



AT A GLANCE

**A Brief Overview of the Adult
Treatment Court Best Practice
Standards, 2nd Edition**



Introduction

In 2013 and 2015, All Rise (then the National Association of Drug Court Professionals) released the first edition of the Adult Drug Court Best Practice Standards in two volumes. The combined landmark document was the product of more than six years of exhaustive work by a diverse committee of experts who reviewed scientific research on best practices in treatment courts, other correctional rehabilitation programs, and substance use, mental health, and trauma treatment and distilled that vast literature into measurable and achievable best practice recommendations.

The response from the field was immediate and decisive. Within two years, 80% of U.S. states and territories responding to a national survey reported that they had adopted the standards for purposes of credentialing, funding, and/or training new and existing treatment courts in their jurisdiction. Any concerns that the standards might sit on a shelf and collect dust vanished rapidly. Treatment courts moved quickly to adjust their policies and procedures in accordance with the latest scientific findings and improved their outcomes as a result. Importantly, no provision from the first edition has been retracted or found to be erroneous in subsequent studies.

The standards set treatment courts apart by enabling a level of evidence-based credibility and accountability that few other justice reform efforts can claim. All Rise's Adult Treatment Court Best Practice Standards, 2nd edition will continue to serve as the definitive guidance for treatment court practitioners to sustain and enhance these lifesaving programs. As research continues and best practices evolve, we at All Rise commit to updating each existing standard on an ongoing basis and developing new standards to reflect the latest scientific evidence and to promote continual improvement across the treatment court field.

STANDARD I: Target Population

Eligibility and exclusion criteria for treatment court are predicated on empirical evidence indicating which individuals can be served safely and effectively. Candidates are evaluated expeditiously for admission using valid and culturally equitable assessment tools and procedures. Provisions include:

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| A. Objective Eligibility and Exclusion Criteria | D. Valid Eligibility Assessments |
| B. Proactive Recruitment | E. Criminal History Considerations |
| C. High-Risk and High-Need Participants | F. Treatment and Resource Considerations |

What's Changed

Treatment courts are most effective and cost-efficient when they serve high-risk and high-need persons who require an intensive combination of treatment and supervision. This finding has been reported in all treatment court models examined to date. The definition of high need has, therefore, been broadened to apply to all adult treatment courts and includes not only a compulsive substance use disorder but may also include other significant treatment

or social service needs, such as a serious and persistent mental health or trauma disorder, traumatic brain injury, insecure housing, or compulsive gambling. Treatment courts are also discouraged from imposing unwarranted admissions requirements that do not improve outcomes or protect public safety and disproportionately exclude members of some sociodemographic or sociocultural groups.

STANDARD II: Equity and Inclusion

All persons meeting evidence-based eligibility criteria for treatment court receive the same opportunity to participate and succeed in the program regardless of their sociodemographic characteristics or sociocultural identity, including but not limited to their race, ethnicity, sex, gender identity, sexual orientation, age, socioeconomic status, national origin, native language, religion, cultural practices, and physical, medical, or other conditions. Provisions include:

- A. Staff Diversity
- B. Staff Training
- C. Equity Monitoring
- D. Cultural Outreach
- E. Equitable Admissions
- F. Equitable Treatment and Complementary Services
- G. Equitable Incentives, Sanctions, and Dispositions
- H. Fines, Fees, and Costs

What's Changed

Ensuring equitable access, services, and outcomes for all sociodemographic and sociocultural groups is a critical obligation of treatment courts. Research conducted in the past decade provides substantial guidance for treatment courts to monitor and rectify unwarranted cultural disparities. Examples of effective practices include removing invalid eligibility

restrictions that needlessly exclude some cultural groups, engaging in proactive and culturally congruent outreach efforts, delivering culturally proficient treatments and complementary services, and avoiding monetary or other resource requirements that do not improve outcomes or protect public safety.

