

**COLORADO PROBLEM SOLVING COURTS
BEST PRACTICES MANUAL**



Revised February 2014

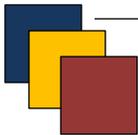


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I. COLORADO PROBLEM-SOLVING COURTS PRINCIPLES AND GUIDELINES

SECTION 1: *Adult Drug or Treatment Courts*

i. INTRODUCTION

Colorado has come to understand that problem-solving courts (*for example*: drug courts, treatment courts, and mental health courts) have been shown by a growing body of research to be a very effective means of reducing substance abuse, managing mental illness, and increasing the likelihood that people will remain in recovery and reintegrate into their communities as productive and contributing members. The first drug court in the nation was started in Miami in 1989. The first drug court in Colorado began in Denver in 1994. In recent years, nineteen additional jurisdictions in Colorado have joined the problem-solving court movement in earnest.

Although the building blocks of such courts are not new in that probation or another form of close supervision, case management, drug testing, substance abuse treatment, mental health treatment and medication, and support for housing and financial stability have been available in some communities, the manner in which these building blocks are used is unique. In particular, these courts utilize an integrated, team-based system that holds participants accountable, utilizes sanctions and incentives and supports them throughout the recovery process. This section will set forth the goals and guidelines for **adult drug treatment courts** also known as **adult drug courts**.

ii. GOALS OF ADULT TREATMENT COURTS

- To reduce abuse and dependence on alcohol and drugs among criminal defendants
- To increase effective management of mental illness among the substance abusing and dependent participants
- To reduce jail and prison crowding
- To reduce crime and recidivism
- To hold offenders accountable
- To promote effective integration of resources from the courts, justice system personnel, and community agencies and to increase collaboration among all agencies
- To help participants achieve long-term sobriety, maintain recovery, improve their lives and the lives of their families and become productive members of their communities

iii. DEFINITION OF TREATMENT COURTS

Treatment courts are special court dockets. Participants engage voluntarily and agree to follow the rules of the program. They are closely supervised by probation officers and case managers, tested for drugs and/or alcohol frequently and randomly, subjected to frequent home and probation office visits, engaged in enhanced or intensive drug treatment as well as other treatment necessary to achieve their goals, assisted in their compliance with efforts to achieve stability, and required to come to court on at least a bi-weekly basis (although this may change to once per month as the participant progresses in the program).

The treatment court team meets before each court docket for what is referred to as a pre-court staffing. The pre-court staffing is used to discuss those who will be appearing on the docket, their progress and how the court should respond to the individual. Ideally, the team includes the judicial officer, the probation officer, a deputy district attorney, a deputy public defender, substance abuse and mental health treatment providers, case managers, the court coordinator, and any other people essential to the operation of the court. Prior to and during these team staffing meetings, information is exchanged regarding each person on the docket, and the team discusses the participant's compliance, successes, challenges, and other life circumstances that affect the participant's progress.

Team members work together to fashion a collaborative response to the participant's compliant or non-compliant behavior. During the court session, participants receive incentives or sanctions based upon their behavior and conduct during the previous two to four weeks. The effectiveness of the treatment court is dependent upon the quality and quantity of information shared by the team, the quality of treatment, the commitment and dedication of the team, the frequent contact with a compassionate but firm judicial officer, the frequent and random use of drug and alcohol testing, and the effective use of incentives and sanctions. Ancillary services such as housing, employment training and assistance, and financial assistance are also important for positive outcomes.

iv. DEVELOPING A DRUG TREATMENT COURT

It is recommended that planning committees take a minimum of eight months to plan and prepare for implementation. This allows sufficient time for a cohesive team to form; one that has effectively and collaboratively reached consensus on the variety of issues inherent in the implementation of a treatment court.

In order to develop a treatment court that complies with the *Ten Key Components for Drug Courts*, as developed by the NATIONAL DRUG COURT INSTITUTE, a district must complete the federal DRUG COURT PLANNING INITIATIVE (DCPI) or a Colorado equivalent before becoming operational.

- The district must create a steering committee comprised of key officials and policymakers to develop the policies and procedures and provide oversight for drug court policies and operations. It is imperative that the District Attorney's Office and the Office of the Public Defender, as well as, a representative of the private defense bar be part of the steering committee from the beginning of the process.

- The district must develop a written agreement setting forth the terms of the collaboration among the prosecutor’s office, the public defender’s office, probation department, the court, law enforcement agencies, treatment providers, and the county social service agency if applicable.
- The district must establish written policies and procedures which reflect a shared mission and common goals and objectives for the program. At a minimum, the goals of the treatment court must include enhancing public safety, ensuring participant accountability, supporting recovery, and reducing costs to society.
- The district shall develop a budget with clear sources of income including the use of in-kind staff. Use of other contributions should be clearly stated.
- The district shall develop a sustainability plan that includes a five-year plan for financial sustainability and program sustainability.
- The district shall develop an educational plan that shall be used for each new member joining the treatment court team.
- The district shall develop an educational plan that keeps all members of the team apprised of research and developments in the areas of substance abuse, mental health, and treatment courts.
- The treatment court team should work with local community members to: (1) ensure that the best interests of the community are considered; and, (2) build partnerships that will improve outcomes and support sustainability.

The current website for the NATIONAL DRUG COURT INSTITUTE contains substantial information concerning the development of an adult treatment court: <http://www.ndci.org/training/design-drug-court/adult-drug-court-planning-initiative>. It also contains examples from model courts regarding the development of policies and procedures. Please note that websites may change over time; however, the NATIONAL DRUG COURT INSTITUTE will be the source of information necessary for the program.

According to the NATIONAL DRUG COURT INSTITUTE all treatment courts must develop the following:

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|---|---|
| <ul style="list-style-type: none"> ▪ Steering Committees ▪ MOUs/Team Member Roles ▪ Mission Statements ▪ Goals and Objectives ▪ Eligibility Criteria/Disqualification Criteria ▪ Entry Process Charts ▪ Entry, Referral, Case Processing, and Legal Screening Protocols ▪ Clinical Screening and Assessment Protocols | <ul style="list-style-type: none"> ▪ Court Phases ▪ Graduation and Termination Criteria ▪ Incentives and Sanctions ▪ Courtroom Protocols ▪ Treatment Protocols/Treatment Phases ▪ Case Management and Supervision Protocols ▪ Drug Testing Protocols ▪ Program Fees |
|---|---|

- Data Collection Tools and Evaluation Designs
- Ethics and Confidentiality Statements
- Practitioner Confidentiality Forms
- Participant Confidentiality Waivers
- Participant Handbooks
- Participant Contracts
- Exit Interviews
- Alumni Groups

v. COLORADO KEY COMPONENTS

The COLORADO KEY COMPONENTS are modeled on the *Ten Key Components*, as developed by the NATIONAL DRUG COURT INSTITUTE, and are as follows:

