

ATTACHMENT B: Best Practice Standards for Collaborative Case Processing

1. Target Population
 - a. Objective Eligibility and Exclusion Criteria – defined objectively and in writing.
 - b. High Risk and High Need Participants –addicted to illicit drugs or alcohol and at substantial risk of re-offending. Otherwise have different tracks. Don't mix tracks in court or treatment.
 - c. Validated Eligibility Assessments – use validated risk assessment and clinical assessment tools. Evaluators trained and proficient in administration and interpretation of tools.
 - d. Criminal History Disqualification - exclude only those for which empirical evidence demonstrates the offenders cannot be managed safely or effectively.
 - e. Clinical Disqualifications – if adequate treatment is available don't disqualify just because of co-occurring mental health or medical conditions for which candidate is legally prescribed psychotropic or addiction medicine.

2. Historically Disadvantaged Groups
 - a. Equivalent Access
 - b. Equivalent Retention
 - c. Equivalent Treatment
 - d. Equivalent Incentives and Sanctions
 - e. Equivalent Dispositions
 - f. Team Training

3. Role and Responsibilities of the Judge
 - a. Professional Training
 - b. Length of Term – two years or more
 - c. Consistent Docket
 - d. Participate in Pre-Court Staff Meetings
 - e. Frequency of Status Hearings: Phase 1 no less than every 2 weeks; no less than every 4 weeks until in final phase.
 - f. Length of Court Interactions – 3 minutes minimum per participant
 - g. Judicial Demeanor – supportive, consistent
 - h. Judicial Decision Making – after consideration of input from treatment professionals, participant and counsel, the judge is the final decision maker.

4. Incentives, Sanctions and Therapeutic Adjustments
 - a. Advance Notice – policies and procedures written and provided
 - b. Opportunity to be Heard – decisions explained
 - c. Equivalent Consequences – everyone gets same unless extraordinary need to protect
 - d. Professional Demeanor – no anger or ridicule

- e. Progressive Sanctions – different progression for easy v. difficult goals
 - f. Licit Addictive or Intoxicating Substances: consequences imposed for nonmedically indicated use of intoxicating or addictive substances including alcohol, cannabis, and prescription meds. Get expert medical input.
 - g. Therapeutic Adjustments: if otherwise compliant and not responding to treatment interventions – reassess treatment plan not punitive sanctions.
 - h. Incentivizing Productivity – phase advancement and graduation include objective evidence engaged in productive activities
 - i. Phase Promotion: based on realistic and defined behavioral objectives.
 - j. Jail Sanctions – imposed judiciously and sparingly. If less severe sanctions have been ineffective – jail is employed usually 3-5 day increments.
 - k. Termination – if can't be managed safely in community or fail repeatedly to comply. If otherwise compliant, don't terminate for continued substance use unless not amenable to available treatment. If terminated because appropriate treatment not available – don't get an augmented sentenced.
 - l. Consequence of Graduation and Termination: Participants needs to be invested. Do best when program has leverage – can avoid a serious consequence if complete the program. If only minimal consequence of withdrawing or failing – results poorer.
5. Substance Abuse Treatment
- a. Continuum of Care – detox, residential, sober living, day treatment, intensive outpatient, and outpatient treatment.
 - b. In-Custody Treatment – incarceration not used for detox or treatment
 - c. Team Representation – ideally 1 or 2 treatment agencies responsible for delivery of services and attend drug court team meetings and status hearings.
 - d. Treatment Dosage and Duration – six to ten hours per week/ 200 hours over 9 to 12 month program.
 - e. Treatment Modalities: Individual and Group. Group no more than 12 and 2 facilitators.
 - f. Evidence-based Treatments: well documented treatment, proficient providers.
 - g. Medications: prescribed based on medical necessity by MD with expertise
 - h. Provider Training and Credentials : licensed and certified; supervised
 - i. Peer Support Groups: regular participation in self-help groups.
 - j. Continuing Care: relapse prevention. 90 day post-completion contact.