

The Turn

Wright County Adult Drug Court
Implementation Evaluation

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Submitted by

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Executive Summary

Drug courts are evidence-based treatment courts designed to target individuals in the criminal justice system who have a substance abuse or dependence disorder to aid participants in gaining and maintaining sobriety in order to reduce recidivism, reduce court costs, and create law-abiding citizens. Drug treatment courts include an interdisciplinary team of professionals to work together toward a common-sense approach to offer treatment to nonviolent, high-risk high-need offenders in lieu of traditional criminal justice interventions. There are over 3,000 treatment courts in the United States, with 60 courts operational in Minnesota.

The Wright County Adult Treatment Court, *The Turn*, began organizing in late 2015 under the leadership of the Hon. Michele A. Davis who assembled a team to attend training from the National Drug Court Institute in February 2016. From here, the team drafted an implementation plan, including program documents, branding as *The Turn*, and applications for both state and federal implementation funding. The court officially launched in November 2016 with its first participant.

This report is a compilation of qualitative and quantitative data collected for an implementation evaluation for *The Turn*. Data for the evaluation include court and team staffing observations, review of program documents, and data analysis. The practices of *The Turn* were examined using the 10 Key Components of Drug Courts as a framework. Results from the implementation evaluation conclude that *The Turn* fulfills many of the 10 key components through its current policies and practices.

In its first year and a half, *The Turn* enrolled 22 participants. The program has a diverse and well-functioning team that blends both criminal justice and substance abuse treatment philosophies to the benefit of the participants they serve. The court uses both inclusionary and exclusionary criteria to screen referrals and grow the number of participants active in their program. Participants work with substance abuse counselors in a variety of in-patient treatment facilities and attend intensive outpatient treatment at Central Minnesota Mental Health Center, where they attend both group and individual therapy (as needed). The program uses frequent alcohol and drug testing to monitor abstinence and updated testing procedures for efficiency, accuracy, and improved data collection. The court made many positive updates, including the addition of several individual and group-based incentives, routinizing and standardizing its calendar and meetings, adding a peer recovery mentor, implementing a sanctions matrix and several intermediary sanctions, and updating its drug testing procedures.

The Turn provides a valuable service to the communities it serves and the participants it enrolls. The court should work to engage the community through the establishment of a steering committee, community partnerships, and a web presence. At a program level, the court should ensure adequate and ongoing training for all court team members and regular substitutes and work toward better data collection, integration, and reporting strategies. The court should continue to seek funding for program enhancements as it seeks to increase both the number of clients served and the resources available to participants.



Introduction

Treatment courts, also known as Problem Solving or Specialty Courts, identify and treat the underlying reasons individuals enter into and become entangled in the criminal justice system. Treatment courts include a team of professionals working together to address the underlying issue participants face with the goal of treating this underlying issue and subsequently reducing further involvement in the criminal justice system. In such a way, specialty courts integrate participants into the community and strive to improve participants' quality of life. Hallmarks of specialty courts include extended and intensive probation and frequent meeting with probation, frequent appearances before a judge, frequent drug and alcohol testing, treatment services, and referral to and assistance with employment, education, housing, and other community services. Adult drug treatment courts target individuals in the criminal justice system who have a substance abuse or dependence disorder. The drug treatment court team brings together judges, prosecutors, defense attorneys, probation agents, law enforcement, and clinical professionals to work together toward a common-sense approach to encourage and aid participants to gain and maintain sobriety and hence reduce recidivism, reduce court costs, and create law-abiding citizens.

Background

Nationally, the first treatment court – an adult drug court – began in 1989; the first drug court in Minnesota opened in Hennepin County in 1996. By the mid-1990s, drug courts had become popular across the United States and led to creation of the National Association of Drug Court Professionals

(NADCP) and the development a set of program characteristics that standardize best practices and serve as the guiding principles for all drug courts across the country. These ten Key Components are described in *Defining Drug Courts: The Key Components* (US Department of Justice, 1997). In late 1997, the NADCP established the National Drug Court Institute (NDCI) with the goal of providing comprehensive training and assistance in these Key Components for the treatment court field. More recently, NADCP released a two-volume set of evidence-based best practices, the *Adult Drug Court Best Practice Standards*. These standards offer a blueprint for implementation followed by a majority of drug treatment courts across the country.¹ Drug treatment courts are built on a foundation of ongoing training, monitoring, and evaluation as one of the ten key components. Thus, this evaluation report is offered in accordance to best practices to align with the mission and goals for treatment courts (see Table 1 for these components).

Today there are more than 3,000 drug courts across the country, over half of which are adult drug treatment courts.² There are sixty treatment courts operational in Minnesota.³ Treatment court coordination and oversight in Minnesota is completed by the State Treatment Court Coordinator's Office, Coordinator Abby Kuschel. All adult drug treatment courts in Minnesota are grounded in the Ten Key Components described by the National Association of Drug Court Professionals. Adherence to these components (and their subsequent evidence-based best practice standards) is expected for all courts and is required of *The Turn* as a condition of its federal funding grant. It is understood, however, that individual programs will vary in exactly how



each of these Key Components is implemented; the components are meant to allow sufficient flexibility to allow local jurisdictions the ability to tailor their program to meet the specific needs of, and utilize the resources in, the region. These Key Components thus provide a standard by which to measure the implementation of specific courts relative to the standards intended by the state of Minnesota and the U. S. Department of Justice.

Context

Wright County is located in central Minnesota, approximately 50 miles northwest of the Twin Cities of Minneapolis and St. Paul. The population of Wright County is approximately 134,286 in 2017; this represents a 1.31% increase from the 2016 population of 132,550. The racial composition of Wright County is 92.8% White. The median household income in Wright County is approximately \$75,500 and 94.2% of the population over age 25 are high school graduates.⁴

Wright County is in the Tenth Judicial District of Minnesota, encompassing ten counties to the north of the Twin Cities Metropolitan Area. The county seat is Buffalo, the second largest city in Wright County with a population of 15,812 in 2013.⁵ The largest cities in Wright County include Buffalo, St. Michael-Albertville, Monticello, and Clearwater. Wright County is serviced by four different law enforcement agencies – the Wright County Sheriff's Office and the municipal police departments in Buffalo, Annandale, and Howard Lake.

Prior to establishment of *The Turn*, Wright County saw approximately 175 court filings for drug offenses in each of 2013, 2014, and 2015. These filings resulted in 91 felony controlled substance sentences in 2014; of these, 29% (26 cases) resulted in prison

sentences, with the remaining individuals sentenced to a combination of jail and probation. Finally, over half of the Child in Need of Protection or Services cases filed in Wright County in 2013 and 2014 involving at least one parent having issues with controlled substances. As of March 2018, the unemployment rate in Wright County is 4.2%.⁶

Funding

The Turn has been successful securing external funding and in-kind resources. Funding for the initial drug court team training in February 2016 was granted by the Bureau of Justice Assistance, U.S. Department of Justice and the National Drug Court Institute. The primary source of funding for the ongoing operation of the court is a grant from the Office of Justice Program, Bureau of Justice Assistance Adult Drug Court Discretionary Grant Program. This Implementation Grant, in the amount of \$359,737, includes funding for the first three years of court operation. Additionally, *The Turn* received \$13,152 of funding from Minnesota Judicial Branch for training and \$1000 of funding for *The Turn's* incentive program was given by Methamphetamine Education and Drug Awareness Coalition of Wright. The court relies on in-kind funding from the Court Services Department, County Attorney's Office, the local public defender's office, the Wright County Sheriff's Office, Wright County Health and Human Services, and Central Minnesota Mental Health Center.



Table 1: 10 Key Components of Drug Courts

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

Evaluation Methodology

Following best practices, Wright County utilized an implementation evaluation to document the tasks and outcomes involved in the development of *The Turn*. By utilizing an implementation evaluation, *The Turn* can document and revisit the steps taken in the initial operation of *The Turn* to determine what aspects of the program are successful and which continue to need revision or fine-tuning. Beyond this and in conjunction with subsequent outcome evaluation and ongoing monitoring, an implementation evaluation may be useful in identifying early factors in program success. Finally, implementation evaluations are essential for replication of future programs.

The current evaluation report draws on observations of court proceedings, a review of *The Turn* documentation, analysis of court records, and efforts made for the specific purpose of program evaluation, including a focus group session with court team members and the collection of team member feedback via survey responses.

Observation

Since its inception, a program evaluator has been a part of *The Turn* team. As such, this evaluation draws on the ongoing observations and participation of the evaluator in court staffings, court sessions, and team trainings. This report draws on attendance and observation at over 50 different occasions of



The Turn weekly court staffings and court sessions, external and internal team training sessions, and stakeholder meetings.

Review of Documents and Reports

Current copies of the *Policies and Procedures Manual* and the *Participant Handbook* were reviewed as part of this evaluation. Additionally, this report relies on the review of official and informal reports produced by *The Turn*, grant applications made by the court, court staffing documents, and programmatic paperwork and records.

Focus Group

A focus group of *The Turn* team members met during the evaluation process in early December, 2017. The goal of the focus group session was to synthesize a comprehensive description of program elements for the court using a “logic model” approach. This researcher-led focus group session included a review of the evaluation process, a review of *The Turn*’s mission, an opportunity share highlights from the first year of operation, and work toward identifying a logic model to articulate the inputs, activities, and outcomes of the court.



Results

The Turn provides individuals the opportunity to change life circumstances and become chemically free. This is accomplished by comprehensive assessment and treatment, intensive supervision, random drug testing, regular court appearances, and immediate sanctions and incentives. Honesty and individual accountability are at the foundation of the program.

Implementation

In late 2015, Tenth Judicial District Court Judge Michele A. Davis began organizing a team to explore an adult drug treatment court in Wright County. The initial team assembled included representatives from the Wright County Attorney's Office, Wright County Sheriff's Office, judges from Wright County District Court, the local public defender's office, a staff member from Central Minnesota Mental Health Center, a probation agent and administrative support from Wright County Court Services, a representative from Wright County Health and Human Services, and a program evaluator. This initial team participated in a statewide training facilitated by NDCI in February 2016. At this training, planning and program design for the Wright County Adult Drug Court officially launched, culminating in a set of policies and procedures for the operation Wright County Adult Drug Court, branded *The Turn*. Stakeholders for *The Turn* collaborated over the summer of 2016 to refine operating procedures and program materials and the first session of *The Turn* commenced on November 3, 2016, with one participant.

Mission and Goals

The mission of *The Turn* (Wright County Adult Drug Court) is to enhance the cost-effectiveness of the county criminal justice system by providing intensive case management, treatment, and court supervision for individuals arrested for drug related offenses. By holding participants accountable for their actions and providing them with access to a diverse range of needed services, participants will be equipped with the necessary tools to lead productive, drug-free and crime-free lives.

The Turn has identified several goals and measurable outcomes in the *Policy and Procedure Manual*, outlined here and shown in Table 2. Goal 1: Change Lives by healing and rehabilitating non-violent addicted offenders. Specific objectives for this goal include reducing and eliminating controlled substance use, assisting participants in regaining their lives and reuniting families, and producing productive citizens. Goal 2: Prevent Crime by promoting community safety and well-being. Measureable objectives for this goal include frequent and intense court supervision and home visits with participants and reducing re-arrest rates for participants during and after program participation. Goal 3: Reduce Costs by conserving criminal justice resources. This includes the following objectives: reducing the number of jail bed days for participants, reducing contact with law enforcement, and reducing opportunities for further criminal behavior through structured treatment services and supervision.