- I. INTEGRATION OF DRUG AND ALCOHOL TREATMENT, MENTAL HEALTH TREATMENT, CASE MANAGEMENT, INTENSIVE SUPERVISION, AND JUDICIAL OVERSIGHT
 - a. Although some jurisdictions have identified and utilized good, effective treatment programs and have effective probation services, parallel provision of services is not as effective as real integration of services with the judicial system. Colorado treatment courts must use a team approach to service delivery such that information about participants is communicated in a timely manner and team members meet face-to-face to discuss participants, share case plans and identify overlap or gaps in services

- II. EARLY IDENTIFICATION OF ELIGIBLE PARTICIPANTS AND PROMPT PLACEMENT IN THE COURT PROGRAM/INTERVENTION
 - a. Participants may enter Colorado treatment courts upon arrest either as part of a deferred sentence or probationary sentence. Alternatively or additionally, participants may enter Colorado treatment courts upon deferred sentence or probation revocation. In either situation, prompt identification and entry is critical to improved outcomes. Rapid action also increases public confidence in the criminal justice system. The target population for drug treatment courts are those individuals who are addicted to illicit substances or alcohol and are at risk for reoffending or failing a less intensive supervision program. These participants are considered high risk and high need individuals.

- III. JUDICIAL INTERACTION WITH EACH PARTICIPANT ON A FREQUENT AND REGULAR BASIS
 - a. Direct judicial involvement in the team process and in-court communication with participants is essential. Judicial officers should spend a minimum of 3 minutes interacting with each participant during status hearings. This active, supervising relationship, maintained throughout the treatment court program, increases the likelihood that a participant will remain in treatment and improves the chances for sobriety and law-abiding behavior. Continuing judicial supervision also communicates to participants that someone in authority cares about them and is holding them accountable.

b. The judicial officer must be able to step outside of his or her traditional, independent and objective arbiter role and develop new expertise. The treatment court judicial officer must receive appropriate training in motivational interviewing, incentives and sanctions, addiction science, mental illness, and treatment modalities. The judicial officer should preside over the drug court for no less than two years.

IV. NON-ADVERSARIAL, COORDINATED TEAM APPROACH TO COMMUNICATION, CASE PLANNING, AND RESPONSES TO PARTICIPANT COMPLIANCE

a. After the participant enters the treatment court program, the prosecutor and defense attorney must shed their traditional adversarial courtroom relationship and work together with the team. After acceptance into the program, the focus of the entire team must be the participant's recovery and return to law-abiding behavior, not on the specific facts of the presenting case.

b. The prosecutor's obligation is to protect public safety by being involved in the development of treatment court policies and procedures and by monitoring compliance with treatment court requirements, in concert with the treatment court team.

c. The defense attorney's obligation is to protect the participant's due process rights while encouraging full participation.

d. Both the prosecutor and defense counsel play an important role in the court's coordinated strategy for responding to noncompliance.

V. USE OF SANCTIONS AND INCENTIVES AS A COORDINATED STRATEGY OF CONTINGENCY MANAGEMENT.

a. Because addiction is a chronic, relapsing condition, participants will tend to provide positive drug or alcohol tests during the early weeks of participation in the treatment court. Although this is not condoned, it is expected as part of the incremental process toward the maintenance of recovery. In addition, participants may test positive at various times during participation.

b. Cessation of drug use is the ultimate goal of the program; however, there is value in recognizing incremental progress toward the goal, such as showing up at all required court appearances, regularly attending and fully participating in treatment, cooperating with treatment and probation staff, and submitting to regular drug and alcohol testing.

c. Use of immediate and certain sanctions and incentives is a critical component of the treatment court. Participants should be rewarded for abstinence as well as compliance with treatment court requirements. Small rewards and praise for successes have a well-substantiated effect on participants' sense of purpose and accomplishment and ultimately compliance with court orders and treatment plans. Participants should also receive immediate and appropriate sanctions for non-compliant behavior since the last court appearance. During status hearings, participants should be given the

opportunity to be heard concerning their perspectives on the imposition of sanctions and incentives.

d. Research shows that poor outcomes increase with use of jail sanctions that are longer than two weeks and brief jail interventions, one to three days, lead to the best outcomes. Programs that use sanctions of less than two weeks show average reductions in recidivism of 46%, compared with 19% in programs that used longer jail sanctions. Therefore, programs should not use jail sanctions of more than two weeks and ideally use only brief jail sanctions of one to three days.

i. Jail sanctions should not be used for the first positive drug test.

VI. ACCESS TO THE APPROPRIATE LEVEL OF EVIDENCE-BASED TREATMENT AND CASE MANAGEMENT SERVICES

a. Colorado treatment courts must ensure that participants receive evidence-based, quality treatment and assist in developing necessary, but unavailable treatment services. Proper assessment of treatment needs must be done using nationally-accepted, validated assessment tools so that the participant is provided the appropriate level of evidence-based treatment. Each treatment court should also ensure all assessment tools are valid and reliable for the population they are serving. The court will also address: mental illness; primary medical problems; sexually-transmitted diseases; homelessness; basic educational deficits; unemployment and poor job preparation; family dysfunction; domestic violence; and trauma. Treatment services shall be relevant to the ethnicity, gender, age, and other characteristics of each participant.

VII. MONITORED ABSTINENCE MEASURED BY FREQUENT AND RANDOM DRUG AND ALCOHOL SCREENS

a. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress. The treatment court program will become familiar with and stay current with drug and alcohol testing research and technology.

b. Drug and alcohol testing shall be random and observed.

c. Test results should also be received within 24-48 hours in order to facilitate a swift response to results.

VIII. DEVELOPMENT OF PARTNERSHIPS WITH ALL PARTICIPATING SERVICE ORGANIZATIONS AND WRITTEN AGREEMENTS WHERE APPROPRIATE

a. Treatment courts create partnerships that include: probation officers; the judicial officer; the treatment court coordinator; treatment providers; defense counsel; prosecution; and other private, non-profit, and governmental agencies that provide

services and support for participants. Forming such partnerships expands the quality of services and expands the continuum of services available to treatment court participants.

IX. PROCESS AND OUTCOMES EVALUATIONS USED TO MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS

a. Although there is a growing body of national research which expands annually, it is important for Colorado treatment courts to develop a method of collecting data and analyzing it in order to determine whether the court is effective, as defined by program goals and desired outcomes, and to identify program deficiencies. Process evaluations should also be undertaken, especially during the early stages of the program.

b. Treatment courts must develop a periodic schedule to review program policies and program data to make necessary changes for better outcomes as well as to ensure program policies align with current research.

c. Treatment Court programs shall enter data into the statewide management information system PSC3D (PROBLEM SOLVING COURTS DATA DRIVES DOLLARS). Each program should also evaluate whether collecting additional data is useful for program evaluation purposes.

