

# WYOMING JUDICIAL BRANCH



# TREATMENT COURT STANDARDS

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## PREAMBLE

All [treatment courts](#) operating in Wyoming may operate only by order of the Wyoming Supreme Court and must adhere to these [standards](#) and operate as [treatment courts](#) consistent with the definitions included herein. They shall comply with all requests for data, establish processes for recording performance measures, and participate in initiatives designed to measure their alignment with these [standards](#), as specified by the Wyoming Supreme Court.

[Treatment courts](#) may operate under tribal authority without adhering to these [standards](#); however, they are invited to participate in any professional development opportunities, quality engagement initiatives, or other operational enhancements offered by the Wyoming Judicial Branch staff with questions regarding these [standards](#).

The Wyoming Treatment Court [Standards](#) provide guidance to best practices and are founded upon the 10 Key Components of Drug Courts and consistent with the [Adult Treatment Court Best Practice Standards](#), Volume 1 & 2, developed by All Rise (formerly the National Association of Drug Court Professionals), as well as the Family Treatment Court Best Practice [Standards](#) and [Juvenile Drug Treatment Court Guidelines](#).<sup>1</sup>

The core of the [treatment court](#) model is defined by the 10 Key Components of Drug Courts, while the [Adult Treatment Court Best Practice Standards](#) provide research-based practices on how to implement the [drug court](#) model effectively. The 10 Key Components are applicable to all [treatment courts](#) regardless of type (e.g., adult, young adult, [behavioral health](#), family, juvenile, DWI, veteran, etc.). These [standards](#) include additional research and specific guidance for those [treatment courts](#) that serve juveniles, families, veterans, and so forth. Practices that are specific to the court type are noted as such within this document. In addition, when the research or guidance is applicable across court types it has been integrated within the general [standards](#).

These [standards](#) and best practices are based upon numerous program evaluations and years of research findings. These [standards](#) are intended to serve as ideal expectations and may be aspirational in limited cases. Exceptions to these standards may be necessary due to individual circumstances, local challenges, and the specific [needs](#) of the population being served. Caution should be exercised when deviating from the [standards](#) to avoid drifting from best practice, and any questions regarding the need to deviate from these [standards](#) shall be addressed to the Wyoming Judicial Branch.

Each section of the Wyoming Treatment Court [Standards](#) corresponds with one of the 10 Key Components of Drug Courts. The [standards](#) provide greater detail about each key component and include best practices recognized through research.

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<sup>1</sup> National Association of Drug Court Professionals, 1997; <http://www.nadcp.org/Standards>; <https://www.nadcp.org/standards/family-treatment-court-best-practice-standards/>; and <https://ojjdp.ojp.gov/programs/juvenile-drug-treatment-court-guidelines>

The main purpose for the best practice [standards](#) is to maintain a level of consistency of practice throughout the state of Wyoming, and to ensure a level of quality that each court applies as it serves in this function for those receiving services. The Wyoming Judicial Branch is always striving to assist courts in the most up to date practices and processes to enhance the work done by [treatment court](#) practitioners.

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## **Key Component #1: Treatment courts integrate alcohol and other drug treatment services with justice system case processing.**

**1-1** [Treatment courts](#) shall align with, and not contradict or supersede, Wyoming statute related to the judiciary and treatment courts. [Treatment courts](#) shall work cooperatively with local, traditional court systems to enhance appropriate referrals and to coordinate court schedules and hearings.

**1-2** [Treatment courts](#) shall meet the minimum [standards](#) of the judicial branch listed in Wyo. Stat. § 5-12-106 and the Rules Governing Court Supervised Treatment Court Programs, which require the cooperation and support of many other agencies and programs.

Wyo. Stat. § 5-12-106

**(a)** Attorneys, participating judges and referring judges shall adhere to the [standards](#) set forth in the Wyoming Rules of Professional Conduct for Attorneys at Law, the Wyoming Code of Judicial Conduct and any rules adopted by the supreme court governing program practices.

**(b)** The referring judge in a particular case may be the participating judge in that participant's treatment program, provided the participating judge shall not act upon any motion to revoke probation that may be filed in the original criminal or juvenile case, nor in sentencing or disposition.

