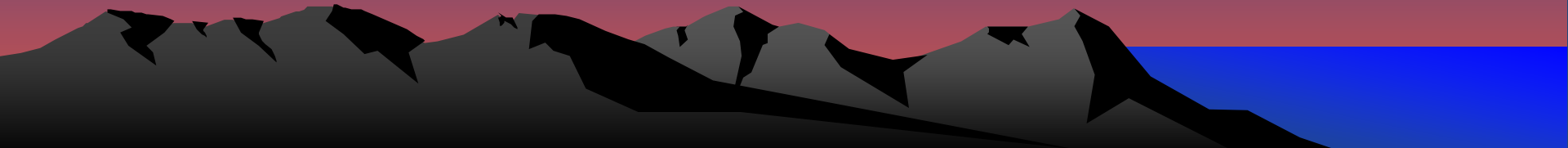


# **Treatment Courts Healing to Wellness Courts What Works-What Does Not**

**Jeffrey N. Kushner**  
Statewide Drug Court Coordinator

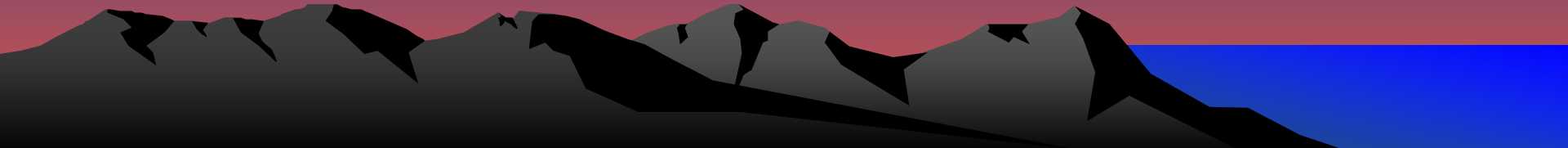
**Statewide Tribal Opioid Summit**



# Healing to Wellness Courts

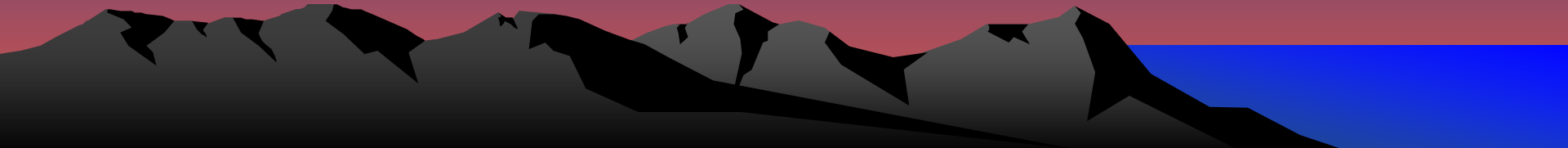
- Healing to Wellness Courts are special dockets established within the general tribal court criminal or civil process to handle cases involving individuals who have committed offenses resulting from their abuse of alcohol and other drugs.
- Triggering offenses could include possession or other nonviolent offenses that have historically tended to be associated with the use of alcohol or other drugs.
- Alternatively, in a Family Wellness Court setting, a triggering event may be the removal of children from the home due to a substance abuse issue.

- First Drug Court started in Florida in 1989
- Nearly 3,000 Drug Courts in the United States
- Adult Drug Courts
- Juvenile Drug Courts
- Family Drug Courts
- DWI Courts
- Veteran's Drug Courts
- Tribal Drug Courts (Healing to Wellness)
- Co-occurring Courts
- Mental Health Courts
- Truancy
- Domestic Violence
- Gambling



# Commonalities in Treatment Courts

- Multi-disciplinary Team members who are non-adversarial
- Evidence-based practices (sanctions-incentives-treatment adjustments)
- Evidence-based treatment (high-need)
- Attendance at mutual aid group meetings
- Intensive supervision for (high-risk) offenders
- Evidence-based drug-use monitoring



# Treatment Court Team

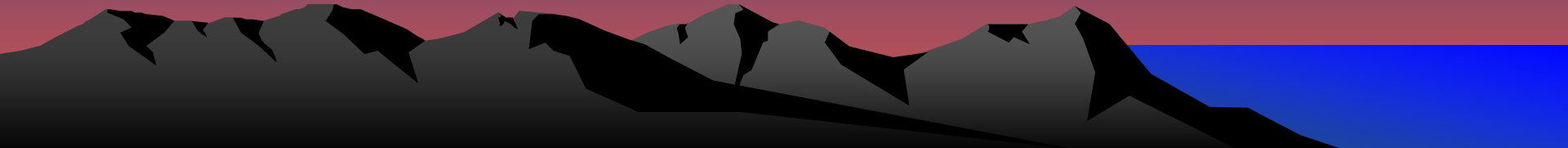
is responsible for drug court operations and participants are closely supervised by the team including at a minimum:

- Tribal Judge
- Prosecutor
- Defense Council
- Law Enforcement Representative
- Probation Officer
- Treatment Provider Representative
- Drug Court Coordinator
- Case Manager (Probation Officer)
- Child Welfare Representative



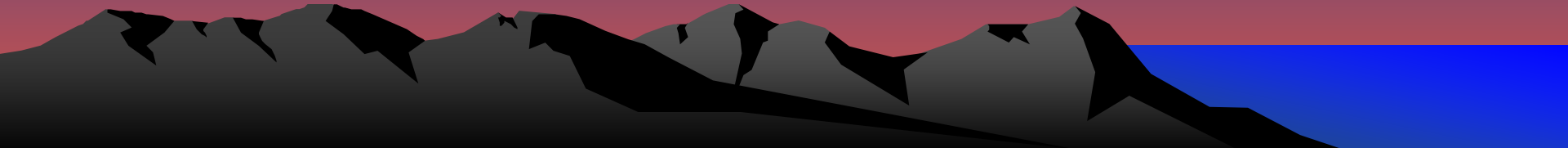
# The Verdict Is In: Treatment Courts Work

- Treatment Courts are the most researched criminal justice/correctional program ever.
- Nine meta-analysis conclude that Drug Courts significantly reduce recidivism.
- GAO confirmed (3) that drug courts significantly reduce drug use and crime and save money for taxpayers-reviewed 30 scientific studies



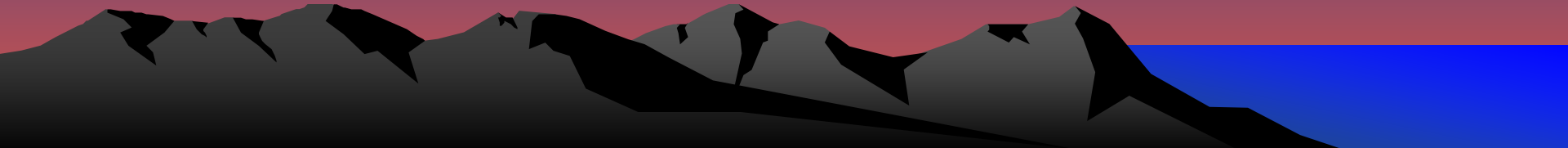
# The Verdict Is In: Treatment Courts Work

- Treatment courts are better at engaging and retaining felony offenders in treatment and other related services
- Treatment Courts provide closer, more comprehensive supervision than other forms of CJS/community supervision
- Treatment Courts save money (probation supervision, police overtime, pretrial detention, variety of other human service savings and productivity indicators)



# The Verdict Is In: Drug Courts Work

- Treatment Courts are better at reducing drug use and criminal behavior while participants are in the drug court program
- Treatment Court clients have lower post program recidivism (re-offense) rates.
- Treatment Court clients are more productive. Retention and graduation rates remain high compared to other programs.







