

Greetings everyone.

Thanks so much for joining us. My name is Karen Cowgill.

I'm a project director with the Treatment Court Institute,

and we're happy to be here today to kinda, uh,

start off our series

of webinars we're gonna be doing this year.

Uh, today obviously is gonna be about

roles and responsibilities.

So be on the lookout for those notifications.

We'll have another one coming up in June,

and that'll be on community supervision.

So we're very happy that you're here today.

We will have a question

and answer section that you can put your questions in

as we go through the presentation.

We'll be answering those at the end with the ones

that Shane has time or I'll answer them as we go throughout.

So feel free to put that in the question and answer.

And again, we thank you so much for joining us.

I'm very happy today that Shane agreed to come on

and do this First one for us.

Shane Wolf is the Director of e-Learning for All Rise,

and he's gonna talk to you today about roles

and responsibility, which is so important for us

to all understand what lanes we need to stay in

and what our roles are

as a part of the treatment court team.

So, Sheena, I'm gonna go ahead and turn it over to you.

And thank you so much for coming today.

You so much, Karen. So we, this is probably one

of the biggest, uh, requests that we have at all Rise

to get, uh, instructions on what are we supposed to be doing

or what does each other supposed to be doing.

Um, when we do trainings throughout the country, especially

around roles and responsibilities, a lot

of things happen on the treatment court team,

from poor team dynamics to frustrations,

to arguing, to, to splitting.

And it's really because a lack of understanding of

what each person's does.

So that's what we're gonna be talking today about  
how do we work together as a treatment court team  
and what does each person do on the treatment court team.

Before I go any further though, we do wanna thank, uh, BJA,  
uh, who has provided us an opportunity to, to be able  
to provide these webinars for you for free.

Um, but the points and views  
or opinions of this docu this presentation are those  
of all rise  
and do not necessarily represent the official position  
or policies of the US Department of Justice.

So a lot of great information,  
and we are very thankful  
to have this opportunity in this funding through,  
uh, the Bureau of Justice.

When we talk about the multidisciplinary team,  
this is a standard of work that talks about  
who are the people that operate the day-to-day, um,  
operations of the court program.

This includes the people that are directly working

with the participants that are in staffing

and are in, um, our status hearings.

Because there are so many treatment court types,

we are mainly only gonna be focusing on the adult treatment

court, um, programs in this webinar.

So if you are, uh, adult treatment court,

if you are an impaired driving veteran, um,

we're gonna be discussing a lot of those things

that your participants might have.

However, if you are like a veteran

or a family treatment court

or a specialty type, like a co-occurring, there's some

of the roles we're not gonna get into so much

'cause we're gonna really just focus on the core rules,

which we'll focus in just a little bit.

If you are a juvenile court that you are on this, um,

this webinar, fantastic, you'll learn some information,

but there's some additional information about juvenile

programs that we're not going to address,

and we highly recommend that you talk to Paul Bowen

or Travis Williams at all Rise, who can be able to assist with any of your treatment court training needs.

So, looking at the standard on multidisciplinary team and the best practice standards, this is the information and the research that we've gathered

to really show these are the core

or the important people that are needed to be involved

in order to effectively run your program,

but also to reduce that recidivism rate

and to increase those cost savings for your programs.

So these core people that we're gonna be talking about,

which are the judge, the supervision officer,

the law enforcement officer, uh, defense counsel,

treatment coordinator, prosecutor

and evaluator, all work in a collaborative, um, environment.

However, the challenge that we have here is

that we all come from different areas and, and,

and in the justice system

and in the treatment worlds,

they don't always combine so smoothly.

A lot of times we're in various different silos

where we have our specific lanes.

And so then all of a sudden we're combining everyone to,

to work collaboratively.

And at times we're not speaking the same language.

What the other times we might be using acronyms

that we don't all completely understand,

or we might have assumptions of what is someone's role

and don't fully understand the, the, the areas

that they might be going outside of the role

that we're expecting them to do.

The other big thing we're gonna be talking about today is

looking at those ethical obligations.

A lot of times ethical obligations will come up

that could cause some of the frustrations

or the lack of understanding

of why one person might say this or do this or expect this.

So these are some of the areas that we're going

to really, uh, get into.

However, in saying that, we are only going

to be really looking at the, the 30,000 foot level.

So there are many different jurisdictions around the country that are providing, uh, treatment, uh, court care in each of those jurisdictions.

A lot of times the roles have different responsibilities on the team.

So this is one activity that I highly encourage all of your team, um, teams to do, uh, at a policy meeting, at a retreat or some type of training, is to have each role write down their responsibilities that they have on the treatment core team, and then share that so there's a better understanding of what they are doing.

But then you take what everyone wrote and then that becomes part of, of, of an operating procedure or into your, your operations manual to show who is who does what.

Because a lot of times we'll have transition on our, our treatment court teams, and that lack of understanding of, of

what someone new is supposed to do compared to

what the old person do, it doesn't always align.

So it's one way to help with onboarding new people,

but it's also another way to help bring understanding of

who's doing what, but also why do they do that?

And that's what we're gonna get into today of, of looking at

more of those in particular.

So for starting out, we are going to go with the judge.

So the judge really sets the tone for the team.

Um, they are the leader,

but I'm gonna bring this caveat though.

They might be the leader of the team,

but every person's leadership

style is going to be different.

So that's something to to recognize

because there are many times that you might be working

with a judge that is, um, very in control,

has everything lined out, um, is running staffing, um,

is wants to be involved with all aspects of the program.

