COURT TEAM MEMBERS**

Skilled, trained drug treatment court team members are necessary to the success of the participant and the court. Regardless of previous experience and education, all team members should participate in an intensive training and education process that will expose them to the facts regarding addiction, substance abuse and mental illness and evidence-based practices applied in treatment, recovery and maintenance of sobriety.

Frequent judicial review and the drug treatment court team are the critical components separating treatment courts from regular treatment attendance and court processing. North Carolina's DTCs target the highest-risk, highest-need individuals who can remain in the community. This population requires strict accountability and a highly-skilled and educated team. A study into the effectiveness of the 10 Key Components of Drug Treatment Courts found that teams that focused on training for ALL team members had a successful graduation rate of 63 percent compared to 40 percent for those that did not train all team members<sup>22</sup>.

#### Basic and In-Service Training for the Core Court Team

DTC team members must be trained in biopsychosocial components of drug and alcohol addiction; the common co-occurrence of mental illness and addiction; the psychology of behavior modification; motivational interviewing; drug testing; criminal and addictive thinking patterns; the roles, responsibilities and professional ethics of each DTC team member; and the 10 Key Components of Drug Treatment Courts.

The NCAOC provides training to the DTC team or individual team member (as appropriate) to support them in the work they do within the drug treatment court. It is expected that DTC team members attend and participate in the training provided. This training includes:

- DTC 101 – provided to new DTC teams prior to implementation to ensure that all team members learn the same basic facts about DTC operation, treatment, behavior responses and ethics
- Motivational Interviewing for Judges – provided to primary DTC judges and backup DTC judges to provide an effective method for the judge's interactions with participants
- Therapeutic Jurisprudence – provided to new and prospective DTC judges to prepare them for their specific leadership roles as treatment court judges
- DTC for ADAs – provided to District Attorneys and Assistant District Attorneys to prepare them to interact effectively with a drug treatment court
- Sanctions and Incentives Tune-up – provided to DTC teams to improve the effectiveness of behavior responses (sanctions and incentives) imposed by the DTC
- Prescription Drug Use and MAT – provided to DTC teams to improve the team's management of participants who are prescribed controlled medications
- Biannual conferences – provided to DTC teams to expose them to evidence-based practice related to the operation of drug treatment courts

#### Orientation and Training for New Core Court Team Members

One of the greatest challenges a DTC faces is team member turnover. A judge generally has a great deal of influence over the initial team composition. This team trains together and decides how the court

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<sup>21</sup> See Burke, *supra* note 16 at 54-55.

<sup>22</sup> Carey, Shannon. (2008). *Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes and Cost* NPC Research, 70.

should operate. Once operational, any number of events can cause the team membership to change. The DTC state office works to ensure every DTC has a trained backup judge who can cover the court when the lead judge is ill or on vacation. This backup judge becomes the lead DTC judge in the event that the initial DTC judge retires, wants a change or loses an election. There is rarely this kind of clear succession plan for the rest of the team members. Each new team member should be selected with the same care and intention as was accorded the initial team. Each court should discuss a transition plan for new team members before they need to address this type of change. They should discuss and create an orientation packet and process for transitioning team members. This packet should include at a minimum: the court's Policy and Procedure Manual, Participant Handbook, Local Memorandum of Understanding (MOU), most recent Strengths/Challenges/Opportunities/Threats (SCOT) and Action Plan, and the State DTC Minimum Standards.

## **BEST PRACTICE 8**

### **ACTIVE LOCAL MANAGEMENT COMMITTEE**

The chief district court judge or the senior resident superior court judge is required by statute (G. S. 7A-793) to convene a Local Management Committee (LMC). These individuals are the policymakers within the court system and at each of the agencies and resource programs that will impact and support the drug treatment court. It is vital that these leaders share the judge's vision of what the drug treatment court should accomplish.

#### Providing Oversight and Guidance to the DTC

In the early stages of a drug treatment court, each of these key leaders submits a letter of support for the court and outlines his/her anticipated personal and agency involvement in the DTC. These leaders are not only subject matter experts, they also control staff and treatment resources and help to shape court policies and procedures so that the court can respond to local needs.

In addition to participating in the initial planning of the court and commitment of resources, the LMC should meet three times per year. After the initial planning and implementation phase, the role of the LMC is to solve problems and provide ongoing top-level support for the treatment court. The LMC helps analyze and resolve concerns related to resources, effective targeting and questions of effective operation.

Informed, data-driven decision making begins when a district is determining what type of drug treatment court is most appropriate and continues once the court is operational. Analyzing and discussing data on program activities and outcomes can help keep the Local Management Committee actively engaged in the operation of the court. Sending out a monthly update on the number and type of referrals and admissions can be a useful tool in focusing the court's activities. All operational drug treatment courts are required to participate in an annual self-assessment and planning process called a SCOT with their DTC core team and Local Management Committee. The SCOT compels the DTC team to consider their strengths, challenges, opportunities and threats and to turn these assessments into an annual action plan that is shared with the State DTC staff and the State Advisory Committee.