## THE MULTI-SITE ADULT DRUG COURT EVALUATION: EXECUTIVE SUMMARY

Shelli B. Rossman, The Urban Institute  
John K. Roman, The Urban Institute  
Janine M. Zweig, The Urban Institute  
Michael Rempel, Center for Court Innovation  
Christine H. Lindquist, RTI International

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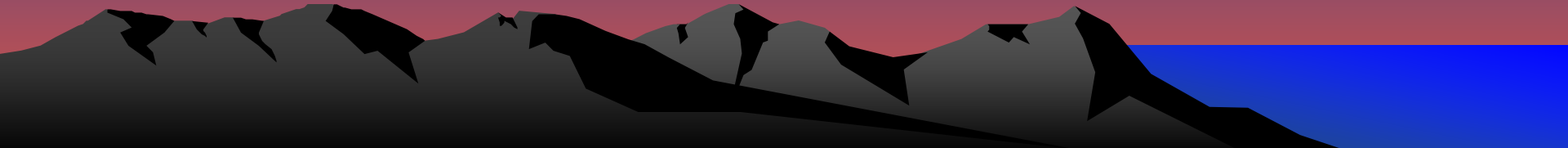
RTI International  
Kristine Fahrney

With Avinash S. Bhati, Donald J. Farole Jr., Erica Lagerson, Joshua Markman, and Courtney Schafer

- NIJ funded (Urban Institute, Center for Court Innovation, RTI International) to evaluate the effects of drug courts on substance use, crime, and other outcomes
- 23 drug courts, and 6 comparison sites
- 1784 offenders over four years

# Key Findings

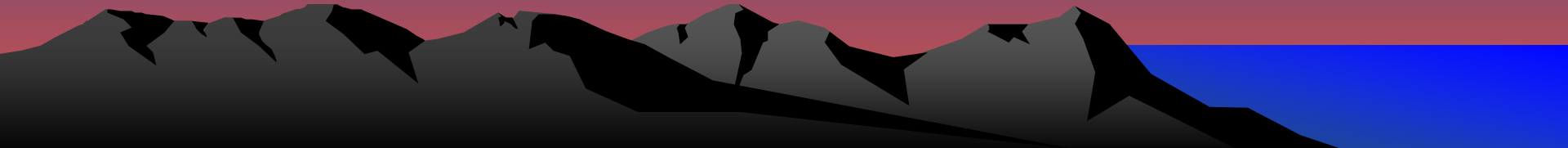
- Treatment courts produce significant reductions in drug abuse relapse.
- Treatment courts produce significant reductions in criminal behavior and are significantly less likely than the comparison group to report committing crimes



# Key Findings

Treatment courts costs are higher than business-as-usual case processing due to larger program investments, including significantly **more drug tests, frequent judicial status hearings, time with case managers, and substance abuse treatment.**

- Treatment courts save money through improved outcomes, primarily savings to victims from significantly fewer crimes, rearrests, and days incarcerated
- Treatment courts save an average of \$5,680 per participant, returning a net benefit of \$2 for every \$1 of cost



# Treatment Courts Are Effective for Everyone





# Tribal Treatment Courts

- There are approximately 130 tribal drug courts in the USA.
- “Wellness Court” “Healing Court”  
“Healing to Wellness Courts”
- These courts include two important Native concepts—healing and wellness ...for participants
- Many tribal drug courts include Native language in their names.

# Healing to Wellness Courts:

Provide the Native American community the opportunity to address the devastation of intergenerational alcohol and other drug abuse by establishing a research-based structure and accountability.



# How Tribal Drug Courts Differ:

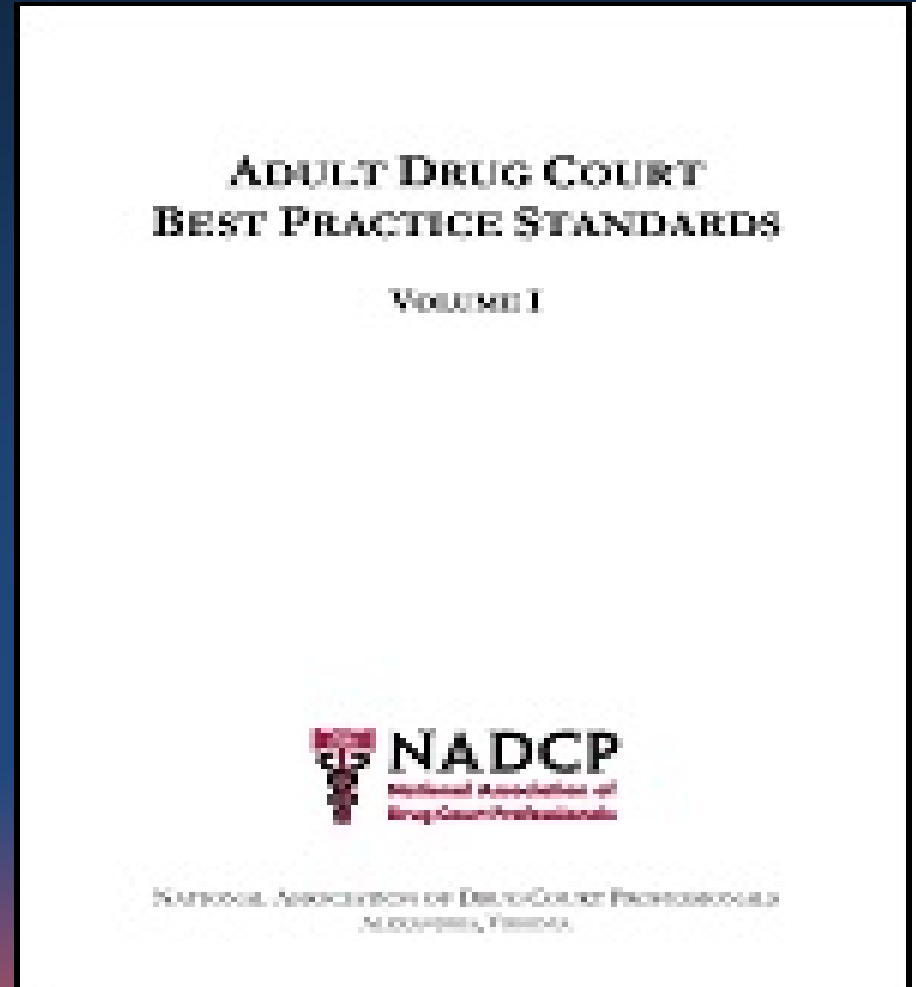
- Incorporate tribal custom and tradition
- Focus on problems underlying the criminal act rather than the act itself
- Stress family, extended family, and community involvement in the healing process
- Emphasizes guiding Native principles of justice—truth, respect, harmony, balance, healing, wellness, apology, restitution, rehabilitation and a holistic approach