But then you might have another person, another judge that



has multiple dockets, that has a lot of things going on

that they're required to do on top of treatment court.

So they might not have quite that hands-on approach.

Um, and they might have their coordinator

or they might have someone else to be able to, uh, take,

take up more of that management of the team.

You also might have a judge who is, uh, very quiet

because they want to be able to absorb all the information

that is provided and have everyone speak

before they make their decisions or

before they really decide what they're going to be doing.

So it's important to, to recognize

that leadership comes in all different styles.

So whatever the leader, the leadership call is

for your judges, recognize that.

And, and even though it might not line up

to your own personal ways that we wanna encourage our judges

to, to take on that leadership role,

but also help them, how, help them provide

that additional services.

The other thing that the judge does is they are that cheerleader, that person of hope, uh, for our participants, we wanna make sure that, uh, our participants and our judge are be able to build that alliance because that's one of the most effective ways.

And, uh, we're gonna talk a little bit more about why it's so effective, but the stronger of reliance, um, with the judge and the participants.

There's more correlations of, of, of the finishing the program successfully, but also, uh, a reduction of recidivism or not having them come back into the, into the, the, um, justice system.

So we wanna make sure that we're preparing and providing our judges with all the information that they need to be able to help build those relationships.

Most importantly, our judges are the people that provide that hope or that belief that the participants can do what they need to be doing, even when the participants don't believe they can.

So we wanna make sure that there is  
that connection going on,  
but also that sense of, of hope that yes, you can do that.

We wanna make sure, and this all goes into being  
approachable, non intimidation,

but also being a judge also means  
that there's some specific things that need to do.

Because just because you're in a treatment court doesn't  
mean that you throw aside all the, the legality,  
the case law or you're in a court of law.

So there are some critical areas  
that the judges should focus on.

One of 'em is ensure procedure fair.

Uh, fairness, we talk about this a lot,  
especially when we get into instances of sanctions.

Um, and, uh, service adjustments, training  
or working with a team  
is when we're looking at procedural fairness,  
the judge needs to be able to take in all the information  
and then make a decision

after hearing, uh, from the participant

or the client, uh, of, of what should happen next.

So there's a couple things we take away from that.

One of 'em is stop voting.

If you're voting in your courtroom

or in your staffing on what the best response is

for the participants, stop it.

And this is me getting on my, my, uh, soapbox is

because one, we're taking away judicial authority

when we're voting on what should and should not doing.

But two is that's not our role.

Our role as multi, uh, disciplinary professionals

or experts is to provide the judge the information

that they need in order to make the best decision

after talking to the participant.

So we should be giving recommendations

or we should be giving information that to be able to help,

uh, garner that choice.

We also want, in that information that we're giving,

is we want to be able to help improve that alliance

with the participants for the judge.

So if the participant is focusing on some sort of goal for that week, maybe housing or maybe transportation, or maybe they're dealing with a difficult situation and, and you believe that the judge needs to give them just some good support, mention that.

Same thing with treatment.

A lot of times the judges aren't really well versed in all things treatment, um, specifically like the, the manuals that might be going on or what's happening in the treatment group.

So part of our, the role as the team, especially, um, whoever's doing direct services, is to provide the information to the judge to be able to help bridge that, that, um, that gap.

For example, we had a, uh, in our courtroom when I was a coordinator, we had issues with, um, not understanding what, uh, MRT is, moral recognition, uh, therapy.

And in our true agency, we would always hear

that so-and-so did not move to the next step

or had failed the next step.

And we had someone who was stuck in a step

and it just made no sense.

And so the team, with lack of knowledge of

what was going on, started thinking, hmm,

maybe there's some, um, bias here with the,

the treatment provider and this participant.

'cause the participant seems to be doing everything right.

Uh, this participant actually was going around to each

of the different team members except the judge

and showing the, their, uh, what they wrote up

that they were presenting to the group

that kept getting filled.

And we are all thinking, this is great stuff.

Well, as a coordinator, I talked with the, I had a a,

a monthly meeting with the director of the treatment agency

and I brought this up and she says, well,

you guys are all being played right now

because they're seeing criteria that we need to be able

to meet in order to be able to, uh,

advance them to the next level.

I'm going, oh, that makes actually a lot of sense.

And we had a training for the whole team

and the training agency, um, even wrote up a one page paper

with all the different, uh, steps with some key questions

to talk about of what they were working on

that related back to those milestones.

So a lot of times when there is that, that confusion

or there's that frustration is

because we're not preparing each other enough.

So that's one of our roles is it's like to prepare the judge

with the need information to be able

to help clear up any inconsistencies,

but also to help them better connect with the participants.

And of course, when it comes to keeping that accountability,

um, and, and looking at how we modify

or improve behaviors, having just clear outlines of being

that cheerleader, but also still is toeing the line of

you're gonna be held responsible for your actions.

But we're here to work with you

and help you, um, through these.

Talked about a lot of the research.

There's only a couple areas I really wanna focus on.

And before I get too far into this,

we're gonna be covering different studies

or a, a study that looks like this on many of the roles.

And the background with this is in 2008, NPC research out

of Portland, Oregon, uh, did this huge multi-site, uh, study

with all the, with a ton of different treatment courts.

And the comparison group they did was treatment courts

that were following best practices

and treatment courts that were not.

So this is a comparison of treatment courts that did do it

compared to programs that did not do it.

So here we have like three different examples

and I really wanna focus on the three minute or more.