X. CONTINUING INTERDISCIPLINARY EDUCATION TO PROMOTE EFFECTIVE COURT PLANNING, IMPLEMENTATION, AND OPERATIONS

a. Periodic education and training ensures that the treatment court goals and objectives, as well as policies and procedures, are understood by everyone involved in the treatment court, from leaders and supervisors to direct service providers. As personnel changes and new judicial officers take over the treatment court, a comprehensive training program must be available to them (Recommended resources and training curriculum for new team members is available at: http://www.courts.state.co.us/Administration/Custom.cfm?Unit=prbsolcrt&Page_ID=441)

b. Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice and treatment personnel, and promote a spirit of commitment and collaboration. In addition, education and training programs help all those involved in the treatment court to examine and confirm their values and objectives.

c. Interdisciplinary education ensures that criminal justice personnel learn and understand treatment modalities, as well as the psychology and physiology of addiction. Such education ensures that treatment providers understand the requirements and goals, both legal and professional, of criminal justice personnel.

Each district court should establish written policies and procedures that describe how the drug treatment court(s) will implement these statewide guidelines, and include any additional guidelines, policies, and procedures necessary to govern its operations.

■ ■ ■ **1.0 ELIGIBILITY**

- 1.1 No person has a right to participate in a treatment court.
- 1.2 People who pose a significant risk to the community may be excluded; however, violence, per se, is not a valid criterion for exclusion. People who have been involved in assaultive behavior while under the influence of drugs or alcohol may be appropriate candidates for the treatment court. Some federal grants currently prohibit the use of federal funds to treat violent offenders in drug treatment courts. Courts should be cognizant of such limitations when utilizing federal funds.
- 1.3 Each treatment court will define its target population, identify the characteristics of that target population, including criminogenic risk and needs, and establish written criteria for treatment court acceptance and exclusion. In accordance with research-based criteria, the target population shall be medium to high-risk people with diagnosed dependence on drugs and/or alcohol.
- 1.4 Each treatment court will establish a written procedure for deciding how individuals will be considered for acceptance into treatment court, including who will participate in that decision.
- 1.5 Each treatment court will identify eligible individuals quickly, screen them as soon as possible, advise them about the program and the merits of participating, and place them promptly in the treatment court in order to take advantage of an event, such as an arrest or probation violation, which can motivate participants to enter and remain in treatment. Target time from arrest or an initiating event to program entry is 50 days or less.
- 1.6 Because coerced treatment is as effective as, or more effective than, voluntary treatment, participants should not be excluded from admission solely because of prior treatment failures or a current lack of motivation for treatment. Drug treatment courts should implement motivational enhancement strategies to engage participants and keep them in treatment.
- 1.7 Payment of fees, fines, and/or restitution is an important part of a participant's treatment, but no one who is otherwise eligible shall be denied participation in the treatment court solely because of inability to pay. Subsidies and payment plans will be used to facilitate participation.

- 1.8 Participants with a mental illness should be accepted and/or retained in drug treatment court if the mental health evaluation indicates they are amenable to the drug court model, which necessarily includes the imposition of a reasonable range of sanctions and incentives. Participants with co-occurring mental health or medical conditions should also not be excluded from participation in the drug treatment court because they have been legally prescribed psychotropic medication or medication assisted treatment.

■ ■ ■ **2.0 IDENTIFICATION AND ASSESSMENT**

- 2.1 Prospective participants should be identified through a structured and objective legal and clinical screening process designed to determine whether they meet the drug treatment court target population eligibility criteria. Subjective eligibility criteria should not be used as a basis for program eligibility such as client suitability or perceived motivation for change. In addition, excessively restrictive criteria should also be avoided to ensure equivalent access to the treatment court.
- 2.2 Screening procedures should include using consistent, written criteria and nationally-standardized and validated instruments.
- 2.3 Prospective participants shall be screened for criminogenic risk and needs using the LEVEL OF SUPERVISION INVENTORY – REVISED (*LSI-R*). Low risk and low need offenders should not be placed in the treatment court. High risk and low need offenders are also inappropriate for the treatment court. If the court is unable to serve only a high risk high need population those offenders that are low risk low need or high risk low need should be placed on a separate track within the program and should not be intermixed with other participants during treatment groups and court sessions.
- 2.4 Because a high percentage of drug-dependent offenders also have a diagnosable mental illness, it is recommended that each treatment court develop procedures to identify participants with a mental illness; provide adequate additional treatment and medication evaluations and management; and involve the mental health provider in the team process.
- 2.5 The treatment plan for substance abuse or dependence will be based on a clinical assessment, performed by a qualified professional, which shall include a structured, bio-psycho-social assessment and determination of the appropriate level of care, using current AMERICAN SOCIETY OF ADDICTION MEDICINE (*ASAM*) criteria.
- 2.6 Participants should be initially assessed and periodically reviewed by court and treatment personnel along the dimensions of both risk and need to ensure that individuals are suitably matched to appropriate levels of supervision, treatment and other interventions.

3.0 TREATMENT AND TREATMENT PROVIDERS

- 3.1 Treatment paid for by state funds will be provided by treatment programs licensed and qualified by the COLORADO OFFICE OF BEHAVIORAL HEALTH to provide the specific services being contracted.
- 3.2 Treatment should be provided to address identified, individualized criminogenic needs.
- 3.3 Treatment should include the following:
 1. A cognitive-behavioral model, including interventions designed to address criminal thinking patterns.
 2. Techniques to accommodate and address participant stages of change. Members of the treatment court team should work together to engage participants and motivate participation. The consistent use of techniques such as motivational interviewing and motivational enhancement therapy should be employed to reduce client defensiveness, foster engagement, and improve retention.
 3. Screening, assessment and referral to appropriate and specific treatment for trauma.
 4. Family treatment to address patterns of family interaction that increase the risk of re-offending, to develop family understanding of substance use disorders and recovery, and to create an improved family support system.
 5. Referral of family members to appropriate community resources to address other identified service needs.
 6. Incorporation of parenting and child custody issues and the needs of children in the participant's family into the treatment plan. Those issues and needs should be addressed through the effective use of community resources.
 7. Monitoring of abstinence through random, observed urinalysis or other approved drug testing methodology that occurs with sufficient frequency to meet current research-based recommendations.
 8. Regular clinical/treatment staff meetings to review treatment goals, progress, and other clinical issues.
 9. Prompt and systematic reporting to the treatment court team of: the participant's behavior; compliance with, and progress in, treatment; the

participant's achievements; the participant's compliance with the treatment court program requirements; and any other relevant information.

