

# ADULT DRUG COURT BEST PRACTICE STANDARDS

This groundbreaking set of **EVIDENCE-BASED STANDARDS** is your blueprint to dramatically improve outcomes for individuals involved in the justice system due to substance use disorders and mental health conditions. Representing 25 years of **EMPIRICAL STUDY** on addiction, pharmacology, behavioral health, and criminal justice, these Standards are the foundation upon which all adult drug courts should operate. They hold the keys to transform how the justice system responds to people in crisis. Whether you are a researcher, subject matter expert, drug court practitioner, state or federal policymaker, or concerned citizen, the NADCP *Adult Drug Court Best Practice Standards* are vital to your understanding of effective **JUSTICE SYSTEM REFORM**.



#### Standard I: Target Population

Drug courts are most effective for people who are addicted to intoxicating drugs or alcohol (i.e., high-need) and are at a substantial risk for reoffending or have struggled to succeed in less-intensive supervision or treatment programs (i.e., high-risk). Candidates for drug court are assessed for eligibility using validated risk- and clinical-assessment tools. The drug court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program.

#### Standard II: Equity and Inclusion

Drug courts ensure equal opportunity for everyone to participate and succeed, regardless of race, ethnicity, or gender. Drug courts take affirmative steps to detect and correct disproportionate census, inequitable services, and disparate outcomes involving those who have historically faced discrimination. Drug courts ensure that teams understand and are responsive to the cultural differences within their population.

#### Standard III: Roles and Responsibilities of the Judge

Drug court judges greatly influence participants' success in the program. A drug court further reduces both crime and substance use when the judge is informed, approachable, fair, respectful, attentive, open, and caring. Because judges are not trained to make clinical diagnoses or to select treatment interventions, they require expert input from treatment professionals to make treatment-related decisions. Drug court judges who spend at least 3 minutes with each participant will produce 153% greater reductions in recidivism.



# Standard IV: Incentives, Sanctions, and Therapeutic Adjustments

Drug courts use behavior change strategies that are evidencebased, fair, and consistently administered. Jail is not used when addicted participants who are fully compliant with treatment struggle to remain abstinent. Instead, therapeutic adjustments are used to respond to continued substance use. Jail sanctions are no longer than a few days and are only used after less stringent responses have proven ineffective. Programs that overuse jail sanctions cost more and are less effective at reducing crime.

### Standard V: Substance Use Disorder Treatment

Drug courts provide a continuum of evidence-based treatment services, including medication-assisted treatment in combination with counseling and other psychosocial therapies as recommended by a qualified clinician. Participants receive enough treatment to achieve their treatment plan goals, including acquiring relapse prevention skills and connection with recovery support services.



# Standard VI: Complementary Treatment and Social Services

Drug courts are most effective at reducing crime and encouraging long-term recovery when they assess participants for mental health disorders and other needs that may interfere with positive progress. Drug courts deliver additional mental health treatment, trauma-informed services, criminal-thinking interventions, counseling, and medical, vocational, housing, and educational services as needed. Drug courts educate participants on ways to prevent and manage overdose, including by administering the overdose reversal medication naloxone.

#### Standard VII: Drug and Alcohol Testing

Drug courts implement frequent, random, and comprehensive drug and alcohol testing of participants to gauge treatment progress and ensure that substance abstinence or use is responded to in a timely and effective manner. The frequency of random drug testing is maintained as the participant advances through program phases. Frequency is only reduced during the latter part of the final phase, when the participant is preparing for program completion. Drug courts are 50% more effective at reducing recidivism when all drug court team members consistently attend status meetings.



# Standard VIII: Multidisciplinary Team

The drug court team approach is indispensable. Programs produce significantly greater reductions in recidivism and cost savings when the drug court team consists of a judge, program coordinator, prosecutor, defense attorney, community supervision officer, treatment representative, and law enforcement officer and when each of these members consistently attends drug court status meetings. It is advisable to include a physician or nurse on the team if a substantial number of participants are receiving medication-assisted treatment or suffering from co-occurring medical or mental health disorders.



#### Standard IX: Census and Caseloads

Because drug court probation officers and clinicians work with high-risk/high-need individuals, their caseload sizes are considerably smaller than traditional caseloads. Drug courts ensure that court, supervision, and treatment services do not lessen as the program census and caseloads increase. If evidence suggests that program census or practitioner caseload sizes are preventing best practices from being consistently implemented, the drug court team develops a corrective action plan and timeline to correct deficiencies and evaluate the success of remedial actions.

#### Standard X: Monitoring and Evaluation

Adherence to best practices is among the characteristics that distinguish drug courts from business as usual.

- Drug courts monitor and evaluate their adherence to best practice standards at least annually.
- ✓ Drug courts monitor and evaluate participant outcomes, including attendance at scheduled appointments, drug and alcohol test results, completion rates, duration in the program, and technical violations at least annually.
- No less than once every five years, a skilled and independent evaluator examines the drug court program's adherence to best practices and participant outcomes.
- Drug courts routinely monitor admission rates, services delivered, and outcomes achieved for members of groups who have historically faced discrimination.

Drug courts have more than twice the reduction in crime and are twice as cost-effective when they consistently monitor operations, review the findings as a team, and modify their polices and procedures to meet validated benchmarks for success.



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