Now, we're not talking about a judge

talking for three minutes straight.

What we're talking about is quality engagement,



where there's the back  
and forth engagement  
with the participants talking about the recovery,  
talking about milestones, talking about their,  
their case plan goals that they might be working on,  
talking about those quality areas in order to build  
that relationship, that rapport with the,  
the best practice standards revisions  
that just came out this last year and continue.

One of the common themes that we see over and over  
and over again is that alliance, that alliance  
with treatment, that alliance with the judge, it alliances  
with probation or other team members.

So we really wanna make sure that  
that three minutes is quality time of exchange.

Now you're probably thinking, well, Shane, that's great,  
but what about we, what,  
what happens when we get those people that just don't talk  
or are yes or no?

That's where the team comes in

and needs to be able to help prepare the judge  
with specific questions or specific areas to talk about.

But then also those doing that frontline work, um,  
whether it's probation or whether it's treatment  
or case managers, is to have those conversations with, um,  
with the participant.

For one, they might be having high anxiety  
and scared to say the wrong thing  
or not really sure how to interact with the judge  
because their past interactions might've not been so great.

So one of the roles of the, the, the team members  
or treatment or whoever doing that line work is  
to help them prepare for those times when they're in court  
to be having those discussions.

So it really comes into those interaction.

So with each other. The other one I just want  
to touch on is the, the judge's term is indefinite  
next, excuse me.

Now, we would love to have judges there forever.

However, that's not what the study is really looking at.

This one is really looking at, we about, uh,  
treatment court teams that transition judges into their,  
their roles and transitioned them out like  
so every two years.

And then they would have a new judge.

The challenge with that is when you have a a,  
a judge who's brand new to the treatment court world,  
it takes time to get them trained.

It takes money to get them trained.

And usually it takes about a year  
before they start feeling comfortable or feeling good.

However, if they're rotating in, let's say every two years,  
they'd have about only a year under their belt  
where they're actually feeling like, this is my program.

And then they'd move on.

So that inconsistency could hurt the program,  
but also would cost a lot more money.

The other bigger factor that though is, is that alliance is  
that connection with our participants.

If you have a judge who is in, that's coming in new,

let's say with a brand new group, there's a chance that judge might not see those, uh, people, uh, commence from the program or finish the program.

The other thing is, is when they come in, those that were with the previous judge has now uncertainty.

And one of the things that we know about uncertainty or when change happens, especially within this population, it could be a triggering factor for them, especially, um, in their recovery.

So the more consistency we could provide, the better we're gonna have, especially when working with this population.

Now let's talk about the coordinator.

So the coordinator, uh, was one of my favorites, uh, mainly 'cause I used to be a coordinator in my past life.

Before all rise, I would love to say everything on this screen is what the coordinator does sadly.

Um, especially when working with coordinators around the country or doing the

coordinator practitioner training.

Every coordinator does something a little different.

Some coordinators have to do case planning. Case management.

Some coordinators are doing the, the risk assessments

to determine that high risk level of,

of referrals coming in.

Some case managers will do their

or coordinators, um, will be sitting on community boards

or will sit on do more administrative type of work.

It all kind of goes around, um, all over the place as far as

what the coordinator does.

So this is something to look at within your own program of,

especially if you're new into the role, is

what are my roles and obligations?

Am I being doing things that go outside my role?

Sometimes there's duplication that's happening,

especially in this role

where the coordinator might be doing case management,

and so might the probation officer.

I know in, in some areas that I've worked with,

where all the community resources, um, were handled through the, the coordinator's office.

However, that kind of throws, um, some duplication that might be happening with the probation or the supervision office who does the same amount of, uh, jobs of referring people out to resources and services.

So one of the things to be looking at when we're looking at our own roles is identifying where's that duplication and then how who should be doing what, because I can tell you for sure is that coordinators usually don't have spare time on their hands because they're being given a lot of additional things on top of managing the program, sometimes managing the team, um, but also, uh, working on ongoing training and looking at how the program can continue to improve while following best practice standards.

When we're looking at the prosecutor, the prosecutor really

is an important role, especially when looking at, uh,  
legal criteria for someone to be coming into the program,  
but also ensuring that, uh, that the,  
the program's integrity is in place,  
ensuring community safety  
and also looking at any victim, uh, rights  
or protections that are there.

One of the things that sometimes does happen  
with the prosecutor role is that there can be a lot  
of misunderstandings because of their ethical obligations.  
Their obligations are to the community of upholding the law,  
ensuring that, uh, due process is happening,  
but also ensuring that, um, people are following through  
with the actions that they should be doing.

One of the things also be to looking at, with the,  
the prosecutors is sometimes their, their roles  
can be dictated by the, uh, the elected prosecutor  
or, or whoever the, um, the county prosecutor  
or city prosecutor, um, might be.

So it can be varied based on, um, what the direction

that they're, they're wanting to, to go with.

With the prosecutor's role though,

is there are some understandings,

especially when looking at their role compared to

how their traditional role, since we're, we're dealing

with situations and issues

that normally might be handled in, um, an adjudication court

or, uh, with in, uh, pretrial

or, uh, new charges in a treatment court world,

there's the understanding that if there is new use

that isn't going to be treated as a new crime,

it's something that we're gonna be

continuing to be working with.

And any other underlying issues

or, um, new charges are going to be based on, um,

what the understanding is with the, the constraints

of the treatment court.