**1-3** Participating Agency staff designated to the [treatment courts](#) shall be assigned based on personal interest in the [treatment court](#) program, interpersonal skills, motivation, and professional abilities or licensure. Staff job descriptions shall include the [treatment court](#) program role and responsibilities.

**1-4** Wherever feasible, participating agencies shall make full or part-time staff assignments to the [treatment court](#) for a minimum of 2 years to ensure stability and continuity of day-to-day operations and to strengthen collaborative relationships between the key professionals.

**1-5** [Treatment court](#) budgets should consider the funding needed to support professional development needs, to whatever extent possible, of the following personnel: public defender, prosecution, [treatment court coordinator](#), treatment staff, probation/parole, law enforcement, judge/magistrate, and court staff who support the [treatment court](#) (such as language access services). Treatment courts must follow the funding formula specified by the state and include a local match in funding requests (Wyo. Stat. § 7-13-1605). See Appendix F for funding details.

**1-6** Any Wyoming treatment court receiving funding, training, or technical assistance from a federal agency or national partner shall inform the Wyoming Judicial Branch and request a letter of support and/or commitment.

**1-7** The [treatment court](#) team shall include the following roles/agencies: participating judge, prosecuting attorney, attorney who practices criminal defense or serves as guardian ad litem, representative of the treatment providers, probation officer or other person who supervises participants, the program coordinator, and other persons determined necessary and helpful by the participating judge. (Wyo. Stat. § 5-12-111(a)). Depending on type of [treatment court](#), other appropriate key stakeholders should be added to the team (e.g., child welfare, CASA, guardian ad litem, housing providers, etc.).

- a. Juvenile: Team should include representation from local school systems with the goal of overcoming the educational barriers participants face.
- b. [Tribal Healing to Wellness Court](#) (THWC): Some tribes do not have the roles analogous to the prosecutor, defense counsel, and probation. In these cases, look to see that there is someone serving the role of community advocate (ensuring public safety), participant advocate, and supervision/support for completing program requirements.
- c. [Veterans Treatment Court](#) (VTC): Forge partnerships with Veterans Affairs, the local Veterans Service Organization (VSO), and other local organizations that support veterans. Include a representative on the team from the US Department of Veterans Affairs, such as the local veterans' justice outreach specialist (VJO), and a mentor coordinator.

**1-8** [Treatment courts](#) shall create clear job descriptions, including duties and expectations, for each member and role of the team. Job descriptions shall be reviewed annually and revised as necessary. Team members shall have access to all other members' job descriptions. Policies and procedures related to job duties shall be developed and reviewed annually. [Treatment court](#) teams shall strive to maintain appropriate competencies in each team role.

**1-9** [Treatment court](#) shall adopt written policies and procedures for staff responsible for probation or surveillance duties. Nothing in this section, or in the treatment court's policies and procedures created in response to this section, shall be construed to limit the statutorily allowed powers of certified officers who are fulfilling probation or surveillance duties on behalf of the treatment court program.

**1-10** All participating agencies should support [treatment courts](#) by making appropriate adjustments to internal policies, practices and procedures to ensure successful day-to-day operation of the treatment court.

**1-11** [Treatment court](#) team members and participating agencies should make appropriate adjustments to internal policies, practices, and procedures to ensure successful day-today operation of the treatment court program.

**1-12** The sponsoring court and participating agencies shall:

- a. Require agency-wide communication and cooperation among dedicated [treatment court](#) program personnel, including treatment providers, in a timely manner.
- b. Cooperate with the collection and maintenance of statistical and evaluation information based on statewide [standards](#).
- c. Establish Agency-level Memoranda of Understanding (MOU) or standard contracts. All participating agencies involved in the [treatment court](#) must have a clear understanding and follow a commitment to the Wyoming Treatment Court [Standards](#) and philosophies of practice. Their commitment to do so will be memorialized in either an MOU or a standard contract specifying interagency information-sharing, expectations, and procedures for ensuring the continuity of care and that all legal policies are followed, including confidentiality and other [standards](#) necessary to the operation of each [treatment court](#).
- d. Establish Team-level Acknowledgments to ensure that all team members are aware of role expectations. Each individual serving on the [treatment court](#) team will sign an acknowledgement describing team member roles and duties, and specifying what information will be shared among team members to ensure the continuity of care and all legal policies, including confidentiality and other [standards](#) necessary to the operation of each treatment court at the time they become a team member. The acknowledgment should also include team member commitment to the treatment court philosophy and practices, ongoing system improvement, collaboration, and expectations for ongoing professional development. This acknowledgement is equivalent to memorandums of understanding (team MOUs) described in the national best practice [standards](#) and required by BJA to receive grant funds.
- e. Engage in cross-training and interdisciplinary education.
- f. Utilize a family-centered approach.
- g. Juvenile: Deliberately engage and work collaboratively with parents/guardians/caregivers throughout the court process (court hearings, supervision/discipline of child, and treatment programs), including addressing the specific barriers to their full engagement.