At least annually, the Local Management Committee should review the activities and outcomes of the DTC. They should consider the following data related questions: How many people graduated from the drug treatment court? How many were rearrested or had a new substantiated CPS case? How long did participants stay in treatment? Are the demographic (e.g. age, sex, race) characteristics of the DTC participants reflective of the probation or parent-respondent population as a whole? How many days elapsed between initial arrest or court petition to referral and admission to the DTC? At what point in the program are participants most likely to be terminated unsuccessfully? What are the most common drugs of choice? Each of these questions and answers helps to drive the court and community response to improve the practice and policies of the treatment court. It is the DTC coordinator's responsibility to be proactive and proficient in analyzing and presenting data on the activities of the drug treatment court. He/she should be prepared to share key data with the core court team regularly, and with the Local Management Committee at each of the three required LMC meetings.

### Institutionalizing and “Marketing” Drug Treatment Courts

The community should perceive drug treatment courts as a vital problem-solving resource. A program is institutionalized when it becomes so much a part of a community that no one can imagine life without that program. Drug treatment court must become institutionalized within the courts and the local community as a problem-solving resource. For drug treatment courts to become institutionalized, everyone involved in the court must take an active part in educating others about the benefits of drug treatment courts. This can be done through discussions and presentations to their peers, to civic groups, to local government groups, and to businesses. The message from the core team member should be personal and sincere and must highlight the benefits of drug treatment court from the perspective of that individual.

Drug treatment courts offer judges an unusual experience - the opportunity to see the result of their intervention and to see participants change and succeed. Judges say they remain involved in treatment courts because they see it work and they know they are helping participants take steps to overcome addiction and reunify with their family. They believe that they are making the community a better and safer place, and this is the message that they need to send to the community.

Drug treatment courts offer prosecutors an opportunity to fulfill their mission of protecting the community. Drug treatment courts are the most intensive, community-based sanction available. No other sanction or program requires that an individual report to a judge and court-based team every two weeks. In drug treatment court, a minimum of six professionals (judge, prosecutor, defense attorney, probation/social worker, DTC coordinator and treatment) are making contact with, drug testing, and treating the participant on a daily to weekly basis. Addicted offenders have some of the highest recidivism rates because addiction is so difficult to overcome. Drug treatment court provides a highly structured and accountable intervention that greatly increases the likelihood that the offender will participate in and complete treatment while complying with all their other court requirements.

For defense attorneys and parents' attorneys, drug treatment courts improve their client's chance for success by increasing services and supports to the individual. The courts and DTC team work to remove barriers to success while providing the structure and accountability necessary for the high-need, high-risk, court-involved participant to become drug and crime free and to become a healthy parent, family and community member. Drug treatment court is often offered as part of a plea agreement and/or as a sanction in the community rather than an active sentence. Parents who successfully participate in a FDTC are much more likely to be reunified with their children.

Probation officers, juvenile court counselors, social workers, and treatment providers gain support from others to monitor and assist addicted participants. Drug treatment courts provide a higher level of accountability and support for the high-risk, high-need offender/delinquent or parent respondent. Depending on the court type, the probation officer, juvenile court counselor or DSS social worker remains the primary case manager but s/he is joined by a team of court, treatment and community professionals who provide support and expertise all with the shared goal of success and accountability for the DTC participant. With case planning and management responsibilities shared across disciplines, each DTC team member is able to focus on his or her specialty. This is especially helpful for the primary case managers because the DTC process improves information sharing. Finally, the frequent DTC hearings improve the court's reaction time and response to the participant's behaviors (good and bad).

Drug treatment courts benefit families and children. No matter what type of drug treatment court, the most common successful outcome is a family stabilized and reunited. While engaged in active addiction, the DTC participant emotionally, physically and financially harms his/her parents, spouse, siblings, grandparents and children. The treatment, accountability, and recovery support process urges these participants to begin to rebuild bridges and relationships redressing the harm done. There is nothing more powerful than participating in a graduation/completion ceremony for a DTC participant who is surrounded by his or her family. DTC helps to rebuild families and in reuniting families, the program helps to heal communities devastated by addiction.

A sober, law-abiding citizen and parent are good for any business. A number of cost-benefit studies have attempted to enumerate the money saved in actual costs and avoided costs of further criminal behavior and drug use, as well as tax revenues and other benefits to the local economy by successfully treating addiction. The rates of return vary by geographic area, criminal justice practice and methodologies followed, but each study has determined that successfully treating substance abuse and addiction improves the local economy while vastly improving the quality of life for the individual, family and community. A sober employee is a better, safer employee. An employee who does not miss work because of problems with his or her children is a more productive employee. An individual who does not spend money on illegal (and legal) drugs is more likely to spend money in local businesses. A legally employed citizen will pay his or her taxes and no longer strain the local social services and criminal justice system.

