TREATMENT COURTS IN IOWA

IOWA PSYCHOLOGICAL ASSOCIATION

IOWA INTEGRATED HEALTH PLANNING AND ADVISORY COUNCIL

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WHAT ARE TREATMENT COURTS?

- Treatment Courts are court programs that uses a collaborative multidisciplinary approach to address underlying factors such as a substance use disorder (SUD) or mental health disorder that may be contributing to a person's involvement in the judicial system.
- Goal – Reduce recidivism, reduce costs, change behavior, and assist into Recovery
- Collaborative – TC's are non-adversarial programs. The argument over innocence or guilt is not present. The team works to address the underlying reason the participant is in the system
- Multidisciplinary – Team consists of a judge, prosecutor, defense attorney, probation officer, treatment representative, coordinator/case manager, law enforcement officer, peer or mentor, and evaluator.
- SUD/MH – The participant must have a documented moderate to severe SUD or treatable behavioral spectrum mental health disorder that is related to the event that brought them into the judicial system.

HISTORY OF TREATMENT COURTS

Treatment Courts began during the 'War on Drugs' in 1989 in Miami-Dade County.

Judge Stanley Goldstein, along with others in his courtroom, grew tired of repeatedly seeing the same individuals that share three characteristics: 1) SUD that contributed to criminal charges; 2) repeatedly appearing in the criminal justice system; and 3) charged with non-violent crimes.

The adult drug treatment court model was born out of the strategy they developed that brought treatment into the courtroom and required ongoing check-ins with the judge.

From 1 court in 1989 to over 4,000 in 2025.

Adult Drug Treatment Court – 1989 Miami, FL
Family Treatment Court – 1994 Reno, NV
Juvenile Drug Treatment Court – 1995 Visalia, CA
Mental Health Treatment Court – 1997 Broward, FL
Tribal Healing to Wellness Court – 1997 Fort Hall, ID
OWI/DWI Court – 1997 Las Cruces, NM
Veterans Treatment Court – 2008 Buffalo, NY
Assisted Outpatient Treatment Court – 2008 San Antonio, TX

ADULT DRUG TREATMENT COURTS

1st Dubuque, J. Shubatt

1st Waterloo, J. Staudt

2nd Marshalltown, J. Haney

2nd Mason City, J. Rosenbladt

2nd Fort Dodge*, J. Kester

3rd Spirit Lake, J. Mayer

3rd Spencer, J. Smith

3rd Sioux City, J. Tiefenthaler

4th Council Bluffs, J. Steensland

5th Des Moines, J. Farrell

6th Cedar Rapids, J. Clay

7th Davenport, J. Bert

8th Ottumwa, J. Daily

8th Fort Madison, J. Noneman

*Hybrid ADTC/OWI Court

MENTAL HEALTH COURT

2nd Ames, J. Moore

3rd Sioux City, J. Nelson

4th Council Bluffs, J. Eveloff

7th Davenport, J. McElyea

8th Ottumwa, J. Daily

AOT Court 6th Iowa City, Hospitalization Referee

VETERANS TREATMENT COURT
OWI COURT
JUVENILE DRUG TREATMENT COURT

VTC

3rd Sioux City, J. Deck

4th Council Bluffs, J. Zacharias

JDTC

3rd Sioux City,

5th Des Moines, J. Pattison

OWI Court

5th Indianola, J. Parker

FAMILY TREATMENT COURTS

1st Waterloo, J. Fangman

2nd Mason City, J. Sauer

2nd Fort Dodge, J. Tofilon

3rd Sioux City, J. Forker Parry

3rd Storm Lake, J. Phillips

4th Audubon/Cass, J. Wyatt

5th Indianola, J. Parker

5th Des Moines, J. Pattison

6th Cedar Rapids, J. Bryner

6th Iowa City, J. Black

7th Davenport, J. Motto

8th Ottumwa, J. Owens

WHY TREATMENT COURTS?

- Reduce Recidivism
- Improve Public Safety
- Cost Savings
- Entry to Recovery and Return to Community
- Increase Rates of Employment
- Increase Stable Living Environment
- Improve Mental Health and Physical Health

SENTENCING IMPACT ON DRUG USE AND CRIMINAL RECIDIVISM

- Incarceration: 0% to 8% increase in recidivism and substance use. An incapacitation effect while in custody with return to previous behavior – and increased behavior (Abstinence Violation Effect) – upon release.
- Standard Probation: between 2% reduction and 2% increase
- Community Treatment: 7% reduction
- Community Treatment and Supervision: 10% reduction
- Treatment Courts: 13% reduction
- Risk-Need-Responsivity Matching: 28% reduction

- Incarceration and Standard Probation get 95% of cases
- *Aos et al. (2006); Cullen et al. (2011); Drake (2012); Drake (2011); Durlauf & Nagin (2011); Gendreau et al. (2000); Lipsey (2019); Mitchell et al. (2012); Rossman et al. (2011); Smith et al.. (2002, 2009)*

DRUG COURT IMPACT

Study	Methodology	No. Drug Courts	Crime Reduction
Lipsey (2019)	Meta-analysis	53	12%
Mitchell et al. (2012)	Meta-analysis	92	13%
Carey et al. (2012)	Multisite study	69	32%
Rossman et al. (2011)	Multisite study	23	13%
U.S. Govt. Accountability Office (2011)	Systematic review	32	6% - 26%
Shaffer (2006)	Meta-analysis	76	9%
Wilson et al. (2006)	Meta-analysis	55	14%
Latimer et al. (2006)	Meta-analysis	66	9%
Aos et al. (2006)	Meta-analysis	57	8%
Lowenkamp et al. (2005)	Meta-analysis	22	8%

DURATION OF IMPACT

Study	Methodology	No. Drug Courts	Duration
Mitchell et al. (2012)	**Meta-analysis**	**8**	**≥ 3 years**
Finigan et al. (2007)	Program evaluation	1	≥ 14 years
Kearley & Gottfredson (2019)	Randomized trial	2	≥ 15 years
Weatherburn et al. (2020)	Program evaluation	1	≥ 5 years (violent offending only)

