

FY18 Adult Treatment Court Manual



TABLE OF CONTENTS

SUBCHAPTER 1: GENERAL PROVISIONS.....	3
1-1 Purpose	
1-2 Definitions	
SUBCHAPTER 2: PROGRAM STRUCTURE.....	6
2-1 Governing Rules	
2-2 Treatment Court Team	
2-3 Program Phases	
SUBCHAPTER 3: ADMISSION PROCEDURES.....	19
3-1 Referral and Eligibility	
3-2 Participant Orientation	
SUBCHAPTER 4: SUPERVISION.....	20
4-1 Supervision	
4-2 Substance Testing	
4-3 Supervision Reporting	
SUBCHAPTER 5: TREATMENT.....	22
5-1 Treatment Services	
5-2 Service Collaboration	
5-3 Treatment Reporting	
SUBCHAPTER 6: STAFFING AND COURT DOCKETS.....	25
6-1 Team Staffing	
6-2 Court Dockets	
6-3 Incentives, Sanctions, and Therapeutic Adjustments	
SUBCHAPTER 7: PARTICIPANT RIGHTS.....	28
7-1 Confidentiality	
7-2 Consumer Rights	

SUBCHAPTER 8: FISCAL RESPONSIBILITIES.....30

8-1 Participant Fees/Accounting

8-2 Expenditure Reports

SUBCHAPTER 9: PERFORMANCE IMPROVEMENT.....31

9-1 Data Reporting

9-2 Performance Improvement

SUBCHAPTER 10: DOCUMENTATION.....31

10-1 Treatment Court File

10-2 Treatment Record

10-3 Public Court Record

SUBCHAPTER 11: SPECIAL POPULATIONS/DOCKETS.....32

11-1 Veteran/Active Duty Populations

11-2 Co-Occurring Populations

SUBCHAPTER 1: GENERAL PROVISIONS

1-1 PURPOSE

This manual identifies the requirements for operation of adult treatment courts funded by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

Drug Courts: Oklahoma drug courts follow the “Drug Court Ten Key Components” developed by the Bureau of Justice Assistance in collaboration with the National Association of Drug Court Professionals.

- Key Component 1: Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
- Key Component 2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.
- Key Component 3: Eligible participants are identified early and promptly placed into the drug court program.
- Key Component 4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- Key Component 5: Abstinence is monitored by frequent alcohol and other drug testing.
- Key Component 6: A coordinated strategy governs drug court responses to participants’ compliance.
- Key Component 7: Ongoing judicial interaction with each drug court participant is essential.
- Key Component 8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- Key Component 9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
- Key Component 10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Mental Health Courts: Oklahoma mental health courts follow the “Essential Elements of a Mental Health Court” developed by the Council of State Governments Justice Center for the Bureau of Justice Assistance.

- Essential Element 1: A broad-based group of stakeholders representing the criminal justice, mental health, substance abuse treatment, and related systems and the community guides the planning and administration of the court.

- Essential Element 2: Eligibility criteria address public safety and consider a community's treatment capacity, in addition to the availability of alternatives to pretrial detention for defendants with mental illnesses. Eligibility criteria also take into account the relationship between mental illness and a defendant's offenses, while allowing the individual circumstances of each case to be considered.
- Essential Element 3: Participants are identified, referred, and accepted into mental health courts, and then linked to community-based service providers as quickly as possible.
- Essential Element 4: Terms of participation are clear, promote public safety, facilitate the defendant's engagement in treatment, are individualized to correspond to the level of risk that the defendant presents to the community, and provide for positive legal outcomes for those individuals who successfully complete the program.
- Essential Element 5: Defendants fully understand the program requirements before agreeing to participate in a mental health court. They are provided legal counsel to inform this decision and subsequent decisions about program involvement. Procedures exist in the mental health court to address, in a timely fashion, concerns about a defendant's competency whenever they arise.
- Essential Element 6: Mental health courts connect participants to comprehensive and individualized treatment supports and services in the community. They strive to use, and increase ability of, treatment and services that are evidence based.
- Essential Element 7: Health and legal information should be shared in a way that protects potential participants' confidentiality rights as mental health consumers and their constitutional rights as defendants. Information gathered as part of the participants' court-ordered treatment program or services should be safeguarded in the event that participants are returned to traditional court processing.
- Essential Element 8: A team of criminal justice and mental health staff and services and treatment providers receives special, ongoing training and helps mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process.
- Essential Element 9: Criminal justice and mental health staff collaboratively monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions, and modify treatment as necessary to promote public safety and participants' recovery.
- Essential Element 10: Data are collected and analyzed to demonstrate the impact of the mental health court, its performance is assessed periodically (and procedures are modified accordingly), court processes are institutionalized, and support for the court in the community is cultivated and expanded.

1-2 DEFINITIONS

“Adults with Serious Mental Illness” means persons meeting the definition as defined in OAC Title 450 Chapter 17.

“Ancillary” means additional, secondary.

“ASAM” means the American Society of Addiction Medicine.

“ASAM Level of Care” means the different levels of substance use disorder treatment interventions as described in the current edition of the ASAM Patient Placement Criteria that vary according to the intensity of the services offered.

“Assessment” means those procedures by which a treatment agency provides an on-going evaluation process with the participant as outlined in the applicable rules throughout OAC Title 450 to collect pertinent information needed as prescribed in applications rules and statutes to determine course of actions of services to be provided on behalf of the consumer.

“Community Mental Health Center” or **“CMHC”** means a treatment facility certified by the ODMHSAS as meeting requirements set forth under OAC Title 450 Chapter 17.

“Competent” or **“Competency”** means the present ability of a person arrested for or charged with a crime to understand the nature of the charges and proceedings brought against him or her and to effectively and rationally assist in his or her defense.

“Criminogenic Risk” means the measure of likelihood that an individual will commit a criminal offense in the future.

“Criminogenic Risk Assessment” means a validated instrument that ascertains criminogenic risk.

“DCWEB” means the ODMHSAS drug court web-based reporting system which serves as a basis for data evaluation, reporting, and funding.

“DSM” means the most current edition of the Diagnostics and Statistical Manual of Mental Disorders published by the American Psychological Association.

“MHCWEB” means the ODMHSAS mental health court web-based reporting system which serves as a basis for data evaluation, reporting, and funding.

“ODMHSAS” means the Oklahoma Department of Mental Health and Substance Abuse Services.

“Participant” means an offender whom is accepted by the treatment court team and whom has voluntarily decided to enter the program.

“Recidivism” means the repeat criminal offenses of an individual whom has had prior offenses.

“Responsivity Needs” means service needs which are not related to criminal reoffending, but failure to adequately treat or address will reduce the likelihood of program success. Examples include, but are not limited to housing, transportation, motivation, child care, cultural barriers, mental illness, and trauma.

“Risk Need Responsivity” means a model of offender management which incorporates criminogenic risk, treatment needs, and identification of those services should be provided in order to decrease the likelihood of the participant reoffending.

