

Burning Issues in Treatment Courts

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Challenge One : Treatment:

- Assessment driven treatment decisions
- Enough treatment to match assessments
- Enough treatment of the type needed
 - Trauma-full continuum (shared with probation-some non-clinical staff)
 - Mental health, including medication management
 - Culturally competent treatment for different populations (HEAT, Gender specific)
 - Criminal thinking- Moral Reconciliation Therapy (corrections, non-clinical staff)
 - Life skills (non-clinical)
- Access in a timely manner
- Medically Assisted treatment of all types
- Use of evidence-based treatment only, and caseload standards
- Clinical oversight, and *fidelity to the model(s)*

Challenge Two: Law

- Local “reform” initiatives and legalization
- Due Process
- 8th Amendment
- Americans with Disabilities Act
- Rehabilitation Act
- 1983 Civil Rights Claims

Challenge Three: Police and Probation

- Lack of appropriate and timely field services and supportive recovery environment assessments.
- Caseload size (see above)
- “blame probation syndrome” for prison crowding direct threat
- Lack of evidence-based practices driven by assessments and Risk-Needs-Responsivity.

Challenge Four: Target Populations

- Hitting the correct targets
 - HR/HN
 - Other tracks based on diagnosis
 - Gender specific tracks
 - DON'T mix populations! Risk and need are contagious.
- Assessment driven decisions
- Exclusion and omission concerns-disparate service which becomes a legal issue.

Challenge Five: Continued operations:

- Ongoing funding
- Need to treat more and bring to scale
- What have you done for me lately?
- “boutique” status
- Keeping up with research
- Moving to Adult Best Practice Standards
 - Have you read them?
 - Have you started to examine data?

Managing to roll with the punches in a distanced environment.

- The upside of moving to electronic communications
- The downside of moving to electronic communications.
- The changes seem never ending and the caseloads increasing.
- The losses mount in failures to appear, suicides, overdoses, and staff burnout.
- Team stress and illness both real and threatened.