STANDARD III: Roles and Responsibilities of the Judge

The treatment court judge stays abreast of current law and research on best practices in treatment courts and carefully considers the professional observations and recommendations of other team members when developing and implementing program policies and procedures. The judge develops a collaborative working alliance with participants to support their recovery while holding them accountable for abiding by program conditions and attending treatment and other indicated services. Provisions include:

- A. Judicial Education
- B. Judicial Term
- C. Precourt Staff Meetings
- D. Status Hearings
- E. Judicial Decision Making

What's Changed

Research underscores the critical impact of the judge in all treatment court models and for all sociodemographic groups examined thus far. Although biweekly court status hearings (every 2 weeks) produce superior outcomes for most participants in the first phase of adult drug courts, new evidence suggests that weekly hearings may be required in the first phase for participants needing greater structure and

consistency, such as persons with a co-occurring mental health and substance use disorder or those lacking stable social supports. Studies of procedural fairness also offer updated guidance to help treatment court judges enhance participants' motivation for change, provide needed support, and encouragement, avoid shaming, stigmatizing, or retraumatizing participants, and enhance sociocultural equity.

STANDARD IV: Incentives, Sanctions, and Service Adjustments

The treatment court applies evidence-based and procedurally fair behavior modification practices that are proven to be safe and effective for high-risk and high-need persons. Incentives and sanctions are delivered to enhance adherence to program goals and conditions that participants can achieve and sustain for a reasonable time, whereas service adjustments are delivered to help participants achieve goals that are too difficult for them to accomplish currently. Provisions include:

- A. Proximal, Distal, and Managed Goals
- B. Advance Notice
- C. Reliable and Timely Monitoring
- D. Incentives
- E. Service Adjustments
- F. Sanctions
- G. Jail Sanctions
- H. Prescription Medication and Medical Marijuana
- I. Phase Advancement
- J. Program Discharge

What's Changed

Delivering fair, effective, and safe responses for participant performance is critical for successful outcomes in treatment courts. Careful guidance is provided to help staff classify the difficulty level of participants' goals and to deliver incentives or sanctions to enhance their attainment of achievable (proximal) goals and service adjustments to help them develop the skills and resources needed to achieve difficult (distal) goals. Cautious advice is provided to help treatment courts avoid serious

negative side effects from the misapplication of high-magnitude sanctions, especially jail detention, and practical suggestions are offered to help programs deliver a creative range of low-cost incentives to maximize success. Finally, an example of an evidence-based phase structure with appropriate phase advancement criteria is provided to help treatment courts avoid placing premature demands on participants and address their goals in a manageable and effective sequence.

STANDARD V: Substance Use, Mental Health, and Trauma Treatment and Recovery Management

Participants receive evidence-based treatment for substance use, mental health, trauma, and co-occurring disorders from qualified treatment professionals that is acceptable to the participants and sufficient to meet their validly assessed treatment needs. Recovery management interventions that connect participants with recovery support services and peer recovery networks in their community are core components of the treatment court regimen and are delivered when participants are motivated for and prepared to benefit from the interventions. Provisions include:

- A. Treatment Decision Making
- B. Collaborative, Person-Centered Treatment Planning
- C. Continuum of Care
- D. Counseling Modalities
- E. Evidence-Based Counseling
- F. Treatment Duration and Dosage
- G. Recovery Management Services
- H. Medication for Addiction Treatment
- I. Co-occurring Substance Use and Mental Health or Trauma Treatment
- J. Custody to Provide or While Awaiting Treatment

What's Changed

Collaborative, person-centered treatment planning improves outcomes by ensuring that participants and treatment providers reach mutual agreement on a treatment regimen that is acceptable to the participant, has a reasonable chance of therapeutic success, and is unlikely to threaten the participant's welfare or public safety. Psychiatric medication and medication for addiction treatment (MAT) are critical components of the evidence-based standard of care for high-need persons, and all decisions relating to the choice of medication, dosage, and duration of the medication regimen must be based exclusively on

the judgment of duly trained and qualified medical practitioners.

Although professionally delivered evidence-based treatment is critical for initiating recovery among high-risk and high-need individuals, sustained recovery and long-term adaptive functioning also require ongoing recovery support services. Recovery management interventions should be core components of the treatment court regimen and delivered when participants are motivated for and prepared to benefit from the services.