“Trauma Informed” means the capacity for a facility and all of its programs to recognize and respond accordingly to the presence of the effects of past and current traumatic experiences in the lives of its consumers.

“Treatment Court” or **“Specialty Court”** means a drug or mental health court program which incorporates treatment services and judicial supervision in lieu of traditional sentencing.

SUBCHAPTER 2: PROGRAM STRUCTURE

2-1 GOVERNING RULES

Treatment court programs, described in Title 22 O.S. §471.1 and Title 22 O.S. §472, shall be highly structured and specialized dockets wherein defendants with behavioral health treatment needs are offered an opportunity to participate in court-supervised treatment in lieu of traditional adjudication and sentencing processes. The court is operated through joint efforts of criminal justice and treatment services staff in order to provide a collaborative approach at reducing recidivism and increasing treatment participation. Treatment courts shall have current policy manuals and participant handbooks in place. Policy manuals guide the internal practices of the treatment court program. Participant handbooks provide information to prospective and active participants, as well as their families, about the treatment court and their general expectations and responsibilities. It is recommended that participant handbooks are written at no higher than a sixth (6th) grade reading level.

Treatment court programs' policy and practices shall be in compliance with the applicable sections of the most recent versions of:

- 2-1.1 Oklahoma State Statutes
- 2-1.2 Oklahoma Adult Treatment Court Manual published by the ODMHSAS
- 2-1.3 ODMHSAS Contracts
- 2-1.4 Oklahoma Administrative Code (OAC) Title 450; and
- 2-1.5 Any other applicable state and federal laws

2-2 TREATMENT COURT TEAM

A treatment court team shall be the group of professionals who are primarily responsible for the day to day operations of the program and administering the treatment and supervisory interventions. It is recommended that the treatment court team establish Memoranda of Understanding (MOUs) with each relevant agency and office in order to identify expectations of each team member's involvement with the program. The team members shall consist of:

- 2-2.1 Treatment Court Judge: The judge is the leader of the treatment court team.
 - Core Competency 1: Participates fully as a team member, committing him or herself to the program mission and goals and works as a full partner to ensure their success.
 - Continues to schedule regular meetings, focused on program structure.
 - Regularly revisits program mission and goals and objectives with team to assure their efficacy application.
 - Schedules team building activities designed to promote and encourage team members.
 - Core Competency 2: As part of the team, in appropriate non-court settings, such as staffing, the judge advocates for effective incentives and sanctions of program compliance or lack thereof.
 - Participates in scheduled staff meetings to review progress of participants.
 - Presides over court sessions.
 - Solicits information regarding participants' progress from every team member in attendance.
 - Remains abreast of research regarding behavioral modification techniques and the imposition of incentives and sanctions.
 - Imposes incentives and sanctions that are consistent while considering the individual needs of each participant.
 - Establishes separate meetings to ensure that policy and staffing issues are discussed.
 - Delivers coordinated responses to participants in the courtroom.

- Core Competency 3: Is knowledgeable of addiction, alcoholism, and pharmacology generally and applies this knowledge to respond to compliance in a therapeutically appropriate manner.
 - Participates in the regular cross training with the team.
 - Focuses on strengths based approaches.
- Core Competency 4: Is knowledgeable of gender, age, and cultural issues that may impact the offender's success.
 - Participates in ongoing cultural awareness training.
 - Promotes cultural competency among entire team through outside and cross-training activity.
- Core Competency 5: Initiates the planning process by bringing together the necessary agencies and stakeholders to evaluate the current court processes and procedures and thereafter collaborates to coordinate innovative solutions.
 - Acts as a mediator to develop and maintain resources and improve interagency linkages.
- Core Competency 6: Becomes a program advocate by utilizing his or her community leadership role to create interest in and develop support for the program.
 - Acts as a spokesperson for the court at various community events.
- Core Competency 7: Effectively leads the team to develop all the protocols and procedures of the program.
 - Regularly reviews protocols and procedures to assure their continued applicability and effectiveness.
 - Monitors program processes to ensure protocols and procedures are utilized.
- Core Competency 8: Is aware of the impact that substance abuse has on the court system, the lives of the offenders, their families and the community at large.
 - Assists in collection of data regarding the court's impact on the offender population.
 - Requests and reviews process evaluation ensures to reference original goals and objectives when doing so.
 - Requests and reviews outcome evaluation, shares positive information and addresses negative information resulting therefrom.
- Core Competency 9: Contributes to education of peers, colleagues, and judiciary about the efficacy of drug courts.
 - Oversees integrity of program through quality assurance.
 - Disseminates information about the court as frequently as possible.

2-2.2 District Attorney Representative: The district attorney representative serves as the gatekeeper for admission into the program and participants, in a non-adversarial manner, in order to focus on the benefits of providing a therapeutic environment and enhance positive program outcomes.

- Core Competency 1: Participates fully as a team member, committing him or herself to the program mission and goals and works as a full partner to ensure their success.
 - Promptly conducts legal screens on offenders recommended to drug court.
 - Assists in executing all participant waivers and contracts.
 - Advocates for prompt sanctions in response to negative client behavior.
 - Protects integrity of the program by monitoring effectiveness of community supervision.
 - Maintains up to date records of participant performance.
 - Moves for dismissal of participant from the program based on factual history of non-compliance, when appropriate.
- Core Competency 2: Participates as a team member, operating in a non-adversarial manner, promoting a sense of a unified team presence.
 - Attends regularly scheduled court staffing.
 - Solicits information regarding participant progress, or lack thereof, for all team members.
 - Shares information regarding status of the court and individual clients with team members.
 - Maintains up to date records of participant performance.
- Core Competency 3: As part of the team, in appropriate non-court setting, such as staffing, the prosecutor advocates for effective incentives and sanction for program compliance or lack thereof.
 - Attends regularly scheduled court staffing.
 - Requests appropriate incentives and sanctions, based on participant behavior.
 - Researches efficacy of behavior modification techniques.
 - Argues for swift responses to participant behavior.
 - Maintains up to date records on prior incentives and sanctions given to assure consistency.
- Core Competency 4: Ensures community safety concerns by maintaining eligibility standards while participating in a non-adversarial environment which focuses on the benefits of therapeutic program outcomes.
 - Moves for dismissal of participants who no longer meet eligibility criteria.

- Monitors participant behavior for compliance and continued eligibility.
- Core Competency 5: Monitors offender progress to define parameters of behavior that allow continued program participation and suggest effective incentives and sanctions for program compliance.
 - Attends regularly scheduled staffing.
 - Solicits information from team members regarding client compliance.
 - Vehemently encourages sanctions for client noncompliance and seeks incentives for client compliance.
 - Files motions or other legal documents in order to remove noncompliant participants.
 - Offers encouragement to participants while reminding them of consequences of noncompliance.
- Core Competency 6: Is knowledgeable about addiction, alcoholism, and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.
 - Continues to research effective treatment modalities.
 - Conducts regular quality assurance to ensure appropriate treatment.
 - Attends and actively participates in all court sessions and staffing.
- Core Competency 7: Is knowledgeable of gender, age, and cultural issues that may impact the offender's success.
 - Continues to attend training opportunities to inform team members about cultural competencies.
- Core Competency 8: Contributes to the team's efforts in community education and local resource acquisition.
 - Assists in researching any potential funding streams.
- Core Competency 9: Contributes to education of peers, colleagues, and judiciary in the efficacy of treatment courts.
 - Oversees integrity of the program through quality assurance.
 - Disseminates information about the court as frequently as possible.