- Involve Traditional People in Planning and Development
- Establish a broad-base community development process
- Adopt a traditional name
- Use traditional healing processes together with western treatment modalities
- Traditional or Community-based sanctions
- Traditional Dispute Resolution
- Spiritual Component
- Deal with historical trauma if needed



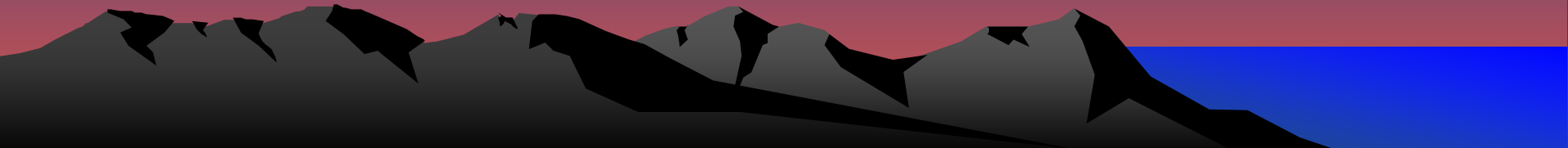
# What Works/What Doesn't

- **Review: Adult Best Practice Standards- Vol. 1 and Vol. 2**
- **Critical other considerations**



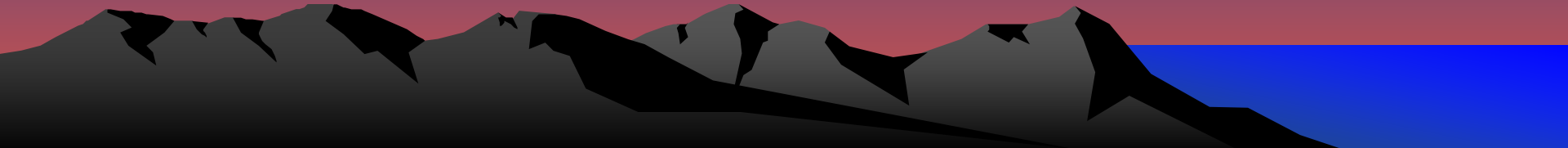
# **1. Addressing the Needs of Families in Treatment Court**

## **FAMILY STRENGTHS AND NEEDS SURVEY**



# CONSIDER THE ENTIRE FAMILY

- Drug dependent offenders have families and children.
- 2. Drug dependence is a family disease (substance use disorders, trauma, co-occurring disorders)
- Children are often in the caseload—whether or not you ask the questions “Do you have kids? Do you have custody?”



# WHAT TREATMENT COURTS CAN DO!

- Make sure that a comprehensive assessment is done not only of the treatment court participant but of his/her family.
- The court's decisions impact the child(ren) as well as the parent.
- Track participants who are parents and the progress of their family as well.
- Ensure that questions about child(ren) and family status are continually asked by team members and the judge from the bench.
- Advocate for a family-centered approach.



## **BENEFITS OF A COMPREHENSIVE ASSESSMENT**

### **CASPAR Research @ TRI (Computer-Assisted System for Patient Assessment and Referral)**

- More problems identified/more services delivered
- Considerably fewer “early leavers” (12% vs. 57%)
- Improved program completion rates (66% vs. 11%)
- Greater counselor satisfaction and retention rates

(Treatment Research Institute, 2004, Carise, et.al.)

# FAMILY STRENGTHS AND NEEDS SURVEY

## FAMILY STRENGTHS AND NEEDS SURVEY (FSNS)

Administrators' Guide

A Survey Instrument  
for Adult Drug Court  
Participants

### Family Strengths and Needs Survey

Case or Client ID: \_\_\_\_\_ Survey Administrator ID: \_\_\_\_\_

Interview Start Time: \_\_\_\_\_

Jurisdiction:

- |  |  |
|--|--|
| <input type="radio"/> 1 Missoula County Family Drug Court              | <input type="radio"/> 5 Missoula County Veteran's Court      |
| <input type="radio"/> 2 Missoula County Co-Occurring Court             | <input type="radio"/> 6 Cascade County Adult Treatment Court |
| <input type="radio"/> 3 Mineral County Adult Treatment Court/DUI Court | <input type="radio"/> 7 Billings Municipal Treatment Court   |
| <input type="radio"/> 4 Custer County Adult Treatment Court            | <input type="radio"/> 8 Fort Peck DUI Court (Nat. Am.)       |
| <input type="radio"/> 9 First Judicial District Adult Treatment Court  |  |

Program:

Day's Date

Enrollment/ Intake Date

#### PICIPANT DEMOGRAPHICS:

1. Gender?

☐ M Male

☐ F Female

☐ O Other

Please specify "Other" \_\_\_\_\_

2. Age?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

3. Ethnicity?

☐ 1 or Alaskan native

☐ 2lander

☐ 3 Hispanic/Latino

☐ 4 Caucasian

☐ 5 Other (please specify) \_\_\_\_\_

Now, substance abuse impacts the entire family. We want to make sure that you and support as possible during your recovery process. May I ask you a few questions is? This will help identify the ways we can support you to meet your family's needs. will remain confidential. However, I need to make you aware of some limits to responsibility to report suspected abuse or neglect of a child, elderly person or a you are in danger of harming yourself or another person. If you report that you one the law requires me to inform that person as well as the legal directly seeking this type of information in this interview. May I answer any

# FSNS-MT ITEM DOMAINS



- Participant Demographics (Family description, strengths etc.)
- Sources of Emotional Support and Effects of Drug and Alcohol use on Others
- Medical and Dental Issues
- Social/emotional well-being
- Development and behavioral concerns

# FSNS-MT ITEM DOMAINS (CONTINUED)



- Mental health issues
- Child care summary
- Parenting skills
- Children's education
- Employment/Financial Status
- Service Needs
- Trauma Concerns



# INVOLVE FAMILIES IN DRUG COURT? (THE LITERATURE)

- Family issues are one of most commonly identified criminogenic factors (Bonta et al., 2008)
- Family interventions are one of most effective methods to reduce offender recidivism (Lipsey et al., 2010)
- Inadequate family support, family problems and family disruption contribute to offending (Salisbury & Van Voorhis, 2009; Wareham, Dembo & Poythress, 2009)
- Attachment to children reduces violations (Visher, 2013)
- Meta-analyses show that family interventions reduce recidivism (Farrington & Welsh, 2003; Woodfenden, Williams & Peat, 2002)