So if someone has new use while in the program,

the understanding usually is that's not going to, uh,

bring up new charges, uh, with the new use be,



especially if the person is working on, um, their,  
their program and their treatment and engage in services.

However, that does not necessarily mean  
that no new charges can be brought in.

So for example, if you have an issue where someone might be  
engaging in criminal behavior,

let's say it's impaired driving

and someone's, uh, driving on, uh, a suspended license

and gets into an accident that might result,

uh, in a new charge.

So it's really important to have an understanding of talking

with the prosecutor of what's considered a new, uh,

public safety issue that would result in a new charge.

And then what is considered part of the understanding

of them being in a treatment court that would necessarily

be a new charge, like, um, a usage issue of substances.

The research does tell us

that having the prosecutor involved does improve outcomes.

It does reduce costs,

especially having the prosecutor involved at both staffing

and at, uh, the status hearing.

Really, you're gonna hear this for all of the roles,

and I really want a clear point is

because having everyone at both staffing

and at status hearings is vital

because does things change

between staffing and status series?

Yes, all the time.

Plus, you wanna be able to address those issues

that might raise up in the status hearings in real time.

If you have an issue that comes up

that you don't learn about until everyone's in court

and the prosecutor's not there,

you might be wasting time trying to find the prosecutor,

or you might not be able to address it correctly,

and you might limit some due process issues too.

So it's important to have everyone there

and everyone present at both the staffing

and at the status hearings.

So when we're looking at the defensive counsel, one

of the biggest things with the defense is they are there to represent the participant.

They're there to, um, provide legal guidance to the participant, but also the main focus is that they need to be advocating for the participant's best interests and their needs and their wants.

Uh, they are need to be aware of the due process rights of the participants that they are being able to be followed, but most importantly, they're also someone else that is gonna be building that alliance with the participants so that when things do come up, that the participant feels safe to be able to talk to the defense counsel.

One of the things that sometimes does happen with the defensive counsel that does cause some conflict on the team sometimes is that they might know more than what they're able to share.

Because if consent's not provided

or consent, consent to share the information with the team isn't provided by the participant, then ethically they can't, they could lose their, their license, um, if they divulge information without that, that permission.

So it's mean to have a good understanding of what their limitations are.

Now, they can encourage the participant to share or they can encourage them to, uh, uh, to weigh out the pros and cons of their actions, of their decisions, but we need to understand that there are some limitations of what they can and cannot do.

The other thing to be looking at too, especially with the defense attorney, is, um, having a good understanding of, of what their role really is, especially if you're unfamiliar with the role of the defense attorney, or there might be some conflict.

A lot of times the conflict is because there's a lack of understanding.

So one of the things that I like to do with my teams,

especially when there is a lack of understanding, some sort of conflict of the different roles, is I would have, um, whatever the issue, let's say it's part of the referral process where someone feels like that they're doing more than what they should be doing or someone's not really pulling the slack, is have everyone ride out and then present.

What are, what is your role with new referrals?

What do you do with the new referrals?

And then have each person talk about, so the defensive attorney might be talking about, well,

we go over the contract, we go over what the conditions of the program might be, might answer any questions of, of scenarios that might happen, what could be potential outcomes.

Um, might be doing some weighing the pros and cons of the situation with, uh, supervision and might be doing those assessments.

And then talking about what is all those assessments.

The key is the more we understand

and understand the where the person's coming from, but  
but why they might be coming with a position that they are,  
we have better understanding instead  
of taking it personally when we feel like  
that they are being difficult  
or they're just trying to pull one over us.

When we do look at the difference journey,  
we talked a little bit about not relinquishing the  
professional ethical duty of the client participant.

When I was a coordinator in Washington state, um,  
I was lucky enough to, to  
be in the state when we were having, um,  
the case at this, uh, state supreme, uh,  
supreme court on whether  
or not staffing should be open or closed.

And they had a, a roaming traveling, um, um,  
open forums, um, about this at different areas.

And I went to the one in Clark County in Vancouver,  
Washington where I was at, to listen into the arguments  
and the discussions about, uh, this area.

And the one key takeaway that I took back from that

was the reason why staffings could be decided

to be closed is

because there was the defense attorney representation

representing the participant.

So if your REMA court does not have a defense attorney

figure out ways to be able to bring one in

because they're vital,

because they're there for the participant, no matter good,

bad, ugly or ugly, they're there for the participant.

And it also helps ensure that their due process rights

and their constitutional rights, um, are being, uh, followed

additional information on the cost savings.

Um, not gonna spend too much.

Basically, the role needs to be the defense attorney

and all the roles need to be both at staffing

and at the court hearings.

Now, let's talk about community supervision.

Now, this can be called many different things depending on

where you're at, whether it's probation,

community supervisions, it could be, uh,  
community corrections.

But basically this is the person that is going  
to be monitoring, uh,  
and doing case planning around the participant.

We all should be doing, uh, a criminogenic risk assessment  
that identify, uh, the risk level,  
but most importantly identify those criminogenic needs.

And then as the, the supervision probation officer,  
you're really working on case management, on goal setting  
to be able to address those criminogenic needs  
to help reduce these.

One of, uh, one of the things  
that we've learned too is like when we do our case  
management, it really needs to be client and centered.

In other words, it can't be this cookie  
cutter approach that everyone does.

It really needs to focus on those specific needs  
of the participant  
and really addressing the,



the specialized areas that they have.

'cause one thing that we have learned

and that we know is that everyone comes to us

with a different toolbox.