OTHER TREATMENT COURTS

- OWI Courts: 12% reduction in recidivism

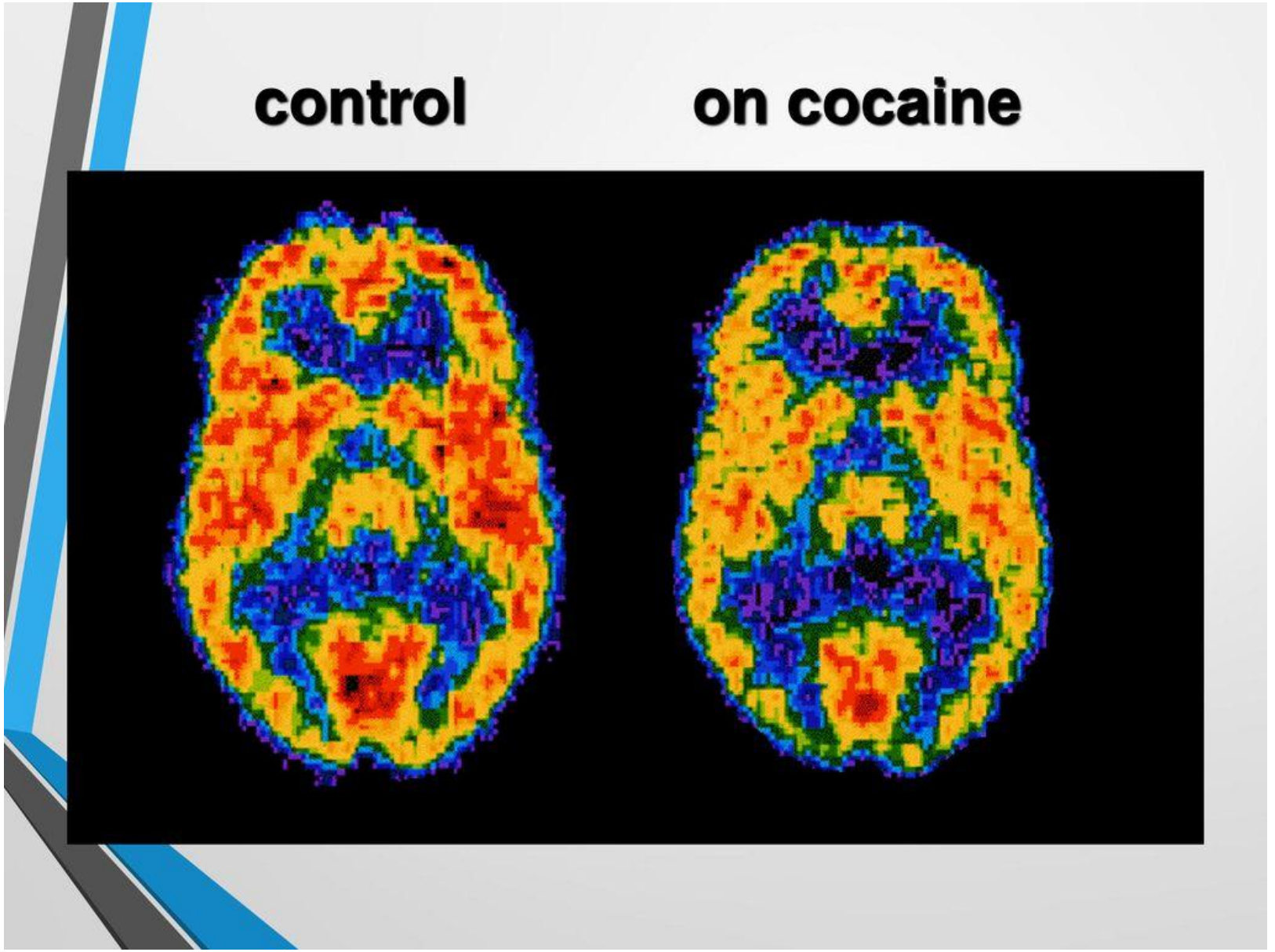
- Family Treatment Courts: 75% greater odds of reunification without increasing foster care reentry or new maltreatment report

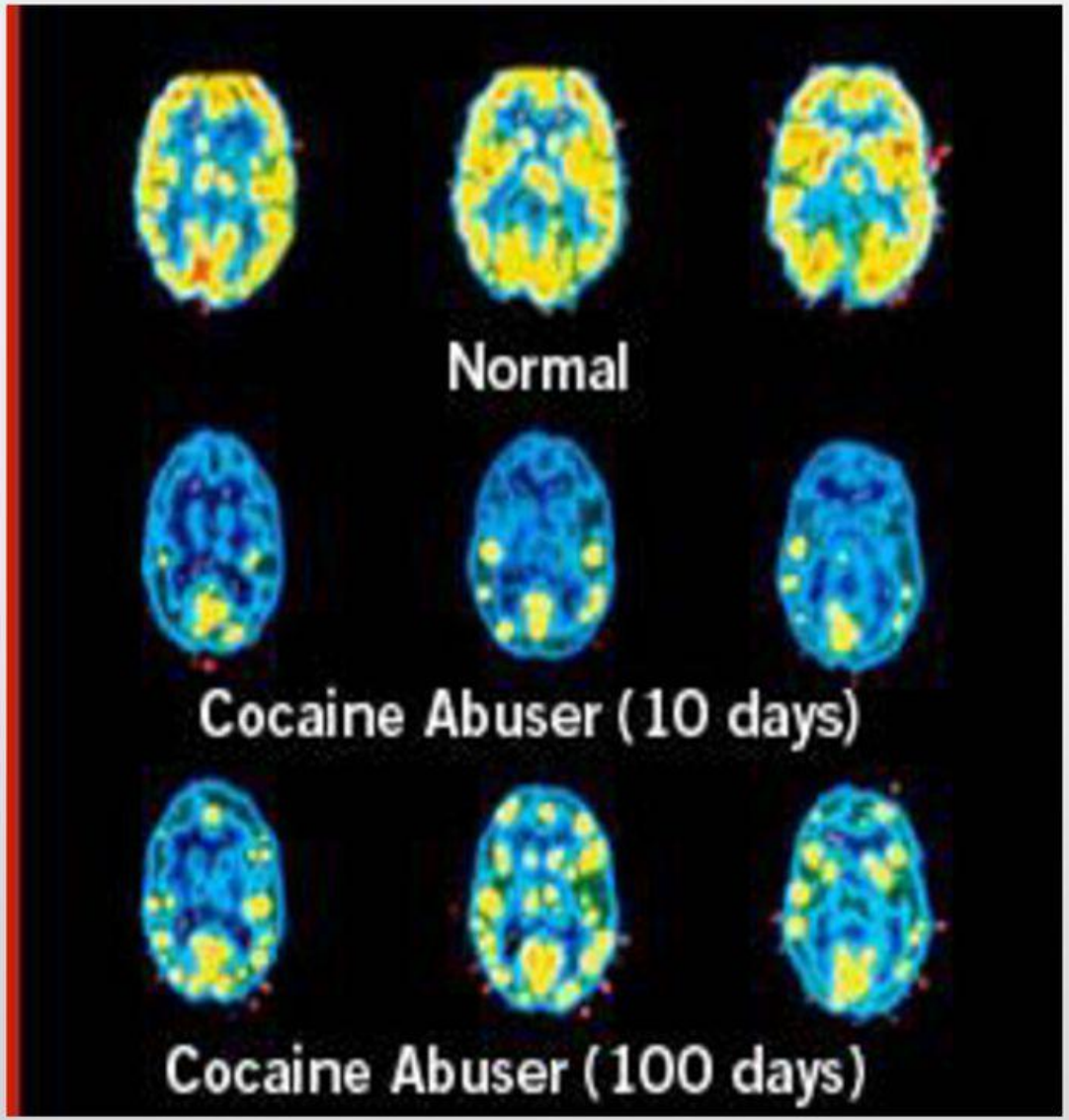
- Mental Health Courts: 20% to 43% reduced odds of recidivism. Large variance due to how serious the MH disorders are in the population served. Cost savings are not as great as drug courts due to increased treatment costs.
- Juvenile Drug Courts: 0% to 28% reduction in recidivism. As recently as 2017 OJJDP was considering dropping support for JDTC's due to a lack of Best Practices. They are now in place and when followed JDTC's are as effective as ADTC's.
- Veterans Treatment Courts: Indications that they are as, or more, effective as drug courts, but the not enough time for the long-term studies to have come in.