Table 2: The Turn Mission, Goals, and Objectives

<i>Mission Statement</i>		
<p>The Mission of The Turn (Wright County Adult Drug Court) is to enhance the cost-effectiveness of the county criminal justice system by providing intensive case management, treatment, and court supervision for individuals arrested for drug related offenses. By holding participants accountable for their actions and providing them with access to a diverse range of needed services, participants will be equipped with the necessary tools to lead productive, drug-free and crime-free lives.</p>		
<i>Goals and Objectives</i>		
<u>Change Lives</u>	<u>Prevent Crime</u>	<u>Reduce Costs</u>
<p><i>Healing and rehabilitating non-violent addicted offenders</i></p> <p>Objectives:</p> <p>Reduce and eliminate use of controlled substance</p> <p>Assist participants in regaining their lives and re-uniting families</p> <p>Produce tax paying, productive citizens</p>	<p><i>Promoting community safety and well-being</i></p> <p>Objectives:</p> <p>Frequent and intense court supervision of participants</p> <p>Frequent home contact with participants</p> <p>Reduce re-arrest rate of participants during program participation</p> <p>Reduce re-arrest rate of participants following graduation from program</p>	<p><i>Conserving justice system resources</i></p> <p>Objectives:</p> <p>Reduce the number of jail bed days per participant</p> <p>Reduce participants' contacts with law enforcement</p> <p>Structure treatment services and supervision to reduce opportunities for and risks of further criminal behavior</p>

Court Structure and Processes

The Turn is a post-plea, pre-sentence voluntary program. Participants who successfully complete drug court generally receive a non-prison sentence, no additional jail sanctions, a shortened probationary period or a stay of imposition of sentence. *The Turn* is designed for gross misdemeanor and felony non-violent offenders who are: 1) Wright County residents; 2) age 18 or older; 3) High Risk/High Need (dependent on illicit drugs and at substantial risk of reoffending or failing

to complete a less intensive disposition); 4) charged with a non-violent offense that does not involve a firearm, is not considered trafficking, occurred primarily to support the offender's drug habit; and 5) otherwise not disqualified by a disqualifying current or past offense.

Participants are referred to *The Turn* by public defenders, word of mouth among offenders, brochures, prosecutors, and the Judge.

The TURN utilizes validated, standardized assessment via the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), The



Global Appraisal of Independent Needs (GAIN-SS) and the Risk And Needs Triage (RANT) for initial screening. The LSI-R:SV is a screening instrument that validly predicts reoffending in general offender populations and provides a brief summary of dynamic risk areas that may require further assessment and possible intervention. The GAIN-SS and the RANT are a self-administered assessment that is short, accurate, covers a wide range of behavioral health problems, and is easy to score. The LSI-R:SV, GAIN-SS and RANT allows *The TURN* to efficiently and effectively identify participants likely to have one or more behavioral health disorders, issues with crime/violence, issues with substance use, and are high risk—such as those who have had multiple prior treatment episodes or substantial criminal involvement.

Phase Structure

The program is divided into five phases and takes a minimum of 14 months to complete (technically 420 days). Each phase requires attendance and compliance with treatment activities, regular attendance at status hearings, regular home visits by probation or law enforcement, regular meetings with probation, participation in community-based sobriety and recovery group, and a curfew. The phases are built on progressive goals as participants move through the program and are summarized in Table 3.

Phase 1 – Choice – is a period of stabilization, orientation, and assessment. Phase 1 emphasizes completing clinical assessments, orientation to treatment, establishing a routine of attending treatment sessions and identifying a sponsor, abiding by a home curfew, and attending court weekly. Phase 1 is a minimum of sixty days following any in-patient treatment. Participants must maintain

14 days of sobriety and program compliance to advance to Phase 2.

Phase 2 – Challenge – works toward clinical stabilization. This phase emphasizes establishment of recovery and development of educational and/or vocational goals, and introduces pro-social activity requirements for participation in vocational training or education, community service hours, program fee payment, and creation of a case plan with the probation agent. Phase 2 consists of weekly court hearings and lasts a minimum of 90 days, with advancement requirements of 30 consecutive days of sobriety and 14 days of program compliance immediately prior to advancement. The additional requirements of a phase change application and progress through the participant Drug Court Workbook are introduced to advance from Phase 2 to Phase 3.

Phase 3 – Change – is a pro-social habilitation phase. The emphasis in Phase 3 is on the development of pro-social healthy behaviors, such as obtaining employment, maintaining stable, sober housing, participation in pro-social structured activities, and completing of community service hours. Phase 3 includes twice monthly court hearings and continues for a minimum of 90 days, with at least 45 days of negative drug tests and 14 days of program compliance required for advancement.



Phase 4 – Community – is an adaptive habilitation phase, emphasizing lasting recovery and developing strong connections with the community through employment, stable housing, and pro-social activities. Participants in Phase 4 attend twice monthly court sessions and are in Phase 4 for a minimum of 90 days, of which the last 60 must be drug-free.

Phase 5 – Continuing Care – emphasizes lasting recovery and relapse prevention through strong connections with the community. Participants attend court monthly and must remain sober for at least the 90 days required for completion of the drug court program. Graduation requires completion of a high school diploma or GED, full-time employment or schooling, 40 hours of community service project hours, regular contact with a sponsor and participation in a recovery support group, full payment of program fees and restitution, completion of the Drug Court Workbook, and an exit survey. A public graduation ceremony occurs as needed, ideally around a time when multiple participants will graduate. The first graduation will take place in May of 2018.

Advancement requirements between phases is highlighted in Table 4.



Table 3: Requirements in each Phase

<p><i>Phase 1 – Choice (Minimum 60 Days)</i></p> <ul style="list-style-type: none"> • Arrange for chemical dependency treatment orientation and follow all recommendations • Attend weekly court hearings • Attend sobriety support groups as set by treatment • Obtain sponsor/mentor • Weekly visits with The Turn probation agent • Minimum twice monthly home visits by The Turn probation agent or law enforcement • Attend treatment and other Turn activities as directed • Maintain curfew of 10 p.m.
<p><i>Phase 2 – Challenge (Minimum 90 Days)</i></p> <ul style="list-style-type: none"> • Attend weekly court hearings • Weekly visits with The Turn probation agent • Attend treatment and other Turn activities as directed • Continue to follow treatment recommendations • Attend sobriety support groups regularly – once a week • Regular contact with sponsor/mentor • Minimum twice monthly home visits by The Turn probation agent of law enforcement • Maintain curfew of 10 p.m. • Participate in educational and/or vocational programs as directed • Develop aftercare plan with treatment provider Complete 10 service project hours • Establish a case plan with Turn probation agent • Pay \$150 toward supervision fee
<p><i>Phase 3- Change: Minimum 90 Days</i></p> <ul style="list-style-type: none"> • Attend twice monthly court hearings • Twice monthly visits with The Turn probation agent • Attend treatment and other Turn activities as directed • Minimum one monthly home visits by The Turn probation agent or law enforcement • Maintain curfew of 11 p.m. • Attend sobriety support groups regularly – once a week • Regular contact with sponsor/mentor • Obtain stable employment or participate in an educational/vocational program • Participate in a minimum of 12 hours of pro-social structured activities as directed • Stable, sober living arrangements • Pay \$150 toward supervision fee • Continue to follow aftercare plan • Complete 10 service project hours • Review case plan with Turn probation agent • Completion of Phase Move Application



Table 3: Requirements in each Phase, continued

<p style="text-align: center;"><i>Phase 4 – Community (Minimum 90 Days)</i></p> <ul style="list-style-type: none">• Attend twice monthly court hearings• Minimum monthly home visits by The Turn probation agent or law enforcement• Attend treatment and other Turn activities as directed• Maintain curfew of 12 a.m.• Attend sobriety support groups regularly – once a week• Regular contact with sponsor/mentor• Maintain employment or participation in an education/vocational program• Participate in a minimum of 12 hours of pro-social structured as directed• Maintain stable, sober living arrangements• Pay \$150 toward supervision fee• Continue to follow aftercare plan• Complete 10 service project hours• Review case plan with Turn probation agent
<p style="text-align: center;"><i>Phase 5- Continuing Care: Minimum 90 Days</i></p> <ul style="list-style-type: none">• Continuing sobriety• Monthly court hearings• Monthly office visits with The Turn probation agent• Minimum monthly home visits by The Turn probation agent or law enforcement• Completion of 10 service project hours• Continue aftercare plan• Attend treatment and other Turn activities as directed• Pay \$150 toward supervision fee• Complete Life Plan with the Turn probation agent• Identify community resources for ongoing recovery support



Treatment Overview

Central Minnesota Mental Health (CMMHC) is the sole provider of outpatient treatment for *The Turn*. The treatment provider coordinates with Wright County Court Services to conduct a full chemical health assessment for each participant to identify the appropriate treatment plan.

CMMHC utilizes the Matrix Model for intensive outpatient chemical dependency treatment. This evidence-based program averages 16-weeks, though completion of intensive outpatient treatment (IOP) is progress-based, not time-based. Weeks one through nine include three 3-hour therapy sessions weekly, with a reduction to two three-hour sessions in weeks ten through sixteen. All participants in *The Turn* attend the same group for IOP. Treatment is augmented with at least one additional support group meeting weekly throughout the duration of treatment and through aftercare. Upon completion of treatment, an aftercare and relapse prevention plan is developed on an individual basis. Participants can receive formal aftercare services for 6-12 months after completion of treatment.

Drug Testing

The Turn recognizes drug testing provides a deterrent to future drug use, identifies participants who are remaining abstinent and those who have relapsed, and provides incentive, support, and accountability. The drug court utilizes urinalysis testing that is random, frequent, and observed. Testing occurs at either the Wright County Court House with Court Services probation agents or at Central Minnesota Mental Health while participants are attending treatment. All participants are given a nine panel screen that includes amphetamine, barbiturates, benzodiazepine, cannabinoids, carisoprodol, cocaine, ecstasy, ethyl glucuronide (ETG), and opiates. Only positive test results that are challenged are sent to an outside lab for confirmation.

The drug court has already made several improvements to its drug testing procedures. In March 2018 *The Turn* changed its drug testing procedures to move from color-code call-in testing to a random automated/algorithm scheduling system called “Call2Test.” This change helped ensure twice weekly testing includes weekends and holidays and moved participants to individual randomized schedules. The court has developed individualized solutions to ensure accountability through drug testing including the use of sweat patches and swab testing.