2-2.3 Defense Representative: The defense representative provides information to the participant about the rigors of the treatment court, preserves all legal rights of the client, advocates for fair and equal treatment of client, participates in team meetings and attends non-adversarial court proceedings.

- Core Competency 1: Participates fully as a team member, committing him or herself to the program mission and goals and works as a full partner to ensure their success.
 - Promptly recommends offenders to the program when appropriate.
 - Assists in executing all participant waivers and contracts.

- Advocates for prompt incentives and sanctions in response to client behavior.
- As counsel, shields client from ineffective care; as team members, protects integrity of the program by monitoring effectiveness of all components of client care and supervision.
- Maintains up to date record of participant performance.
- As counsel, serves as ‘voice of client’ in pointing out deficiencies of the program; as team member, seeks productive means of addressing deficiencies.
- Attends all staffings and actively listens for undue encroachment upon client liberties or disparate treatment of participants.
- While never breaching attorney-client privilege, when appropriate, encourages clients to be forthcoming and honest regarding their recovery process.
- Solicits information from team members regarding client and shares relevant information with team members in appropriate and ethical manner.
- Core Competency 2: Evaluates offender’s legal situation and ensures that the offender’s legal rights are protected.
 - Insists that legal and client screens are promptly conducted.
 - Ensures prompt admittance into program and state of rehabilitative treatment.
 - Advises client regarding all rights waived in traditional criminal proceedings.
 - Assures client understands all waivers and contracts prior to execution of said documents.
 - Advocates for client to have every opportunity for recovery before involuntary dismissal from the program.
- Core Competency 3: Participates as a team member, operating in a non-adversarial manner, promoting a sense of a unified team presence.
 - Attends regularly scheduled court staffing.
 - While in court, allows client to address the bench.
 - Reaches consensus with team regarding effective means of addressing client behavior.
- Core Competency 4: Effectively advises the defendants on their legal rights, legal options, treatment options, program conditions and sentencing outcomes while developing a relationship with the offender that promotes the offender’s long term best interest.
 - Prior to recommending client to the treatment court, discusses legal options with client in unbiased manner.

- Goes through each waiver and contract with client advising client about appropriate courses of action.
 - Encourages client throughout the treatment court process.
- Core Competency 5: Monitors client process to support full participation and ensure appropriate provision of treatment and other rehabilitative services.
 - Questions client regarding effectiveness of treatment and ancillary services.
 - Conducts quality assurance of treatment and ancillary services.
- Core Competency 6: As part of the treatment court team, in appropriate non-court setting, such as staffing, the defense representative advocates for effective incentives and sanctions for program compliance or lack thereof.
 - Advocates for prompt incentives and sanctions in response to client behavior.
 - Advocates for client's general well-being and productive recovery without mitigating or defending client's behavior.
- Core Competency 7: Is knowledgeable of gender, age, and cultural issues that may impact the offender's success.
 - Continues to attend training opportunities to inform team members about cultural competence.
- Core Competency 8: Is knowledgeable about addiction, alcoholism, and pharmacology generally and applies that knowledge to respond in a therapeutically appropriate manner.
 - Continues to research effective treatment modalities.
 - Conducts regular quality assurance to ensure appropriate treatment.
 - Actively participates in staffings.
 - Attends all court sessions and staffing.
- Core Competency 9: Contributes to the team's efforts in community education and local resource acquisition.
 - Conducts ongoing research of potential funding streams.
- Core Competency 10: Contributes to education of peers, colleagues and judiciary in the efficacy of treatment courts.
 - Oversees integrity of treatment court programs through quality assurance.
 - Disseminates information about treatment court as frequently as possible.

2-2.4 Treatment Court Coordinator: The treatment court coordinator oversees the activity of the team, conducts quality assurance of each team member, maintains client data, remains informed regarding budgetary concerns of the treatment court

and coordinates services from each discipline, and the local community, in a manner that is most therapeutic to the participant.

- Core Competency 1: Participates fully as a team member, committing him or herself to the program mission and goals and works as a full partner to ensure their success.
 - Assists in scheduling meetings conducive to the schedule of each team member.
 - Collaborates with team members regarding structure of program, including creating a program mission along with goals and objectives, during planning process meetings.
 - Memorializes all agreed upon terms of the program structure.
 - Helps to promote productive work environment where each team member can participate.
 - Gathers information needed to keep team members informed.
- Core Competency 2: As part of the team, in appropriate non-court settings, such as staffings, the coordinator reports on previous incentives and sanctions or lack thereof.
 - Creates files for each participant.
 - Maintains ongoing log of incentives and sanctions given to each participant including the date and reason given.
 - Assures consistency of incentives and sanctions while ensuring each participant is treated as an individual.
- Core Competency 3: Is knowledgeable about addiction, alcoholism, and pharmacology generally and applies that knowledge to suggest responses.
 - Continues to research effective treatment modalities.
 - Conducts regular quality assurance to ensure appropriate treatment.
 - Actively participates in staffing.
- Core Competency 4: is knowledgeable of gender, age, and cultural issues that may impact the offender's success. Prior to recommending client to the court, discusses legal options with client in unbiased manner.
 - Continues to seek out and arrange training opportunities to inform team members about cultural competency.
 - Conducts regular quality assurance to assure application of cultural competence by all team members.
- Core Competency 5: Develops team resource strategy to acquire funding. Writes grant applications and manages the program's budget. Creates opportunities to obtain funding and build linkages by supporting team in community outreach and lobbying activities.
 - Builds relationships with any potential funder, including private organizations.

- Regularly invites potential funders to treatment court events.
 - Prepares and submits grant applications.
 - Keeps bookkeeping system up to date.
 - Works with evaluators to obtain persuasive data for potential funders.
 - Creates long term funding strategy.
- Core Competency 6: Participates in the planning process to create and to memorialize program eligibility standards, operating procedures, and rules. Assists in the development of the client contract, confidentiality releases and entry procedures. Create memorandum of understanding and linkage agreements.
 - Tailors each required document, including client contract, to the needs of the treatment court program.
 - Works with each discipline to assure all documented procedures, contract, releases, etc. reflect the best, most therapeutic interest of the client.
 - Periodically reviews all documents and procedures for continued applicability and efficacy.
- Core Competency 7: Negotiates and monitors treatment and ancillary service contracts. Conducts site visits, reviews progress reports. Creates and monitors standards for urine collection and compliance reporting. Ensure gender, age, and culturally specific treatment services.
 - Conducts regular and ongoing quality assurance.
 - Arranges cultural competence training.
- Core Competency 8: Creates and maintains a data collection system to monitor client compliance, identify trends and provide a basis for evaluation.
 - Consistently inputs data.
 - Reviews information collected and shares with team members.
 - Works with evaluator to interpret statistical relevance.
- Core Competency 9: Creates interagency linkages to address client's ancillary needs in the areas of culture, age, and gender needs, medical and mental health provision, educational, vocational, skills training and employment training and placement.
 - Develops memoranda of understanding with providers willing to offer services to participants.
 - Monitors participant's involvement with ancillary services.
- Core Competency 10: Develops police and corrections linkages to improve supervision and agency coordination.
 - Keeps law enforcement informed about progress of participants and supervision efforts.
 - Extends invitations of all treatment court events.