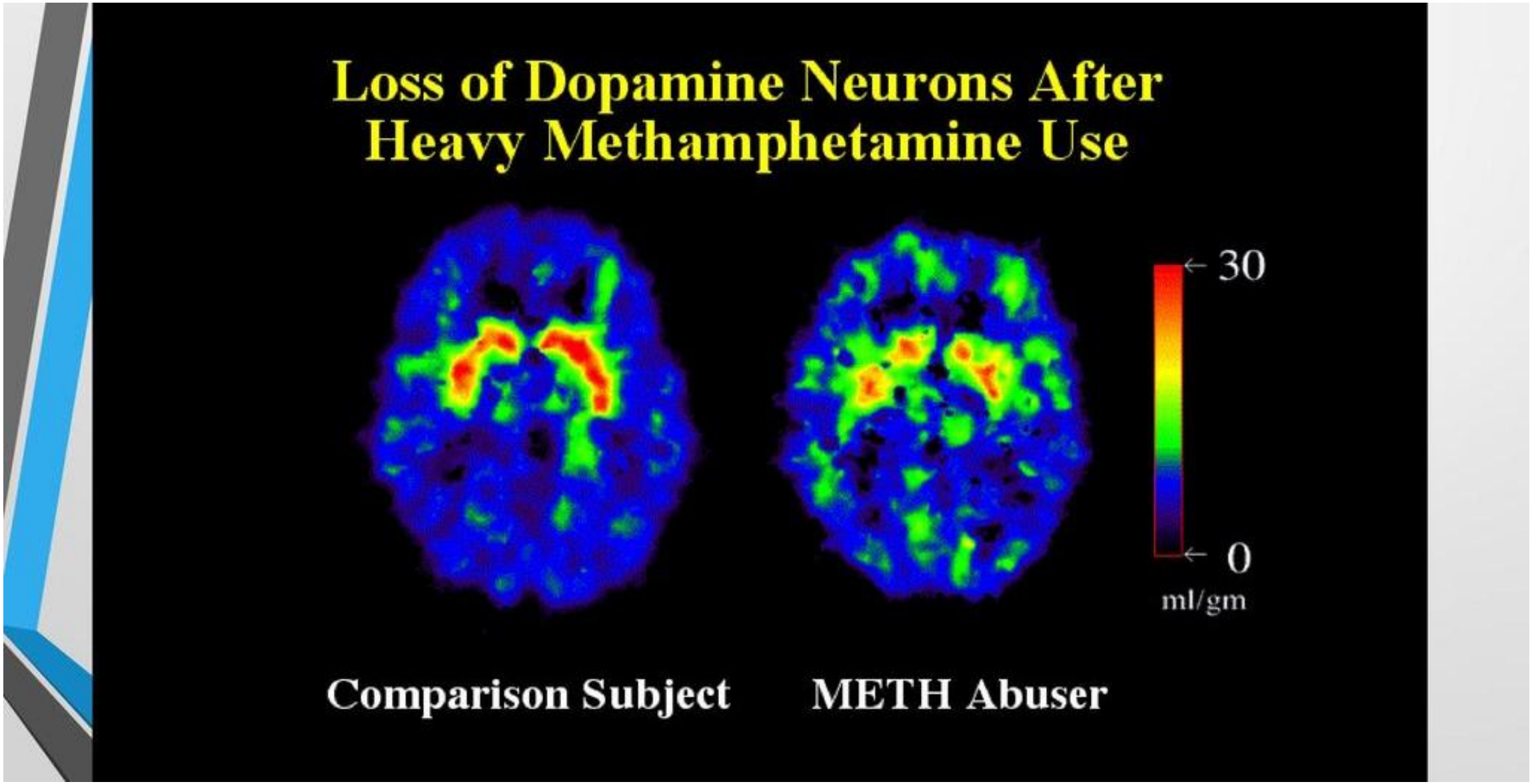
REDUCE COSTS

Time	Treatment Group Cost Per Person	Comparison Group Cost Per Person	Treatment Savings Percent Per Person	Treatment Savings Dollars Per Person
Exit	$ 38,193	$ 43,461	12%	$ 5,268
6 months	$ 41,235	$ 50,414	18%	$ 9,179
12 months	$ 42,974	$ 58,672	27%	$ 15,699
18 months	$ 44,712	$ 60,845	28%	$ 16,133

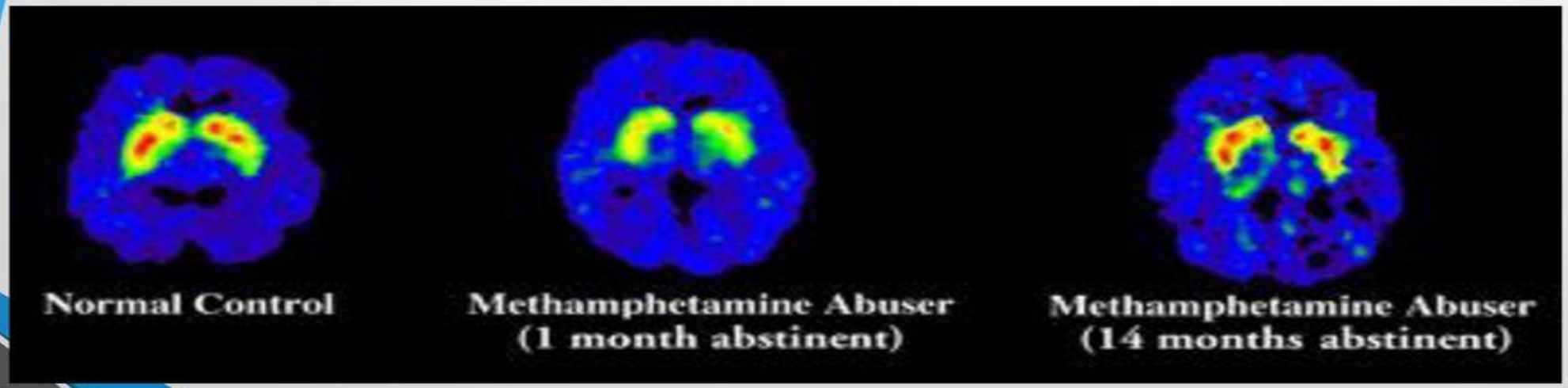
Maine Adult Drug Treatment Court Evaluation Report, December 2020, Public Consulting Group


control
on cocaine


Normal
Cocaine Abuser (10 days)
Cocaine Abuser (100 days)