Table 4: Advancement Requirements by Phase

<i>Advancement from Phase 1 to 2</i>
<ul style="list-style-type: none"> • The participant must also demonstrate the following: • Minimum 14 consecutive days of negative UAs immediately prior to advancement • No unexcused absences from scheduled Turn activities for 14 days • No unexcused absences from court hearings • Satisfactory progress with treatment and program requirements
<i>Advancement from Phase 2 to 3</i>
<ul style="list-style-type: none"> • The participant must also demonstrate the following: • Minimum 30 consecutive days of negative UAs immediately prior to advancement • No unexcused absences from scheduled Turn activities for 14 days • No unexcused absences from court hearings • Completion of Phase Move Application • Complete Chapter 1 of Drug Court Workbook and reviewed by Judge • Satisfactory progress with treatment and program requirements
<i>Advancement from Phase 3 to 4</i>
<ul style="list-style-type: none"> • The participant must also demonstrate the following: • Minimum 45 consecutive days of negative UAs immediately prior to advancement • No unexcused absences from scheduled Turn activities for 14 days • No unexcused absences from court hearings • Complete Chapter 2 & 3 of Drug Court Workbook and reviewed by Judge • Satisfactory progress with treatment and program requirements
<i>Advancement from Phase 4 to 5</i>
<ul style="list-style-type: none"> • Participant must also demonstrate the following: • Minimum 60 consecutive days of negative UAs immediately prior to advancement • No unexcused absences from scheduled Turn activities for 14 days • Completion of Phase Move Application • Completion of Chapter 4 & 5 of Drug Court Workbook and reviewed by Judge • Satisfactory progress with treatment and program requirements
<i>Graduation Requirements</i>
<ul style="list-style-type: none"> • Minimum 90 days sober of negative UAs prior to advancement • No unexcused absences from court hearings • No unexcused absences from scheduled The Turn activities • Complete work toward high school diploma or GED • Employed or in school full time • Completed 40 service project hours • Participating in a recovery support group and regular contact with sponsor/mentor • Living in a safe, sober, stable residence • Supervision fee and restitution has been paid • Complete Chapter 6 of the Drug Court Workbook reviewed by Judge • Satisfactory progress with treatment and program requirements • Exit survey with Evaluator



The Drug Court Team

Following best practices, *The Turn* is comprised of an interdisciplinary working group of professionals.

Judges: The Hon. Michele Davis and Hon. Geoff Tenney – Wright County District Court – preside over *The Turn* and have been with the court since inception. Both judges have voluntarily taken appointment with *The Turn* and perform these duties in addition to their other responsibilities and calendars. The judges alternate weeks presiding over court sessions. The presiding judge generally leads staffings and makes the final decisions for incentives and sanctions given. As noted by one team member, “Both Judge Davis and Judge Tenney have been exceptional” in leading a successful program.

Prosecutor: Wright County Attorney’s Office serves as the primary representative for the prosecution. When he is unable to attend court, a regular alternate attends staffing and court. The prosecutor coordinates charging and pleas prior to admission in *The Turn*. The prosecutor participates in all team meetings and hearings and maintains his own detailed case notes. The prosecutor has been with the court since its inception and welcomes free exchange and communication. He recognizes his role in allowing participants into the program as opposed to traditional criminal justice processing.

Defense Council: Participants in *The Turn* are generally represented by the Wright County Public Defender’s Office. In instances where a participant does not qualify for a public defender but does not have the resources to hire private council, a retired public defense attorney who volunteers his time to *The Turn* represents participants. Both defense attorneys have been with the court since it began and regularly attend court hearings and

staffings. Occasionally, participants in *The Turn* have private defense council or are assigned another public defender. In these instances, the public defender coordinates with these attorneys and attendance and participation of other attorneys in staffing is limited to the discussion of the individual client.

Probation: Wright County Court Services supervises all participants. The probation agent has been with the court since it began and maintains the caseload for *The Turn* in addition to his regular caseload. His duties include completing home visits, developing and managing case plans with participants, ensuring compliance with drug court rules (including collecting each participant’s weekly schedule), coordinating and administering drug tests, keeping weekly notes for each participant for use in staffing, and participating in court hearings and staffings.

Treatment Provider: Central Minnesota Mental Health Center is the sole treatment provider for all participants. CMMHC is responsible for delivering outpatient chemical dependency treatment, recommending therapeutic adjustments as necessary (including referral to initial and subsequent inpatient treatment), coordinating with the probation agent to administer drug tests, referring participants for additional mental health screening and therapy, and communicating with probation on a regular basis to update staffing notes for each participant. The current treatment provider has been with *The Turn* since September 2017 and regularly attends staffing and court sessions.

Case Worker: A representative from Wright County Health and Human Services regularly attends staffings and court sessions. She has been with *The Turn* since March 2017. The



primary responsibilities for the Human Services caseworker are providing ancillary services related to housing, employment, and family support including CHIPS cases. As a mental health professional, the Human Services caseworker offers additional insight into participants' behavior, including how trauma history may affect behavior and how to implement trauma-informed responses to behaviors.

Law Enforcement: A sergeant from Wright County Sheriff's Department attends staffings and court hearings and provides information regarding participant appropriateness to the team, conducts home visits including "knock and chats" with participants, and provides assistance, information, and support to participants in the community encouraging them to succeed in the program. Since it began, *The Turn* has had two different representatives from the WCSO as regular members of the team.

Peer Recovery Specialist: In November 2017, *The Turn* added a peer recovery specialist to the regular court team. The peer recovery specialist provides a sober support mentor in addition to the required sobriety group mentor. The peer mentor serves as a peer coach for participants and attends all staffings and court sessions.

Coordinator: *The Turn* coordinator has been with the team since it began. As a probation agent with Wright County Court Services, she assists the probation officer with home visits, drug testing, and office visits. The primary responsibilities of the coordinator are keeping the program working consistently with its mission and goals. The coordinator works with individual team members to better understand the purpose of this program and best practice standards, to facilitate communication between all team members,

and to resolve disputes or disagreement between team members when necessary. The coordinator is also serves as the most public-facing member of the team by meeting with stakeholders when necessary to discuss this program, providing speaking sessions to educate the community about the program, and promoting the program to public officials. The coordinator maintains all supplies, including program documents, manuals, and handbooks. Finally, the coordinator manages grant writing and reporting, oversees data collection, and tracks participant progress.

Evaluator: *The Turn* includes as a core team member a researcher and evaluator. She works with the drug court team to develop an evaluation strategy, including identification of performance measures, consultation on data collection strategies, develops and collects exit surveys with participants, assists in grant writing and reporting, provide yearly and end of the term reports, and conducts and reports on the research needs of the program as needed. The evaluator intermittently attends staffings and court sessions.

Court Staffing and Status Hearings

Staffing for *The Turn* occur one hour prior to the court start time; staffings begin at 12:30 pm every Thursday with a court session start time of 1:30 pm. One or both judges, the coordinator, the prosecution and defense council, probation, human services, law enforcement, a peer mentor, and the treatment provider are in regular attendance at all staffings. When primary team members are unable to attend or positions are vacant, alternate representatives attend court staffing. Updates for each participant appearing at the court session are distributed by the coordinator one day prior to court and are reviewed by team members prior to staffing.



Staffings are generally led by the presiding judge. Probation and the treatment provider generally provide updates for each participant regarding progress, compliance with court programming and requirements, and attendance at treatment. Responses to participants' behavior are discussed by the entire group, with the judge making final decisions using the team's input. New case screenings generally occur at the end of staffing and generally entail objective assessment of risk/need, agreement to a plea, and ensuring clients have had a chance to meet with a defense attorney to review the policies and expectations of *The Turn*. Open court sessions are held at 1:30 pm on Thursdays. Participants expected to attend these court hearings are scheduled on the court calendar. *The Turn* implemented a regular monthly calendar that is shared with the team and participants, such that all participants in the same phase appear in court on the same day. Phases 1 and 2 appear weekly. Phases 3 and 4 appear with Phases 1 and 2 on the second and fourth Thursday of the month. Phase 5 appears once per month on the fourth Thursday of the month for "All Phase Day." When they occur, the fifth Thursday of the month is reserved for team retreats, training, or meetings.

The courtroom is set up with a podium in front of the bench facing the judge. The county attorney and defense council share a table with the court coordinator. Participants generally sit together near the front of the gallery. Participants appearing in custody are seated in the jury box. Participants who are not in custody may be required to sit in the jury box as a sanction. A white board is set up facing the gallery and participants' names are written on the white board to recognize achievements. Court sessions are regularly attended by all team members, with the probation agent, treatment provider, law

enforcement, human services representative and peer recovery specialist seated in the gallery behind participants.

Participants are called individually to approach the bench and each participant is greeted with a handshake from the judge. Participants remain standing at the podium while the judge speaks with them. A bowl of candy and box of tissues are generally placed on the podium. Appearances before the judge are generally concluded with applause recognizing length of sobriety. After appearing before the judge, participants "drop a marble" in a jar for each week of clean drug tests since their last appearance before returning to the gallery for the remainder of the court session.

Participants are generally prompt and seated in the courtroom before the drug court team adjourns to the courtroom from staffing. Court sessions often include a handful of observers and family members in addition to participants and team members. Though court sessions include the practices of traditional criminal courts (e.g. a bailiff, court clerk, and court reporter), court sessions are relatively casual, including participation of team members besides the judge when called upon. Court sessions generally last between 45 and 90 minutes depending on the number of participants appearing.

Finally, the court is generally maintaining compliance with its policies and procedures regarding home and office visits and court appearances in each phase with a few inconsistencies, as seen in Figure 1. Adherence to program rules is accomplished well in Phase 1, with weekly home visits and court appearances and office visits 1.5 times per week, on average. In Phase 2, weekly office visits with probation agents and court appearances fall below expectations (once per

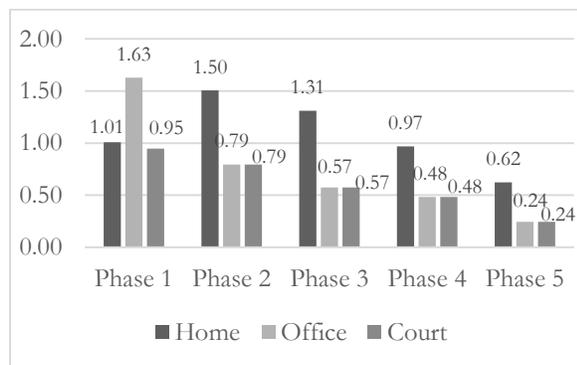


week for both), but home visits rise to 1.5 per week.

Home visits remain high (1.31 per week) in Phase 3, with court and office visits at expected levels of twice monthly (0.5 times/week or roughly every other week). Court appearance in Phase 4 remain at expected levels (twice weekly), with more home visits than expected (average of about one per week though expected at only once per month) and more office visits with probation agents than expected (none required). Note that this may be an omission in court documents that may require updating.

Finally, by Phase 5, participants are expected in court once per month (this is being achieved) and to have monthly home and office visits with probation agents. This is also being met.

Figure 1: Weekly Average Home and Office Visits and Court Appearances by Phase



Incentives

Participants in *The Turn* receive programmatic and individual incentives for positive behavior, program progress, and for meeting personal goals. The judge gives incentives during court hearings. Incentives include praise from the judge, gift cards, fish bowl drawing (e.g. candy, small prizes, gift cards), and white board recognition in court sessions.

The Turn implemented a marble jar as a collective incentive. At each court hearing, participants can “drop a marble” in a jar for each week of clean drug tests since their last appearance; when the jar is full, a pizza party is thrown for all participants. All incentives are recorded and coded by the coordinator.

Sanctions

Non-compliance with program requirements warrants a sanction. In each instance, the team discusses appropriate responses in staffing. Sanctions include verbal warnings and admonishments from the judge, increased frequency of drug testing, writing assignments, alternate seating in court, community service hours, or escalating periods of jail confinement. Sanctions are administered on an individualized basis, though the court has developed a Sanction Matrix to help guide implementation of sanctions. The coordinator records all sanctions. Team member feedback notes a clear struggle in finding the appropriate balance between sanctioning behavior and motivating change. This is consistently noted as the biggest challenge for the court.

