



# **The Future of Treatment Courts: Building on Success, Adapting to Change**

Aaron Arnold, Chief Development Officer

# Overview



**Stage 1: A New Model**

**Stage 2: Treatment Courts Work**

**Stage 3: Fidelity to the Model**

**Stage 4: A New Wave of Reform**

**Stage 5: Future of Treatment Courts**

# Stage 1

## A New Model



# The Early Years: A Revolutionary Approach

- Court-supervised treatment
- Ongoing judicial monitoring
- Multidisciplinary team
- Non-adversarial approach
- Incentives and sanctions
- Generally, a pre-plea model

# The Early Years: Rapid Growth

- 1989: Miami (first adult drug court)
- 1992: Phoenix
- 1994: Federal funding begins
- 1997: 370 treatment courts nationally
- 2007: 1,000+ treatment courts nationally
- Today: 4,000+ treatment courts nationally

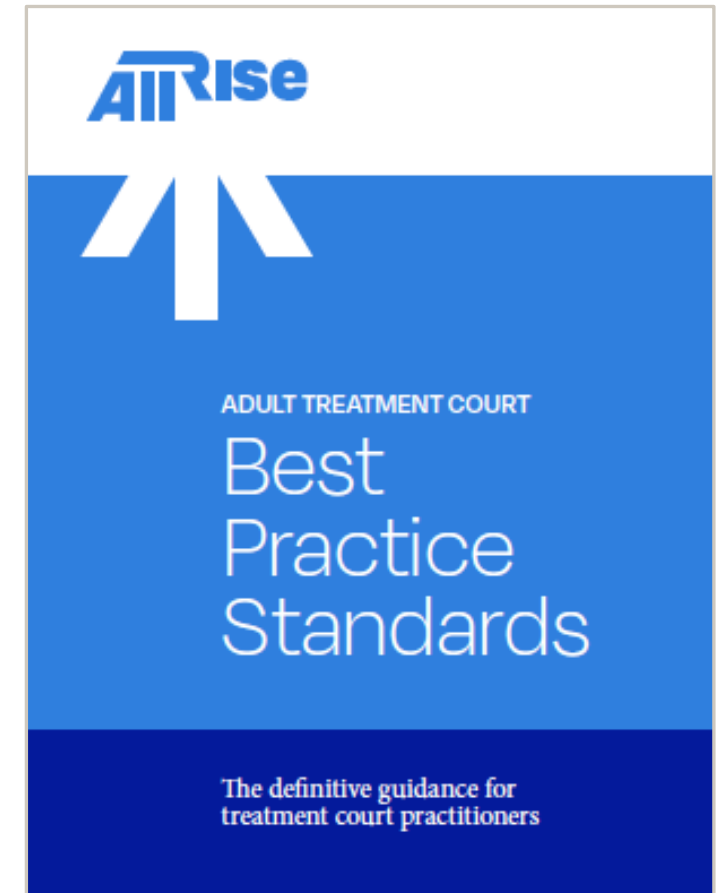


# Stage 2 Treatment Courts Work



# Treatment Courts Work

- 30 years of treatment court model refinement
  - Ten Key Components (1997)
  - Tons of research (e.g., NIJ's Multi-Site Adult Drug Court Evaluation, 2011 (23 courts in 6 states))
- Adult Drug Court Best Practice Standards
  - Volume 1 (2013)
  - Volume 2 (2015)
  - Second Edition, to be released December 2023



# Stage 3

## Fidelity to the Model





# Fidelity to the Model



- Adherence to best practices
  - Identifying the most appropriate offenders (high-risk/high-need)
  - Routing them to treatment court quickly
  - Providing evidence-based treatment and services
  - Using evidence-based supervision and behavior modification techniques
  - Getting good results
- Statewide fidelity programs
  - State certification
  - Peer review

# **Stage 4**

## **A New Wave of Reform**



# A New Wave of Reform



In recent years, several ripples have converged into a new wave of justice system reform

- A. Upstream approaches
- B. Criticisms of the treatment court model
- C. Spotlight on poor treatment court practices

# A. Upstream Approaches



Growing recognition that justice system involvement can **cause harm** and **worsen outcomes**

- Disruption of support systems
  - + Imposition of trauma
- 
- Harm to individuals/communities and  
higher likelihood of reoffending

# A. Upstream Approaches



Overwhelming evidence that jail is:

- Ineffective
- Harmful
- Expensive



# A. Upstream Approaches



- But it's not just jail...probation, intensive monitoring, drug testing, etc. all raise similar concerns
- Technical violations drive ~15-25% of jail admissions
- Volume of obligations make failure likely for many people