10. Each treatment court shall establish phases that organize the participants progress in treatment and establish measurable goals whereby the participant and the court can objectively measure progress. Progressive phases in therapy and recovery, as well as the number and length of those phases, shall be determined by the local treatment court, but shall include at minimum:
 - (a) An ORIENTATION AND ENGAGEMENT PHASE to demonstrate initial willingness of the participant to: engage in treatment activities; become compliant with the conditions of participation in treatment court; establish an initial therapeutic relationship; and commit to a plan for active treatment.
 - (b) TREATMENT PHASE(S) to have the participant: demonstrate continued efforts towards achieving abstinence; develop an understanding of substance abuse and offender recovery tools, including relapse prevention; develop an understanding and ability to employ the tools of cognitive restructuring of criminal/risk thinking; develop the use of a recovery support system; and, assume or resume socially accepted life roles, including education or work and responsible family relations.
 - (c) TRANSITION/COMMUNITY ENGAGEMENT PHASE(S) to have the participant: demonstrate continued abstinence; demonstrate competence in using recovery and cognitive restructuring skills in progressively more challenging situations; develop further cognitive skills such as anger management, negotiation, problem solving and decision making, financial and time management; connect with other community treatment or rehabilitative services matched to identified criminogenic needs; demonstrate continued use of a community support system; and demonstrate continued effective performance of socially-accepted life roles.
11. The ORIENTATION AND ENGAGEMENT PHASE and the TREATMENT PHASES together should not be completed in less than 90 days and should provide at least three episodes of planned therapeutic activity per week. The ORIENTATION AND ENGAGEMENT, TREATMENT, and TRANSITION/COMMUNITY ENGAGEMENT PHASES together shall be completed in no less than 12 months. Aftercare should be made available to participants for a minimum of 6 months.
12. Treatment services should be responsive to ethnicity, gender, age, trauma and other characteristics of the participant. Individuals that are not responding to

treatment interventions should be reassessed and the treatment plan adjusted as needed.

13. MEDICATION ASSISTED TREATMENT (*methadone, suboxone, Vivtrol, Naltrexone*) should be made available to participants when deemed appropriate and prescribed by a qualified licensed physician. Such treatment should be utilized in conjunction with, never in place of, formal manualized treatment with a licensed provider. Participants who are engaged with MEDICATION ASSISTED TREATMENT should be encouraged to participate regularly in follow-up care with their medical provider. No problem-solving court should either require or prohibit participants to engage in MEDICATION ASSISTED TREATMENT as all such decisions, including the cessation of treatment once begun, are clinical medical decisions to be made by the participant and his/her prescribing physician.
14. The treatment provider shall have written guidelines describing how it will provide any of the treatment activities that are its responsibility and the treatment court shall have written guidelines describing how the remaining treatment activities will be implemented.

4.0 CASE MANAGEMENT AND SUPERVISION

- 4.1 Each participant should appear in court before a judicial officer for a status hearing no less than once every two weeks during the first phase of the program as research shows that high-risk treatment court participants have better outcomes if they appear in court at least every two weeks. Frequency of status hearings can be reduced after participants have showed initial engagement in treatment and a period of abstinence from illicit drugs and alcohol. Status reviews should not be less frequent than once per month until the participant reaches the final phase of the program.
- 4.2 Prior to each of his or her court appearances, each participant's treatment progress and program compliance should be discussed at a pre-court staffing by the treatment court team. During that staffing, the team should also discuss rewards or sanctions for the participant, as well as phase movement or graduation. Members of the treatment team should attend all pre-court staffings as well as status hearings.
- 4.3 Treatment team members are those personnel who regularly meet during treatment court staffings to consider participant acceptance into treatment court, to monitor progress, and to discuss sanctions and phase movement or graduation. The treatment court should specify who will be members of the treatment court team.

- 4.4 The treatment team should include, at a minimum, the judicial officer, prosecutor, defense attorney, probation/community supervision officer, treatment provider (or liaison) including substance abuse and mental health providers, and the coordinator. It may also include other health providers, drug testing personnel, vocational services personnel, and law enforcement members.
- 4.5 All team members should be specifically identified in the “AUTHORIZATION TO SHARE INFORMATION,” which must be signed by the participant upon application for entry into the treatment program.
- 4.6 The judge will serve as the leader of the treatment court team and should maintain an active role in the following treatment court processes: treatment court staffing; conducting regular status hearings; imposing behavioral rewards, incentives and sanctions; and seeking development of consensus-based problem solving and planning.
- 4.7 Home visits conducted by appropriately-trained personnel are a key element in community supervision.
- 4.8 Each treatment court shall have a written drug testing policy and protocol describing the administration of the drug testing, the standards for observation to ensure reliable specimen collection, the laboratory to be used, the procedures for confirmation, and the process for reporting and acting on results. It is further recommended that each treatment court explicitly develop policies regarding retesting samples and dilute UAs.
- 4.9 Frequency of drug testing should be no less than two times per week in the first phase of the program if testing is truly randomized. If testing is not random then the frequency of tests should increase and results should be available within 48 hours. Drug testing should be available and utilized on weekends and evenings.
- 4.10 The treatment court should give each participant a handbook setting forth the expectations and requirements of participation, as well as, the general nature of the rewards for compliance and sanctions for noncompliance and the behaviors that might result in sanctions or incentives.
- 4.11 Sanctions should be, in order of importance: (a) certain, (b) swift, (c) perceived as fair; and, (d) appropriate in magnitude. Sanctions for noncompliance should generally be consistent, but they may need to be individualized as necessary to increase effectiveness for particular participants. Sanctions should never be shaming. When a sanction is individualized, the reason for doing so should be communicated to the participant to lessen the chance that he or she, or his or her peers, will perceive the sanction as unfair. Any increase in treatment intensity should not be linked to administration of a sanction imposed for noncompliance. It is important that the judicial officer convey to the participant that a sanction for

noncompliance is separate from a change in treatment intensity, which is based upon clinical need.

- 4.12 Positive responses, incentives, or rewards to acknowledge desired participant behavior are emphasized over negative sanctions or punishment. A ratio of four positive reinforcements to each punishment is recommended.
- 4.13 All members of the drug court team should maintain frequent, continuing communication of accurate and timely information about participants to ensure responses to compliance and noncompliance are certain, swift and coordinated.
- 4.14 The drug treatment court should have a written policy and procedure for adhering to appropriate and legal confidentiality requirements of 42 USC 290DD-2, 42 CFR PART 2.
- 4.15 Participants must sign an appropriate consent for disclosure upon entry into treatment court (A MODEL DISCLOSURE FORM is attached as *APPENDIX A*).
- 4.16 Care should be taken to prevent the unauthorized disclosure of information regarding participants. Progress reports, drug testing results, and other information regarding a participant and disseminated to the team, must not be placed in a court file that is open to examination by members of the public. Information regarding one participant should not be placed in another participant's file.