## 2. Treatment Effectiveness

A. Stick to the therapy manual (EBT)

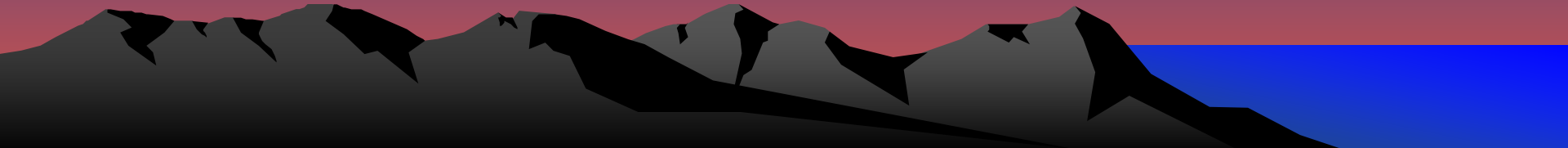
B. The best treatment outcome is when an effective treatment alliance is formed between counselor and client

C. The more services provided/the better the outcome

*NIDA: Recovery from drug addiction requires effective treatment, followed by management of the problem over time.*

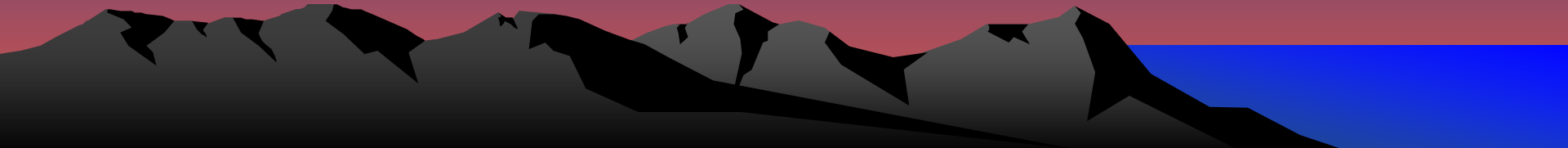
# 3. Treatment Must Be Long Enough

- Very little effect for first 3 months
- Longer the length of stay the better the outcome (up to 18 months). However, people progress through treatment at various rates.
- Joint development of treatment plan helps client stay in treatment. Self-directed recovery plan helps maintain recovery.



## 4. Assess for Cultural Identity

- Helping treatment court participants to identify with their culture will help guide the healing process, achieve balance and influence the selection of treatment approaches and other services and activities. (TIP 61 - Behavioral Health Services for American Indians and Alaska Natives)



# 5. Become Trauma Informed

- Each additional adverse childhood experience increases a person's risk of relapse during opiate related MAT by 17%
- Each visit to trauma-informed clinic reduces relapse rate by two percent



## 6. Strengthen Recovery Management

After all the dedication, skill and care that treatment professionals and treatment court personnel devote to our participants' well being, we all too often see our best work erode as vulnerable people return to the same circumstances and environments that fostered their illness.

“The odds of recovery rise in tandem with social network support for abstinence and decline with the increased density of heavy AOD users in one's social network” (Kaskutas &

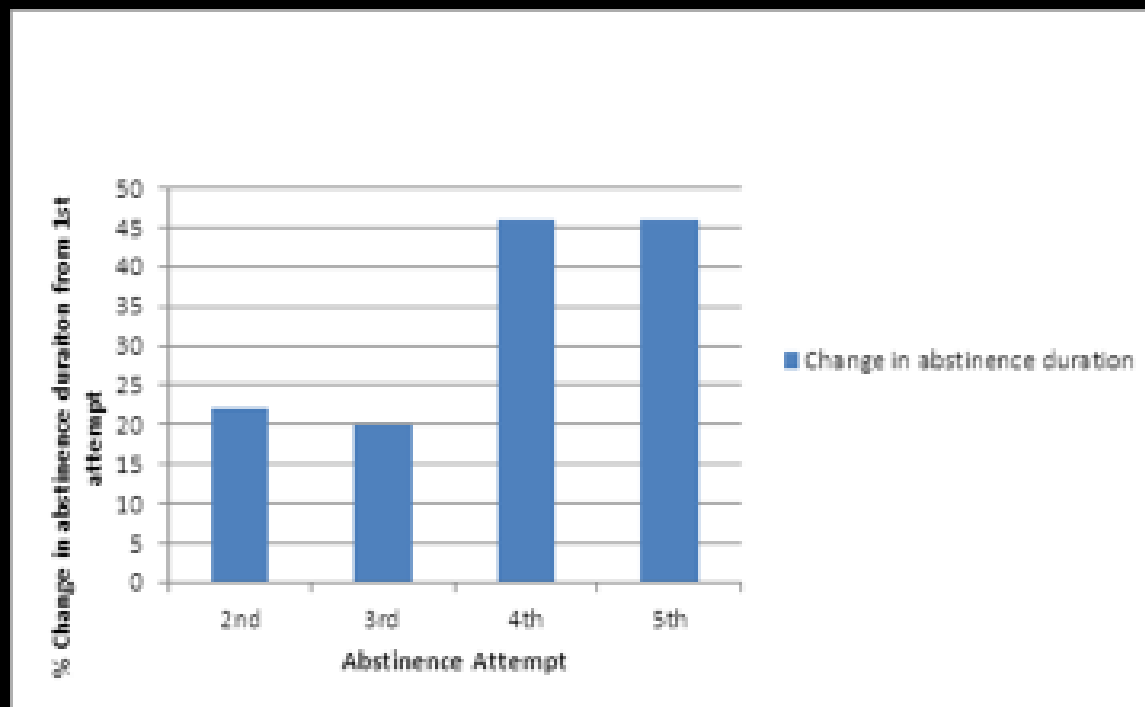
Weisner, Dennis, Foss & Scott, Zywiak, Longabaugh & Wirtz, Mohr, Avena, Kenny & Boca, Weisner, Matzgher & Kaskutas)



# ACUTE CARE-Doesn't Work

- Crisis-linked timing (arrest)
- Single episodes of treatment-expectation that improvement will continue after treatment,
- Immediate abstinence as the goal
- Little use of the full continuum of services, i.e. immediate abstinence-no post-discharge follow-up
- Primarily professional decision-making with short treatment relationships (adm. to disch.)
- Relapse considered failure of person/treatment

