The Tribal Ten Key Components and National Drug Court Standards

Part I: Key Components 1-6

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Tribal Key Components

- [www.WellnessCourts.org](http://www.WellnessCourts.org)
- Tribal Key Components recognize
  - Community involvement
  - Family relationships and involvement
  - Culture and Tradition
  - Exercise of Tribal Sovereignty
NADCP Adult Drug Court Standards

nadcp.org/standards
Why?

Research-based
- Not tribal-specific
- Not every practice

Operationalizes the key components

Fidelity to model; do no harm

Funding sources
Healing to Wellness Court Quick Key Component Review

1. Team, Community, & Nation Building
2. Entry
3. Eligibility
4. Healing and Treatment
5. Support & Supervision
6. Discipline & Encouragement
7. Respectful Communication
8. Keeping & Telling Stories
9. Enduring Knowledge & Experience
10. Sustained Team, Community, & Nation Building
Wellness Court
Principal Program Elements

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Key Component #1: Individual and Community Healing Focus

Brings together treatment, healing resources, and the tribal justice process by using a team approach to achieve the healing of the participant and to promote Native nation building and the well-being of the community.
Judge

Attorneys
- Presenting Officer
- Defense Advocate
- Children’s Advocate

Coordinator

Community Supervision
- Probation
- Law Enforcement

Case Manager

Substance Abuse Treatment

Mental Health

Evaluator

Cultural Advisor

Social Services/Child Welfare

Housing

School
Target Population and Eligibility

### Target Population
- Issues facing the community
- Gaps in services
- Tribal priorities or initiatives

### Eligibility Criteria
- Eligible entry point (narrow or wide)
- Statutory considerations
- Funding restrictions
Target Population and Eligibility

Standard 1: Target Population

- **High-Risk and High-Need Participants**
  Targets candidates who are addicted to substances *and* at substantial risk for reoffending or failing to complete a less intensive disposition.

  If larger scope, use alternative tracks, in which services are modified and participants do not mix.
Legal Screening
Participants enter Wellness Court through various referral points and legal processes that promote tribal sovereignty and the participant’s due (fair) process rights.

**Objective Eligibility and Exclusion Criteria**
Criteria is defined objectively, specified in writing, and communicated to potential referral points.
• **Equivalent Access:**
  Eligibility criteria are nondiscriminatory in intent and impact.

• **Equivalent Dispositions:**
  Members of historically disadvantaged groups receive the same legal dispositions for discharge.
Standard #4: Incentives and Sanctions

• **Advance Notice:**
  The policies and procedure articulate the possible legal and collateral consequences.

• **Opportunity to Be Heard:**
  Participants are given an opportunity to explain their perspectives, including with the assistance of a defense counselor, and receive clear justifications for court actions.
Standard #4: Incentives and Sanctions

• **Consequences of Graduation and Termination:**
  Graduates avoid a criminal record, incarceration, or receive a substantially reduced sentence or disposition.
Standard 9: Census and Caseloads

- **Drug Court Census**
  No arbitrary restrictions on the number of participants. Census is based on local need, obtainable resources, and the ability to apply best practices.

- Drug Courts serve fewer than 10% of adults in the criminal justice system in need of their services.
Consider: Inter-Jurisdictional Referrals

- Wellness Court as a condition of state probation
- Case Transfers

- See Sample Inter-Jurisdictional Case Transfer MOU
Clinical Screening and Assessment
Eligible court-involved substance-abusing candidates are identified early through legal and clinical screening for eligibility and are promptly placed into the Wellness Court.
Standard 1: Target Population

- **Validated Eligibility Assessments**
  Eligibility is assessed with validated risk-assessment and clinical-assessment tools.

- **APPENDIX A: VALIDATED RISK AND NEED ASSESSMENT TOOLS**

Standard 1: Target Population

- **Criminal History Disqualifications**
  Current or prior offenses may disqualify candidates. But, histories of drug dealing and violence are not automatically excluded.