**1-13** The [treatment court](#) team and board of directors, where a program has a board of directors, shall collaboratively develop, review, and agree upon all aspects of the treatment court program operations. The team shall create a written policy and procedures manual and

**1-13** The [treatment court](#) team and board of directors, where a program has a board of directors, shall collaboratively develop, review, and agree upon all aspects of the treatment court program operations. The team shall create a written policy and procedures manual and review it annually. The policy and procedures manual shall include and treatment courts shall the following requirements be amended if necessary.

- a. [Treatment court](#) programs shall use validated, complete assessment tools to measure [risk](#), [needs](#), responsiveness, and protective factors for each participant prior to Program entry.
- b. [Treatment court](#) programs shall provide, either in house or by contract, manualized treatment curriculums, with fidelity to the model, which are recognized as consistent with best practice [standards](#). Programs are encouraged to add content to a manualized treatment curriculum to effect greater participant interest and engagement.
- c. [Treatment court](#) shall avoid the interaction of participants with low and [high-risk needs](#).
- d. Screening and assessment results shall be used for both [treatment court](#) program [eligibility](#) and to determine level and type of care and supervision. Screening and diagnosis of clinical [needs](#) should take place prior to program entry.

**1-14** All [treatment court](#) program team members shall attend and participate at each scheduled pre-court staff meeting and status hearing in accordance with Wyo. Stat. § 5-12-111(b). At a minimum, pre-court staff meetings shall occur at the same frequency as, and in advance of, scheduled status hearings and the entire program team shall be in attendance. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. Team members should contribute relevant information, insights, observations, and recommendations based on their professional knowledge, training, and experience.

**1-15** [Treatment courts](#) shall not discriminate based on any individual's race, ethnicity, gender, gender identification, sexual orientation, sexual identity, physical or mental disability, religion, drug of choice, or socioeconomic status.

**1-16** [Treatment courts](#) will follow confidentiality laws and practices as described in Wyo. Stat. 5-12-112; Wyoming Rules Governing Access to Case Records, Access Security Matrix.

**1-17** Key documents for participants (and families), such as release of information, participant contract, and participant handbook, shall to the extent possible be translated into their native language of participants/families.

**1-18** [Treatment courts](#) shall have a written consent or release of information form in accordance with Wyo. Stat. § 5-12-109(c); participants provide voluntary and informed consent about what information will be shared between team members. Participants shall be informed of any exceptions, including mandatory reporting of explicit safety concerns or as specified by law.

**1-19** The release of information shall include an acknowledgment that participant information may be disclosed to Wyoming Judicial Branch staff when necessary to provide consultation, court/staffing observation, and/or for evaluation purposes.

**1-20** [Treatment court](#) shall follow all confidentiality laws and practices. (See, Public Health Service Act, 42 U.S.C. 290dd-2 and 290ee-3; and federal regulations at 42 C.F.R. Part 2). Treatment court program information and records shall remain confidential, except as authorized for disclosure under these [standards](#) and as allowed for in law, as authorized for the purposes of research or evaluation. The treatment court judge, in conjunction with the [treatment court coordinator](#), shall supervise the application of confidentiality laws and [standards](#) in the treatment court program.

**1-21** [Treatment courts](#) shall receive training on federal and Wyoming confidentiality requirements, to include Wyo. Stat. § 5-12-112 and how they affect treatment court program practitioners.