**Acute Care vs. Chronic Care**



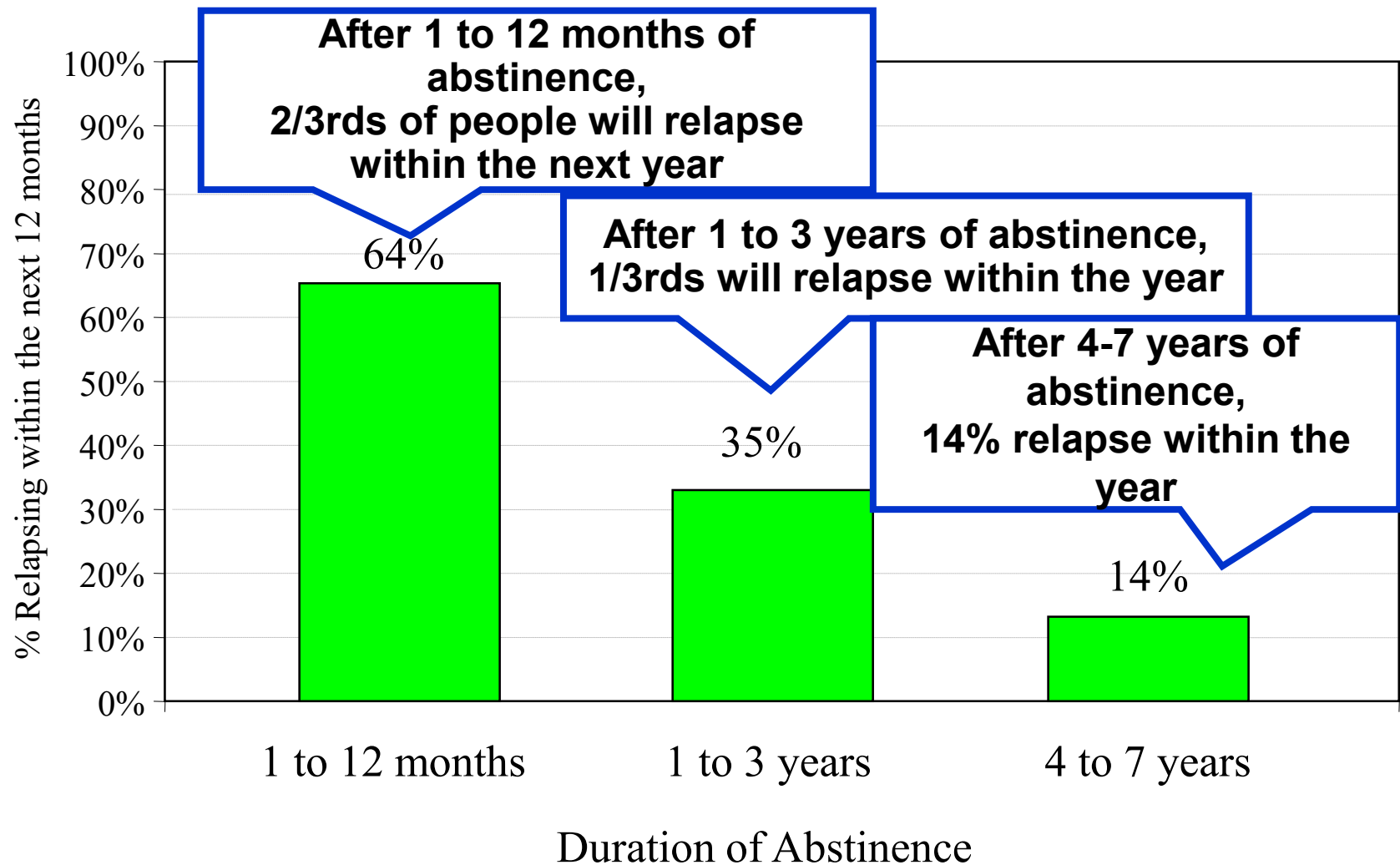
## **Recovery from Opioid Dependence**

- Demographic variable not associated with abstinence
- Being employed, less severe drug use and at least 6 mos. of treatment associated with duration of abstinence
- Having 4 or more attempts at abstinence associated with longer abstinence

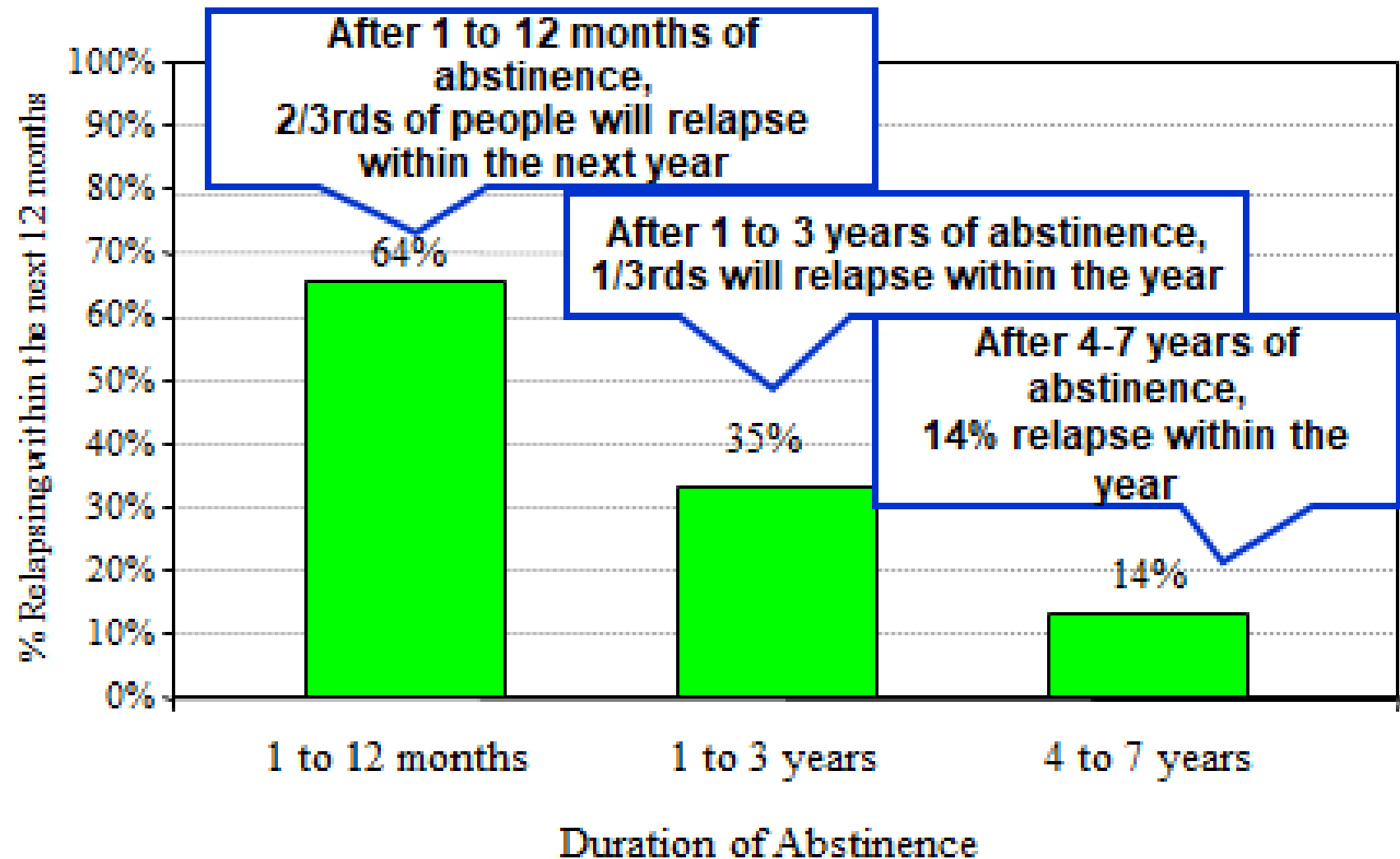
**Consistent with a model of a chronic disease**