- Shares statistical data showing positive impact of treatment court on local community.
- Core Competency 11: Educates referral sources and the community of eligibility standards and program goals. Encourages team members to educate in their field and in the community. Develops teambuilding activities and conducts staff replacement training.
 - Maintains community outreach.
 - Continues to arrange team building activities designed to promote and encourage team members.
- Core Competency 12: Manages daily operations and filing systems. Develops and maintains fee systems.
 - Oversees collection of fees.
 - Maintains and updates participant files.

2-2.5 Treatment Court Service Provider: The treatment court service provider provides rehabilitative therapy sessions, case management, and monitoring for treatment court participants in keeping with the holistic recovery of the participants.

- Core Competency 1: Participates fully as a team member, committing him or herself to the program mission and goals and works as a full partner to ensure their success.
 - Attends regularly scheduled staffings.
 - Provides information regarding participant's progress to each team member.
 - Productively communicates with team so each member can make informed choices regarding participants.
 - Protects integrity of the treatment court by providing competent treatment.
 - Remains abreast of best practices in the field.
 - Maintains up to date records of participant performance.
- Core Competency 2: Ensures that the participant receives the highest level of care available, at a reasonable cost, by all contracts and ancillary service providers. Develops post program services, client outreach, mentor programs and alumni associations.
 - Conducts regular quality assurance of all treatment and ancillary services.
 - Performs case autopsy on charts of participants who are discharged from the program as a method of quality improvement.
 - Creates treatment environment that is encouraging and restorative.
 - Maintains competent staff.

- Regularly reviews all client charts and maintains up to date record of participant performance.
- Core Competency 3: Ensures that offenders are evaluated in a timely and competent process and that placement and transportation are effectuated in an expedited manner.
 - Promptly processes referrals to the court by completing treatment screens efficiently.
 - Secures assistance from ancillary services as needed for participants.
- Core Competency 4: Assists in providing advanced training in substance abuse, addiction, and treatment methodologies so as to provide the team with a meaningful basis to implement incentives and sanctions systems and design program protocols and procedures.
 - Provides ongoing training to all team members.
 - Supports most therapeutic application of incentives and sanctions.
- Core Competency 5: As part of the team, in appropriate non-court settings, such as staffings, the treatment provider advocates for effective incentives and sanctions for program compliance.
 - Assures incentives and sanctions are given on a consistent and fair basis.
 - Recommends therapeutic incentives and sanctions.
 - Considers client behavior and shares relevant information with the team.
- Core Competency 6: Is knowledgeable of gender, age, and cultural issues that may impact the offender's success.
 - Continues to attend training opportunities to inform team members about cultural competence.
- Core Competency 7: Is knowledgeable about addiction, alcoholism, and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.
 - Continues to research effective treatment modalities.
 - Conducts regular quality assurance.
 - Actively participates in staffings.
 - Attends all court sessions and staffings.
- Core Competency 8: Contributes to the team's efforts in community education and local resource acquisition.
 - Conducts ongoing research of potential funding streams.
- Core Competency 9: Contributes to education of peers, colleagues and judiciary in the efficacy of treatment courts.
 - Maintains integrity of the treatment court programs through quality assurance.

- Disseminates information about treatment court as frequently as possible.

2-2.6 Treatment Court Community Supervision Provider: The treatment court supervision provider actively monitors participants outside of the treatment court setting including conducting home and job visits. All client contact is documented and visits logged to help encourage positive participant behavior.

- Core Competency 1: Participants fully as a team member, committing him or herself to the program mission and goals and works as a full partner to ensure their success.
 - Promptly recommends offenders to the court when appropriate.
 - Assists in executing all participant waivers and contracts.
 - Advocates for prompt incentives and sanctions in response to client behavior.
 - Maintains up to date records of participant performance.
 - Attends and participates in client staffings by providing progress reports, making recommendations, and identifying supervision and ancillary service needs.
- Core Competency 2: Provides coordinated and comprehensive supervision so as to minimize participant manipulations and splitting of program staff. Develops post program services, client outreach, mentor programs, and alumni associations.
 - Coordinates continuum of care through regular contact with treatment provider.
 - Advocates for continuum of care beyond treatment continuum to be inclusive of other community-based sources.
- Core Competency 3: Develops effective measures for drug testing and supervision compliance reporting that provide the team with sufficient and timely information to implement incentives and sanctions system.
 - Provides progress reports prior to client staffings.
 - Conducts home and field visits using strengths based approach.
 - Collects alcohol and drug testing in accordance with policy and reports results to the team in a timely fashion.
 - Recommends appropriate incentives and sanctions based upon information gleaned from supervision.
 - Continually assesses and reviews supervision and drug testing protocols and terms and conditions of supervision/probation regularly to ensure they are still working for the target populations.
- Core Competency 4: Assists in coordinating the utilization of community-based services such as health services, victims' services, housing,

entitlements, transportation, education, vocational training, job skills training and placement to provide a strong foundation for recovery.

- Makes on-going referrals for target population that are consistent with the treatment case plan.
- Core Competency 5: Is knowledgeable about addiction, alcoholism, and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.
 - Continues to participate in on-going cross training to remain knowledgeable about addiction, alcoholism, and pharmacology.
 - Utilizes motivational interviewing techniques when interacting with the target population.
 - Notes relapse triggers and behaviors in the target population and report in a timely manner to the team.
- Core Competency 6: Is knowledgeable of gender, age, and cultural issues that may impact the offender's success.
 - Continues to participate in on-going cross training to remain knowledgeable about gender, age, and cultural issues of the community and target population.
- Core Competency 7: Contributes to the team's efforts in community education and local resource acquisition.
 - Acts as a spokesperson to community leaders and organizations.
 - Provides statistical information to use for grant writing of other funding acquisition.
- Core Competency 8: Contributes to education of peers, colleagues and judiciary in the efficacy of treatment courts.
 - Acts as a spokesperson to peers, colleagues, and the judiciary.

2-2.7 The treatment court policy manual shall:

- Identify each member of the treatment court team;
- Identify the roles of each member of the treatment court team;
- Identify the continuing education expectations for each team member;
- Be signed by each member of the treatment court team;
- Identify the approved procedure when the treatment court judge is not available for staffing or court hearings.