■ ■ ■ 5.0 EVALUATION

- 5.1 Specific and measurable criteria marking progress should be established and recorded for each treatment court participant.
- 5.2 Specific and measurable goals for the treatment court should be established and used as parameters for data collection and information.
- 5.3 Treatment courts shall utilize the *ECLIPSE* codes for problem solving courts provided by the STATE COURT ADMINISTRATOR'S OFFICE.
- 5.4 Data regarding days to entry of treatment, phase advancement, graduation, retention rates, termination, jail bed use, and recidivism should be collected.
- 5.5 Evaluation results should be reviewed at frequent intervals and used to analyze operations, modify program procedures, gauge effectiveness, change therapeutic interventions, measure and refine program goals, and make decisions about continuing or expanding the program.
- 5.6 Individual courts should use data and program statistics to periodically assess their fidelity to best practices and the *10 KEY COMPONENTS*. Findings from this self-

assessment should be used to make program improvements and modifications as necessary.

 **6.0 PARTNERSHIPS / COORDINATION OF SERVICES**

- 6.1 Formal written agreements, contracts, or memoranda of understanding shall be developed to provide the foundation for collaboration, working relationships, and operating policies.
- 6.2 Each treatment court should work to establish partnerships with public and private agencies and community-based organizations to generate local support and enhance the treatment court program effectiveness.
- 6.3 A local coordinating or steering committee of representatives from organizations and agencies such as the court, community organizations, law enforcement, treatment and rehabilitation providers, educators, and health and social service agencies shall meet regularly to provide guidance and direction to the court program and aid in the acquisition and distribution of resources related to the treatment court.
- 6.4 Quarterly treatment court team meetings should be held to provide for cross-disciplinary and team development training for all members. The judicial officer, as team leader, is responsible for assuring participation. The TREATMENT COURT COORDINATOR or a person serving in that capacity is responsible for assessing training needs and arranging training.
- 6.5 Information on national and regional drug treatment court training opportunities will be disseminated to all drug courts by the STATEWIDE DRUG COURT COORDINATOR. A statewide treatment court conference should be held annually, budget permitting.

II. RECOMMENDED TRAINING AND EDUCATION GUIDELINES FOR COLORADO ADULT DRUG COURTS



The *TRAINING AND EDUCATION SUBCOMMITTEE* of the PROBLEM SOLVING COURT ADVISORY COMMITTEE exists for the purpose of developing standards and training curriculum that promote adherence to best practices and fidelity to the problem solving court model. Standardized training curriculum and protocol will increase consistency in training and education practices in drug courts across the state and ensure that all drug court programs have access to critical resources, information and training.

TRAINING AND EDUCATION GUIDELINES:

- New drug court team members should have substantial experience in their traditional role and should demonstrate the ability to function in a collaborative team environment, a willingness to learn and step outside of a traditional role when appropriate, a willingness to utilize best practices, and a commitment to the principles of problem solving courts.
- New drug court team members should be provided access to trainings and materials prior to joining the drug court team.
- Consistent with best practices, new team members should be assigned to the drug court team for a minimum term length of two (2) years.
- New drug court team members should complete the (PHASE I) core curriculum trainings within three (3) months of joining the drug court team. It is further recommended that each new team member complete the NDCI online training course “*Essential Elements of Adult Drug Courts*” prior to attending the first drug court staffing and/or court.
- Both new and existing drug court team members should participate in ongoing trainings to include attendance at the annual STATE PROBLEM SOLVING COURT CONFERENCE. Also, each drug court team should conduct ongoing specialized trainings on relevant topics at a minimum of once a year and ideally more frequently.
- Drug court teams shall collaborate and share training and education resources with other problem solving court teams whenever possible. PROBLEM SOLVING COURT COORDINATORS will serve as points of contact for collaboration efforts.
- The drug court team members will assume the responsibility of educating peers, colleagues, and the judiciary as a whole on the principles, practices and expectations of problem solving courts. Additionally, the drug court team members are tasked with sharing the principles and philosophies, as well as the value of problem solving courts with the community.

III. HISTORICALLY DISADVANTAGED GROUPS (HDG)



Research suggests that African American and Hispanic or Latino citizens may be underrepresented by approximately 3%-7% in drug court programs. The 2012 COLORADO STATEWIDE EVALUATION also found that historically disadvantaged population were more likely to not graduate in a problem solving court than their Caucasian counterparts. For these reasons, special attention and training should be focused on the treatment of historically disadvantaged populations.

RECOMMENDATIONS:

- In order to ensure equivalent access it may be necessary for professionals to modify screening and assessment instruments to be sensitive to cultural and other differences. Many adaptations have already been developed and validated. For instance, new versions of the ASI have been developed for use among American Indians and with women. Professionals interested in modifying instruments should consult the research literature to identify new adaptations or scales for existing instruments and to ensure the instruments are validated for the population on which they are used.
- Equivalent Retention of HDG should be monitored through tracking data on completion rates and progress throughout the program as well as race and ethnicity and modifying program policies when there is reason to believe equivalent retention rates are not being met. Providing access to education and employment assistance may also assist in ensuring equivalent retention rates are met.
- Equivalent and equal access to treatment is provided. Treatment modalities are validated for HDG populations and treatment is responsive to HDG issues. Gender specific treatment is available and clinicians are trained in HDG interventions.
- Participants in a treatment court program all receive equivalent Incentives and sanctions and the program tracks sanctions and incentives in order to periodically review their use. The court and treatment team display cultural sensitivity during pre-court staffings and status hearings.
- Equivalent dispositions are reached for all treatment court participants. Termination and sentencing practices are free of potential bias. This is monitored through tracking data and periodically reviewing outcomes to assess for any unintended biases.
- Ongoing team training is provided in the area of cultural proficiency.

IV. TEAM MEMBER ROLES AND RESPONSIBILITIES



One of the key components of the problem solving court model is the establishment of a multi-disciplinary, non-adversarial and collaborative team. This approach helps to ensure coordination in both supervision and treatment while preserving a defendant's right to due process. As important as this team-based approach is, it also represents one of the greatest challenges in implementing and sustaining a successful problem solving court. Stepping outside of traditional roles is not an easy task and can lead to some confusion regarding what role each team member plays on the team. The following section provides a framework for understanding the roles and responsibilities of each team member on a problem solving court team. This section begins by outlining the common functions that all members of the team are tasked with. The section then outlines recommended responsibilities of each specific team member beyond the common functions. It should be noted that this is not an exhaustive list of responsibilities, but rather recommended functions for team members consistent with best practices.