Termination

Participants may be terminated for failure to comply with program requirements after all attempts have been made to improve attendance and motivation without success. Termination may result from:

- Repeated positive, missed, or refused drug tests
- Failure to comply with the requirements of treatment
- Absconding from court
- Continued non-compliance with supervision requirements
- New arrests or charges



The turn has discharged six participants; three of these discharges have been terminations. Of these terminations, two have been the result of participants absconding for more than 30 days and one for failure to comply with program/treatment requirements.

Data Collection for Monitoring and Evaluation

The drug court coordinator coordinates all data collection efforts. Admitted and non-admitted referrals are entered in a database. Client tracking data is maintained by Wright County Court Services and updated regularly. The court also maintains records of drug test results and incentives and sanctions given in

court. Treatment data is not yet integrated with other client tracking information. As needed, data are shared with the evaluator who produces reports for the drug court team. The coordinator completes regular progress reports for grant reporting.

The Turn is still a young court and is working to routinize data collection efforts. A regular process for tracking recidivism following participation in drug court has not yet been established as the court has not had any graduates to date. Periodic coordination between the coordinator and the evaluator will ensure data are collected in the most useful way for evaluation and analysis purposes.



Best Practices Findings

The findings presented in this section are comprised of information gathered from review of court documents and reports, focus group sessions, court observation, and analysis of participant files. Unless otherwise stated, data are current as of April 2018. Findings are presented within the context of the 10 Key Components.⁷ It is expected that each court implements these key components according to the unique circumstances and needs in its jurisdiction. In this section, the key components are presented and discussed, followed by a summary of the practices of *The Turn* and recommendations pertinent to each component.

Key Component 1: Drug Courts integrate alcohol and other drug treatment services with justice system case processing.

Treatment courts utilize an integrated and interdisciplinary team, working toward a common goal of positive outcomes for participants and reductions in recidivism. Research on best practices suggests that regular attendance by the entire team at both team meetings (staffings) and status hearings (court sessions) increases positive outcomes for drug courts and drug court participants.⁸

Implementation at *The Turn*

The Turn successfully incorporates substance abuse treatment with case management in the criminal justice system. The entire team is present for staffings and court sessions, including the presiding judge, a defense attorney, a representative from the Wright County Attorney's Office, the Wright County

Sheriff's Department, Central Minnesota Mental Health Center, Wright County Health and Human Services, and Wright County Court Services probation. When regular team members cannot attend, designated alternates attend staffings and court. In the year and a half it has been operational, the team has had only three team members turn over – one for promotion, one for alternate employment, and one for family leave. The team has added one regular team member – the peer recovery specialist – as a regular member on the interdisciplinary team. As noted by a team member, “all members appear to be committed to making *The Turn* a successful program and to helping the individual participants succeed.”

Team meetings are led by the judge in conjunction with the drug court coordinator. Staffings generally begin with “easy” cases and move through to more contentious or difficult cases.

The drug court team is in regular communication with one another. The primary communication occurs between treatment, probation, and the coordinator, with the coordinator collecting and disseminating weekly staffing information to the entire team. Team members note that this collaboration “several times weekly” helps provide consistency “with the message that is being delivered to [participants].”

Finally, participants recognize the cohesion and support of the team. As one participant noted in court, “you guys are a good team. I've never had so many people supporting me.”



Considerations and Suggestions

The program may consider establishing or revisiting team member roles in staffings. Observations suggest that staffings occasionally run over time and delays the start of court sessions. This provides an inconsistent message to participants regarding the importance of being prompt to court sessions and other program requirements. The team might consider allotting a specific maximum amount of time for discussion of each participant's weekly progress or in designate a timekeeper for staffings.

As the program grows toward capacity, the caseload of the probation agent must be considered. The American Parole and Probation Association recommends a caseload of 20 intensive supervision clients per agent.⁹ As the court approaches capacity, the program might consider assigning the probation agent to a caseload of only drug court clients.

Key Component 2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

Participation of the prosecution and defense is imperative for successful drug court outcomes for participants.¹⁰ Further, allowing for both public and private defense (joint representation) is encourage, particularly in participants face a more severe sanction such as a jail sentence, jeopardy hearing, or termination.¹¹

Implementation at *The Turn*

The prosecution and defense council are regular members of the drug court team and

regularly participate in staffings and court hearings. As a post-plea court, attorneys are able to work through plea-bargaining (even at the last minute) to admit participants in *The Turn*. The prosecution is willing to admit participants who would otherwise be facing significant prison sentences. Both sides value *The Turn* and exhibit a commitment to making primary the best interests of participants.

The Turn has allowed private defense council to represent clients and provides an additional volunteer defense attorney to ensure clients' due process rights are advocated for. The defense attorney is often called upon to speak directly to his client when major issues arise.

All team members recognize the "free exchange of communication and opinions and... are all working together toward the same goal so it is good that we have a diverse group on the Team with all that knowledge." Team members value this wide variety of backgrounds and perspective "so when discussing difficult cases there are a variety of options presented on how an individual case should be addressed." Overall, team members believe the team "has a very good working relationship and has demonstrated that we can 'agree to disagree' at times without being disagreeable."

Finally, the team largely functions as a cohesive unit. This was recognized in the report from the NADCP Technical Assistance reviewers who noted that "everyone speaks the same language" in staffings.

Considerations and Suggestions

The Court has worked toward establishing standards for sanctions and termination to ensure due process is adhered to in *The Turn*. As the court faces more diversity in case processing, these standards will likely require



tweaking to ensure due process rights are protected. The public defender should ensure he is heard in staffings and that he is an active advocate for his clients.

To further protect due process rights, the team might consider having copies of the *Policy and Procedure Manual* available in court staffings or create an accessible web-based version so that all team members ensure they have current copies available when needed in staffings.

The team may wish to schedule regular meetings outside of staffing and court. At least one team member noted this might “enhance relationships among the members” so that “the dynamics of the team might become even more cohesive.” This kind of teambuilding with primary and alternate court team members will serve to promote a non-adversarial approach.

Key Component 3: Eligible participants are identified early and promptly placed in the drug court program.

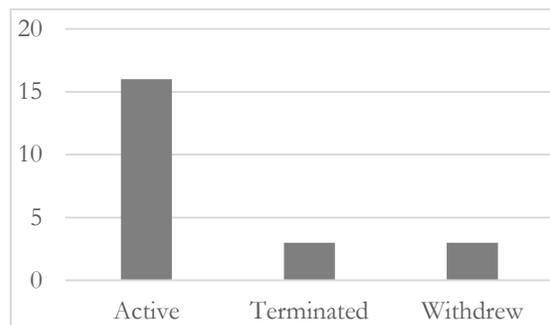
Early identification of and admittance into drug courts capitalizes on the critical window cause by the crisis nature of arrest and apprehension and increases confidence in the criminal justice system.¹² Courts that allow offenders with non-drug charges to enter the program have greater reductions in recidivism than courts that allow only drug convictions.¹³ Finally, best practice standard suggest a benchmark of 50 days or less between arrest and program entry, with 20 days or less between referral and entry as optimal.¹⁴

Implementation at *The Turn*

The target population is high risk/high need, non-violent adult felony or gross

misdemeanor offenders residing in Wright County who are dependent on illicit drugs and are at substantial risk of reoffending or failing to complete a less intensive disposition, such as standard probation. *The Turn* has the capacity to serve 25 individuals. Since inception, a total of 22 participants have entered the drug court program. Enrollment data is presented in Figure 2. Currently, there are 16 active participants. Three active participants are nearing graduation. Six participants have unsuccessfully left the program (three were terminated and three withdrew).

Figure 2: Status of all Participants



All offenders are screened for chemical dependence or abuse, residency, and offense status for the Turn program when they make their first appearance in court after being charged with an eligible gross misdemeanor or felony offense. Of the 22 admitted cases, the average time between arrest and start date is 65 days. However, as is the case for many drug courts, processing in of cases is not always straightforward; several participants entered on older, pending charges. These three (of 22) participants started drug court at roughly 200 days or most post arrest (see Figure 3). Exclusive of these three cases, the average time between arrest and start date is 31 days. *The Turn* maintained an overall average of 18 days between referral to drug court and start date. In all but one case, time



between referral and start date was 37 days or less, as shown in Figure 4.

Figure 3: Days between Arrest and Program Start

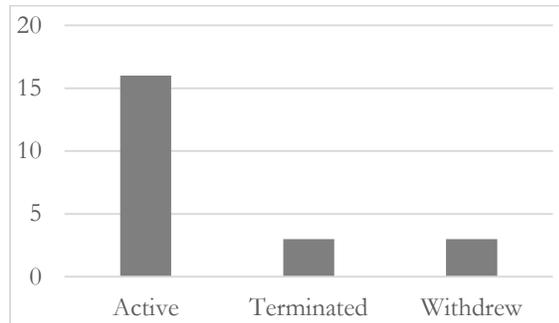
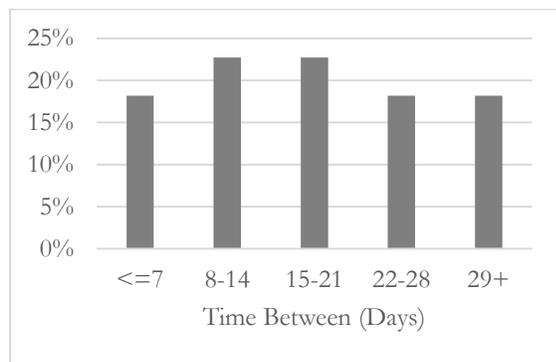


Figure 4 Days between Referral and Start Date



In the first year and a half of operation, 56 cases have been screened for participation in *The Turn* (Figure 5). Of the 30 denials, seven were incorrectly screened (either a disqualifying charge or not high risk/high need), nine declined or were unwilling to participate, 13 were screened out as non-residents, and one participant was screened out for other reasons. This is shown in Figure 6.

Figure 5: Status of all Referrals

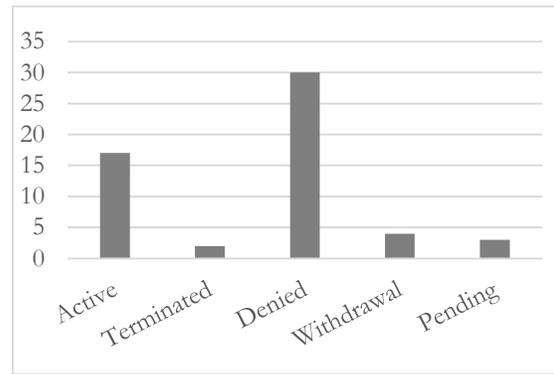
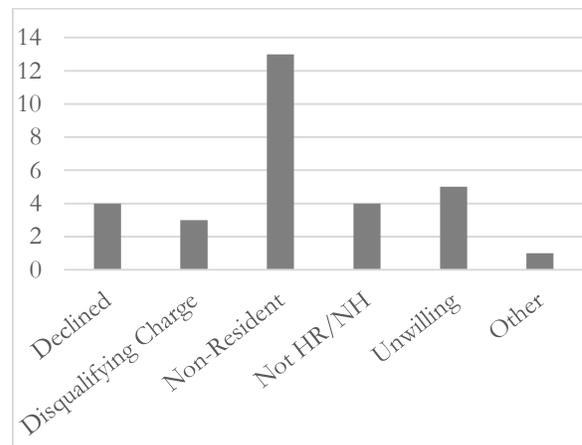


Figure 6: Reason for Denial



The Turn explicitly notes that an offender’s race, gender, religious affiliation, creed color, sexual orientation and national origin are not to be considered when determining his or her eligibility. Corresponding to the racial composition of Wright County, most all of the participants in *The Turn* have been white, with two participants of other racial backgrounds (see Figure 7). The majority of the participants enrolled in the program have been male. Participants are on average 29 years old at intake. Figures 7-9 below illustrate these participant characteristics.