2-3 PROGRAM PHASES

Treatment courts provide a phased structure toward program completion. Generally, the first phase of the program focuses on orientation and stabilization with phase goals becoming progressively more difficult.

- 2-3.1 Phase completion shall be based not just on time in the program, but also:
- Progress toward treatment goals;
 - Compliance with court orders; and
 - Compliance with phase requirements.
- 2-3.2 The treatment court participant handbook shall include the requirements to complete each program phase which:
- Are clearly defined and measurable;
 - Are standardized, but have the ability to be modified in order to best meet participants' needs and serve diverse populations;
 - Include supervision requirements, including random substance testing as appropriate;
 - Identify basic treatment requirements;
 - Identify any program fee requirements and anticipated payment schedule; and
 - Identify the participants' responsibility for requesting phase advancement.
 - *(Drug Court Only)* Identify the active treatment portion of the program is designed to be completed within twelve (12) months.
 - *(Drug Court Only)* May include a period of aftercare. If aftercare is identified as part of the program structure, it is designed to be completed within six (6) months.

SUBCHAPTER 3: ADMISSION PROCEDURES

3-1 REFERRAL AND ELIGIBILITY

Prompt identification and placement of eligible offenders into the treatment court program is a priority in order to enhance positive outcomes. Treatment courts shall prioritize high criminogenic risk, high treatment need offenders for participation in the program. In order to make the most efficient use of diversion resources in a community, the treatment court shall work collaboratively with Offender Screening programs, as defined in Title 43A O.S. 3-704, reviewing criminogenic risk assessment and treatment screening information to determine if additional screening or assessment is needed to determine eligibility.

- 3-1.1 The treatment court policy manual shall identify eligibility criteria which:
- Are objective;
 - Are predicated on empirical evidence indicating which types of offenders can be treated safely and effectively in the program;
 - Are well-defined; and
 - Include exclusionary criteria.

- 3-1.2 The treatment court policy manual shall identify the process by which eligible offenders are identified and considered for the treatment court program including:
- Target timeline for legal eligibility review;
 - (*Mental Health Court Only*) Target timeline for treatment eligibility review which includes assessment which is completed no more than six (6) months prior unless participant is currently receiving treatment services at the contracted CMHC;
 - (*Drug Court Only*) Target timeline for treatment eligibility review which includes review of a criminogenic risk assessment and substance use disorder screen which is completed no more than six (6) months prior, completed by either the contracted drug court treatment agency or the Offender Screening program; and

3-2 PARTICIPANT ORIENTATION

Treatment court participants shall be informed of their choices to decline or accept participation into the program. In order for applicants to make an informed decision regarding program participation, applicants shall receive a complete orientation to the program within 72 business hours of plea.

- 3-2.1 The treatment court policy manual shall identify the procedures for participant orientation which:
- Identify the team member(s) responsible for completing program orientation;
 - Are provided to all participants within the designated time period;
 - Include the distribution and review of the participant handbook; and
 - Identifies the documentation of a signature and date that participant has been provided the orientation and a copy of the participant handbook.

SUBCHAPTER 4: SUPERVISION

4-1 SUPERVISION

Reliable monitoring of participant behavior is a vital component of the success of a treatment court program. Occurring in both office settings and in participants' home and job, supervision shall be performed in a respectful manner. According to the NDCI, community supervision has seven (7) identified functions: (1) Protection of the public; (2) Providing accountability; (3) Enhancing drug refusal skills; (4) Identifying environmental threats; (5) Catching impending signs of relapse; (6) Partnering with treatment; and (7) Enforcing community obligations.

- 4-1.1 The treatment court participant handbook shall include:
- A specialized set of terms and conditions for community supervision which shall be reviewed with participants at regular intervals.

4-2 SUBSTANCE TESTING

Frequent and random substance testing is an essential element of the supervision of treatment court participants identified with substance use disorders. An accurate testing protocol is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress. The testing process, coupled with immediate program responses, compels the participants to address their substance use. Substance testing shall be used as a tool to support recovery and engagement, not solely as a means to support sanctions. The treatment court shall rely on medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available. Test results, including the results of confirmation testing, should be available to the treatment court within forty eight (48) hours of sample collection.

4-2.1 The treatment court manual shall identify the process of substance testing including:

- Method(s) of testing which are (a) scientifically valid; (b) legally defensible; and (c) therapeutically beneficial;
- Identification of the individual(s) responsible for collection of samples;
- Chain of custody process for sample collection;
- Storage of sample procedures;
- Minimal frequency of substance testing is no less than twice per week until the last program phase for all drug court participants or mental health court participants identified as having a severe substance use disorder
- Process for random, unpredictable selection of participants for substance testing;
- Process for reporting results; and
- Process for lab confirmation upon participant objection to test results.

4-2.2 The treatment court handbook shall identify the participant requirements for substance testing including:

- Method by which participant will be notified to submit to testing and timeline by which they must respond, typically no more than eight (8) hours after being notified to test for urine specimens and no more than four (4) hours after being notified for oral fluid tests;
- Consequence of not submitting to a substance test;
- Explanation of dilute sample and consequence of submitting a dilute sample;
- Consequence of submitting a modified or tampered sample;
- Established rules for collection of sample;

- Identification of any restrictions to over the counter (OTC) or prescription (Rx) medications or supplements; and
- Process for requesting lab confirmation, including any required fee to do so.

4-3 SUPERVISION REPORTING

Frequent and accurate reporting to the treatment court team enhances program accountability. Supervision staff shall document all supervision contacts with program participants in accordance with program policies.

4-3.1 The treatment court policy manual shall include supervision information which:

- Describes the communication requirements between supervision staff and the treatment court coordinator, or designee, minimally occurring on a weekly basis; and
- Identifies the documentation requirements of supervision contacts with participants.

4-3.2 Supervision staff shall minimally report:

- Drug and alcohol test results, including efforts to defraud or invalidate said tests;
- Compliance with electronic monitoring, home curfews, travel limitations, and geographic or association restrictions;
- Commission of or arrests for new offenses; and
- Menacing, threatening, or disruptive behavior directed at staff members, participants or other persons.

SUBCHAPTER 5: TREATMENT

5-1 TREATMENT SERVICES

Behavioral health treatment services are a vital component of the success of a treatment court program. Individualized to each participant's needs, treatment services shall be based in sound theory and provided through evidence-based interventions. According to NDCI, behavioral health treatment services have three (3) identified functions: (1) Motivation; (2) Insight; and (3) Behavioral Skills.

Treatment courts utilizing a treatment agency that is not contracted with the ODMHSAS for treatment services shall determine annually that the treatment agency is certified by ODMHSAS, a federally recognized tribal entity, Veteran's Affairs, or equivalent certifying agency if the entity is out of state. If a treatment court participant enters a facility which does not offer treatment services from one of these entities, the treatment court shall not identify this participant as active for purpose of funding or include them in the active participant count.