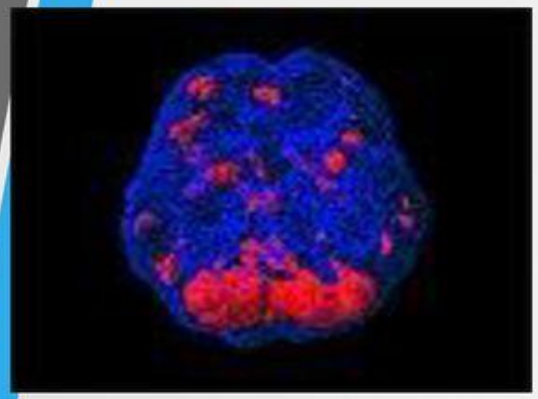

Loss of Dopamine Neurons After
Heavy Methamphetamine Use
30
0
ml/gm
Comparison Subject
METH Abuser

Treatment Works!



The brain images below show how alcohol may harm teen mental function. Compared with a young non-drinker, a 15-year-old with an alcohol problem showed poor brain activity during a memory task. This finding is noted by the lack of pink and red coloring.

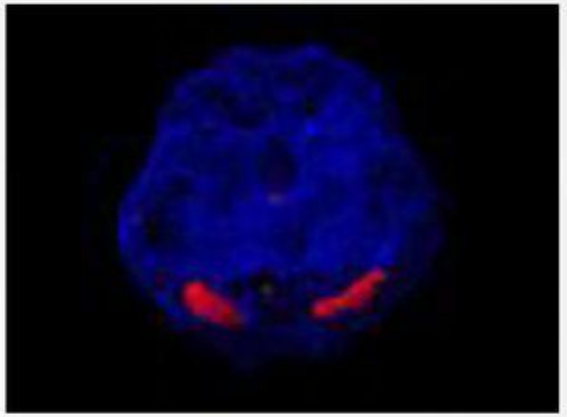
Image from Susan Tapert, PhD, University of California, San Diego.



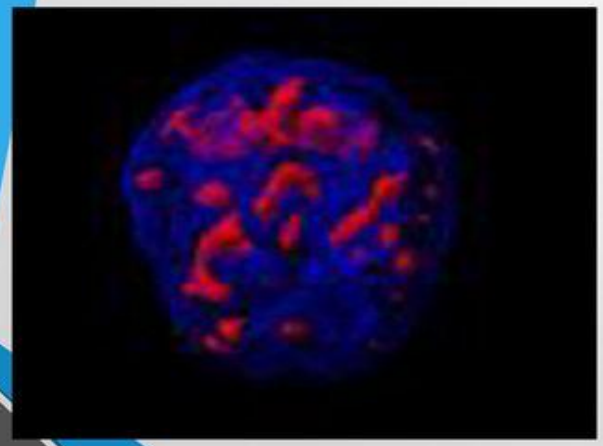
No THC in brain

57 year old physician who used for 30 years, and could not stop without anger, and anxiety