- **Clinical Disqualifications**
  If adequate treatment is available, candidates are not disqualified because of co-occurring mental, medical conditions, or MAT.
Standard #6: Complementary Treatment and Social Services

- **Mental Health Treatment**
  Participants are assessed for major mental health disorders, including
  - Major depression
  - Bipolar disorder (manic depression)
  - Posttraumatic stress disorder (PTSD)
  - Other major anxiety disorders

Mental illness and addiction are treated concurrently, not consecutively.
Drug Courts That Accepted Participants With Non-Drug Charges Had Nearly Twice the Reductions in Recidivism and 30% higher cost savings

Note 1: Difference is significant at p<.05
Note 2: Non-drug charges include property, prostitution, violence, etc.
Drug Courts in Which Participants Entered the Program within 50 Days of Arrest Had 63% Greater Reductions in Recidivism

Note: Difference is significant at p<.05
Treatment
Wellness Court provides access to holistic, structured, and phased alcohol and drug abuse treatment and rehabilitation services that incorporate culture and tradition.
Participants receive treatment based on standardized assessment of their treatment needs. Treatment is not provided to reward behaviors. Treatment providers are trained to delivered a continuum of evidence-based interventions.

- **Continuum of Care**
  Includes detoxification, residential, sober living, day treatment, intensive outpatient, and outpatient services. Adjustments are based on treatment need and not phase structure.
Standard #5: Substance Abuse Treatment

• **Treatment Dosage and Duration**
  In Phase 1: ~6-10 hours of counseling/week
  ~200 hours of counseling over 9-12 months; but allow flexibility

• **Treatment Modalities**
  Meet with treatment provider at least 1x/week. Frequency may be reduced.
  Group counseling has no more than 12 participants.

• **Medications**
  MAT is based on medical necessity.
Evidence-Based Treatments

• Evidence-Based Treatments (S#5)
  Use behavioral or cognitive-behavioral treatments that are documented in manuals and proven to be effective. Providers are trained and supervised regularly.

  • National Registry of Evidence-Based Programs and Practices
  • Moral Reconation Therapy
  • Thinking for a Change Program
  • Reasoning & Rehabilitation Program
Trauma-Informed Services
Participants are assessed for a trauma-history and receive a trauma-informed evidence-based intervention. Females receive trauma-related services in gender-specific groups.

“The conditions and history of genocidal policies aimed at destroying Native family ties, as well as experiences of ongoing discrimination, bring added dimensions for consideration...”
Standard #5: Substance Abuse Treatment

Standard 9: Census and Caseloads

• **Peer Support Groups**
  Participants regularly attend self-help groups that follow a structured model.

• **Continuing Care**
  Participants complete a final phase focusing on relapse prevention and continuing care. Contact is maintained with the participant for at least 90 days after discharge.

• **S9: Clinician Caseloads**
  50 active participants for clinicians providing clinical case management
  • 40 – individual therapy or counseling
  • 30 – both clinical case management and individual therapy
• **Therapeutic Adjustments**  
Participants are not sanctioned if they are otherwise compliant but are not responding to treatment. Positive drug tests should not be severely sanctioned in the early phases.

• **Standard #5: Jail**  
Participants are not incarcerated to achieve clinical or social services.
Culturally-Based Treatment

• Culture is more than hobby or “piece” of someone

• It shapes one’s
  • Worldview
  • Role in society
  • Guidepost for thoughts and actions

• Treatment should help participants
  • Regain a practical ethnic identity
  • Gain a healthy social network
  • Make a spirituals/moral commitment to themselves and community
  • Reengage in “prosocial” activities
  • Gain a social role in the community
Complementary Support Services
**Standard #6: Complementary Treatment and Social Services**

- **Scope**
  
  Provide or refer to services that address *responsivity* needs, *criminogenic* needs, and *maintenance* needs.