Some of us have, uh, some great tools that they come with,

some of 'em have some not so great tools they come with,

but what our goal is to identify

what are the areas they need

and then help them address those barriers,

preventing them from achieving

that need in a healthy manner.

So that is one of the roles of supervision is to help them

through that problem solving, to help them

through looking at a cognitive behavioral approach,

maybe doing a, a decision balance, um, activity

or, um, helping them work on smart goals on how

to achieve those different things.

There's a study, uh, that was done several years ago that

that showed that 16 minutes of quality time with, um,

with a supervision officer, uh,

and a participant significantly reduces recidivism.

Large part of that is

because you're there working on those goals,

that you're working on some sort of cognitive behavioral,

um, of planning or doing tools

or maybe practicing, um, to have a difficult conversation

or some of those skills to be able

to help the participant meet their needs in a healthy way.

And then when they do succeed as the cheerleader, yay,

but when they don't, then it's working on those problem

solving skills and saying, okay, so what was the barrier

that came up that prevented you from being able to do this?

Now let's work through that.

Let's make a plan of how to address that barrier.

Very similar is the treatment representative.

Now the treatment representative, um,

it comes in many different forms.

Sometimes the treatment person is the,

the treatment provider providing the actual care.

Sometimes it is a case manager from the treatment agency

that's, uh, getting the information on the, the different,  
uh, participants and bringing that information to staffing.

And then being that that liaison, that

that communicator back

and forth between the different treatment providers.

Sometimes it is someone who, um, provides like month

to month, um, counsel

or month to month one-on-ones with the participants,

and then gets also the, the treatment information.

So there's a lot of different ways

that treatments represented on the courts.

Some court teams, uh, it might be, uh, treatment might be,

uh, substance use provider,

but they also might have a mental health provider.

It really can depend on where the need is,

who your population and, and what your services are.

So when we're looking at treatment

and represent, we really wanna be focusing

and getting information about where the participant is at

and helping understand, um, the,

the challenges that they might be facing.

One of the biggest challenges, especially in, um,  
in the treatment court world, the treatment  
and the justice system is we don't always  
speak the same language.

We don't always understand  
how things are decided in the treatment area.

So when you have, um,  
treatment providers on the team talking about, uh,  
someone has new use,  
and then they say, well, we decided that, um, we assess and,  
and he's the, they are able  
to still meet their needs at the current level of care and,  
and we don't need to go to a higher level of care.

Yet the whole team is thinking, wait a second.

This person's been using, using, using, using.

We probably need to get them into inpatient  
or a residential bed to, to break up this use.

When we start thinking that way, we need to do a timeout  
and understand what goes into that reassessment,

what goes into that decision making on

what the appropriate level of care is.

And, and that's where there's a conversation that's needed

to have with your treatment providers

to understand what happens.

There was a reassessment based off of, of some,

some standardized, standardized, excuse me, standardized,

um, tool.

But then also each pers each part

or client at the agency is staffed with other professionals

that are, might be working on the case

or familiar with the case to determine

what the correct level of care or services can be met.

Plus, there's all this other ethical, uh, uh, obligations

and guidelines provided to them by other agencies like A SAM

to be able to help make those decisions.

So it's, it gets complicated

and not all of us on the treatment court team

truly understand that.

What it is, the same thing is, is when, um, us at all rise

or even in the treatment world, start throwing out terms

to you that the team might not understand,

like psychosocial stability,

clinical stability, or early remission.

Part of the goal of treatment is

to help educate the team on what does that mean?

What does it look like in a participant?

How does the treatment agency determine when someone is,

uh, clinically stable or when they're in early remission?

So it's important to have these conversations to one,

gain new knowledge,

but also two, trust the,

the treatment team when they're making those decisions.

We also wanna be aware of

that we're not employing sanctioning practices that could,

uh, disrupt, uh, the treatment

or the stability of the participants.

For example, one of the, the classic, um, um, practices,

sanctioning practices that disrupts

or could be harmful for treatment is jail.

And when we order someone to be taken into court,  
and let's say they're still engaging,  
but they're continued to, to have struggle  
or maybe some other things that came up  
and we put them in jail, they're not receiving treatment  
care while they're in custody.

But on top of that, if they're on medication  
or if they are, uh, have additional trauma issues,  
especially related to jail or,  
or other factors,  
we actually could be potentially doing more harm.

So when it comes to looking at sanctions, we wanna respond  
to the behavior, but ideally we wanna be addressing  
what is the unmet need that's happening there.

So their behavior is happening,  
but what is the cause of that behavior?

We want to be addressing that,  
but we want to limit any demonstr, uh, uh, uh,  
I was gonna say demonstration,  
but it's not a demonstration, any disruption

that might be happening with treatment,

because we want to have that consistency with treatment, um,

and still respond.

So like maybe if we do deem

that jail is an appropriate sanction, have them report

after the treatment, uh, time is gone or

after they've had medication, um, that they needed,

and work around their treatment schedule

or work around, um, their, their medication schedules,

because it's vitally important to continue that consistency

and to help keep that consistency,

especially if they're attending groups

or if they're, they're maintaining on, uh, uh,

whatever medication that they might be on.

And we also wanna make sure that we're providing that voice

and choice, but we're also providing that equitable

and proficient treatment.

So if they are with a specific community,

or let's say they are, uh, predominantly Spanish speaker

and you have a Spanish, uh,



speaking treatment agency in the community,  
they should be going there instead of trying to go  
to treatment where English, they're not so strong at,  
at maybe your preferred  
or the other treatment agency that,  
um, is providing services.