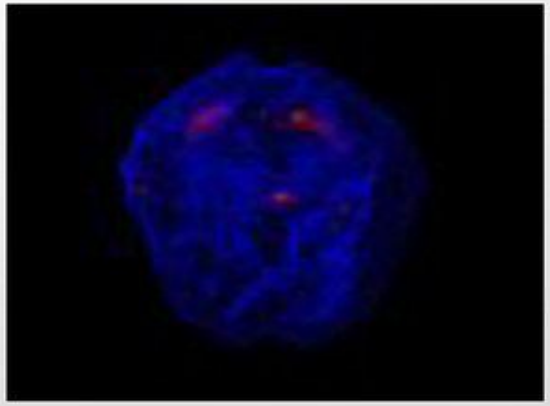
Remember: attention, memory, motivation



With THC in brain- less activity



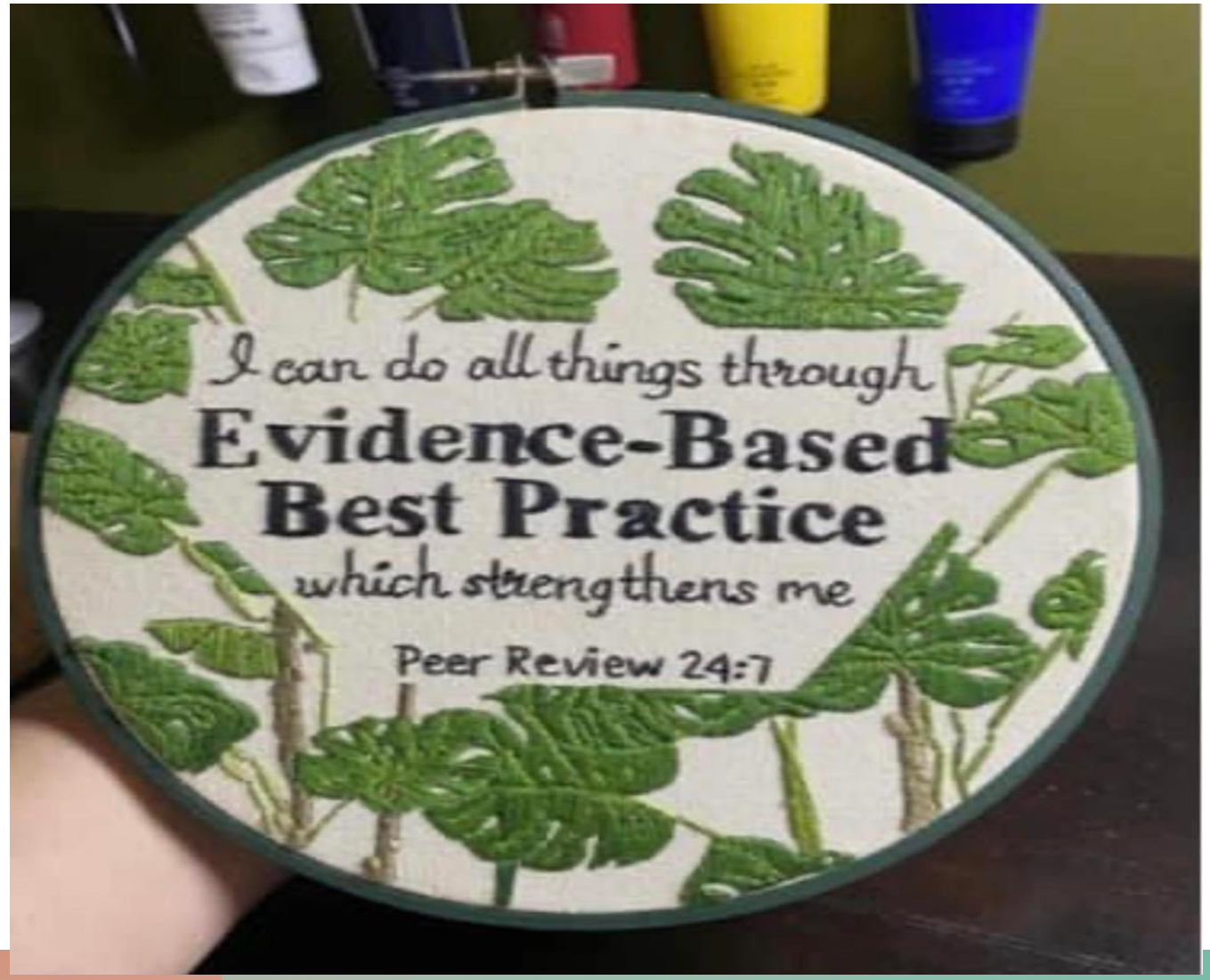
No THC in brain



With THC in brain

Source: Daniel Amen Clinics

WHY ARE TREATMENT COURT SUCCESSFUL? FOLLOW BEST PRACTICES



RECOVERY

Health – Overcoming or Managing one's Disease Symptoms

- Abstain from alcohol, illicit drugs, non-prescribed medications
- Address mental health needs
- Make informed healthy choices

Home – Having a Stable and Safe Place to Live

Purpose – Conducting Meaningful Daily Activities

- Job
- School
- Volunteerism
- Family Caretaker
- Independence, income, and resources to participate in society

Community – Having Relationships and Social Networks that Provide Support, Friendship, Love, and Hope

BEST PRACTICE STANDARDS

- Target Population
- Roles and Responsibilities of the Judge
- Multidisciplinary Team
- Substance Use, Mental Health, and Trauma Treatment and Recovery Management
- Complementary Treatment and Recovery Capital
- Community Supervision
- Incentives, Sanctions, and Service Adjustments
- Drug and Alcohol Testing
- Program Monitoring, Evaluation, and Improvement

TARGET POPULATION AND ENTRY CRITERIA

Treatment Court Eligibility

- High Risk/High Need
- Legally Eligible Charge (Jeopardy for FTC's)
- SUD and/or Mental Health Disorder

Eligibility determined by use of Validated Assessment Tools such as *AC-OK, TCU Drug Screen, GAIN-SS, RANT,* and many others

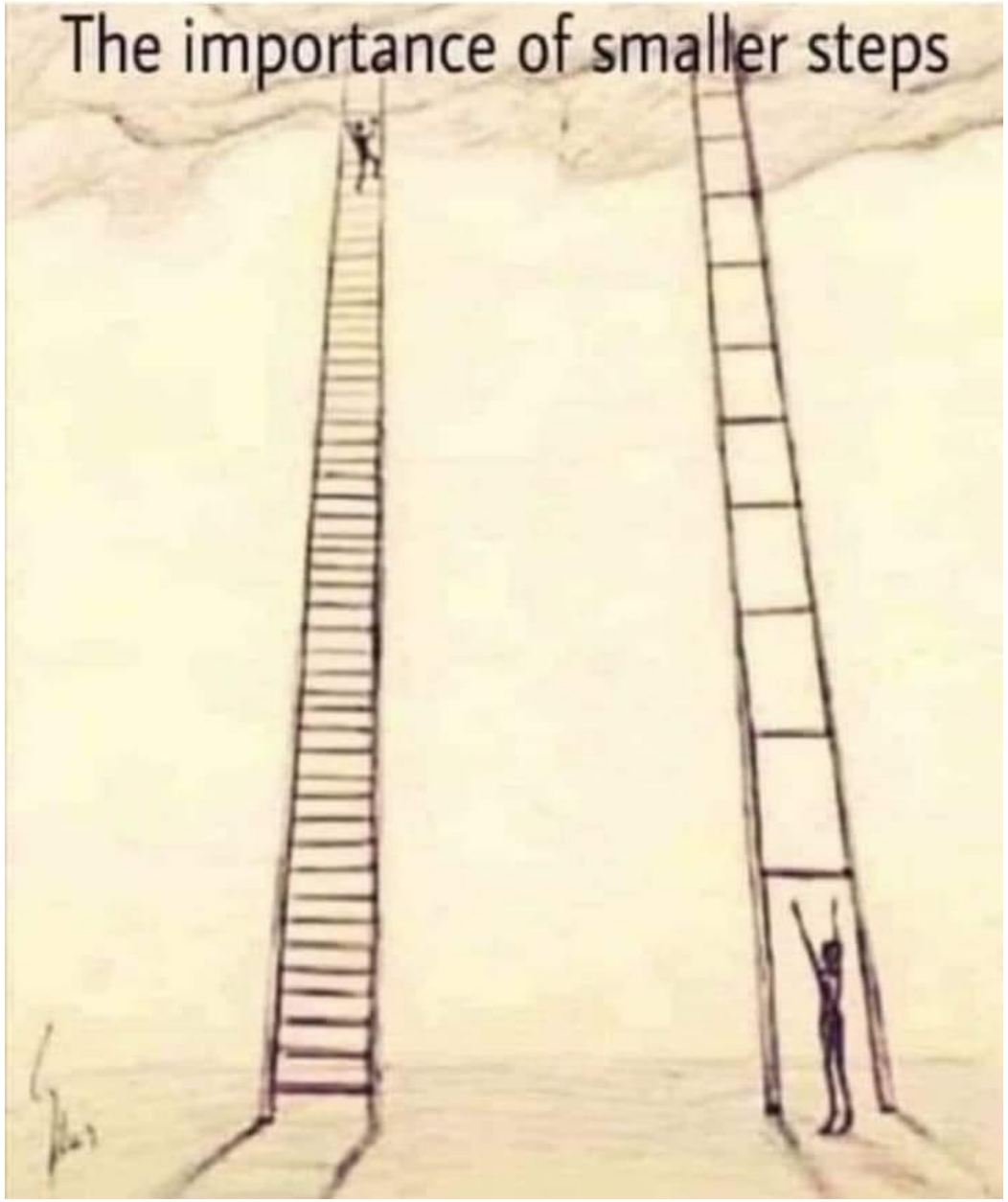
The time between arrest and program entry is 50 days or less shows a 63% reduction in recidivism.