Figure 7: Race of Participants

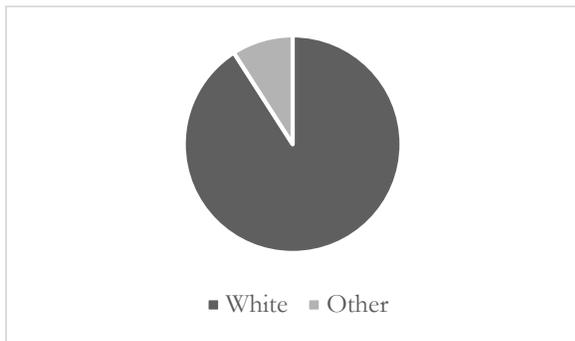


Figure 8: Gender of Participants

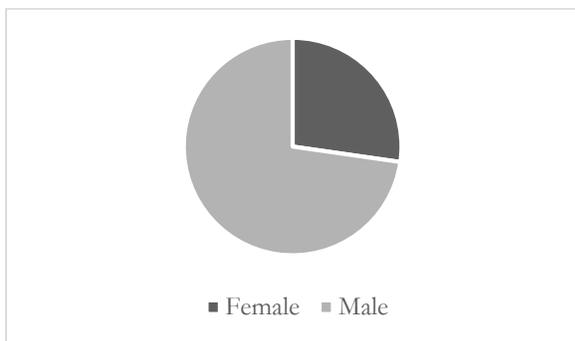
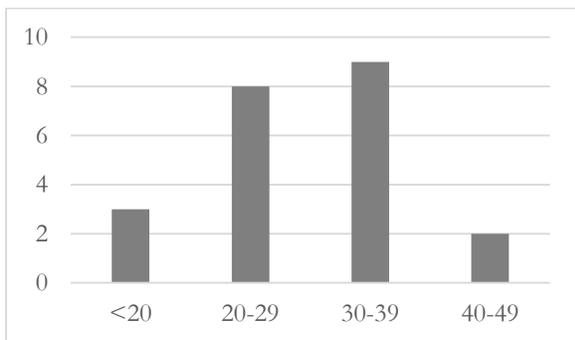


Figure 9: Age of Participants (at Intake)



Half of participants enrolled in *The Turn* have at least a high school diploma (50%) at intake. Figure 10 below demonstrates the level of completed education at intake as reported by the participant.

Figure 10: Education Level of Participants

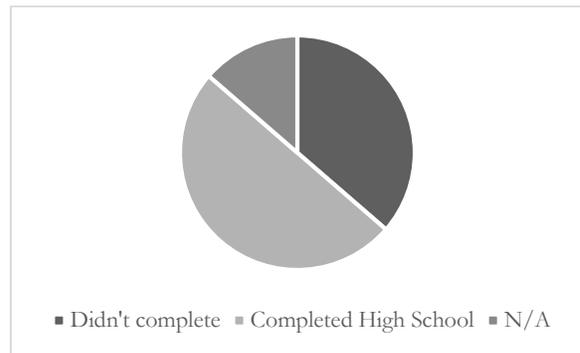
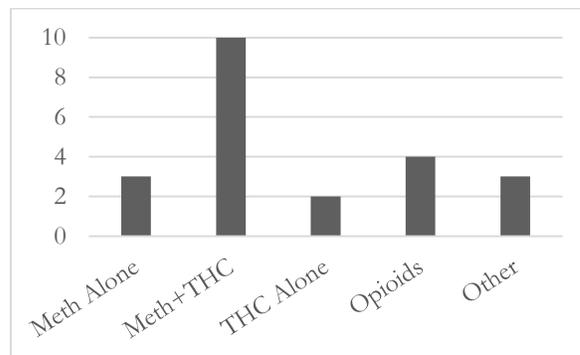


Figure 11 shows primary drug of choice among participants in *The Turn*. The most common drug is methamphetamine (including methamphetamine in combination with marijuana), followed by opioid use alone or in combination with other drugs. Two participants used marijuana alone and three participants used other combinations of drugs and alcohol.

Figure 11: Substance of Use



Considerations and Suggestions

The Turn is making good progress moving participants into court in a timely manner. Several team member surveys recognize early contact with participants as a strength: “Our program is doing well with reaching offenders immediately when they enter the criminal justice system on any new offense.” However, this appears to be qualified by explicitly noting that this early initial referral may be limited to those charged with drug-related offenses.



The team noted early issues in retaining younger participants. The team may wish to explore ways to better support younger participants who “have less to lose” than older participants.

Team members and research suggests that there may be room to reconsider several disqualifying offenses. First, several team members lamented the requirement that offenders need to have an established residence (an address in Wright County) upon entry. This was the case even for known offenders identified by the court team as “a Wright County kid” but who lacked a stable permanent residence and was thus screened out of court. Another team member notes that the “lack of ... housing options is presenting a barrier on many levels in meeting the needs of Wright County constituents.”

This residency requirement also contradicts the logic of the graduated requirements for life stability built into the phase structure of the program, as it is not until Phase 3 that “stable, sober living arrangements” are expected. Until the court reaches capacity, the team may wish to consider relaxing this requirement. The court may be screening out some of the community members most in need of its services.

The second disqualifying category the team may want to revisit is violent offense as the current offense or on offenders’ prior record. Research indicates that violent offenders are no more likely to recidivate than other offenders are and should thus not be systematically excluded from drug court programs.¹⁵ Noted drug court expert Doug Marlowe suggests that “there is no empirical reason to exclude violent offenders from drug court; they do every bit as well in drug court as other offenders.”¹⁶

Third, the team may want to explore the possibility of entry into the program via probation violations. One team member noted that many known community members with drug addiction that “do not have felony drug charges looming over their heads” would benefit from participation in *The Turn*.

The team may want to explore ways to better educate referring agencies – Wright County Court Services (probation), the public defenders’ office, the Wright County Attorney’s office, and the district court judges – regarding eligibility for *The Turn*. As noted by one team member, there remains “cases that slip through ... without a bail evaluation being completed (which is where the initial screening takes place) – this must be worked out between court services, Wright County Attorney’s Office and public defender’s office.”

Key Component 4: Drug Courts provide access to a continuum of alcohol, drug, and other related treatment rehabilitation services.

The diversity of approaches to responding to drug-addicted chronic criminal offenders is a hallmark of all treatment courts. In addition to criminal justice responses and chemical dependency treatment, participants in drug courts with ancillary services have better outcomes.¹⁷ Further, utilizing a single treatment provider improves participant outcomes.¹⁸

Drug court research, policy, and best practices recognizes that “co-occurring problems such as mental illness, primary medical problems, HIV and sexually-transmitted diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles—especially



domestic violence—and the long-term effects of childhood physical and sexual abuse” are frequent concerns for drug court participants.¹⁹ Thus, adherence to this key component requires wrap-around services for drug court participants to address these co-occurring issues.

Implementation at *The Turn*

The Turn utilizes a single treatment provider, Central Minnesota Mental Health Center (CMMHC), for all outpatient treatment. The primary counselor for the drug court group is a regular member of the drug court team and coordinates regularly with the probation agent and the coordinator. Thus far, all participants have undergone intensive outpatient treatment (IOP) at CMMHC. IOP begins with 9 hours a week of treatment, scaling back to 6 hours per week with progress through treatment. Drug court participants have their own treatment group and this appears to help create a sense of community among participants. Progress in treatment is regularly recognized in staffings and participants can receive incentives in court for their progress in treatment.

The Turn requires regular participation in community-based sobriety groups and maintains a list of meeting times and locations in the *Participant Handbook*. Remarkably, one drug court participant took the lead in establishing an additional meeting in the community to better support drug court participants and other community members in recovery.

Team members recognize the strengths of the incorporation of a wide variety of services: “Our ... variety of services have been useful for our participants.”

Recently, *The Turn* brought on a peer mentor as a part of the drug court team. Peer recovery

coaches have been shown to facilitate recovery by providing social support to individuals struggling with addiction and recovery.²⁰

Considerations and Suggestions

While all team members are welcome to speak in staffings, the team would be well-served to fully utilize the expertise of the entire team more regularly. *The Turn* is unique in having a human services representative as a regular team member; she has extensive knowledge of services in the community and might offer a broader perspective on participants’ mental health needs (beyond treatment). One team member noted it may be beneficial for the judge to ask in staffing or in court sessions: “Does anyone on team have anything to say or ask?”

The team may explore ways to provide on its own or in coordination with other local agencies, ways to offer workshops, clinics, classes or other wrap-around services. These are specifically outlined in the Technical Assistance Report from the NDCI professionals, but might include dental clinics, criminal thinking classes, childcare assistance during required program activities, or housing assistance.

Key Component 5: Abstinence is monitored by frequent alcohol and other drug testing.

Drug courts utilize frequent drug testing throughout programming. Testing should occur at least twice weekly for the duration of the drug court program. This level of testing has higher investment costs but is associated with long-term cost-savings.²¹



Implementation at *The Turn*

All Turn participants were initially given nine panel screen that includes amphetamine, barbiturates, benzodiazepine, cannabinoids, carisoprodol, cocaine, ecstasy, ethyl glucuronide (ETG), and opiates. Around January 2018, the drug screens changed to twelve panels including amphetamine, benzodiazepine, cocaine, ethyl glucuronide (ETG), marijuana, methamphetamine, opiates (MOR), oxycodone, ecstasy (MDMA), methadone (EDDP), norfentanyl (FYL), synthetic marijuana (K2 25), and buprenorphine. Drug test results are available immediately. Disputed tests are sent to the lab for confirmation and results are generally available within 5 days.

The team has utilized alternate testing procedures as warranted, including sweat patches and Secure Continuous Remote Alcohol Monitor (SCRAM) bracelets. Staff members observe testing at both treatment and probation.

In the first approximately 18 months of its existence, *The Turn* has administered 1395 urinalysis tests. Figure 12 displays the number of drug tests given by phase. Of the total number of drug tests given, 1241 yielded clean results. This corresponds to an overall success rate of 90%, with the percent of negative UAs increasing across phases (see Figure 13).

Figure 12: Drug Tests given by Phase

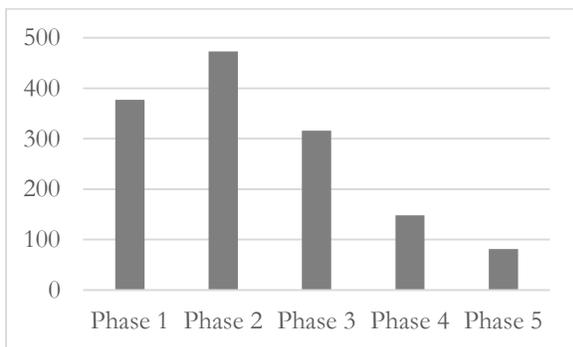
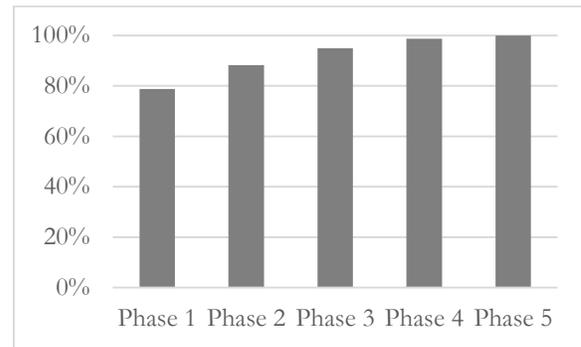


Figure 13: Percent Negative UAs



Participants themselves have noted the importance of frequent drug testing. First, one participant noted “I feel like this is a life or death situation, and I’m choosing to live. I’m very grateful there is such a program for addicts like myself... You give us addicts a fighting chance by helping us in treatment and keeping us accountable.” A second participant also noted in court “I had five or six clean UAs in a row – I’ve never done that I’ve been in court since I was 13.”