So we got to recognize where the need is  
for the participant be,  
but be able to help them  
where they're gonna get the most outcome for it.

Because remember, one thing with treatment courts is that we  
are getting them early on in, um, their, their  
their recovery process.

The recovery journey. So we wanna be able to set them up  
for the most success, and the more that we can connect them  
with the communities that they're involved with  
or the communities that they're part of  
and build that support structure around that,  
the better they're gonna be doing, especially  
after we hand them off back

to the community when they're finished with our programs.

Some additional information,

I'm not gonna spend too much time on this.

Um, treat really treatment.

We should be communicating, um, effectively a lot

of treatment agencies, they have to follow some sort of, uh,

with, uh, HIPAA and with 42 CFR.

Um, so might have to use encryption to,

to discuss things over email.

Um, find out from your stream agency, find out

what is the best response.

If you're not having great communication,

that might be a discussion with the, the, the coordinator

and the director of the agency to discuss best ways

to be able to improve those outcomes.

I do wanna touch on this one, um, area on as far as like

with treatment court works with two

or fewer treatment agencies,

this sometimes can be misleading.

The point of this study is to really show that you need

to have representation from the,  
the treatment agencies your participants are going to.  
So if you have, say, 10 agencies in your community,  
'cause you're a large community, you need  
to have a direct line of communication,  
whether it's a treatment, uh, case manager liaison or,  
or someone whose full job is to, to connect  
with those counselors to get the information  
and to share back  
and forth of what's going on with the court  
and with, with the information.

However, you, this is the caveat of that.

Let's say you have those 10 partners, uh, those agencies  
that are representing your team,  
and they decided to all come to staffing.

So you have 10 treatment agencies  
represented at your staffing.

That treatment agency should only be representing  
the participants that are taking services from their agency.

They should not be chiming in

or sharing information about what to do with people that are not at their agency.

The other thing too, to be aware of is, is looking at what the release of information.

A lot of times the release

of information are very specific about who can participate.

So if you do have many agencies

and they all wanna come, which is fantastic, you might have

to discuss about how you can still protect client, uh,

client privacy, but also be ensuring

that you are not getting too much, um,

information being shared by other people

that really aren't engaged or part of the, the case.

And if you have more questions on that,

please do reach out to us.

We do have some phenomenal, uh, people that can be able

to help answer those questions.

Now looking at law enforcement, law enforcement,

this could be anything from the police officers,

the sheriffs, uh, patrol, uh, it could be bailiffs,

it could be tribal officers,  
but this is really all about having that engagement  
and providing an opportunity for our participants,  
their family and their community to, to see the role  
of law enforcement as someone that's there to help them.

Someone that's there to, to root the mom, to connect 'em  
with services, to see them in a different light than maybe  
what they're traditionally used to, of being that person  
that gets them in trouble and takes 'em to jail.

Having law enforcement also provides a lot  
of different services.

They are connected to the community.

They know what's out in the community.

So when someone is struggling maybe with, um,  
getting assistance or maybe maybe they have a lack of food  
or maybe they have a lack of, of, of clothing  
or housing, uh, furniture, a lot  
of times our law enforcements are nowhere to be able  
to help get those services.

The other thing too is in some, uh, states

and jurisdictions, um,

our community supervision probation officers are not able to go out and do home visits.

So this is an area where law enforcement's able to help

and assist by doing those, uh, those home visits

and to be able to connecting with the families, um,

and our participants, um, in their own environment.

When we are working, having law enforcements,

they do have a significant, um, outcome.

Um, with working with our, our, our participants,

and I'll, I'll mention this,

like when I was in a core program, it was,

I was at a graduation

and, uh, there was probably about 10 people graduating that

or graduating this one program.

And I remember the, the person that was the most excited,

the judge was phenomenal and was super excited,

but the one that was most excited was the,

the law enforcement on the team.

Um, every participant would see her like up

and cheering for them,

and every participant gave her a big hug.

Their families gave her a big hug.

After the graduation was over, everyone was talk, wanting

to talk to the law enforcement

because she was the one that was seeing them in the home.

She was the one being that encourager.

They would call her up when they were struggling

and she would be able to help that advice or help

or come out to them.

So you never know what the role is of, of

that person until they're there.

And you're missing a lot if

that law enforcement position isn't there.

Um, not only just for the resources,

but when you are discussing cases, um,

or trying to get an idea of,

of different areas in the community,

they could provide a great help along that.

They also know what are some

of the new trends happening in your community.

So if you are seeing a, a rise in, um, some

of the synthetic drugs that are coming out,

they could be able to, to give information about that.

The program evaluator is also another one

of the great team members that are part of the core.

However, this is the one that doesn't always need

to be at staffing, um, mainly

because they're really looking at those key performance

indicators, looking at the data

and then evaluating how well your programs is aligning

with the best practice standards

and the, the 10 key components of of treatment cords.

Um, not all teams have an evaluator.

Um, sometimes teams are only able

to have an evaluator when they have grant money

or special funding towards to be able to do that.

So sometimes this is a role that gets lined up

with the coordinator to do also.

Um, but when you do have an evaluator, they're someone that



to be able to help the team understand  
what are the milestones, what you're needing to do  
and improve, and then help the team build up that, that, uh,  
that plan on how to, to meet that needs, how to do that.

Strategic planning, we've talked about the roles.

Um, one of the things

that's very important is looking at ongoing team training.

Now doing individualized team training is fantastic.