ROLE OF THE JUDGE

EX PARTE COMMUNICATION

- Rule 22.41 Treatment Courts
- **(3)***Ex parte communications allowed*. A judge presiding over a treatment court may assume a more interactive role with the parties, attorneys, treatment providers, probation officers, social workers, and others. In this capacity, judges may initiate, permit, and consider ex parte communications. Substantive ex parte communications should be shared with the treatment court team as soon as practicable. To avoid the appearance of impropriety, judges should take care to limit ex parte communications with an active treatment court participant outside of treatment court related activities.

INCENTIVES, SANCTIONS, AND SERVICE ADJUSTMENTS



BEHAVIOR CHANGE IS THE GOAL

- 1 x 9 = 9
- 2 x 9 = 16
- 3 x 9 = 27
- 4 x 9 = 36
- 5 x 9 = 45
- 6 x 9 = 54
- 7 x 9 = 63
- 8 x 9 = 72
- 9 x 9 = 81
- 10 x 9 = 90

Positive Behavior

Focus on: "What do we want the participant to learn from this?"

*Step 1. Identify the **Behavior***

Proximal (Expect Sooner)	Moderate	Distal (Expect Later)
• Attendance at treatment • Attendance at other appointments • Home for home visits • Report to UA • Timeliness • Payment	• Honesty • Testing Negative • Participating in Prosocial Activities • Attending recovery support meetings • Employment • Progress toward Tx Goals • Progress in Tx	• Complete Tx LOC • Extended Abstinence/Neg. Tests • Treatment Goals Completed • Phase Goals Completed • Program Goals Completed • Building a recovery support network

*Step 2. Determine the **Response Level***

		Proximal (Expect Sooner)	Moderate	Distal (Expect later)
Distal ↓ Prox	Phase 1	Level 1	Level 2	Level 3
	Phase 2	Level 1	Level 2	Level 3
	Phase 3		Level 1	Level 3
	Phase 4		Level 1	Level 3
	Phase 5		Level 1	Level 3

*Step 3. Choose the **Responses** (Paired with Judicial Approval/Verbal Praise)*

3a. Therapeutic/Teaching Response

Level 1	Level 2	Level 3
• Behavior Chain • What did you learn chat	• Behavior Chain • Cost/Benefit Analysis • Reassess LOC	• Behavior Chain • Mentor Other Participants • Reassess LOC

3b. Supervision Responses

Level 1	Level 2	Level 3
• Change in Curfew Status • Inspirational/celebratory text from supervision/case manager	• Reduced Contacts • Reduction in Home Visits	• Reduced Contacts • Reduce Home Visits • Reduce in External Monitoring Devices

3c. Incentive Response

Level 1	Level 2	Level 3
• Judicial approval (always) • Celebratory text from team • Fish Bowl • Decision Dollars • Handshake • Small tangible items (Candy) • On the A Team	• Choice of Gift Certificate • Example for others in court • Written Praise • Positive Peer Board • Certificate • Reduction in CS hours • Reduction in program fees	• Framed Certificate • Travel Pass • Larger Gift Certificate • Position as Mentor to New Participants

*NPC Research: Contact Shannon Carey (carey@npcresearch.com). Adapted from a matrix originally developed by the Harris County TX Treatment Court. Training is recommended before use. Please do not change or revise without permission. While individual responses can change, the steps and their order should remain.

Inappropriate Behavior

Focus on: "What do we want the participant to learn from this?"

*Step 1. Identify the **Behavior***

Low (Less Immediate)	Moderate	High (More Immediate)	Very High
• Late for Scheduled Event • Missed payment	• Missed UA • Failure to Complete Assignments	• Unexcused Absence tx • Alcohol Use • Drug Use • Tamper with UA/device • Dilute UA • Dishonesty	• Criminal behavior (new crimes, drinking and driving) • New Arrest

*Step 2. Determine the **Response Level***

		Low	Moderate	High	Very High
Distal ↓ Prox	Phase 1	Level 1	Level 2	Level 2	Level 4
	Phase 2	Level 1	Level 2	Level 3	Level 4
	Phase 3	Level 2	Level 3	Level 4	Level 5
	Phase 4	Level 3	Level 4	Level 5	Level 5
	Phase 5	Level 3	Level 4	Level 5	Level 5

*Step 3. Choose the **Responses** (paired with Judicial Verbal Disapproval and Explanation)*

3a. Therapeutic/Teaching Responses

Level 1	Level 2	Level 3	Level 4	Level 5
• Behavior Chain • Cost/Benefit Analysis • Skill Development • Homework/Practice • Homework chats	***Level 1 plus:*** • Discuss LOC Review • Thinking Report • Doing things for others (homeless kits, letters to nursing home	***Level 1, 2, plus:*** • Discuss Referral Medication Eval • Treatment Team Review/Round Table	***Level 1, 2, 3, plus:*** • Discuss Re-Assessment	

3b. Supervision Responses

Level 1	Level 2	Level 3	Level 4	Level 5
• ≤ 1 additional report days/week • Homework chats	• ≤ 2 additional report days/week • Home Visit • Curfew • (FTC) Increased supervision at child visits	• ≤ 3 additional report days/week • Continuous Testing • GPS • Home Visit • Increase UA frequency • Additional Court Report • Case Conference	• ≤ 4 additional report days/week • Electronic Monitor Device • Case Conference • Curfew	

3c. Sanction Responses (Judicial Disapproval)

	Level 1	Level 2	Level 3	Level 4	Level 5
Community Service	≤ 4 hrs	≤ 8 hrs	≤ 16 hrs	≤ 24 hrs	≤ 32 hrs
Curfew	≤ 3 days	≤ 5 days	≤ 7 days	≤ 10 days	≤ 14 days
House Arrest	≤ 24 hrs	≤ 72 hrs	≤ 5 days	≤ 7 days	≤ 14 days
Jail			≤ 24 hours	≤ 3 days	≤ 5 days
Other				Review Placement	Termination