Considerations and Suggestions

Treatment providers are encouraged to share data on participants with the drug court team (likely via the drug court coordinator) at regular intervals. This includes data on progression through the program, referral to ancillary services (mental health, inpatient treatment, etc.), and urinalysis results.

The team has faced several issues regarding drug testing. First, the team identified discrepancies between urinalysis screening conducted by probation and the treatment provider. Second, the team worked to decipher best practices regarding “levels” of chemicals in drug test arrays. The team worked through these issues in staffing and in trainings; continued team-based problem solving and training of this nature are encouraged.



Key Component 6: A coordinated strategy governs drug court responses to participant compliance.

The use of consequences (both positive and negative) in drug court is based on two underlying theoretical approaches. The first of these, deterrence theory, dates back to Beccaria and is couched in the belief that offenders are rational beings and thus make calculations about behavior based on the utilitarian application of a “hedonistic calculus” to maximize pleasure and minimize pain. Under this logic, effective punishments for criminal behavior should be swift, certain, and just severe enough to deter behavior. Many (perhaps most) traditional criminal justice practices are based on this logic. The second and more important theoretical approach to compliance in drug courts is based on the logic of behavior modification via operant conditioning. This Skinnerian approach argues that behaviors can most effectively be changed through rewards for positive behaviors and punishments for non-compliant behavior. Taken together, drug courts are most effective when combining the logic of behavior modification with the principles of effective consequences from deterrence theory.

Successful drug courts recognize and respond to participants’ behaviors using three different strategies. The first is *incentives* that recognize positive, pro-social behaviors through positive and negative reinforcements. Positive reinforcement refers to giving rewards (applause, gift certificates) while negative reinforcements refers to taking away punishments (later curfew or waived fees).

Second, *sanctions* are used to punish and subsequently deter non-compliant behavior. Here, non-compliant behavior refers to

participants failing to meet program requirements (attending therapy, drug testing, etc.). Sanctions generally fall into one of two categories: punishments (verbal reprimands, jury box, community service) and response costs (phase demotion, removing later curfew, collecting fines).

Finally, *therapeutic adjustments* are alterations to participants’ treatment requirements based on unmet needs related to substance use/abuse and/or mental health needs. Therapeutic adjustments are generally based on the recommendations of treatment providers and might require enhancements to treatment (new or additional group or individual counseling, increased support groups, moving from intensive outpatient to residential treatment) or reductions in treatment (replacing treatment group with job training).

In short, sanctions are meant to address noncompliance with program requirements, whereas therapeutic consequences combat insufficient progress in treatment and are intended to be instructive in nature.²²

Research shows that limiting administration of incentives and sanctions to just the judge does not improve participant outcomes.²³

Implementation at *The Turn*

The team is working to establish its own most useful practices for incentives and sanctions. The treatment provider and probation agent communicate with the coordinator to create this weekly staffing update spreadsheet. The weekly staffing spreadsheet generally contains updates on client attending court. Currently, the weekly staffing information spreadsheet offers suggestions for behavior that warrants incentives and sanctions.

The team has struggled to balance incentives and sanctions for participant behavior. The team has implemented a sanction matrix and



several intermediate sanctions to improve consistency in sanctioning and to curtail some of the reliance on jail sanctions used early in the program.

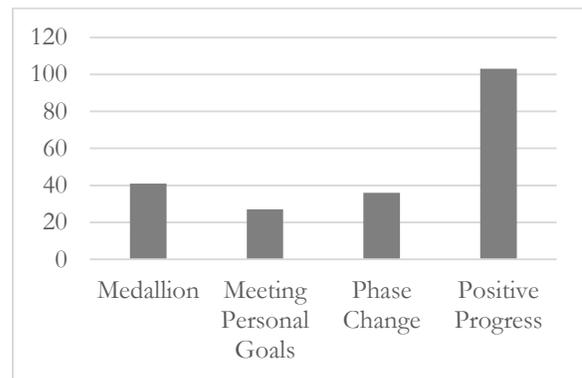
Dispensing of incentives and sanctions occurs only by the judge at court hearings. While all team members may weigh in to specific incentivizing and sanctioning for behavior, the judge is the final decision-maker for all cases. Judges often make efforts to identify a/multiple sanctionable behaviors in staffing.

The coordinator tracks incentives and sanctions. This information is often called upon in staffings to determine appropriate and timely responses to behaviors.

Team members identified the use of sanctions as one of the biggest struggles for the court. Specifically, one team member noted the difficulty in determining “how to make our sanctions based on ... behavior and [figuring out] if [a] sanction will help correct that behavior and the participant will actually learn something from the sanction. We still struggle with this from time to time and the need to be somewhat uniform yet the need to be individual at times.” Another team member noted, “I continue to struggle with being able to identify the balance of finding the best way to “motivate” the participant to want change vs. knowing that in order to change the participant has to want to make that change for themselves.”

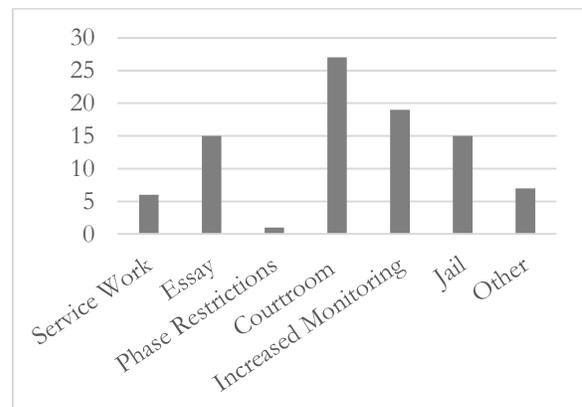
The Turn has given out over 200 identified incentives or rewards (excluding the marble jar). Incentives are given out for routine progress through drug court and treatments as well as in situations in which offenders make positive or healthy choices (49% of all incentives given). See information on incentives in Figure 14.

Figure 14: Incentives



As shown in Figure 15, the team has given out 90 sanctions for non-compliant behavior. The most common sanctions given are in-court verbal reprimand or alternate seating in the jury box. Less frequently used sanctions are imposing restrictions on movement through the program, community service work, or other sanctions.

Figure 15: Sanctions



Several team members mentioned a struggle both personally and for the court regarding initiating termination proceedings for participants for repeated non-compliance. Given the close-knit nature of the drug court participants, team members expressed fear for both the loss of resources for consistently non-compliant participants and the “tainting” effect of a small number of participants on the larger court population.



Considerations and Suggestions

The team has shown a balance of rewards and incentives to sanctions of approximately two to one. However, the court should be aware of the importance of balancing rewards and sanctions at a ratio of at least four rewards per sanction (as research suggests this is ideal).²⁴

The team has creatively used intermediate incentives and sanctions to respond to participant behavior. Additional incentives might also be introduced. Continuing this line of creative responses to behavior is encouraged. The team may wish to investigate models in which sanctions are given between status hearings (by probation agents or others) as this serves to reinforce the swiftness by which sanction are meted out.

The court relies heavily on ensuring consistency between offenders. However, research shows consistency is neither highly valued nor generally predictive of positive outcomes for participants. Effectiveness of consistent vs tailored sanctions remains a question. Some research suggests consistency is key²⁵ while more recent research suggests participants may view tailored sanctions as more fair.²⁶ In sum, the imposition of incentives and sanctions should be fair and consistent (equivalent though not necessarily identical).

The court should also be mindful of early sanctions, particularly those before a participant has started inpatient or outpatient treatment; research suggests that timing and severity of first sanctions (jail vs other) are predictive of success in drug court.²⁷

Printed copies of the sanction matrix should be distributed to the team and/or made available in staffings meetings. Finally, effort should be made to identify more opportunities to acknowledge even small amounts of progress (including outside the

requirements of the court) and offer incentives, while relying less on the imposition of sanctions to motivate participants' adherence to program rules. Finally, the language of therapeutic adjustments should be distinct from sanctions with reference to relapse and associated use-related behaviors.

As the use of sanctions was a common theme related to the struggles of the court, the team may wish to consider seeking out additional outside training or hiring consultants to or trainers help train team members in emphasizing positive, strength-based responses to behavior.

Key Component 7: Ongoing judicial interaction with each drug court participant is essential.

Participants in drug courts have frequent status hearings throughout the duration of the program. In these hearings, judges build a relationship with participants through direct and ongoing conversation about participants' lives.

Courts in which judges serve on drug court voluntarily are associated with more positive outcomes for participants upon graduation.²⁸

Implementation at The Turn

Two judges preside over *The Turn*, each having been with *The Turn* since its inception, each attended NDCI training, and each serving voluntarily. Judges have each been trained in Motivational Interviewing. Both judges greet participants with a handshake at the start of the appearance. Each judge has established his or her own style on the bench. One judge utilizes a check in that respondents fill out before court begins and this sheet is used to guide discussion between the judge



and the participant. A second judge often references a daily recovery reading.

Time in front of judges was measured during 18 separate court sessions. Table 5 shows overall and judge-specific participant time in front of judges. On average, judges spend 6 minutes and 22 seconds with each participant; Judge Davis averages 6 minutes and 55 seconds with each participant and Judge Tenney spends on average 6 minutes and 11 seconds with each participant each week.

Table 5: Time in front of Judge

Overall average	6 min 22 sec
Davis	6 min 55 sec
Tenney	6 min 13 sec

One team member noted a belief that “participants genuinely feel like the team cares about their sobriety and success” and this is evident in the interactions between the judges and the participants. Judges frequently ask participants “How can we support your recovery this week?”

Considerations and Suggestions

The team may want to consider moving toward the use of only one judge. This recommendation follows the recommendation of the NDCI reviewers and best practices. Additionally, team members noted that the use of a single judge may help improve consistency for participants and may help with teambuilding among team members.

Judges should actively seek and welcome input from educated members of the team and use this input to formulate their decision regarding responses to participant behavior.

Continued training in the use of motivational interviewing and other techniques to establish and maintain positive relationships between judges and participants is recommended.

Key Component 8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Ongoing monitoring and evaluation help drug court programs identify and respond to program needs and inconsistencies. In order to best capitalize on the evaluation process, courts should 1) maintain records critical for evaluation, 2) regularly report statistics related to drug court operations, 3) make program modifications as a result of evaluations, and 4) utilize an independent evaluator at multiple points.²⁹

Implementation at *The Turn*

The drug court coordinator oversees data collection efforts. The coordinator maintains records of referrals, characteristics of participants, participant progress, incentives and sanctions, and drug testing. These files are maintained separately, often with different software for data input and querying.

The coordinator works with the evaluator to ensuring data are collected in a meaningful and logical manner. The evaluator provides guidance and answers questions when questions about data collection arise.

The evaluator developed and oversees collection of exit surveys from participants. Utilizing the evaluator for this purpose may increase participant honesty in providing feedback.