I'm hoping that there are some teams on here

that the whole team is listening to this so

that they can have a conversation about these different

areas because that's really what is most important.

Um, we do have, uh, studies around that show

that when someone comes into the program

as a new team member,

having onboarding is very, very important.

Uh, having them understand what treatment courts are,

understanding what your, your operations, um,

of the program, why you do the things that you do,

but also helping them understand like

what their role is on the team.

This is, we're doing that activity

of having each team member write out their roles

and then memorializing that so

that when there is a new transition

or someone new coming on, that they understand what the,

the expectations, uh, that are with their roles.

Doing team-based trainings is very good.

Um, I, we highly recommend that you do some sort

of team implementation, like a foundational training

that teaches the whole team of the basics of

what a treatment court team is

or a treatment court program is.

Um, it also allows you to get everyone on the same page.

Um, highly encourage that you do, uh, three

or, uh, quarterly

or if not bi-annually, uh, uh, policy meetings

or retreats where you're focusing just on, uh, policy

or education

or something that, uh, will benefit the team

where you're not staffing cases.

Because if you try to put in some sort of team training

or policy information during staffing,

you end up staffing the entire time

and don't really spend a lot of time doing that.

So really utilize when you have those policy means

for additional team training, maybe, uh, it is like us

learning about MRT

or what different modalities the treatment's using so

that there's better understanding

and better communication with the participants.

Maybe it's bringing in someone to talk about drug testing.

Maybe it's looking at

how do we incorporate goal setting in our team, um,

when we're better working with our participants.

I highly encourage every team that I work

with is we require our participants to set goals.

So as a team, why are we not setting goals?

So we should be doing quarterly goals

as a team for this quarter.

What do we want the team to be focusing on?

And then at the end of that quarter, evaluate it

and then readjust the goal

or set a new goal to focus on something else.

There was a core program that I recently worked with,

which I thought was phenomenal that they had, um,

they were going to our online e-learning center

and as a team they were taking a module together

and then they would, uh, discuss the module posit

and talk about how it applies to their core program.

Doing things like that is a great way to get everyone to,

to get that foundational knowledge,

but also to talk directly of how it applies to your program.

Another great thing that we used to do, uh,

that we do here at All Rise,

but you could do this at your state

or your local, is doing shadowing,

learning from other treatment corps programs about what,

how their program operates,

but also how do their roles operate.

And on our website@allrights.org, uh, in our academy courts, you can go, uh, request to observe virtually one of our academy courts and virtually see how staffing or, um, status hearings work.

But you can also do virtual shadowing with any of our, um, mentor court or academy court judges, prosecutors, defense attorneys, probation coordinators, any of the ones that we've talked about today, so that you can learn about how they work, but also build up that relationship, um, to have another contact or network with someone else, um, about how their role actually works.

Now on the team, there are other people that are additionally beyond that are part of the team from whether it is working with the, uh, housing providers, employers, um, employment specialists, maybe it might be peer recovery support specialists or doctors.

These are all fantastic people and sometimes you might want

to incorporate them into your team.

Um, the one caveat is the more people

that you bring on the team,

and especially if their role isn't clearly outlined,

it can cause some frustration

or confusion to the other team members.

Case in point, I worked with a team once where, uh,

through the defense office they had a new resource person

that was able to help connect the participant

with other resources.

There was confusion between the probation

and, uh, the defense office

because the probation office thought that they were trying

to to, to get over on their territory

and do their job when reality, the whole point was just

to be able to help connect with services like getting into

child uh, employment.

But a lot of the same, um, um, areas were

com um, going over

because they were both doing similar

tasks or the same tasks.

So we wanna make sure that when we do bring people in,

it's really addressing the need that the team has.

But is it someone that really needs to be part

of those staffing questions

or are they someone that really should just be in the status

hearings and we connect people to them?

So those are discussions to be looking at, um, as a team

as far as the focus of who are the core people,

but also where is the additional need

and do they need to be at staffing

or are the people that we could be able to have

specifically on, um, uh,

in the courtroom when we have our status hearings.

That does bring me to the end.

We do have a few minutes here left, uh, for questions.

So I will ha uh,

before I end though, I will say this, we do have a survey so

that after this webinar's over,

you will automatically direct it to a survey.

Please fill that out.

If you've already said bye-bye and,  
and ended it, you will get an email sent to you tomorrow  
for you to fill out the survey.

Please complete that.

That helps us, um, improve these programs,  
but also helps us ensure  
that you are getting the learning that you need.

Karen, I will hand it to you.

Okay, well we have been in your inundated.

It might have been typing furiously the whole time.

Some of 'em have gone a little rogue  
and not necessarily on roles.

And so I'm not sure that we're gonna have a lot of time  
to answer 'em all, Shane, because I've answered a lot of 'em  
and I still probably have, there's 37 open questions  
currently and I've answered 49.

So, um, uh, I've been busy.

I haven't been slacking, I promise.

So, um, let me just kind of see, um,



if there was things, I, I think a lot of things  
that came up were one thing we wanna make  
sure just saying it out loud.

Case managers, case managers,  
were feeling a little neglected by not being in here.  
So I kind of wanna make sure everyone understands

Case manager bench is done by  
so many different people on the team.

'cause a lot of teams don't have the ability  
to hire a specific case manager.

Those duties are very, very important.

And teams that get to hire case managers are lucky,  
but we would not say you're not a treatment court team if  
you don't have a case manager.

'cause someone else can take on those roles.

So that's why they're not included specifically.