# A. Upstream Approaches

- Jail reduction efforts (e.g., Justice Reinvestment Initiative, Safety and Justice Challenge)
- Criminal law reforms
  - New York (2009)
  - California (2014)
  - Utah (2015)
  - Oregon (2020)



# A. Upstream Approaches

- Court-based diversion
  - Buffalo C.O.U.R.T.S. program
  - Brooklyn Justice Initiatives
- Prosecutor-led diversion
  - Missoula's Calibrate diversion program
  - NYC's Project Reset
- Police and police/community diversion
  - Law Enforcement Assisted Diversion (LEAD)
  - CAHOOTS



# A. Upstream Approaches



- Bail/pretrial supervision reform
  - Numerous states have eliminated or curtailed the use of cash bail
  - Backlash in some places, but evidence does not support criticisms
- Community-based violence prevention programs
- Lots more



## B. Criticisms of the Treatment Court Model

- Some common criticisms of the treatment court model:
  - Coercive
  - Overly punitive
  - Contrary to health-focused approach
  - Replicate racial disparities in the larger justice system
  - Dominate available treatment resources and can make voluntary treatment harder to get

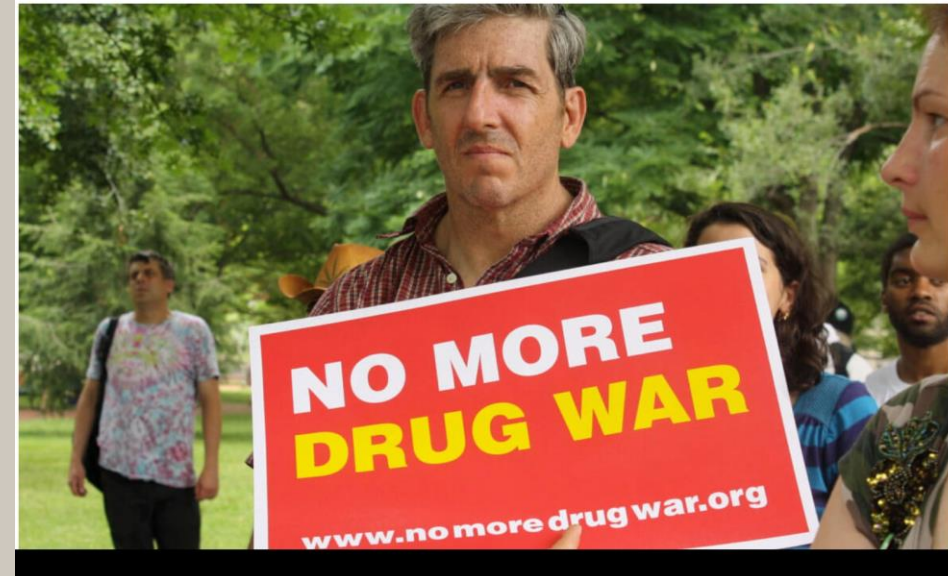
# B. Criticisms of the Treatment Court Model

- These and other critiques have led some prominent voices to call for the elimination of treatment courts

## Why It's Time to Abandon Drug Courts

By Miriam Krinsky and Leo Beletsky | March 5, 2021

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# C. Spotlight on Poor Treatment Court Practices



- Hard truth: The treatment court model is complex and not easy to implement well
- Best practice standards are lengthy and highly technical
- Takes time to get good at this
- Ongoing training is needed to stay sharp



# C. Spotlight on Poor Treatment Court Practices

Some ongoing practice concerns include:

- Accepting the wrong population
- Overuse of jail sanctions
- Inappropriate medical decisions
- Fines and fees
- Inadequate training
- Lack of support from key stakeholders

# Recap of Critiques



- To recap, there's a new wave of reform happening
  - A. Upstream approaches/shrinking the system
  - B. Criticisms of the treatment court model
  - C. Spotlight on poor treatment court practices
- What does this all mean for the future of treatment courts?

# **Stage 5**

## **The Future of Treatment Courts**



# The Future of Treatment Courts



- Let's remember, treatment courts are **THE** evidence-based practice
- When done right, treatment courts improve treatment outcomes, decrease reoffending, reduce the use of jail, and save money
- The answer is not to pull back on treatment courts
- It's to revitalize treatment courts to **strengthen practice** and **reduce harm**



# Call to Action #1



- **Screen everyone for risk and need (universal screening)**
  - Currently, referrals to treatment courts (and other programs) are often informal and unsystematic
  - The results: missed candidates, inequitable referrals, low enrollment
  - Universal screening would enable justice system actors to route people to the most appropriate intervention based on their risk and need.
  - It would also help to speed up case processing and off-ramp appropriate cases more quickly