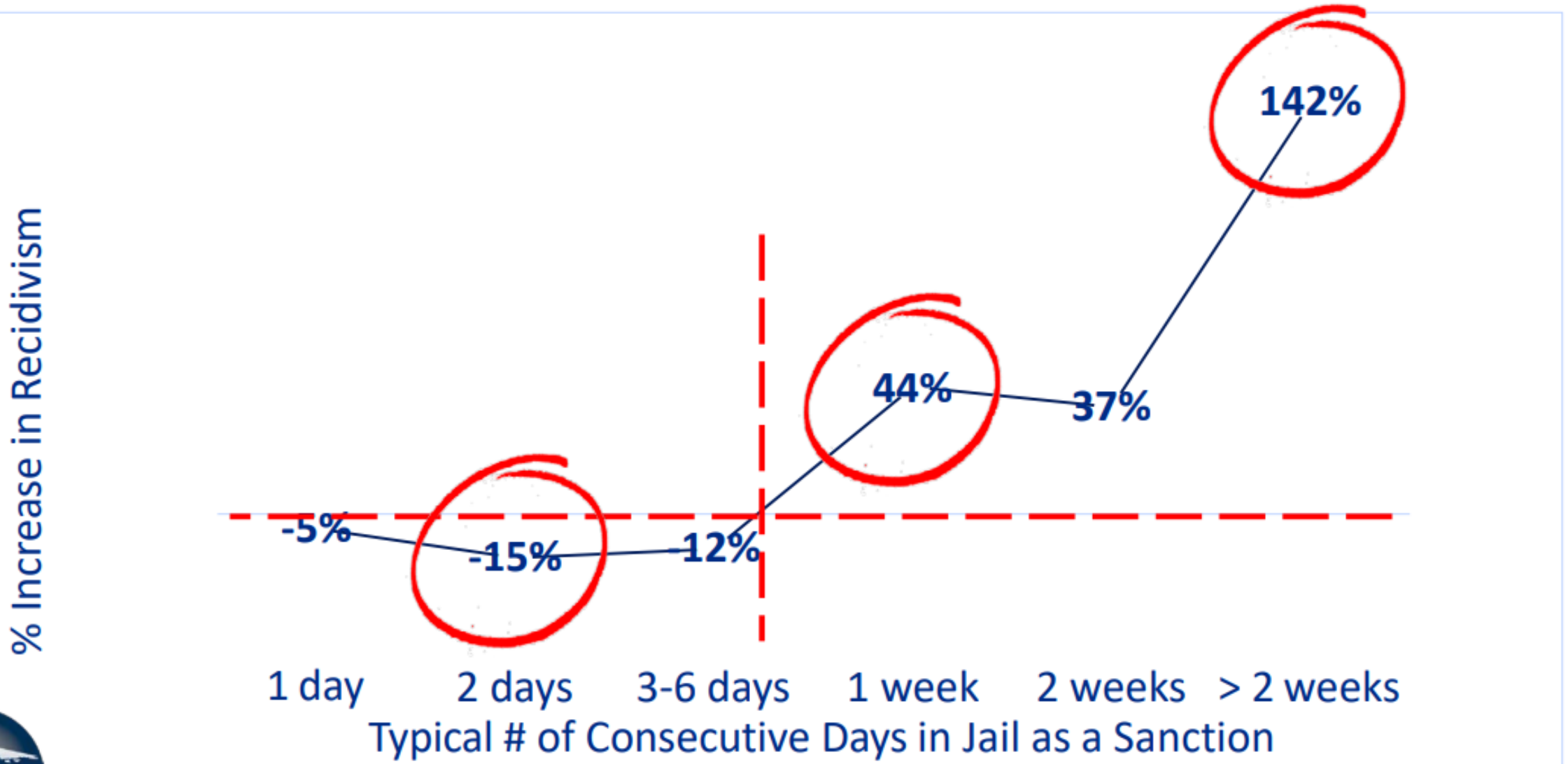
*NPC Research: Contact Shannon Carey (carey@npcresearch.com). Adapted from a matrix originally developed by the Harris County TX Treatment Court. Training is recommended before use. Please do not change or revise without permission. While individual responses can change, the steps and their order should remain.

THE USE OF JAIL AS A SANCTION

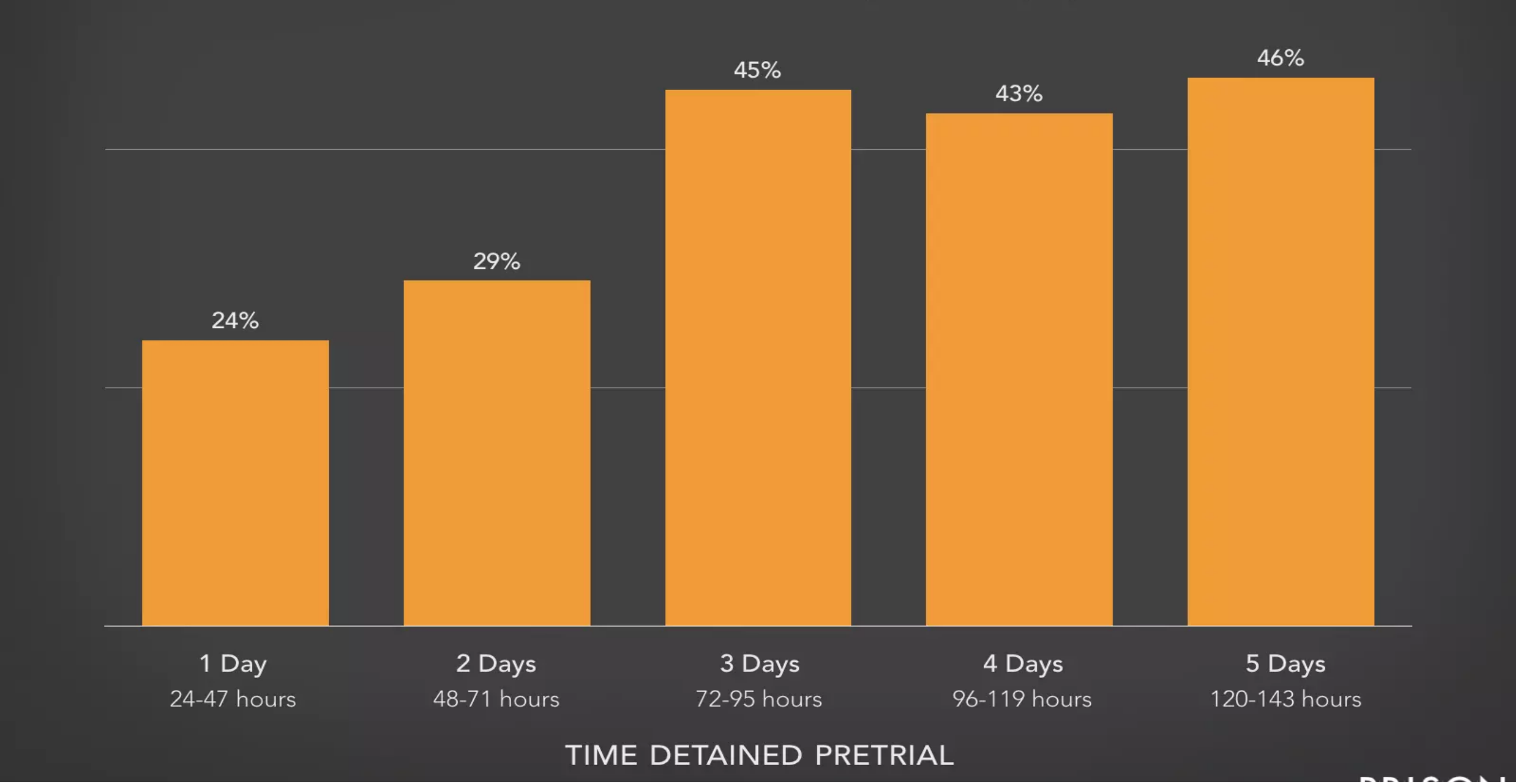
- JAIL DOES NOT WORK TO IMPLEMENT LONG TERM BEHAVIOR CHANGE
- Once the jail term is completed, the impact on behavior is completed; increasing the length of jail stay has no statistically significant impact on compliance
- If jail is to be used, it should be in short increments and only for failure to comply with proximal expectations.