5-1.1 Treatment services shall:

- Provide a continuum of care for substance use disorder treatment. Placement decisions are based on the ASAM Patient Placement Criteria;
- (*Drug Court Only*) Include six (6) to ten (10) hours of services per week, during the initial phase of treatment, and 200 hours over nine (9) to twelve (12) months;
- Utilize Risk, Need, Responsivity principles in targeting criminogenic and non-criminogenic/responsivity needs of participants. Treatment shall ordinarily be sequenced to first address responsivity needs such as housing, mental health symptoms, cravings, withdrawal, etc. (phase 1), then criminogenic needs such as criminal thinking, delinquent peer interactions, and family conflict (interim phases), and lastly long-term functioning needs such as vocational, educational services (later phases).
- Include at least one (1) individual session per week during the first phase of the program. These sessions are minimally for responsivity needs and provide or refer participants to these complimentary services. The treatment court team is kept apprised of participants' progress;
- Use evidence-based criminal thinking interventions after participants are stabilized clinically and no longer experiencing acute symptoms of distress such as cravings, withdrawal, or depression;
- Include behavioral or cognitive behavioral treatments that are manualized and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system;
- Include medications, as clinically appropriate based on medical necessity as determined by a treating physician with specialized behavioral health expertise;
- Be available to applicants immediately upon identification of clinical eligibility (prior to plea);
- Provide group-based and individual-based interventions for all participants;
- Include the following services:
 - Gender specific
 - Parenting
 - Anger Management
 - Family/Domestic Relations
 - Skill Building/Problem Solving
 - Relapse Prevention
 - Mental Health Treatment
 - Prevention of Health-Risk Behaviors
 - Overdose Prevention and Reversal
 - Aftercare, follow-up contact with participant available through at least the first ninety days after discharge.

- 5-1.2 If multiple treatment providers are utilized, the treatment court shall have a policy which identifies the process by which the treatment agency is selected for each participant.

5-2 SERVICE COLLABORATION

In addition to behavioral health treatment needs, treatment court participants frequently have multiple needs requiring service agency collaboration (ex. housing, medical, transportation, vocational, etc.). Holistic care is recognized as the standard of care in treatment court programs. ODMHSAS encourages the use of peer support resources such as Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery, Double Trouble in Recovery, NAMI support groups, Celebrate Recovery, etc. However, if attendance at a peer support program is mandated, treatment courts shall offer both secular and non-secular options for attendance.

- 5-2.1 The treatment court policy manual shall include service collaboration information which:
- Identifies the vocational and educational support provided to participants; and
 - Identifies the communication between the court and other social service providers which routinely provide services to participants.

5-3 TREATMENT REPORTING

Frequent and accurate reporting to the treatment court team enhances program accountability. Treatment staff shall document all services in accordance with ODMHSAS. Additionally, treatment staff shall submit regular treatment reports to program coordinators, or designees, prior to each treatment court staffing.

- 5-3.1 The treatment court policy manual shall include treatment reporting information which:
- Describes the communication requirements between treatment staff and the treatment court coordinator, or designee, minimally occurring on a weekly basis
- 5-3.2 The treatment court participant handbook shall identify:
- Typical treatment requirements by program phase;
 - Contact information for the participant's treatment provider;
 - The treatment provider's reporting requirements to the treatment court team; and
 - Types of treatment services available.

5-3.3 Treatment staff shall minimally report:

- Assessment results pertaining to participants' eligibility for the treatment court, including treatment and supervision needs;
- Attendance at scheduled appointments;
- Attainments of treatment plan goals, such as completion of a required treatment regimen;
- Evidence of symptom resolution, such as reductions in drug cravings, withdrawal symptoms, or mental illness symptoms;
- Evidence of treatment-related attitudinal improvements, such as increased insight or motivation for change;
- Attainment of phase requirements, such as obtaining and maintaining employment or enrolling in educational program;
- Adherence to legally prescribed and authorized medically assisted treatments;
- Procurement of unauthorized prescriptions for addictive or intoxicating medications;
- Commission of or arrests for new offenses; and
- Menacing, threatening, or disruptive behavior directed at staff members, participants or other persons.

SUBCHAPTER 6: STAFFING AND COURT DOCKETS

6-1 TEAM STAFFING

Frequent staffing provides an open forum in which everyone involved in a case can gather to share information, discuss issues, and reach consensus on the next steps toward a participant's successful rehabilitation and completion of the program.

The treatment court team shall have team staffing prior to the treatment court docket. At a minimum, staffings should include the judge, coordinator, and a representative from the defense counsel, the district attorney's office, treatment, and supervision. To the greatest extent possible, the same representative should attend regularly to insure the greatest level of teamwork and continuity. The program models support all members of the team having input with the judge being ultimate arbiter of factual controversies and making the final decisions concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty. While the specific roles of the team members differ, the goal of maintaining a therapeutic environment shall be forefront in decisions.

6-1.1 The treatment court policy manual shall identify the process of team staffing including:

- Addressing participants on an individual basis;
- Holding team discussion on the implementation of incentives and sanctions;

- Holding team discussion of treatment and support service needs;
- Allowing input from all team members;
- Resolving disagreements between team members so as to present a united front in court;
- Frequency of team staffing;
- Location and time of team staffing; and
- Team members whom regularly attend.

6-1.2 The treatment court participant handbook shall identify the process of team staffing including:

- The purpose of team staffing.

6-2 COURT DOCKETS

The treatment court shall hold court hearings no less frequently than every two weeks for those in the first phase of the program and no less than every four weeks until participants are in the last phase of the program. Frequent court hearings establish and reinforce the treatment court's policies, ensure participants' needs are being met, and provide supervision and accountability of each participant. Participants shall ordinarily appear in front of the same judge throughout their enrollment in the treatment court program. Studies have consistently found that participants perceive the quality of their interactions with the judge to be among the most influential factors for success in the program.

6-2.1 The treatment court policy manual shall identify the process for court dockets including:

- Frequency of court dockets ;
- Location and time of court dockets; and
- Team members whom regularly attend court dockets.

6-2.2 The treatment court participant handbook shall identify the participant requirements for court dockets including:

- Typical attendance requirements by program phase;
- Location and time of court dockets; and
- Any rules or restrictions set by the treatment court with regard to behavior, attire, and attendance expectations.

6-3 INCENTIVES, SANCTIONS, and THERAPEUTIC ADJUSTMENTS

The treatment court model is based on the principle of behavior modification, rewarding positive behavior and sanctioning criminal behavior or administrative program violations. Research identifies that certainty and immediacy of team responses to behavior are the two most important factors in the successful administration of incentives and sanctions.

Participants shall receive consequences without regard to their gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation. Sanctions shall be provided without expressing anger or ridicule. Participants shall not be shamed or subjected to foul or abusive language. It is recommended that incentives be provided at a greater frequency than sanctions by a four (4) to one (1) ratio.

6-3.1 Incentives: The treatment court places as much emphasis on incentivizing productive behavior as much as reducing crime and substance use.