#### Seeking Donations

DTC coordinators are encouraged to reach out to their communities to seek donations to support the continuing recovery of DTC participants. All judges are prohibited from seeking donations but may provide information about the DTC to community groups. The coordinator should develop a standard letter explaining the operation of the court for potential donors. All donations must be receipted and the coordinator must maintain a log for the receipt and disbursement of donations to DTC participants. Monetary donations should be made out to the NC Administrative Office of the Courts with the name of the DTC in the memo line or may be deposited with a local non-profit for the benefit of the court. The local non-profit should have a mission statement that is in accord with the mission of the DTC and must maintain audited accounts that can be made available to the NC AOC auditors upon request.

# THE 10 KEY COMPONENTS

Adapted from *Defining Drug Courts: The Key Components* (NADCP, 1997)

## Key Component #1

**Drug courts integrate alcohol and other drug treatment (substance abuse) services with justice system case processing.** The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity. Drug courts promote recovery through a coordinated response to offenders dependent on alcohol and other drugs. Realization of these goals requires a team approach, including cooperation and collaboration of the judges, prosecutors, defense counsel, probation authorities, other corrections personnel, law enforcement, pretrial services agencies, evaluators, an array of local service providers and the greater community.

## Key Component #2

**Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.** To facilitate an offender's progress in treatment, the prosecutor and defense counsel must shed their traditional adversarial courtroom relationship and work together as a team. Once an offender is accepted into the drug court program, the team's focus is on the offender's recovery and law-abiding behavior—not on the merits of the pending case.

## Key Component #3

**Eligible participants are identified early and promptly placed in the drug court program.** Judicial action, taken promptly after arrest, capitalizes on the crisis nature of the arrest and booking process. Rapid and effective action also increases public confidence in the criminal justice system.

## Key Component #4

**Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.** While primarily concerned with criminal activity and alcohol and drug use, the drug court team also needs to consider co-occurring problems such as mental illness, primary medical problems, unemployment, domestic problems, and educational deficits. The origins and patterns of alcohol and drug problems are complex and unique to each individual. They are influenced by a variety of accumulated social and cultural experiences. If treatment is to be effective, it must also call on the resources of primary health and mental health care and make use of social and other support services.

## Key Component #5

**Abstinence is monitored by frequent alcohol and other drug testing.** Frequent court-ordered alcohol and drug testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each offender's progress. Alcohol and drug testing is central to the drug court's monitoring of offender compliance.

## Key Component #6

**A coordinated strategy governs drug court responses to participant's compliance.** A coordinated strategy can provide a common operating plan for treatment providers and other drug court personnel.

Drug courts must reward cooperation as well as respond to noncompliance. An offender's progress through the drug court experience is measured by his or her compliance with the treatment regimen. Cessation of drug use is the ultimate goal of drug court treatment. There is value in recognizing incremental progress toward the goal, such as showing up at all required court appearances, regularly arriving at the treatment program on time, attending and fully participating in the treatment sessions, cooperating with treatment staff and submitting to regular testing.

#### **Key Component #7**

**Ongoing judicial interaction with each drug court participant is essential.** The judge is the leader of the drug court team. The structure of the drug court allows for early and frequent judicial intervention. A drug court judge must be prepared to encourage appropriate behavior and to discourage and address inappropriate behavior. The drug court judge needs to be knowledgeable about treatment methods and their limitations while also recognizing that he is not the expert and deferring to the treatment professional where appropriate. Regular status hearings are used to monitor offender performance.

#### **Key Component #8**

**Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.** Fundamental to the effective operation of drug courts are coordinated management, monitoring and evaluation systems. The design and operation of an effective drug court program result from thorough initial planning, clearly defined program goals and inherent flexibility to make modifications as necessary. Management and monitoring systems provide timely and accurate information about program operations to the drug court's managers, enabling them to keep the program on course, identify developing problems and make appropriate procedural changes.

#### **Key Component #9**

**Continuing interdisciplinary education promotes effective drug court planning, implementation and operations.** All drug court staff and leaders should be involved in education and training. Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice and alcohol and drug treatment personnel and promote a spirit of commitment and collaboration. Periodic education and training ensures the drug court's goals and objectives, as well as policies and procedures, are understood not only by the drug court leaders but also by those indirectly involved in the program.

#### **Key Component #10**

**Forging partnerships among drug courts, public agencies and community-based organizations generate local support and enhances, drug court effectiveness.** The drug court is a partnership among organizations. Because of its unique position in the criminal justice system, a drug court is especially well suited to develop coalitions among private community-based organizations, public criminal justice agencies and alcohol and drug treatment delivery systems. Forming such coalitions expands the continuum of services available to drug court participants and informs the community about drug court concepts.