Lessons learned in jail:

- Chaos, violence, injury, trauma
- Life disruptions with possible loss of housing, kids, jobs, relationships, Medicaid
- Learned helplessness
- Access to drugs



*Not the best public safety choice in the long run



The Hidden Costs of Pretrial Detention Revisited, Christopher Lowenkamp (March 21, 2022)

WHAT ABOUT RISK OF OVERDOSE?

- Forced abstinence from incarceration or mandatory hospitalization is the main driver of OD risk. https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304514
- Compared to the rest of the adult population, the opioid-related overdose death rate is 120 times higher for persons released from prisons or jails. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC153851/
- In the first two weeks after being released from prison, former inmates were 40 times more likely to die of an opioid overdose than someone in the general population. https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304514
- A full year after release, overdose death rates remained 10-18 times higher among formerly incarcerated individuals. https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304514
- Inmates frequently overdose in the jail or they can die from withdrawal in the jail. https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304514

HOLD FOR TREATMENT BED?

- Jail is NOT treatment.
- Holding someone in custody for a symptom of an illness violates the 6th Amendment, the 8th Amendment, ADA
- Unlawful detention exposes Treatment Courts to class action lawsuits, such as *Hoffman v. Knoebel*, 894 F.3d 836 (2018). The case was dismissed on technical grounds, however, the Court had harsh words for the Treatment Court officials concerning unlawful detention practices, noting "We have no doubt plaintiff's constitutional rights were violated."
- The 8th Amendment prohibits cruel and unusual punishment for those convicted of a crime
  - 8th Amendment analysis in Estelle v Gamble, 429 U.S. 97 (1976)
  - Deliberate indifference to serious medical prisoners constitutes unnecessary and wanton infliction of pain prescribed by the 8th Amendment

IMPORTANCE OF THE TEAM

TREATMENT COURT TEAM MEMBERS

- Judge
- Prosecutor
- Defense Attorney
- Treatment Provider
- Case Manager
- Probation Officer
- Coordinator
- Law Enforcement Officer
- Veterans Justice Outreach (VJO)
- Mentor/Peer Support
- Evaluator

TEAM MEMBER IMPACT

- Judge: When the judge spends an average of 3 or more minutes in court per participant, costs savings go up 36% and recidivism goes down by 153%; When assigned voluntarily, recidivism goes down 84%; When term is indefinite, recidivism goes down 35%

- Prosecutor: When the prosecutor attends Staffing, cost savings go up 171%; attends court sessions, recidivism goes down 35%

- Defense Attorney: When the defense attorney attends Staffing, cost savings go up 93%; attends court sessions, recidivism goes down 35%

- Treatment: When the treatment provider communicates with the team by email recidivism goes down 119%

- Treatment: When treatment attends the court sessions recidivism goes down by 100%; When offers concurrent mental health treatment, recidivism goes down 80%

- When all team members attend Staffing recidivism goes down by 35%

- LEO: When a LEO is on a team, recidivism goes down 88%; When LEO attends court session, recidivism goes down 83%.

Recidivism reduction and cost saving are relative to courts that do not follow these practices,
NPC Research Key Component Study, 2008

5 PHASE PROCESS

Phase 1: Acute Stabilization and Orientation (Stabilization)

- Approximately 30 to 60 Days (Phasing up is based on goals, not days)
- Court: Weekly or as Directed
- Random Drug/Alcohol Testing Twice a Week (Minimum)
- **Show Up! Be Honest!**
- Complete Orientation of Program
- Complete Comprehensive Screenings
- Treatment and Case Management Plans Developed with Participant Input
- Crisis Intervention (Housing, Physical, or Mental Health)
- Begin Attending Pro-Social Activities

Phase 2: Psychosocial Stabilization (Responsivity Needs)

- Approximately 90 Days
- Court Weekly or as Directed
- Random Drug/Alcohol Testing Twice a Week (Minimum)
- Continue Crisis Stabilization
- Reliable Attendance at Treatment
- *Develop Therapeutic Alliance with at least one Team Member*
- *Clinical Stability – no longer experiencing persistent craving/withdrawal*
- Attend Pro-Social Activities

Phase 3: Prosocial Habilitation (Criminogenic Needs)

- Approximately 90 Days
- Court Every Other Week or as Directed
- Random Drug/Alcohol Testing Twice a Week (Minimum)
- *Begin Addressing Criminogenic Needs*
- *Work on Changing People, Places, and Things*
- Daily Activities Primarily Prosocial
- Abstinence Efforts

Phase 4: Life Skills (Maintenance Needs)

- Approximately 90 Days
- *Court Monthly or as Directed*
- Random Drug/Alcohol Testing Twice a Week (Minimum)
- *Address Life Skills (illiteracy, vocational, educational)*
- Continued Engagement in Treatment
- *Increased Return to Community with Lower Supervision*
- Early Remission (90 days or more without clinical symptoms)

Phase 5: Recovery Management

- Approximately 90 Days
- Court Monthly or as Directed
- *Alcohol and Other Substance Testing Randomly*
- Engagement in Peer Support Community
- Attendance at Continuing Care Services
- Restorative Justice Activities
- Abstinence Maintenance

WHY DO WE DO THIS WORK?

LINKS AND RESOURCES

- All Rise, formerly National Association of Drug Court Professionals (NADCP): https://www.allrise.org
  - Impaired Driving Solutions – OWI/DWI Court
  - Treatment Court Institute – Research and Training
  - Justice for Vets – Veterans Treatment Courts
  - Center for Advancing Justice – Emerging Innovations
- National Treatment Court Resource Center: https://ntcrc.org
- Treatment Courts Online: https://treatmentcourts.org
- Children and Family Futures: https://www.cffutures.org
- OJJDP: https://ojjdp.ojp.gov/programs/juvenile-drug-treatment-courts
- National Center for State Courts: https://www.ncsc.org/behavioralhealth