# Call to Action #2



- **Focus resources on high-risk/high-need individuals facing significant prison time**
  - Treatments courts are the most effective intervention for high-risk, high-need individuals facing significant prison time
  - However, they are not appropriate in most other cases
  - Lower-risk, lower-need individuals and those facing less punitive sentences should be off-ramped from the justice system earlier
  - To this end, jurisdictions should build prearrest and pretrial diversion programs

# Call to Action #3



- **Eliminate the ban on violent crimes**
  - Drug treatment courts have historically excluded individuals charged with violent crimes
  - This approach is not rooted in evidence
  - In fact, individuals charged with violent crimes are often the high-risk, high need individuals who stand to benefit most from treatment court
  - Local jurisdictions should open drug treatment courts to this population
  - Note: Intimate partner violence poses special concerns

# Call to Action #4



- **Leave treatment to the clinical professionals**
  - Only the participant's treatment provider and physician should make treatment and medical decisions.
  - Never require a participant to undergo a level of treatment that is not clinically appropriate
  - Allow participants to use all three FDA-approved medications for opioid use disorder as medically prescribed
  - Recognize that addiction is often driven by underlying trauma, and ensure that treatment services are trauma responsive

# Call to Action #5



- **Eliminate racial and ethnic disparities**
  - Commit to identifying and addressing racial disparities in access, sanctions, graduation, and long-term outcomes using data
  - Identify individual decision points that may contribute to disparities and develop measures to alleviate disparate outcomes at those points
  - Train team members to serve participants in a culturally relevant manner
  - Offered culturally responsive treatment and recovery support services, such as H.E.A.T., a manualized treatment approach for young Black men ([prainc.com/heat-afrocentric-holistic-recovery](https://prainc.com/heat-afrocentric-holistic-recovery))

# Call to Action #6



- **Reduce the use of jail sanctions**
  - Jail is a traumatic experience and often has a counterproductive effect on recovery and recidivism
  - Jail frequently interferes with treatment plan
  - Understanding these facts, treatment courts should use jail sparingly
  - Don't use jail as a sanction for continued drug use before clinical stability
  - Don't use jail to “help” a participant until a treatment bed opens
  - Possible uses of jail: repetitive, willful refusal to attend treatment or supervision appointment; new crime

# Call to Action #7



- **Incorporate evidence-based harm reduction strategies**
  - Educate participants about safer use, overdose prevention, and harm reduction services in the community
  - Train participants on the use of naloxone, fentanyl/xylazine test strips, and other harm reduction tools
  - No sanctions for accessing harm reduction services
  - Respect the role of treatment providers in keeping clients safe
  - Permit participants to use prescribed medications

# Call to Action #8



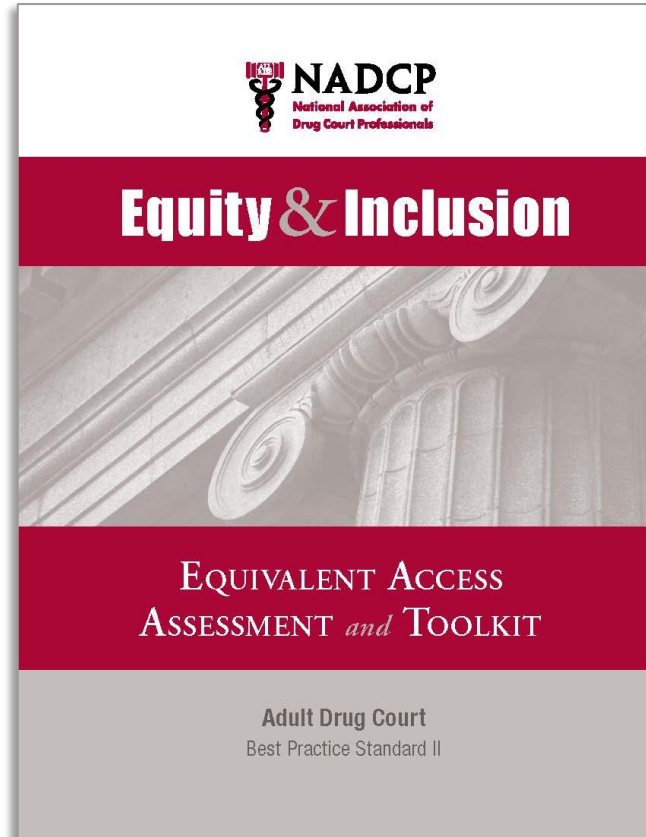
- **Expand measures of success**
  - Treatment courts should reexamine how they measure success
  - Rates of reoffending and cost savings should not be the only indicators
  - Maintaining a job, completing school, strengthening family, addressing health issues, and serving as a peer mentor are important benchmarks as well
  - Partner with qualified researchers to create expanded performance measures, and evaluate the true impact of treatment court programs on the well-being of individuals, families, and communities



