

V. Substance Use Disorder Treatment

Participants receive substance use disorder treatment based on standardized assessment of their treatment needs. Substance use disorder treatment is not provided to reward desired behaviors, punish infractions, or serve other nonclinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidenced-based interventions that are documented in treatment manuals.

	Q1	Q2	Q3	Q4
<p>A. Continuum of Care: The Drug Court offers a continuum of care for substance use disorder treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services. Standardized patient placement criteria govern the level of care that is provided. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure. Participants do not receive punitive sanctions or an augmented sentence if they fail to respond to a level of care that is substantially below or above their assessed treatment needs.</p>				
<p>B. In-Custody Treatment: Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters.</p>				
<p>C. Team Representation: One or two treatment agencies are primarily responsible for managing the delivery of treatment services for Drug Court participants. Clinically trained representatives from these agencies are core members of the Drug Court team and regularly attend team meetings and status hearings. If more than two agencies provide treatment to Drug Court participants, communication protocols are established to ensure accurate and timely information about each participant's progress in treatment is conveyed to the Drug Court team.</p>				
<p>D. Treatment Dosage & Duration: Participants receive a sufficient dosage and duration of substance use disorder treatment to achieve long-term sobriety and recovery from addiction. Participants ordinarily receive six to ten hours of counseling per week during the initial phase of treatment and approximately 200 hours of counseling over nine to twelve months; however, the Drug Court allows for flexibility to accommodate individual differences in each participant's response to treatment.</p>				
<p>E. Treatment Modalities: Participants meet with a treatment provider or clinical case manager for at least one individual session per week during the first phase of the program. The frequency of individual sessions may be reduced subsequently if doing so would be unlikely to precipitate a behavioral setback or relapse. Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms. Treatment groups ordinarily have no more than twelve participants and at least two leaders or facilitators.</p>				

<p>F. Evidence-Based Treatments: Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models.</p>				
<p>G. Medications: Participants are prescribed psychotropic or addiction medications based on medical necessity as determined by a treating physician with expertise in addiction psychiatry, addiction medicine, or a closely related field.</p>				
<p>H. Provider Training & Credentials: Treatment providers are licensed or certified to deliver substance use disorder treatment, have substantial experience working with criminal justice populations, and are supervised regularly to ensure continuous fidelity to evidence-based practices.</p>				
<p>I. Peer Support Groups: Participants regularly attend self-help or peer support groups in addition to professional counseling. The peer support groups follow a structured model or curriculum such as the 12-step or SMART Recovery models. Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy, to prepare the participants for what to expect in the groups and assist them to gain the most benefits from the groups.</p>				
<p>J. Continuing Care: Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in prosocial activities and remain connected with a peer support group after their discharge from the Drug Court. For at least the first ninety days after discharge from the Drug Court, treatment providers or clinical case manager attempt to contact previous participants periodically by telephone, mail, e-mail or similar means to check on their progress, offer brief advice and encouragement, and provide referrals for additional treatment when indicated.</p>				