6-3.2 Progressive Sanctions: Jail sanctions shall be imposed judiciously and sparingly. Unless a participant poses an immediate risk to public safety, jail sanctions are imposed after less severe consequences have been ineffective at deterring infractions. Treatment courts should impose sanctions in advance of a participant's regularly scheduled court hearing. Sanctions should only be imposed by treatment court judges' order. Sanctions imposed may include termination from the program. Sanctions are delivered without expressing anger or ridicule, without participants being shamed or subjected to foul or abusive language.

6-3.3 Therapeutic Adjustments: Therapeutic adjustments are appropriate if participants are otherwise compliant with their treatment and supervision requirements, but are not responding to their treatment interventions. Such therapeutic adjustments include modification of the treatment plan and may impact intensity or type of services provided. Modifications in treatment services should be based on the recommendations of the treatment professional.

6-3.4 The treatment court policy manual shall identify the process for implementation of sanctions and incentives which:

- Identifies the regular monitoring of the delivery of incentives and sanction to ensure they are administered equivalently to all participants.
- Identifies the opportunity for participants to be heard to explain their perspectives concerning factual controversies and the imposition of incentives, sanctions, and therapeutic adjustments.
- Identifies that participants will receive a clear justification for why a particular consequences is or is not being imposed; and
- Identifies a written schedule of predictable sanctions and the right of the treatment court team to use a reasonable amount of discretion to modify a presumptive consequence in light of circumstances presented in each situation.

6-3.5 The treatment court participant handbook shall identify the process for implementation of incentives and sanctions which identifies:

- Behaviors which may elicit an incentive, sanction, or therapeutic adjustment;
- Identifies the range of consequences that may be imposed for identified behaviors;
- Graduation criteria and the legal and collateral consequences. Graduation criteria shall typically include (*modifications allowable and necessary on an individualized basis*) a requirement for at least ninety (90) days of sobriety, employment or school attendance, and sober housing;
- Termination criteria and the legal and collateral consequences;
- The right of the treatment court team to use a reasonable amount of discretion to modify a presumptive consequence in light of circumstances presented in each situation; and
- (*Drug Court Only*) Identifies that a participant may be sanctions to serve a term of confinement of six (6) months in an intermediate revocation facility operated by the Department of Corrections.

SUBCHAPTER 7: PARTICIPANT RIGHTS

7-1 CONFIDENTIALITY

Open communication between multiple agencies and offices is a hallmark of the treatment court program models. However, much of the information necessary to discuss, such as all information related to identity, diagnosis, prognosis, or treatment of any patient, is protected by state and federal laws. As such, treatment court programs shall maintain the ability to communicate this protected health information through appropriate participant written consent. A consent for release of information shall not be valid if (a) the expiration date has passed, (b) the release has not been filled out with all required information identified in 7-1.2, or (c) the participant does not give consent freely and voluntarily.

7-1.1 The treatment court policy manual shall identify the confidentiality practices of communication which requires the use of consents for release of information, prior to disclosure of the information. Policy shall include:

- Identification of the team member responsible for collection of consents for release of information; and
- Identification of the secure storage procedure of any records which contain protected health information.

- 7-1.2 The treatment court shall utilize consents of release of information which include:
- The statement, in bold font, “The information authorized for release may include records which may indicate the presence of a communicable disease”;
 - The specific name or general designation of the program or person permitted to make the disclosure;
 - The name or title of the individual or the name of the organization to which disclosure is being made;
 - The name of the consumer whose records are to be released;
 - A description of the information to be disclosed;
 - The dated signature of the consumer, or authorized representative, or both when required;
 - Purpose of the disclosure;
 - An expiration date, event, or condition which shall ensure release will last no longer than reasonably necessary to serve the purpose for which it is given; and
 - If the release is signed by a person authorized to act for a consumer, a description of the authority of such person to act.
- 7-1.3 The treatment court participant handbook shall identify confidentiality information including:
- A brief description of protected health information;
 - The role of consents for release of information in the treatment court program; and
 - The limits to confidentiality.

7-2 CONSUMER RIGHTS

Respectful treatment of program participants is a best practice which has been proven to enhance positive outcomes. It is also a right of program participants to be treated with respect and have interactions with treatment court team members free from foul or abusive language. Treatment court participants have those protections identified in OAC Title 450 Chapter 15: Consumer Rights. This chapter identifies the rights of individuals receiving services, either voluntarily or involuntarily, in public or private agency, corporation, partnership, or entity operated or certified by the ODMHSAS or with which ODMHSAS contracts to provide the physical custody, detention or treatment of consumers.

Dual relationships are a consumer rights’ issue which is expected to occur from time to time. Especially in rural areas, former interactions between treatment court team members and participants (ex. employee/employer, familial, etc.) should be recognized as an important issue to the treatment court team and steps taken to minimize the impact on the participant should occur.

Each treatment court program shall have a grievance procedure available to program participants. Grievance procedures are a means by which participants can formally notify team members of potential rights violations or general concerns regarding their treatment. Formal grievance processes assist in holding team members accountable to high ethical standards of care and protect both the program and the participants.

7-2.1 The treatment court policy manual shall identify consumer rights information which:

- Identifies that treatment team members shall avoid creating new dual relationships with participants (ex. employee/employer, romantic, etc.); and
- Establishes agreed upon guidelines by the treatment court team for instances of prior relationships between team members and participants. This shall include notification and documentation requirements and steps to minimize impact of prior relationships on participation.

7-2.2 The treatment court participant handbook shall identify consumer rights information which:

- Identifies the participant's rights to respectful treatment while in the program;
- Identifies a grievance process which:
 - Identifies the method by which participants can file a grievance;
 - Includes a timeframe for the grievance process which allows for an expedient resolution (not to exceed 14 days);
 - Includes the provision of written notification to the participant of the outcome; and
 - Identifies the mechanism by which the participant can appeal the outcome.
- Includes the phone number to the ODMHSAS Consumer Advocate's Office.

SUBCHAPTER 8: FISCAL RESPONSIBILITIES

8-1 PARTICIPANT FEES

Treatment court programs shall follow the requirements identified in ODMHSAS contracts with regard to the charging and collection of participant fees and copayments.

8-1.1 The treatment court policy manual shall identify:

- The procedures for the collection of participant fees; and
- The amount of participant fees to be charged to program participants.

8-1.2 The treatment court participant handbook shall identify:

- Amount of participant fees, detailed by type of fee (ex. program fee, supervision fee, etc.)
- Required schedule for payment of fees; and
- Participant expectation for fee collection process, including how receipts for payments will be issued.

8-2 ACCOUNTING PROCEDURES

Treatment court programs shall follow sound accounting procedures, including county purchasing requirements. Adult drug court programs shall follow the most recent version of the “Recommended Drug Court Accounting Procedures” published by the State of Oklahoma Auditor and Inspector (SAI) (*Drug Court only*). Treatment court programs shall comply with ODMHSAS and SAI audit requests.