I. ALL PROBLEM SOLVING COURT TEAM MEMBERS



1. *Role in the Administration of Problem Solving Court*
 - a. Participates in development of the problem solving court policies and procedures including eligibility and disqualifying criteria and entry process
 - b. Promotes and maintain eligibility standards that ensure community safety and demonstrate an understanding of current research regarding addictions, effective treatment methods, and the defendant population for whom the problem solving courts are most effective
 - c. Assists in drafting participant handbooks, waivers and contracts
 - d. Assists in developing policies, processes, system improvements and program modifications
2. *Role on the Problem Solving Court Team*
 - a. Maintains effective communication with other team members regarding client interactions outside of court including violations or challenges encountered
 - b. Consistency in team membership for a recommended minimum of two years is important to support continuity in the program.

“The judge is the leader of the drug court team, linking participants to AOD treatment and to the criminal justice system. Ongoing judicial supervision also communicates to participants –often for the first time- that someone in authority cares about them and is closely watching what they do. A drug court judge must be prepared to encourage appropriate behavior and to discourage and penalize inappropriate behavior.” (COLORADO DRUG COURTS, STATE OF THE STATE REPORT, SCAO, Nov. 28, 2006, quoting *Defining Drug Courts*, 1997).

1. *Role in the Administration of the Problem Solving Court*

- a. Oversees the development and articulation of the problem solving court’s mission, goals, objectives and structure
- b. Presides over steering committee or other decision-making process that addresses changes in the program’s mission, goals, objectives and structure
- c. Oversees quality control, including:
 - i. Education and training of team members, including the judge, on relevant issues such as, addiction issues, alcoholism, pharmacology, drug and alcohol testing, and the continuum of rewards and sanctions
 - ii. Data integrity plan that records and preserves information about individual participants and program in general in a manner that allows program to be monitored, evaluated and measured against program’s mission, goals and objectives
 - iii. Periodic review of program based on ten key components, new developments in treatment and problem solving court techniques, and the program’s mission, goals and objectives
 - iv. Ensure proper action taken to address problems as they arise
- d. Oversees outreach program to develop and maintain community understanding and support for the problem solving court
- e. Oversees proactive development and management of budget to achieve fiscal responsibility and long-term sustainability

2. *Role on the Problem Solving Court Team*

- a. Applies leadership skills that respect and engage the knowledge and talents of all team members, that promote the commitment and diligence of all team members, that inspire and motivate team members, and that recognize the judge is one team member among many

- b. Presides over team reviews of cases
- c. Provides opportunity for team members to speak as appropriate
- d. Provides opportunity for participants to speak
- e. Applies motivational interviewing techniques to engage in dialogue with participants and, if appropriate, team members
- f. Reviews and act upon requests for court approval of modifications of treatment regimen—residential treatment and travel requests, as examples
- g. Orders rewards and sanctions as appropriate
- h. Understands objectives particular to the nature of the appearance, including the first appearance, ongoing reviews, graduation and termination
- i. Conducts each case in manner that recognizes the interaction with the immediate participant is also a piece of the motivation and treatment framework for other observing participants
- j. Manages the docket to complete all reviews within the time available
- k. Confirms next court date
- l. Delegates any other responsibilities as necessary and appropriate for the success of the problem solving court and the efficient management of the available resources

III. PROSECUTOR

1. *Role in the Administration of Problem Solving Court*
 - a. Promotes the problem solving court within the local legal and law enforcement community
 - b. Assists in developing funding sources
 - c. Participates as a member of the PROBLEM SOLVING COURT STEERING BOARD OR COMMITTEE
2. *Role on the Problem Solving Court Team*
 - a. Facilitates participants' entry into the program
 - i. Develops an efficient method of conducting legal screens for potential participants, which requires being able to quickly obtain the necessary

information to accurately determine if any mandatory or discretionary qualifiers/disqualifiers apply

- ii. Makes referrals or extend plea offers permitting participation where it appears to be in the best interests of both the community and the defendant and to be consistent with the eligibility and disqualifying criteria set forth in the policies and procedures
- b. Attends and actively participate in regularly scheduled pre-court staffings, court hearings and graduations
- c. Participates in training sessions related to the problem solving court
- d. Maintains up-to-date record of participant performance for compliance and continued eligibility
- e. Advocates for timely and effective incentives and sanctions with an understanding of effective, evidence-based behavior modification techniques.
- f. Participates in the decision to dismiss participants who no longer meet eligibility criteria or who are failing to make adequate progress after a significant period of time in the program

IV. DEFENSE ATTORNEY

1. *Role in the Administration of Problem Solving Court*

- a. Participates as a member of the PROBLEM SOLVING COURT STEERING BOARD OR COMMITTEE

2. *Role on the Problem Solving Court Team*

- a. Facilitates the entry of participants into the program
 - i. Confers with defendants eligible for the problem solving court regarding their rights and the requirements of problem solving court including waivers of confidentiality to make sure that if they decide to enter problem solving court their waiver of rights is knowing and voluntary
 - ii. Confers with defendants eligible for problem solving court regarding their specific charges or allegations of violation of probation/deferred sentence and defenses they may raise
 - iii. Confers with defendants eligible for problem solving court regarding the consequences of declining the problem solving court option and pursuing the

traditional processing of the case and the advantages and disadvantages of problem solving court

- iv. Assists the defendants in signing required documents including contracts and waivers
- b. Attends and actively participate in regularly scheduled case staffings, court hearings and graduations
- c. Advocates for timely and effective incentives and sanctions with an understanding of effective, evidence-based behavior modification techniques
- d. Participates in the decision to dismiss participants who no longer meet eligibility criteria or who are failing to make adequate progress after a significant period of time in the program
- e. Participates in training sessions and planning meetings related to the problem solving court

V. PROBLEM SOLVING COURT COORDINATOR

1. *Role in the Administration of Problem Solving Court*

- a. Responsible for the overall operations of the problem solving court program
- b. Oversees the problem solving court program under the direction of the CHIEF JUDGE or designee and provides programmatic information to all those involved in the facilitation of the program to ensure its monitoring and evaluation
- c. Maintains the Policies and Procedures and updates them as necessary
- d. Assumes a lead role in education for staff and stakeholders. This includes developing a training schedule for new team members and ongoing, multidisciplinary team training
- e. Obtains outside funding and serves as liaison to the STATE COURT ADMINISTRATOR'S OFFICE to coordinate State level funding and regarding data collection, data integrity, and program evaluation. Additionally, the coordinator is responsible for grant writing and grant project management
- f. Attends or chairs meetings of the problem solving court team and any advisory boards established to support the program
- g. Plans and leads team building and team planning meetings
- h. Prepares an annual report on the operation of the program