STANDARD VI: Complementary Services and Recovery Capital

Participants receive desired evidence-based services from qualified treatment, public health, social service, or rehabilitation professionals that safeguard their health and welfare, help them to achieve their chosen life goals, sustain indefinite recovery, and enhance their quality of life. Trained evaluators assess participants' skills, resources, and other recovery capital and work collaboratively with them in deciding what complementary services are needed to help them remain safe and healthy, reach their achievable goals, and optimize their long-term adaptive functioning. Provisions include:

- A. Health-Risk Prevention
- B. Housing Assistance
- C. Family and Significant Other Counseling
- D. Vocational, Educational, and Life Skills Counseling
- E. Medical and Dental Care
- F. Community, Cultural, and Spiritual Activities

What's Changed

Complementary services are strengths based and help participants to develop the personal, familial, social, cultural, financial, and other recovery capital needed to help them sustain indefinite recovery and enhance their overall quality of life. Treatment courts should routinely assess participants' recovery capital and deliver desired complementary services

to enhance their long-term adaptive functioning and life satisfaction. Importantly, complementary services also include health-risk prevention measures proven to reduce overdose and death rates, transmission of communicable infections, and other serious health risks.

STANDARD VII: Drug and Alcohol Testing

Standard VII will be published by the end of 2024. The second edition of this standard will provide new content related to trauma-responsive testing and illicit substances. It will also include new and updated research and address frequently asked questions from the field.

All Rise is working diligently to complete the second edition. In the meantime, you can access the first edition of this standard on our website at allrise.org/standards.

STANDARD VIII: Multidisciplinary Team

A dedicated multidisciplinary team of professionals brings together the diverse expertise, resources, and legal authority required to improve outcomes for high-risk and high-need participants. Team members coordinate their roles and responsibilities to achieve mutually agreed upon goals, practice within the bounds of their expertise and ethical obligations, share pertinent and appropriate information, and avoid crossing boundaries and interfering with the work of other professionals. Provisions include:

- A. Steering Committee
- B. Treatment Court Team
- C. Advisory Group
- D. Training and Education
- E. Sharing Information
- F. Team Communication and Decision Making
- G. Precourt Staff Meetings
- H. Court Status Hearings

What's Changed

Treatment courts bring together the diverse expertise, resources, and legal authority required to improve outcomes for high-risk and high-need participants. New content describes how team members must coordinate their roles and responsibilities to achieve mutually agreed upon goals, practice within the bounds of their expertise and ethical obligations, share pertinent and lawfully appropriate information, and avoid crossing boundaries and interfering with the work of other professionals. Reliable and sustained backing from the governing leadership

of partner agencies and community stakeholders is also required to ensure that team members can sustain their commitments to the program and meet participants' and the community's needs. Substantial guidance is provided to help treatment courts define the appropriate roles and responsibilities of team members, agency leaders, and community supporters; share appropriate information in accordance with confidentiality laws and regulations; and enhance participants' outcomes and perceptions of procedural fairness.

STANDARD IX: Census and Caseloads

Standard IX will be published by the end of 2024. The second edition of this standard will have a revised title and will provide new content related to evidence-based practices in community supervision and case management. It will also include new and updated research and address frequently asked questions from the field.

All Rise is working diligently to complete the second edition. In the meantime, you can access the first edition of this standard on our website at allrise.org/standards.

STANDARD X: Program Monitoring, Evaluation, and Improvement

The treatment court continually monitors its adherence to best practices, evaluates its outcomes, and implements and assesses needed modifications to improve its practices, outcomes, and sociocultural equity. A competently trained and objective evaluator employs scientifically valid methods to reach causal conclusions about the effects of the program on participant outcomes. Provisions include:

- A. Monitoring Best Practices
- B. Intent to Treat Analyses
- C. Comparison Groups
- D. Time at Risk
- E. Criminal Recidivism
- F. Psychosocial Outcomes
- G. Equity Analyses
- H. Timely and Reliable Data Entry
- I. Electronic Database
- J. Evaluator Competency and Objectivity

What's Changed

Treatment courts are more efficient, cost-effective, and culturally equitable when they routinely monitor their adherence to best practices and participant outcomes, review the findings regularly as a team, and implement and evaluate needed modifications to improve their operations. Careful guidance is provided to help evaluators in treatment courts define and measure key performance indicators (KPIs) of their program's practices and outcomes, select

unbiased comparison groups, and perform scientifically valid analyses to reach fair and accurate conclusions about the effects of the program. Core datasets of KPIs that are simple and inexpensive to measure are recommended to help treatment courts conduct informative and valid program evaluations that reveal their contributions to public health, participant welfare, and public safety.

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Founded As



All Rise

625 N. Washington Street
Suite 212
Alexandria, VA 22314

703.575.9400 phone
703.575.9402 fax

 allrise.org

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 x.com/_allrise_

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