8-3 EXPENDITURE REPORTS (*Drug Court only*)

Drug court programs shall submit quarterly expenditure reports to ODMHSAS as detailed in the current Oklahoma Adult Drug Court Administrative Contract requirements.

SUBCHAPTER 9: PERFORMANCE IMPROVEMENT

9-1 DATA REPORTING

Treatment courts shall participate in the ODMHSAS required data reporting and evaluation process. This shall minimally include: (a) coordinators enter required data into the web-based reporting systems, DCWEBS and MHCWEBS, by the 1st of each month; and (b) treatment providers enter data into the Medicaid Management Information System (MMIS) in accordance with established procedures. It is recommended that documentation occurs within forty eight (48) hours of respective events.

9-2 PERFORMANCE IMPROVEMENT

Evaluation and performance improvement are important components of treatment court programs. Research identified that programs which utilize data to impact program functions have better outcomes than those programs which do not. Further, treatment court programs which meet outside of traditional staffing and court hearings to target performance improvement measures similarly show improved results.

ODMHSAS provides outcomes and other select reports, on at least a quarterly basis, to each treatment court program. Many program evaluation reports are available on the web-based systems and additional information may be requested from ODMHSAS to assist with program evaluations.

- 9-2.1 The treatment court policy manual shall identify business meetings on at least an annual basis which:
- Includes all treatment court members;
 - Includes a review of program outcomes and other data reports;
 - Focuses on performance improvement;
 - Reviews in-program progress and outcomes of historically disadvantaged groups; and
 - Includes a review of the policy manual, participant handbook, and team organizational process.

SUBCHAPTER 10: DOCUMENTATION

10-1 DOCUMENTATION

Treatment court programs shall maintain documentation requirements which minimally include:

10-1.1 Treatment court file: The treatment court file shall be stored separately from treatment and public records and shall be maintained in a secured, locked environment not accessible to individuals whom are not a part of the treatment court team, including program participants. The treatment court has documentation which shall minimally include:

- Plea date;
- Current case number;
- Prior felony charges, including case number;
- Current program phase;
- Current status (ex. AWOL, In-custody, Active, IRF, etc.)
- Graduation/Revocation date, as applicable;
- Signed acknowledgement of participant handbook receipt;
- Signed participant contract;
- Documentation of final disposition, as applicable;
- Chronological reports which contain information regarding supervision contact with a participant including: (a) date, (b) time, (c) location, and (d) team members' signature. This includes, but is not limited to, home visits, office visits, substance testing, missed appointments, and telephone calls. If supervision is provided by staff of state or municipal supervision entities, such as Department of Corrections, their documentation requirements shall supersede this section;
- Screening reports from treatment providers;
- Treatment update reports from treatment providers;
- Consents for release of information;
- Requests for travel, if the treatment court program requires such requests;
- Documentation signed by participant, or a copy provided to the participant at the time of sanctioning, identifying violation and requirements of completing sanction including date sanction is to be completed;
- Substance testing records which identifies: (a) substance tested for, (b) method of testing, (c) results, (d) signature of individual administering test, and (e) participant signature; and
- Copies of participant receipts, when treatment court fines or fees are not collected directly by the court clerk.

10-1.2 Treatment record: The treatment records shall maintain the original treatment documentation and shall remain with the respective treatment agency in accordance with applicable sections of OAC Title 450.

- 10-1.3 Public court record: The public court record shall be stored separately from the treatment court file and treatment record in accordance with applicable state and federal laws.

SUBCHAPTER 11: SPECIAL POPULATIONS/DOCKETS

11-1 VETERAN/ACTIVE DUTY POPULATIONS

Oklahoma has a significant number of veterans and active duty military personnel relative to the overall population. While most of these individuals will never be involved in the criminal justice system, some individuals may face criminal charges and ultimately end up in treatment court programs due to service-related treatment needs. Because of the significant sacrifice made by this population, treatment court programs may choose to invest resources into a voluntary program distinction identified as Zone4Vets (Z4V).

While any treatment court programs can and do serve veterans and active duty military personnel, those identified as a Zone4Vets have met the current requirements identified by the ODMHSAS Zone4Vets criteria to receive special recognition status for this population.

11-2 CO-OCCURRING POPULATIONS

A significant percentage of treatment court participants have co-occurring disorders, serious mental illness and substance use disorders. Treatment courts may choose to designate a specialized docket in the program to serve their co-occurring participants. Co-occurring dockets target offenders with moderate to high treatment needs in both substance use and mental health areas.

While all treatment courts are encouraged to follow the information in this section for their co-occurring participants, programs with specialized co-occurring dockets shall follow all general treatment court requirements in addition to the requirements below (*adapted from NDCI and GAINS Center: Six Steps to Improve Your Drug Court Outcomes for Adults with Co-Occurring Disorders*):

11-2.1 Early identification of participants' needs through:

- Screening processes which identify co-occurring treatment needs prior to program admission;
- Screening processes which identify trauma-related treatment needs at admission;
- Program intake processes which includes (a) mental health and substance use disorder diagnosis, (b) interaction between mental health and substance use disorder, (c) information on functional impairments that could impact participation in the program (ex. stress tolerance, attention, concentration, etc.), and (d) other psychological areas that are likely to affect engagement and participation in the program (ex. criminogenic needs, motivation for treatment, literacy, transportation, and major medical problems).

11-2.2 Adaptation of the court structure through:

- Participation in court staffing and dockets by an agency certified by the ODMHSAS to provide mental health treatment services;
- Increased periodic reviews of treatment court program requirements;
- Cross-training, either formal or informal in-service training opportunities, of treatment court staff on criminal justice, mental health, and substance use disorder treatment;
- Integration of support groups which target co-occurring treatment needs, as available;
- Flexibility of court appearance requirements to meet the individual needs of participants;
- Integration of family-based educational services;
- Integrated treatment approaches which are individualized to each participant's needs;
- Flexibility of phase progress and anticipated goals which may include (a) determined period of sobriety and medication compliance, (b) reduction in mental health symptoms, (c) continued engagement and progress in treatment, (d) stable home plan, (e) establishment of a support network, (f) completion of special probation terms such as paying program costs, making restitution, or participating in community service;
- Consequences associated with non-compliance with mental health treatment; and
- Encouragement of reduction of hospitalizations, improved role functioning at work, school, or parenting, and increased independent living skills.

11-2.3 Expansion of treatment options including:

- Enhancement of independent living skills, including financial management;
- Focus on improved role functioning at work, school, or parenting;
- Integration of family-based, and other social support, services;
- Evidence-based services for serious mental illness including, but not limited to medications, and social skills training; and
- Case management including, but not limited to, housing, vocational and educational services, and primary healthcare.

11-2.4 Community supervision which:

- Is dictated by assessed risk for recidivism, with more intensive supervision to those assessed as higher risk and less intensive supervision for those with lower risk;
- Takes into consideration the abilities and functioning of the participant (ex. memory deficits, time management challenges, and medication adherence); and
- Includes a problem-solving approach to noncompliance.