- i. Ensures long-term sustainability of the program and maintains programmatic integrity. This is to include having a presence at the state level and, where possible, at the national level. The coordinator is to interact with national organizations such as the NATIONAL DRUG COURT INSTITUTE (NDCI) and NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS (NADCP) to ensure that the program is maintaining a research-based, best practices model that is in line with the goals of the problem solving court movement at the national level. Program materials are to be made available to any and all programs that request them and are to be shared with NDCI personnel for inclusion in those materials made available nationally should NDCI choose to do so.
 - j. Serves as the key contact for all grants management functions including providing required program data and statistics
 - k. Collects, maintains and organizes program records, participant data, and program statistics with the assistance of case managers and other team members
 - l. Responsible for ongoing program evaluation and assessment for quality improvement. This includes identifying any trends, program and participant needs, barriers to program implementation and participant success. This information will be used to make necessary policy changes
 - m. Engage in community outreach to include education of the public regarding the impact that the PROBLEM SOLVING COURT is having on recidivism, community safety, increased employment, and family restoration
 - n. Monitors program adherence to *10 Key Components, Colorado Guiding Principles* and emerging best practices
2. *Role on the Problem Solving Court Team*
- a. Maintains effective communication with all stakeholders including external agencies and customers
 - b. Prepares or delegates preparation of pre-court staffing information and sends it to the team
 - c. Coordinates or delegates graduation ceremonies
 - d. Participates in or leads the pre-court staffing
 - e. Administers the incentive program for the Court in collaboration with other team members

VI. PROBATION OFFICER

1. *Role in the Administration of Problem Solving Court*
 - a. Coordinates and/or provides case management, case planning, contingency management, referral information as well as monitoring of substance use/sobriety through testing, home and other field visits, and provides all relevant information to the team
 - b. Facilitates data collection and entry for program statistics and measurement of program effectiveness
 - c. Attends training and strives to improve personal and team performance
 - d. Represents problem solving courts in efforts to educate and in obtaining resources
2. *Role on the Problem Solving Court Team*
 - a. Participates in problem solving court team activities, such as planning meetings, pre-court staffings, hearings, and graduation exercises
 - b. Makes recommendations regarding sanctions and incentives and treatment planning
 - c. Uses validated instruments to assess risk, level of treatment needs, strengths, and other areas of possible intervention or support and provides written reports (PSID's) and assessments of participants
 - d. Maintains a comprehensive knowledge base of local and state wide treatment, monitoring, and supervision resources for all aspects of client lives (*for example: SA, MH, medical, psychiatric, housing, vocational, educational, charitable, transportation*)
 - e. Demonstrates respectful, motivation enhancing communication skills (MI) with clients and other professionals. Models sober problem solving and optimism and sets positive expectations by working with offender to set goals
 - f. Adheres to risk/need/responsivity (RNR) principles, targets high risk clientele and behaviors, and understands stages of change, gender, age, and cultural differences. Understands learning styles and matches clientele to the most appropriate, responsive services

VII. TREATMENT PROVIDER

1. *Role in the Administration of Problem Solving Court*
 - a. Becomes involved from the earliest stages of the development of the problem solving court

- b.** Devises appropriate levels and types of care, and phase expectations, and pre-determine appropriate responses to critical events with the clients, (such as interventions after a relapse)
 - c.** Appreciates that some communities must overcome resource barriers to ensure the problem solving court has access to a full continuum of treatment services and works to develop substance abuse services, dual diagnosis services, access to psychiatric consultation and or medication consultation, and a robust referral system to deal with ancillary issues such as brain injury, domestic violence, trauma history, and other associated issues which might interfere with successful participation in the court
 - d.** Works towards providing treatment services that include social model detoxification, short-term residential treatment, possible referrals to long-term residential treatment, medication assisted therapies such as methadone or Suboxone, outpatient treatment, and enhanced/ intensive outpatient treatment.
2. *Role on the Problem Solving Court Team*
- a.** Participate fully as problem solving court team members, committing themselves to the program mission and goals and working as a full partner to ensure their success.
 - b.** Participates in pre-court staffings, makes treatment recommendations to the Court, and as appropriate, identifies and/or provides a continuum of care for participants while advocating on behalf of the client and for the integrity of the Court
 - c.** Fosters a balanced approach in the pre-court staffings by offering a recovery-focused and strengths-based perspective regarding the court participants
 - d.** Refers participants to specific programs based on the programs clinical suitability, the willingness of the providers to participate in the court process, and the program's capacity to meet any special needs that may exist (e.g., mental or physical health, or language barriers)
 - e.** Ensures that offenders are evaluated in a timely and competent process and that placement and transportation are effectuated in an expedited manner
 - f.** Ensures that the participant receives the most appropriate level of care available, at a reasonable cost, by all contracted and ancillary service providers. They develops post program services, client outreach, mentor programs and alumni associations
 - g.** Develops a full understanding of the role and information provided by drug testing
 - h.** Assists in providing advanced training in substance abuse, addiction, mental health, recovery and treatment methodologies in order to provide the team with a

meaningful basis to implement incentives and sanctions systems and design program protocols and procedures

- i. Advocates for effective incentives and sanctions for program compliance.
- j. Develops an understanding of gender, age, sexual orientation, religious, and cultural issues that may impact the offender's success
- k. Develops a full understanding of addiction, mental illness, dual diagnosis, recovery and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner
- l. Contributes to the team's efforts to educate the community and acquire additional resources
- m. Contributes to the education of peers, colleagues and the judiciary in their area of expertise
- n. Provides documentation and clear explanation of evidenced based screening tools used, substance abuse curriculum and weekly group session agendas, and other programmatic information on client numbers, group sizes, billing, etc.
- o. Possesses necessary expertise in diagnosing substance abuse disorders

VIII. LAW ENFORCEMENT REPRESENTATIVE

1. *Role on the Problem Solving Court Team*

- a. Attends and actively participate in regularly scheduled pre-court staffings, court hearings and graduations
- b. Participates in training sessions related to the problem solving court
- c. Advocates for timely and effective incentives and sanctions with an understanding of effective, evidence-based behavior modification techniques
- d. Participates in the decision to dismiss participants who no longer meet eligibility criteria or who are failing to make adequate progress after a significant period of time in the program
- e. Acts as the liaison between the program and their respective department and be responsible for dissemination of information to officers that come in contact with participants to assure reasonable and appropriate measures are used when checking the participants for compliance

- f. Supports participants' recovery by giving encouragement to the participants to succeed in the program
- g. May identify members of the community with pending charges that appear to be appropriate for participation in the problem solving court