  Such as:
  
  ◦ Housing assistance
  ◦ Mental health
  ◦ Trauma-informed services
  ◦ Criminal-thinking interventions

  ◦ Family or interpersonal counseling
  ◦ Vocational or educational services
  ◦ Medical or dental
Standard #6: Complementary Treatment and Social Services

• **Sequence and Timing**
  Phase 1: Responsivity needs
  Phases 2-3: Criminogenic
  Phase 4: Maintenance

• **Clinical Case Management**
  Meet w/ case manager at least 1x/week in Phase 1.
  - Appendix C: Complementary Needs Assessments
  - Appendix D: Clinical Case Management

• **Criminal Thinking Interventions**
  - Moral Reconation Therapy; Thinking for a Change; Reasoning & Rehabilitation
Case Management and Drug Testing
Key #5: Intensive Supervision

• Participants are monitored through **intensive supervision** that includes frequent and random **drug testing**, while participants and their families benefit from effective team-based **case management**.
Case management and treatment plans should be
  • individualized
  • culturally appropriate,
  • based on an assessment of the participant’s and family’s needs.

Evidence-based case management involves
  • (1) providing a single point of contact for multiple systems
  • (2) advocating for participant and family
  • (3) being flexible, community-based, and client-oriented
  • (4) helping the participant and family manage other related needs.
• **S9: Supervision Caseload**  
  At 30 participants, monitor program operations; caseloads should not exceed 50 participants.

• **S7: Frequent Testing**  
  Urine testing at least 2x/week until last phase.

• **S7: Random Testing**  
  Drug testing takes place on nights and weekends. Urine specimens are delivered within eight hours.
Standard #7: Drug and Alcohol Testing

• **Breadth of Testing and Rapid Results**
  Along with all suspected substances, random specimens are periodically tested. Results within 48 hours.

• **Witnessed Collection** verifying a **Valid Specimen**

• **Accurate and Reliable Testing Procedures**
  Chain of custody is established. Barring staff expertise, results below industry levels are not considered positive.

• **Participant Contract** (suggested language)
Incentives and Sanctions
• Progressive incentives and sanctions are used to encourage participant compliance with Wellness Court requirements.
• **Equivalent Consequences**
  Incentives and sanctions are equivalent to similarly situated participants.

• **Progressive Sanctions**
  Sanctions of varying magnitudes are administered based on proximal and distal goals.

• **Incentivize Productivity**
  Productive behaviors are as emphasized as reducing negative behaviors. 4:1
Standard #4: Incentives and Sanctions

- **Phase Promotion**
  Phase advancement is based on objective, realistic, and defined objectives. In later phases, sanctions can increase, incentives decrease, and supervision can reduce. Treatment is only reduced for clinical reasons. Drug testing is only reduced after treatment and supervision has been reduced.

- **Jail**
  Jail is used sparingly, and no longer than 3-5 days, only after a hearing with access to counsel.
Online Training Resource

- National Drug Court Institute
  [www.ndci.org/training/online-trainings-webinars](http://www.ndci.org/training/online-trainings-webinars)

- National Drug Court Resource Center
  [www.ndcrc.org](http://www.ndcrc.org)

- Center for Court Innovation
  [www.drugcourtonline.org](http://www.drugcourtonline.org)

- NCSC and AU – Translating Drug Court Research into Practice
  [www.research2practice.org](http://www.research2practice.org)
WellnessCourts.org

Tribal Healing to Wellness Courts

Justice Department Announces Sweeping Changes to Federal Sentencing

National Association of Drug Court Professionals Applauds Justice Department Smart on Crime Initiative; Calls for Federal Drug Court ... More

Request Technical Assistance
Funding Announcements
Upcoming Events
Drug Court T/TA Calendar
Prior Event Resources

Resources & Tools
Wellness Court Resources  Tribal Key Components  Forms & Policies  Drug Court Research and Treatment  State Resources
Questions?

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