Considerations and Suggestions

The Treatment provider should regularly share data on participant progress (attendance, phase transition dates, etc.) with the court, perhaps on a quarterly basis.



The court review summary data on program participants on a regular basis. Here, the court may wish to establish its own goals or benchmarks for enrolling participants and participant progress through the program.

The court would benefit from regular meetings between the coordinator and evaluator to ensure data collection is proceeding as planned. Utilizing a consistent database naming convention will improve efficiency.

The court should work with the evaluator to develop a long-term plan for data collection needs and evaluation plans. Working now to identify 1) the information that may be helpful for subsequent evaluations and 2) the outcomes the court hopes to track, will ensure the court is monitoring its progress based on its own needs and questions.

The drug court team is encouraged to discuss findings from this process evaluation as well as the NDCI Technical Assistance (TA) Summary Report and adjust the program accordingly. Drug Courts where internal review of the data and program statistics led to modifications in program operations had 105% greater reductions in recidivism.³⁰ The court may wish to revisit the focus group meeting held in November 2017 to develop a logic model and set internal goals for the program. This model would serve as a one-page graphic representation of important elements of the team's mission and identify useful places within the program to monitor and set goals for participant progress. It should identify the target population, distinguish the short- and long-term goals for participants, the therapeutic activities and other program requirements, identify community resources available to the program, review the factors that influenced

their activities, and work through concerns regarding program operations.

Key Component 9: Continuing interdisciplinary education promotes effective drug court planning, implementation and operations.

Initial and ongoing training and professional developed are expected for drug court professionals. Ongoing education and trainings expose members of the team to interdisciplinary perspectives related to the integrated drug court approach and *The Turn's* mission.

Implementation at *The Turn*

The Turn team members generally received some kind of training. Several team members were present for the initial state-wide NDCI training. Additional training opportunities include the Minnesota State Treatment Court Conference in May of 2017 and the Advancing Justice NADCP Annual Training Conference in July of 2017.

The team has visited several other drug courts as a way to get additional education. Beyond this, the coordinator, the probation agent, and one judge visited an NADCP Mentor Court in Michigan in August 2017.

The team has hosted several in-house trainings related to supplemental issues such as Motivational Interview and behavior modification.

Nearly every team member identified a desire and need for more training. In particular, one team member notes, "our team has limited experience with specialized treatment courts and the state provides minimal training opportunities." Team members expressed a need for more funding for training, including



more visits to other courts. Most importantly, team member described their own need for training on “the philosophy of the treatment court model and the outcomes gleaned by programs that have been functioning for longer periods of time.”

Considerations and Suggestions

The court might consider working with the evaluator, other drug courts, or the state drug court coordinate to develop initial training materials for all drug court practitioners. While many of these trainings are likely to be video-based or online, the court may also benefit from establishing a small library of hard copies of training documents in written format. It would benefit the court in staffing to have some printed materials related to best practices available for reference.

The court would benefit from keeping a record of each team member’s training to ensure a minimum amount is completed prior to starting work with *The Turn* and on an annual basis as deemed necessary and possible.

Exploring additional funding sources for training is recommended. Revisiting MOUs between the various agencies may be one way to glean resources for individual team members to receive training.

Key Component 10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Community partnerships benefit the court itself and its participants. Having a presence in the community will legitimize the experiences of participants and the work of drug court professionals in the community. Additionally, having a network of agencies, business, and organizations will help participants establish pro-social ties and give participants better integration into the community. All this serves the mission of courts to reduce recidivism through accountability.

Implementation at *The Turn*

The Turn has successfully forged partnerships with many local agencies and community organizations. The drug court team consists of representatives from the court, prosecution, defense, substance abuse treatment, probation, law enforcement, human services, and a local university. The court work with several inpatient treatment facilities. Participants are required to complete a community work service project as part of the regular program requirements.

The court has made several efforts to publicize its work. Team members and participants were active in Wright County Law Day in 2017 and 2018. The court visited the County Commissioners prior to implementation to explain the program and purpose and continues to report to County Commissioners as necessary. *The Turn* hosted a public open information session in advance



of opening and issued several press releases regarding the grant award and the court itself.

The open court sessions are regularly attended by various citizens and county personnel. The court has actively sought visits from politicians and at least two local legislators have visited the court. The court hosts several public celebrations, including a one-year anniversary gathering and commencement ceremony to honor the first program graduates.

Considerations and Suggestions

The court should work toward establishing an advisory board or steering committee of

stakeholders and interested and knowledgeable others to oversee mission-driven activities.

The program should work to identify new community partners that might support the court and court participants in a variety of ways, including the provision of incentives and ancillary services for things such as job training, job shadowing, internships or apprenticeships; financial literacy education; GED and adult basic education services; housing resources.



Summary and Conclusions

In its first year and a half of operation, the court worked through many (normal) struggles in implementation and growth. The court made a number of positive updates to its programming, documents, and operation. However, there remains room for growth and expanded opportunities for the court and within the community.

Promising practices

The court made many updates to its initial implementation plan. Listed below are some changes, updates, and practices that should benefit the court over time:

- The court moved to a consistent monthly calendar, with appearances scheduled by phase and the year's calendar distributed to all team members and participants,
- The court introduced several intermediary sanctions including a round table with the team,
- The court also introduced individual and group-based incentives including a fish bowl drawing, marble jar, and all-participant pizza party,
- The team established quarterly team meetings for training, coordinating, and policy updates,
- Team members attend in-house training in Motivational Interviewing,
- The entire team visited three different treatment courts in Minnesota to observe,
- One judge, the coordinator, and the probation agent visited a mentor court for several days of observation and training,

- The team continues to seek funding, including the submission of a Department of Public Safety grant application for program enhancements (unfunded) and a Minnesota Judicial Branch grant for team training (funded),
- *The Turn* took several opportunities to present its model to the local and professional community, including participant in Wright County "Law Day" and a presentation at the Minnesota Association of Pre-trial Services Agencies annual conference,
- A peer recovery specialist/mentor was added to the court team.

Considerations

Moving forward, the court many want to consider the following suggestions to align with the 10 Key Components and Best Practice Standards:

- The court should continue efforts to increase identification and referral of eligible individuals to the program,
- The team may want to consider a website or internal webpage to store and make accessible court-related documents for the team and participants. An external-facing website or information page can also serve to increase community awareness and engagement of community partners,
- Printed copies of the *Policies and Procedures Manual*, sanctions matrix, and any other court-related documents should be distributed to all drug court team members and made



available in staffings. Here, an internal webpage could be useful to reference documents in staffing as needed,

- Though several members attended state and/or national continuing education and training, other primary and occasional team members or representatives have received little or no education and training in the drug court model and best practices standards. This lack of training should be addressed as immediately as possible,
- The court should work to increase and diversify the creative uses of incentives early and often in the program,
- The court may wish to identify for itself some internal goals or benchmarks for enrollment and participant progress,
- Staffings occasionally run late, delaying the start time of the court session – the court should work to ensure timely completion of staffing meetings and start of court sessions. This may be accomplished by clarifying who will keep time in staffing meetings,
- The court should continue to work toward consistency of enforcement of program rules, particularly rules surrounding association with known users (especially when known users

are significant others) and rules regarding curfew enforcements, particularly as it relates to third shift work,

- The court should continue to seek external sources of funding, including state and federal enhancement grants,
- The court will benefit by building relationships with community organizations to forge prosocial opportunities, housing options, and employment via human and social service agencies, scholarships or reduce rates for participants and their children for non-profit or public health, educational, and wellness opportunities,
- The court may wish to consider strategies or procedures for graduate follow-up and opportunities for continued engagement,
- The court will want to work toward routinized data collection and reporting and integrated data management systems. At minimum, it should be clear who is entering and tracking which pieces of information and how and when these separate files will be pulled together. Dataset naming and “data pulls” or snapshots should be dated,
- The court should continue to regularly review and update program manuals.



Appendix A: Wright County Adult Drug Treatment Court Planning Committee Members

Current Turn Team

Judge: Michele Davis – Wright County District Court

Judge: Geoff Tenney – Wright County District Court

Prosecutor: Tom Kelly – Wright County Attorney's Office

Public Defender: Eric Schmidke – Wright County Public Defender's Office

Private Defense Attorney – Forrest Larson

Case Manager: Chris Jahnke – Wright County Court Services

Treatment Provider: Mary Groth – Central Minnesota Mental Health Center

Coordinator: Darnell Brethorst – Wright County Court Services

Law Enforcement: Sgt. Ryan Ferguson – Wright County Sheriff's Department

Mental Health Worker: Richelle Kramer – Wright County Health and Human Services

Peer Mentor: Connie Kotz

Evaluator: Dr. Gina Erickson – Hamline University



Appendix B: Entry Procedures

Step 1: Wright County Court Services interviews all offenders in custody. Wright County Court Services will conduct a bail evaluation in the jail or, if out of custody, after referral for bail evaluation. The bail evaluation will utilize the evidence-based Level of Service Inventory-Revised: Screening Version (LSI-R:SV) and The Global Appraisal of Independent Needs (GAIN-SS) for initial screening. The LSI-R:SV is a screening instrument that provides a brief summary of dynamic risk areas that may require further assessment and possible intervention.

Step 2: Using the bail evaluation and the complaint or police report, the “criminal justice system staff” (county attorney, public defender, probation, or judge) conduct an initial screening of all cases for eligibility for The Turn at first appearance using The Turn eligibility criteria and disqualification criteria (e.g. adult, non-violent felony offense, Wright County resident, voluntary participation).

Step 3: If eligible, the Public Defender will fully inform the Offender of his/her options and the likely sentence if not processed through drug court.

Step 4: If the Offender meets the edibility criteria the screening instrument indicates a problem with drugs, and the Offender agrees to voluntarily enter drug court then the County Attorney or the Public Defender will ask the court for:

1. Conditions of release to include a full CD assessment (Rule 25 or defendant’s health plan assessment), Baseline UA, Pre-Plea Worksheet, PSI, a LSCMI prepared by Wright County Court Services, and a condition of no use of mood altering chemicals and random UA’s;
2. A Rule 8 or OH/PT hearing within 14 days after in custody appearance scheduled on the drug court calendar;
3. A release of information for adult drug court personnel signed by the Offender; and
**The offender may not withdraw that waiver while participating in drug court.*
4. Notification to Wright County Court Services will notify Wright County Health and Human Services and Central Minnesota Mental Health of Offender eligibility

Step 5: Prior to the next court appearance:

1. Wright County Health and Human Services will complete a Rule 24/25 Assessment or refer Offender to Central Minnesota Mental Health to complete an assessment paid for by private insurer;
2. If the Offender has insurance, Central Minnesota Mental Health will complete a Rule 25 evaluation;
3. Wright County Court Services will complete the Pre-Plea Worksheet, PSI, an LSCMI;
4. Wright County Court Services will provide pre-trial supervision and obtain a baseline urinalysis full screen from the Offender; and
5. Wright County Court Services will gather together all the information for staffing before the Offender’s first appearance in The Turn.

Step 6: Prior to Offender’s first appearance in Drug Court:



1. The Turn Team will meet to review the CD and LSCMI assessments, the input from the county attorney, victim and police along with the UA results. A decision is made at that time (Judge has final determination) to accept or reject the individual for The Turn Program.
2. The Offender will view a drug court session.

Step 7: The Offender will appear in drug court immediately after viewing a drug court session and enter a plea of guilty if he/she wishes to participate in drug court.