'cause the roles were including, if you don't have these  
team members, then we will say  
that you're not really a treatment court team  
if you're missing some of these.

So I don't know if you wanna speak any further to that,

but that was kind of a recurring question.

Um, let's see. I think the other, and in the,

Oh, go ahead on that real quick.

In the revised standards, uh, we do address case managers

and do talk about that, um, more so

we greatly appreciate you and you are part of the core team.

However, what Karen said,

it's like not all teams are able to do that.

Or the role of the case manager is done

by probation or supervision.

Supervision. Um, okay, so that one's good.

And a lot of 'em were, there was some, a lot

of discussion about judges talking about things in court.

They shouldn't talking about treatment.

There were several, several questions on that.

And the hard difficult thing is anonymous can tell the

judges to stop doing stuff.

So that becomes that thing.

But I, I guess I would say overall,

'cause I may not have time to answer all these questions,  
so if you do not get your question answered right now,  
I'm trying to furiously answer 'em.

Please, you can submit an email to me directly.

Um, I'm not gonna throw you under the bus chain  
and give your email, but you can de deliver.

Do it to me at [kcalGill@allrise.org](mailto:kcalGill@allrise.org).

Or I want you to know you can go to our All Rise website  
and we have asked the expert, you can fill that in  
and submit a question  
and then it goes to Carolyn Harden usually.

And then she picks whichever person she thinks is the best,  
um, expert to answer your question.

So feel free to do that.

But we do have training available on  
incentives and sanctions.

A lot of your questions were things that  
would help the team have a good discussion about  
what they should be talking about at staffing  
and what the judge should be talking about in court.

But it is important. And we also have a treatment provider training that's free, that's developed with A SAM that really helps you learn about the things you should be talking about.

Those things that are, is there reduction in symptoms, are they clinically stable?

Do, are they in early remission?

Not any private information that they're sharing with you.

Um, you shouldn't be talking about their personal details and judges ask that and it's hard to say no, but you might have some backup if you go to that training.

So I do want you to know there's resources after this time 'cause we only have about four more minutes and uh, I'm not,

I am not gonna be there is now 50 questions open.

So I am not gonna be able to answer 50 questions right now.

Um, it's just not possible for us to do it.

It's amazing and I've loved all the questions.

I'm gonna sit here.

I'm just trying to see if there were other,

some other themes.

Um, 'cause a lot of, so Karen Yeah, go ahead Shane.

While you're doing that though, feel free

to read 'cause my email is here.

Karen gave out a at kcal gil@allrises.org.

Feel free to res uh, reach out

with your additional questions.

We can help field you

and let you know where the different resources are

or point you in the right direction.

Because at all rise, our whole focus is you,

our focus is helping to serve you, to be able

to provide you the material, the information, the training

that you need to be able to, to work better with your, uh,

treatment course, but also

to best serve the participants you work with.

So I think we probably,

'cause there, is there one that's just reoccurring,

reoccurring or are they just kind?

No, a lot of 'em are judges and, uh, treatment.

Those roles are the whole team not listening to treatment.

Mm-hmm. When we train on incentives

and sanctions, if you're coming to Rise 23,

there's gonna 25, I don't know what year are we in Shane,

but we're gonna have some very clear presentations on that.

But you can also request training.

But when we're training on incentives

and sanctions, we're very clear.

We say no one on the team should be

making treatment decisions.

But treatment treatment you should be able

to answer why you're making your recommendations.

It's okay for them to ask questions about mm-hmm.

What it is. But that should be happening in staffing,

but only treatment.

I always like to tell judges you wouldn't like it if a

treatment provider walked up

and got told you to get down from the bench

and they were gonna start doing things, you know,

putting on the robe and doing the gavel

because they don't have training for that.

And that's not their role. But they have clin,  
they have license and you don't have any business telling a  
licensed person what they should be doing.

I don't care how knowledgeable you think you are,  
unless only licensed clinicians should be making  
treatment determination.

So that's a common theme here.

Is there that role boundary, the role blurring  
of people thinking that their treatment providers  
or they may even think that they know more than other people  
and you don't, even if you did, you're not  
that person's clinician.

And we tell you clearly in the trainings,  
stop it, don't do that. Yeah. Um,

So I would highly encourage people to look at,  
on e-learning center, the standard, uh,  
the standard on multidisciplinary team.

Um, even though it, it has the N-A-D-C-P  
or no, the a little bit, uh, with the older standard, many

of the roles and the expectations are, are very still relevant to, to your team on.

The second thing I would say is like, reach out to us.

'cause like we can be able to provide resources,

but also Karen, myself, other people at all rise

or our faculty can be able to provide virtual, uh,

discussions with you or your team

or even virtual training very easily, um, based on

what your, your interaction

or your needs are of your program

or the questions that you might have.

So the worst thing you could do is be quiet

if you have no questions.

If you have questions, reach out. We're here to help.

And I think that takes it up to time. Yeah.

Yeah. That's really up to time.

And I do apologize that we had so many open questions,

so feel free to reach out to Shane and I,

but just reach out to one of us

because then we would just be



duplicating answering your question.

And so save us that.

Just whichever one of it you wanna send it to

or always remember, even if a question comes up later,

you can reach out to us or you can go on to ask the expert.

We're always here for you.

We hope as many of you can,

we'll be at Rise 25 in Florida next month.

And we are so happy that you joined us for today's webinar.

And on that note, I think we're

gonna go ahead and close. Thanks.

Thank you. I.