IX. COURT PERSONNEL

1. *Role in the Administration of Problem Solving Court*
 - a. Participates in problem solving court planning, staffing models, strategic planning session and associated committees
 - b. Provides necessary courtroom staffing to assist the problem solving courts
 - c. Provides necessary training to courtroom staff to meet the specific requirements of problem solving courts
 - d. Supervises and monitors the courtroom staff for correct entry of problem solving courts coding
 - e. Ensures the necessary courtroom space, equipment and materials are available for use by the problem solving court as needed
 - f. Assists facilitating extraneous clerical needs associated with problem solving courts
 - g. Ensures compliance with data integrity standards and record retention standards developed by the JUDICIAL BRANCH
2. *Role on the Problem Solving Court Team*
 - a. Prepares and maintains the court file in accordance with data integrity standards
 - b. Updates the court record with all hearing dates and orders of the court
 - c. Updates the court records with appropriate coding for problem solving court entry, incentives and sanctions event codes, and graduation or termination and prepares mittimi for any related jail sanctions
 - f. Processes orders and notices of the court and provides the same to all parties of record
 - g. Ensures all court hearings are on the record
 - h. Participates in training sessions and planning meetings related to the problem solving court

AUTHORIZATION TO SHARE INFORMATION

Name: _____ DOB: _____

I authorize the following agencies to share, when necessary, confidential information concerning me:

- _____ County Sheriff's Office
 - _____ Judicial District Courts & Probation
 - _____ County Department of Social/Human Services
 - _____ [*NAME OF MENTAL HEALTH CENTER*]
 - _____ County District Attorney's Office
 - _____ Substance Abuse Treatment Provider
 - _____ County Public Defender's Office
 - _____ [*Continue to list all specific agencies and organizations*]
- Other: _____

The agencies named here are authorized to share confidential information only when necessary to manage or provide services to me. This authorization is valid for past, present, and future services unless one of the following provisions apply. This authorization expires only upon graduation/withdrawal/termination of [*TREATMENT COURT*] participation, when the sharing of information is no longer necessary to manage or provide services, or when I revoke this authorization, whichever is sooner. If I am not accepted into the program, this authorization is automatically revoked.

The purpose of this form is to enable the [*TREATMENT COURT*] interagency team to make appropriate recommendations and to allow the agencies listed above to better provide coordinated service planning and delivery. Representatives of the above agencies may meet and share information regarding me at scheduled planning and review meetings. I understand that any information I provide to an individual associated with the above departments or agencies relating to my present case cannot be used against me in a criminal prosecution. I understand this program is not available to persons who have not been screened into [*TREATMENT COURT*].

Please show your agreement with each paragraph by writing your initials on each line.

___ I understand that this is a HIPAA compliant authorization. I understand that I may still be eligible for treatment, payment, enrollment, and eligibility for substance abuse and mental health benefits if I refuse to sign this form; however, I will not be eligible for the [*TREATMENT COURT*] program. I understand that I have a right to benefits, but not to a particular court program.

___ I understand that the following types of information may be shared: information that identifies me; records which have information about disabilities, diagnoses, evaluations or treatment; drug or alcohol treatment information; sex offender evaluation and treatment information; work, school and social reviews and histories; education records; plans about services or benefits; eligibility information, information on finances; placement history; medical, psychological or psychiatric history; information pertaining to drug, alcohol, or HIV related care; or legal history. This authorization covers all admissions and/or contacts with the above listed agencies and service providers. This authorization allows a free exchange of this information between and among the agencies and service providers listed above.

___ I understand that the agencies or individuals may need to share information among themselves more than one time and/or with other persons working for the agencies or service providers. I specifically authorize the re-release of this confidential information.

___ I understand I will be given a copy of this form. A person may use a copy or facsimile (fax) of this form in place of the original signed authorization form.

___ In accordance with federal law, I specifically authorize any alcohol or drug abuse program I have been enrolled in to provide information concerning my participation in the program to employees or agents of any of the above named persons or agencies. The above named persons are authorized to re-release this information to any person or employee or agent of any of the above named agencies.

___ In accordance with the FAMILY EDUCATIONAL RIGHT AND PRIVACY ACT (20 U.S.C. 1232), I specifically authorize any educational institution I have attended or been enrolled in to provide educational records to employees or agents of any of the above named persons or agencies. The above named persons or agencies are authorized to re-release this information to any person or employee or agent of any of the above named agencies.

___ I understand the [*TREATMENT COURT*] is being studied to find out if it is an effective way to keep people out of jail and abstaining from substance use. Agencies and providers of services may share information with the researchers doing this study. All information will be treated confidentially. Information for this study may be gathered as long as three years. Any reports of this study will be summarized as group information and will not be linked to me personally.

___ I understand I may revoke this authorization at any time except for information already shared in reliance upon this authorization. From that time on, agencies and providers will not share information unless the law allows them to without my authorization.

By signing this authorization form, I agree that I have read and understand the information on this form. I understand that there is the potential for redisclosure by the recipient and that it may no longer be protected by the HIPAA Privacy Regulation.

Signature and Date

Witness/Agency and Date

Signature and Date of Revocation

Witness/Agency and Date

NOTICE TO RECIPIENT: This information has been disclosed to you from records protected by federal confidentiality rules (42CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute an alcohol or drug abuse patient.

RESOURCES:

TREATMENT SERVICES IN ADULT DRUG COURTS: REPORT ON THE 1999 NATIONAL DRUG COURT TREATMENT SURVEY published by the *US Department of Justice, Office of Justice Programs, Drug Courts Program Office*.

DEFINING DRUG COURTS: THE KEY COMPONENTS published by the *US Department of Justice, Office of Justice Programs, Drug Courts Program Office*.

GUIDELINE FOR DRUG COURTS ON SCREENING AND ASSESSMENT published by the *US Department of Justice, Office of Justice Programs, Drug Courts Program Office*.

PRINCIPLES OF DRUG ADDICTION TREATMENT: A RESEARCH-BASED GUIDE published by the *National Institute on Drug Abuse*.

DRUG COURT PUBLICATIONS RESOURCE GUIDE, FOURTH EDITION published by the *National Drug Court Institute*.

WEBSITES:

American University Technical Assistance Program www.american.edu/justice

National Association of Drug Court Professionals www.nadcp.org

National Drug Court Institute www.ndci.org

BJA Office of Justice Programs, Department of Justice, Bureau of Justice Assistance www.ojp.usdoj.gov/

Office of Juvenile Justice and Delinquency Prevention www.ojjdp.ncjrs.org

National Drug Court Resource Center www.ndcrc.org

Center for Court Innovation www.courtinnovation.org

The Alcohol and Drug Abuse Institute Library at the University of Washington, online catalog of screening and assessment tools for substance abuse treatment <http://lib.adai.washington.edu/instruments/>

Colorado Problem Solving Courts www.coloradoproblemsolvingcourts.org