1. If Offender does not wish to participate in drug court Wright County Court Administration will give him/her notice of his/her next court appearance for a Rule 8 in district court.
2. If Offender enters a plea of guilty and wishes to participate in drug court the Offender will be scheduled to appear at the next Turn session.

Step 8: The Offender will meet with The Turn case manager to complete a case plan (identifying and prioritizing educational, family, medical, housing and employability needs) and begin treatment within 48 business hours of making first appearance in Turn Program. The case manager will review probation conditions with the participant.

**If the Offender is found NOT eligible or approved at any point prior to his/her plea, he/she is referred back to the regular court process.*



Appendix C: Referral Form

APPLICATION		
Defendant's Name: _____	Birth Date: _____	
Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Race: Caucasian	
Address: _____		
Phone: _____	Defense Attorney/Phone: _____	
Court File No. _____	Charge(s): _____	Offense Date: _____
Case Status: Pretrial <input type="checkbox"/> Post plea <input type="checkbox"/>	Plea Date: _____	In Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>
Referred By: _____	Date Submitted: _____	
PROBATION OFFICE		
Review Date: _____	By: _____	
Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>	Willing to Participate: Yes <input type="checkbox"/> No <input type="checkbox"/>	
LS/CMI Score: _____	Date of LS/CMI: _____	GAINS Score: _____
Preliminarily Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments: _____		
CHEMICAL DEPENDENCY ASSESSMENT		
Assessment Referral Date: _____	Location of Assessment: _____	
Chemically Dependent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Chemically Abusive: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Recommendation: Inpatient <input type="checkbox"/> Intensive Outpatient <input type="checkbox"/> Halfway House <input type="checkbox"/> Other <input type="checkbox"/> _____		
Funding: Rule 25 <input type="checkbox"/> Insurance <input type="checkbox"/> Self-pay <input type="checkbox"/> Unknown <input type="checkbox"/>	Completion Date: _____	
TEAM SCREENING (Completed by Team or Prosecutor)		
Date of Determination: _____	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>If denied, state reason</u> (check all that apply):		
<input type="checkbox"/> Violent History	<input type="checkbox"/> Undocumented Alien	
<input type="checkbox"/> Disqualifying Charge	<input type="checkbox"/> No Chemical Dependency Issues	
<input type="checkbox"/> Unwilling to Participate	<input type="checkbox"/> Unable to Comply (lack of transportation)	
<input type="checkbox"/> Previously Entered Drug Court Program	<input type="checkbox"/> Less than one year probation time remaining	
<input type="checkbox"/> Personal Issues	<input type="checkbox"/> Other	



Appendix D: *The Turn* Participant Contract

Wright County Adult Drug Court

Participant Contract

Name: _____ File No: _____

I have agreed to participate in the Wright County Adult Drug Court and agree to the following conditions:

- 1) I agree to participate in alcohol and/or other drug treatment as directed by court, including self-help meetings (such as AA or NA), as set forth in my treatment plan. I agree to provide verification of attendance. I understand that compliance with treatment recommendations is mandatory.
- 2) I agree to cooperate with and comply with the rules of the Wright County Adult Drug Court (WCADC) program, probation staff, and treatment providers.
- 3) I agree to attend all treatment meetings, court dates, and other scheduled appointments and I will be on time. If I am unable to attend I will call the provider I am seeing and my probation agent at least two hours in advance.
- 4) I understand that failure to appear for a court date or any other breach of this agreement will result in the issuance of a bench warrant. I am responsible for transportation in order to fulfill the terms of the WCADC.
- 5) I agree to sign any and all consent forms waiving confidentiality of any medical mental health treatment or social service records. I further agree to sign any and all releases which will allow the WCADC team to review diagnostic and treatment information. I understand that while I am a drug court participant such consents are irrevocable
- 6) I agree that in order to achieve and maintain sobriety I need to have a permanent and stable residence that supports a sober lifestyle. I shall notify the WCADC probation agent before I change my address or phone number.
- 7) I agree to remain in my residence during the hours specified in my case plan. In the event of an emergency I will notify my WCADC probation agent immediately or as soon as possible.



- 8) I understand that I shall not use or possess any controlled substances or illegal drugs.
- 9) I understand that I shall not associate with any person(s) who use or possess any controlled substance or illegal drugs.
- 10) I will not have in my possession or under my control any paraphernalia or drugs not prescribed to me by a licensed physician with full knowledge of my addiction and participation in WCADC.
- 11) I will not use any prescribed or over the counter mood-altering substance except as prescribed to me by a licensed physician with the full knowledge of my addiction and participation in WCADC.
- 12) I will not distribute nor sell any legal or illegal mood-alerting substances.
- 13) I will not attend any program under the influence of alcohol or any illicit drug or legal drug not prescribed to me.
- 14) I agree that I will not use or possess alcoholic beverages nor enter establishments that derive their principal income from the sale of alcoholic beverages.
- 15) I agree to abide by the WCADC Medication Contract.
- 16) I agree to abide by the WCADC drug testing schedule, rules and regulations.
- 17) I understand that I shall not use or possess a firearm nor enter an establishment or home where they would be available to me. Further, I understand I shall not attend any program in possession of a weapon of any form, firearms, knives, box cutters, etc.
- 18) I agree to participate in the WCADC program until successfully discharged from all phases of the program including in-patient and out-patient treatment.
- 19) I agree to participate in any educational, medical, treatment, or rehabilitation program ordered by the WCADC to help maintain my sobriety and maintain a law-abiding lifestyle.
- 20) I agree to abide by the rules and regulations of probation supervision and any special conditions ordered by the court including community work service or STS.
- 21) I agree to inform the WCADC probation agent and treatment provider of any new arrests, summons, or any other situation that may impact my probation. I understand any arrest or contact with law enforcement must be reported to my WCADC probation agent within 24 hours.
- 22) I consent to a search conducted by a representative of the Probation Department and/or WCADC, which includes any law enforcement representative, without a warrant, of my person, place of residence, vehicle or other personal or real property.



- 23) I will make satisfactory progress in the program as measured by each phase's requirements.
- 24) I agree that my participation in WCADC program shall be terminated if I fail to make satisfactory progress toward completion of the program.
- 25) I agree that my participation in the WCADC program may be terminated if I am rearrested, test positive for drugs or alcohol, or fail to meet any of my court ordered obligations.
- 26) I understand that the Court can impose sanctions, including county jail time, rather than terminate my participation in the program. I understand that sanctions may be increased and may include termination from the WCADC program.
- 27) I understand that I have a right to an attorney during court proceedings which include plea, sentence, and any violation which could lead to termination of participation in the WCADC program. If I am unable to afford an attorney I may be eligible for public defender representation. I further understand that if I have any questions concerning WCADC I should discuss them with my attorney.
- 28) I will not act as a confidential informant while I am a participant in WCADC.
- 29) I understand that any breach of this contract will result in a review of my case to determine my continued participation in the WCADC program or the imposition of court ordered sanctions including incarceration or termination.
- 30) I have received a copy of the WCADC participant manual and have reviewed it with the WCADC probation agent.

Participant Signature

Date

WCADC Coordinator/Case Manager

Date



References

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- ¹ <http://www.allrise.org/Standards>
- ² <https://www.nij.gov/topics/courts/drug-courts/Pages/welcome.aspx>
- ³ <http://www.mncourts.gov/Help-Topics/Treatment-Courts.aspx>
- ⁴ <https://www.census.gov/quickfacts/fact/table/wrightcountyminnesota/PST045217>
- ⁵ <https://www.co.wright.mn.us/220/About-Wright-County>
- ⁶ <https://mn.gov/deed/data/current-econ-highlights/county-unemployment.jsp>
- ⁷ <https://www.ncjrs.gov/pdffiles1/bja/205621.pdf>
- ⁸ Carey, S. M., Finigan, M. W., & Mackin, J. R. What Works? 2005. The 10 Key Components of Drug Courts: Research Based Best Practices.
- ⁹ https://www.appa-net.org/eweb/docs/APPA/stances/ip_CSPP.pdf
- ¹⁰ Carey, S. M., Finigan, M. W., & Pukstas, K. (2008). Adult drug courts: *Variations in practice, outcomes and costs in eighteen programs in four states*. Submitted to the U. S. Department of Justice, National Institute of Justice, May 2007. NIJ Contract 2005M114.
- ¹¹ <https://ndcrc.org/resource/nadcp-adult-drug-court-best-practice-standards-volume-ii/>
- ¹² <https://www.ncjrs.gov/pdffiles1/bja/205621.pdf>
- ¹³ Carey, S. M., Finigan, M. W., & Mackin, J. R. What Works? The 10 Key Components of Drug Courts: Research Based Best Practices.
- ¹⁴ Ibid.
- ¹⁵ Saum, C. A., & Hiller, M. L. (2008). "Should violent offenders be excluded from drug court participation? An examination of the recidivism of violent and nonviolent drug court participants." *Criminal Justice Review*, 33(3), 291-307.
- ¹⁶ <https://www.youtube.com/watch?v=27Y0CZ2KqS0>
- ¹⁷ Carey, S. M., Finigan, M. W., & Mackin, J. R. What Works? The 10 Key Components of Drug Courts: Research Based Best Practices.
- ¹⁸ Ibid.
- ¹⁹ <https://www.ncjrs.gov/pdffiles1/bja/205621.pdf>
- ²⁰ McLellan, A. T., Hagan, T. A., Levine, M., Gould, F., Meyers, K., Bencivengo, M., & Durell, J. (1998). Supplemental social services improve outcomes in public addiction treatment. *Addiction*, 93(10), 1489-1499.
- ²¹ <https://www.ncjrs.gov/pdffiles1/nij/grants/223853.pdf>
- ²² Arabia, P.L. & Fox, G & Caughie, J. (2008). Sanctioning practices in an adult felony drug court. *Drug Court Review*. 6. 1-31.
- ²³ Carey, S., Finigan, M., & Pukstas, K. (2008). Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes and costs. Portland, OR: NPC Research.
- ²⁴ Wodahl, E. J., Garland, B., Cullhane, S. E., & McCarty, W. P. (2011). Utilizing behavioral interventions to improve supervision outcomes in community-based corrections. *Criminal Justice and Behavior*, 38(4), 386-405.
- ²⁵ Marlowe, D. B., & Kirby, K. C. (1999). Effective use of sanctions in drug courts: Lessons from behavioral research. *National Drug Court Institute Review*, 2(1), 1-31.
- Guastaferrro, W. P., & Daigle, L. E. (2012). Linking noncompliant behaviors and programmatic responses: The use of graduated sanctions in a felony-level drug court. *Journal of Drug Issues*, 42(4), 396-419.
- ²⁶ Lindquist, C. H., Krebs, C. P., & Lattimore, P. K. (2006). Sanctions and rewards in drug court programs: Implementation, perceived efficacy, and decision making. *Journal of Drug Issues*, 36(1), 119-146.
- ²⁷ McRee, N., & Drapela, L. A. (2012). The timing and accumulation of judicial sanctions among drug court clients. *Crime & Delinquency*, 58(6), 911-931.
- ²⁸ Carey, S., Finigan, M., & Pukstas, K. (2008). Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes and costs. Portland, OR: NPC Research.
- ²⁹ Carey, S., Finigan, M., & Pukstas, K. (2008). Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes and costs. Portland, OR: NPC Research.
- ³⁰ Carey, S. M., Finigan, M. W., & Mackin, J. R. What Works? The 10 Key Components of Drug Courts: Research Based Best Practices.