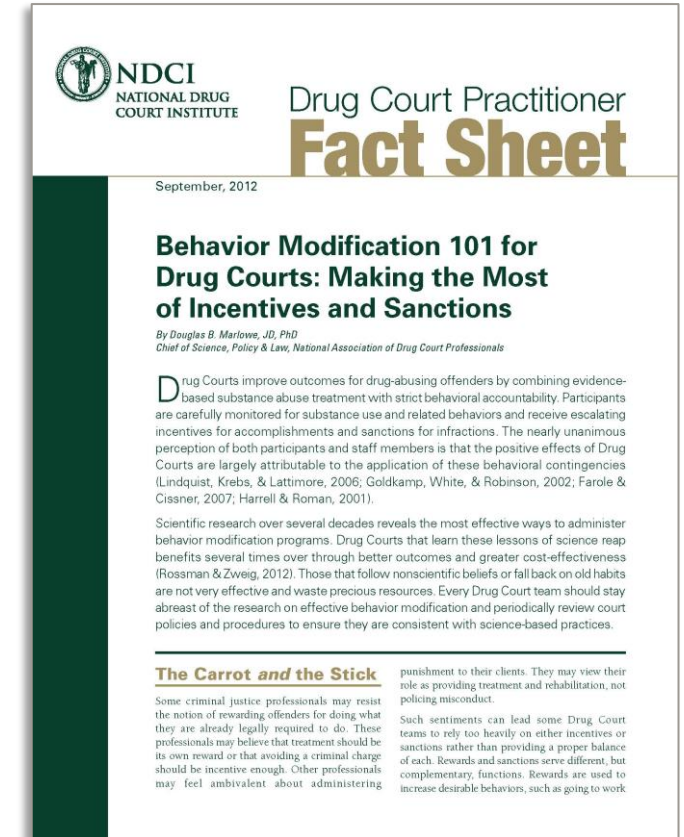
# All Rise Resources



[MOUD Toolkit](#)

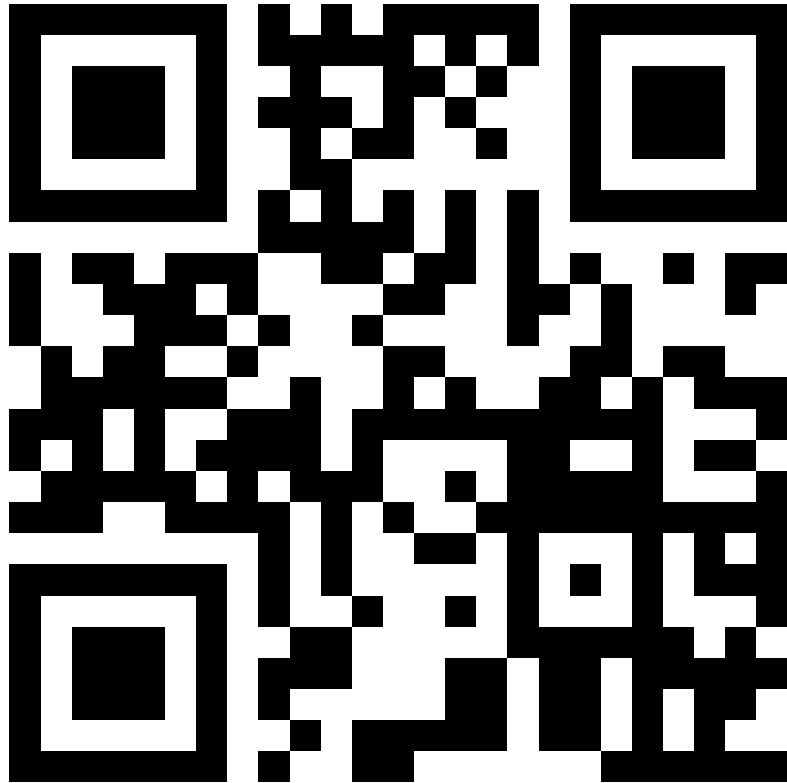


[Equity & Inclusion Toolkit](#)



[Training, fact sheets, practice guides, and more](#)

# Evaluation



<https://cvent.me/XRLKP1>

1. On your compatible phone or tablet, open the built-in camera app.
2. Point the camera at the QR code.
3. Tap the banner that appears on your phone or tablet.
4. Follow the instructions on the screen to complete the evaluation.
5. After completion, you will be provided with a certificate that can be saved and printed.

# THANK YOU!



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