# The Risk of Relapse: common, decreases slowly over time, but does not go away



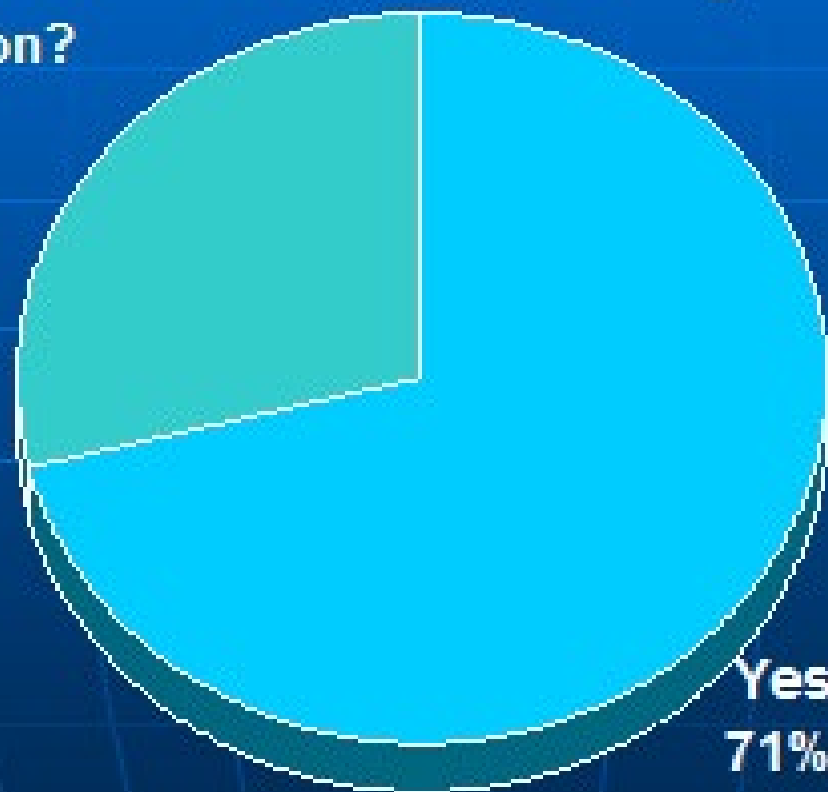
# The Risk of Relapse: common, decreases slowly over time, but does not go away



# Pathways to Long-Term Abstinence

## *Relapse History (n=354)*

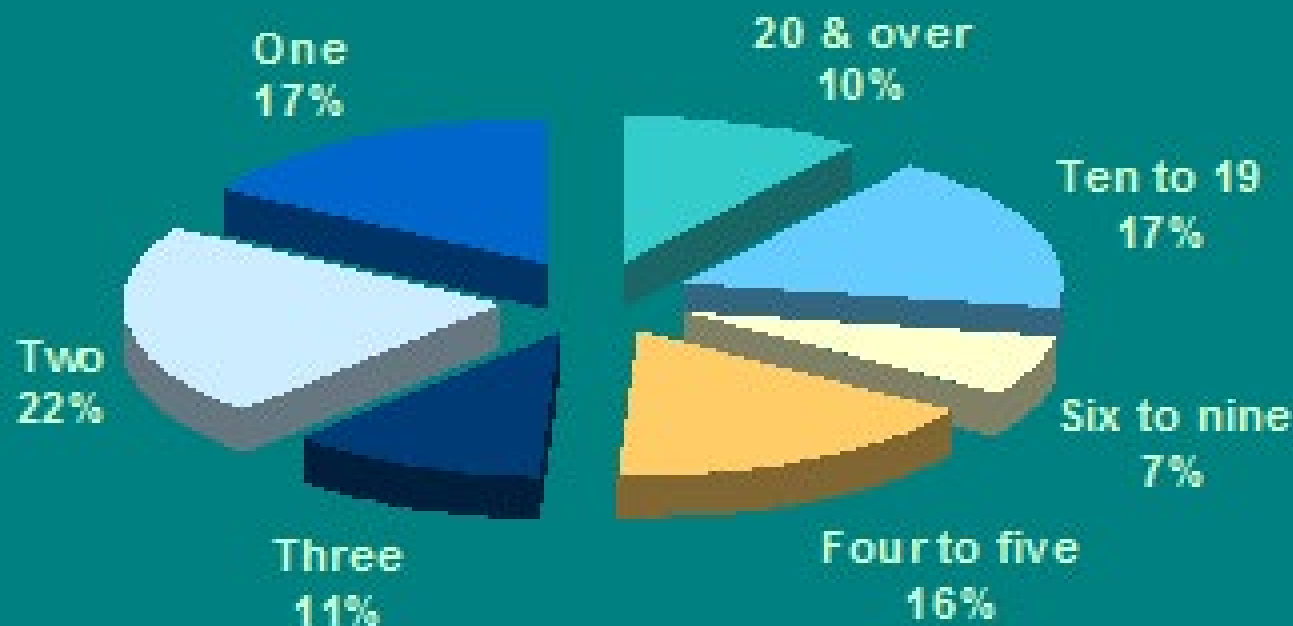
Since starting regular drug use, did you ever have one or more period (s) of complete abstinence of one month or longer followed by return to active addiction?



# Relapse History

*Number of clean periods followed by return to active addiction<sup>b</sup>*

Over 50% reported 4 or more abstinent periods followed by return to active addiction



Range 1 to 90 Mean = 7.56; Std dev= 10.6

<sup>b</sup>Among those who report one or more such periods: N=248- 5 "don't know"

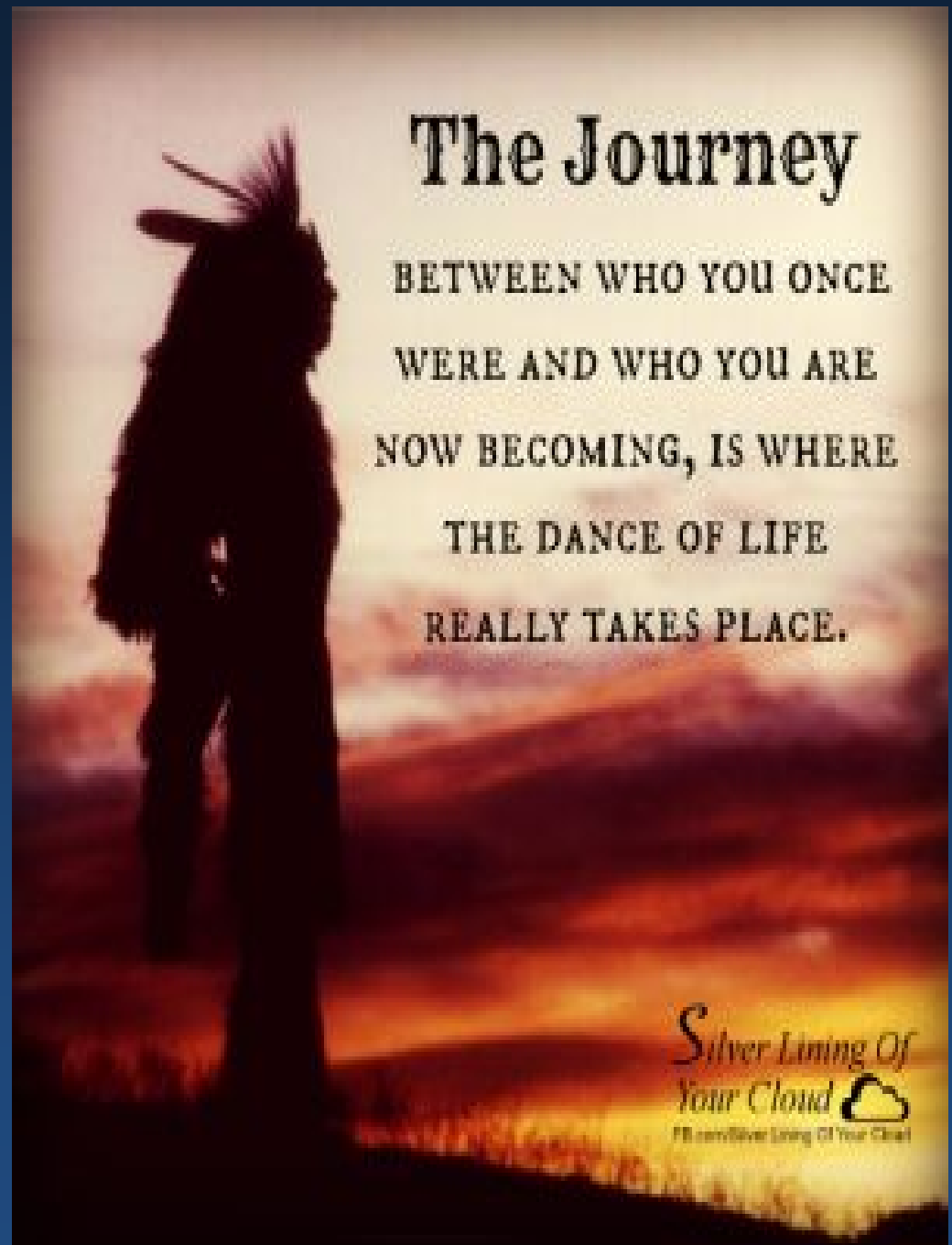
# CHRONIC CARE-Works

Disease that alters brain and may take years to fully recover thus may require:

- Multiple cycles of recovery, relapse, and repeated treatments for many
- Post treatment monitoring for reentry into treatment when necessary and asap
- Ongoing support and monitoring post treatment for a variety of needed wrap around services
- Continuous recovery pro-social activities
- Strategies with support for and from entire family

**Continuing Care**  
**Final phase focus on**  
**Recovery**  
**Management Plan**  
**(RMP) –**

**Standard: contact**  
**participant for at**  
**least 90 days after**  
**formal discharge**



# SAMHSA's Definition of Recovery

**Recovery:** is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Four dimensions that support a life in recovery:

- **Health:** overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications—making informed, healthy choices that support physical and emotional wellbeing.
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

# 7. A Recovery Management Plan

**Final phase of treatment/drug court should focus on Recovery Management Plan (RMP) developed and owned by drug court participant.**

The **RMP** spans the time period from the rest of treatment court to many years after formal treatment/drug court.



"It's not enough to just show up. You have to have a plan!"



- **RMP is the focus of treatment court through completion or graduation, i.e. for the participant, the judge from the bench, the case manager, the treatment provider and the entire drug court team.**
- **RMP covers most areas of life in order to remain clean, sober and productive (in recovery).**



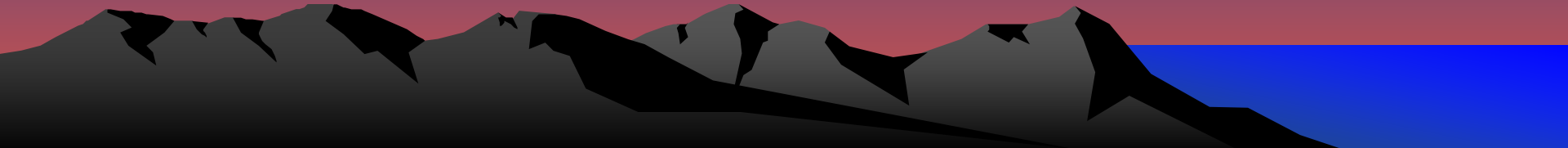
# Recovery Management Checkups



- ✓ More likely to return to treatment when needed
- ✓ Return to Treatment Sooner
- ✓ Stay longer in treatment
- ✓ Eventually need less treatment

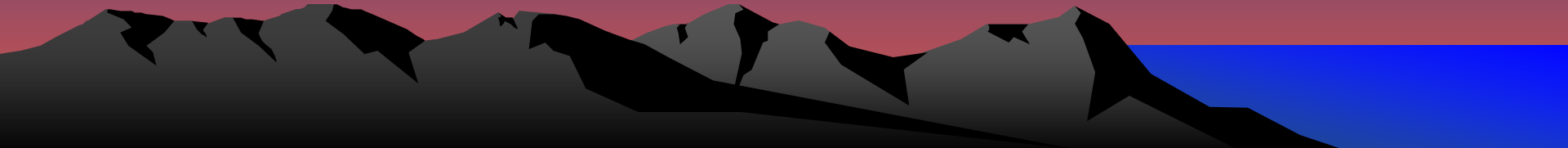
## 8. What Treatment Courts Can Do to Help Participants in Recovery

- Include vision for long-term recovery in treatment court materials (policy, participant manual, brochure, etc.)
- Use a global assessment process that includes family and significant others
- Include former treatment court participants in treatment court (advisory boards, mentors/coaches, presenters)
- Participate in activities to reduce stigma and discrimination
- Include training on recovery associated topics and attend open mutual aid group meetings

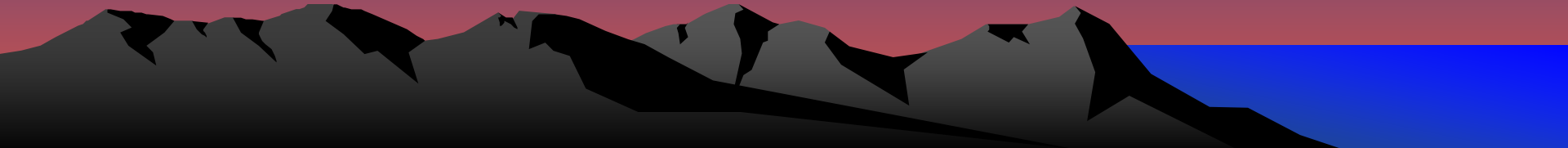


# What Treatment /Drug Courts Can Do Before Graduation/Discharge?

- Require a Recovery Management Plan
- Support Recovery Month – September
- Support alcohol and drug free pro social activities, customs and traditions
- Include family members in recovery events
- Support alumni clubs
- Utilize recovery mentors and coaches
- Initiate Recovery Check-ups
- Support alcohol and drug free housing



- Develop information packets for family members, employers and others who support the treatment court participant
- With participant approval, involve family members in developing RMP
- Incentivize family counseling participation
- Encourage family member participation throughout the treatment court process
- Assess and inventory the community and identify recovery support components and gaps
- Again, consider check-ups, telephone follow-up, and mentors for orientation to, during and after treatment court



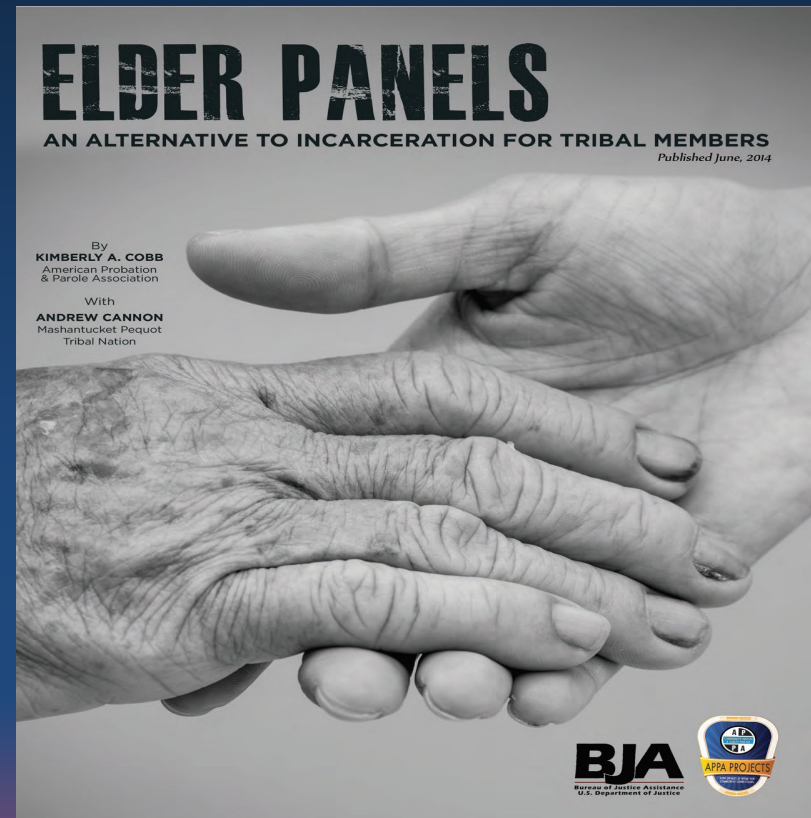
# Resources

- Tribal Law and Policy Institute (<http://www.tribal-institute.org>)
- National Association of Drug Court Professionals (<http://drugcourt.org>)
- National American Indian and Alaskan Native ATTC ([native@attcnetwork.org](mailto:native@attcnetwork.org))
- National Drug Court Resource Center (<https://www.american.edu/spa/jpo/>)

# Three Resources You May Not Have Considered

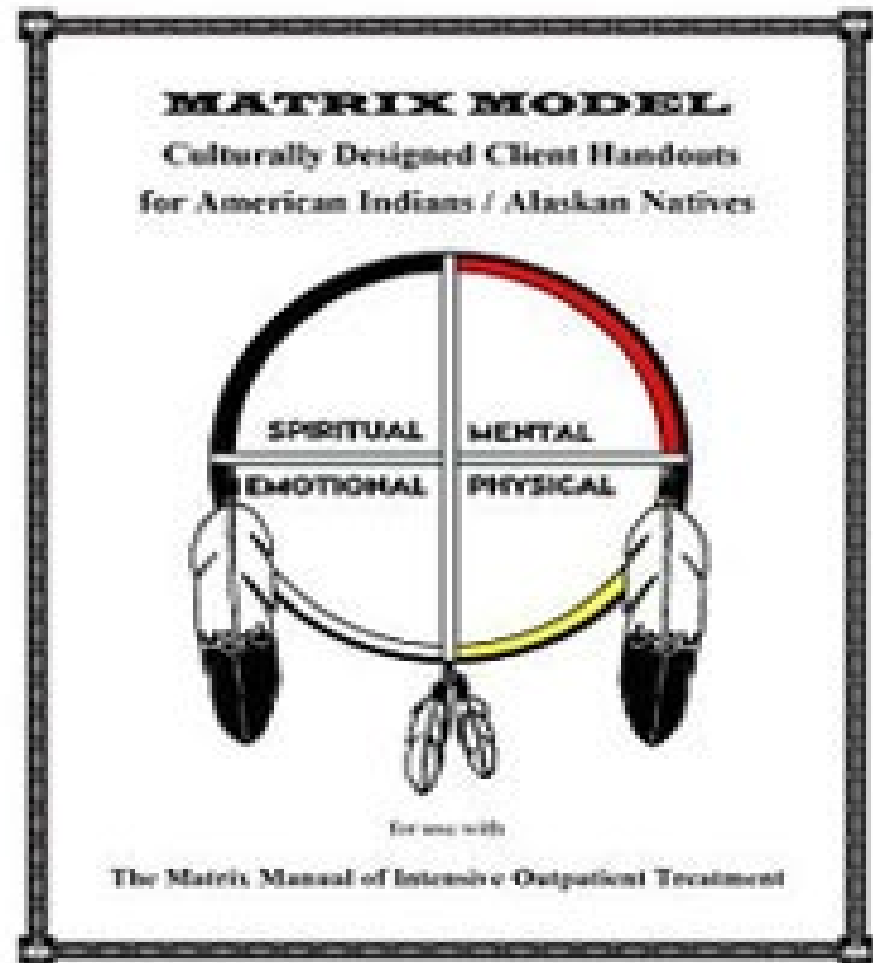
1. Elder Panels-  
An Alternative to  
Incarceration  
for Tribal Members.  
On Line:

[www.appa-net.org/eweb/docs/APPA/pubs/EPAITM.pdf](http://www.appa-net.org/eweb/docs/APPA/pubs/EPAITM.pdf)



2, The Matrix Adaptation for Native Americans - an adaptation to the basic curriculum in recognition of the need for a culturally appropriate manualized curriculum.

(Matrix Institute,  
Los Angeles,  
CA (877-422-2353





### **3. Native American Motivational Interviewing: Weaving Native American and Western Practices**

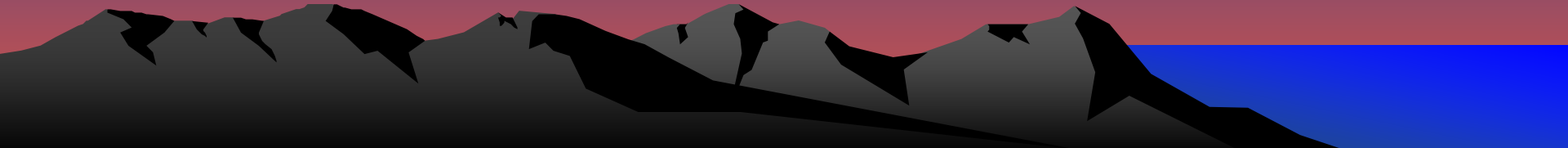
Venner & Feldstein -Dept. of Psychology, University of New  
Mexico

**Manual for Counselors in Native American  
Communities**



## 4. Treatment Improvement Protocol 61

- Behavioral Health Services for American Indians and Alaska Natives
- <https://store.samhsa.gov/product/tip-61-behavioral-health-services-for-american-indians-and-alaska-natives/sma18-5070>



# **Additional Resources**

For information regarding the:

**Family Strength and Needs Assessment**

or

**The Recovery Maintenance Check-in**

**Contact:**

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**(JKushner@MT.Gov)**