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

**2-1** A prosecuting attorney and a defense counsel shall be assigned as members of the [treatment court](#) program team and shall participate in the design, implementation and enforcement of the treatment court's screening, [eligibility](#), and case-processing policies and procedures.

**2-2** The prosecuting attorney and defense counsel shall work to create a sense of stability, cooperation, and collaboration in pursuit of the [treatment court](#) program's goals. The pursuit of justice, due process and protection of public safety, as well as the preservation of the constitutional rights of treatment court participants will be ensured by both attorneys.

**2-3** The prosecuting attorney and defense counsel should attend all team meetings (pre-court staff meetings and status hearings).

**2-4:** The prosecuting attorney shall assist in determining whether a defendant is eligible for entry to the [treatment court](#) program; agree that a positive drug test or open court admission of drug use should not result in the filing of additional drug charges; and work collaboratively with the team to decide on a team response to participant behavior including [incentives](#), [sanctions](#), or when termination from the treatment court program is warranted.

**2-5** The [Treatment Court](#) Program participant's defense attorney should review the police reports, arrest warrant, charging document, child protective services allegation and case documents, all treatment court documents, and other relevant information; advise the defendant as to the nature and purpose of the treatment court, the rules governing participation, the merits of the treatment court including the potential long-term benefits of sobriety and a drug-free life, the consequences of failing to abide by the treatment court rules, and how participation or non-participation will affect their interests including participant the coordinated strategy for responding to positive alcohol and other drug tests and other instances of noncompliance, including how [sanctions](#) are utilized and applied; provide a list of and explain all of the rights that the defendant will temporarily or permanently relinquish; advise the participants on alternative options; explain that the prosecution/ child protective services attorney has agreed that a positive drug test or admission to drug use in open court will not lead to additional charges, and therefore encourage truthfulness with the judge and treatment staff; and, inform the participant that they will be expected to take an active role in status hearings, including speaking directly to the judge as opposed to doing so through an attorney, and work collaboratively with the team to decide on team response to participant behavior including [incentives](#), [sanctions](#) and when or whether termination from the treatment court is warranted.

**2-6** The [treatment court coordinator](#) or a designated team member shall ensure that the participant's file, which is kept confidential in a secured location and is complete and includes all admission documents, program acceptance, and enrollment forms (for example, waivers, contracts, consent forms, and written agreements) in accordance with 42 CFR and other WY statutes.

**2-7** Both the prosecuting and the defense attorneys shall perform their tasks as part of the [treatment court eligibility](#) and admission process as swiftly as possible, including working with stakeholders in the legal system to shorten the time to entry into the treatment court.

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**Key Component #3: Eligible participants are identified early and promptly placed into the treatment court program.**

**3-1** Consideration for admission to the [treatment court](#) shall be limited to potential participants who meet the criteria established under Wyo. Stat. § 5-12-109(a) and (b). Courts are encouraged to work with prosecuting and district attorneys to set an appropriate length of probation time needed to complete the program.

**3-2** Participant [eligibility](#) requirements and intake and referral [standards](#) shall be defined objectively, applied equitably, protective of individual rights and guarantees under Wyoming and federal law agreed upon by all members of the [treatment court team](#), included in writing as part of the treatment court's policies and procedures, and communicated to potential referral sources and shall meet the requirements established under Wyo. Stat. § 5-12-109(c).

**3-3** The [treatment court](#) shall monitor and address, if identified, whether equivalent access and retention is available to individuals who have historically experienced sustained or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identification, physical or mental disability, religion, or socioeconomic status and ensure that those individuals receive the same opportunities as other individuals to participate and succeed in the treatment court program.

**3-4** Pursuant to the Americans with Disabilities Act (ADA), programs, services, and other activities provided by a public entity to the public, whether directly or through a [treatment court](#) must be accessible to persons with disabilities.

**3-5** Consideration for admission to the treatment court for juveniles and veterans shall include potential participants who:

a. Juvenile:

1. Age 13 or older

Have undergone a validated [risk/needs](#) assessment and substance use/mental health evaluation that indicates that placement in a treatment court program is appropriate.

b. Veteran Treatment court: Determination of the participant's veteran status (e.g., DD Form 214 "certificate of release or discharge from active duty").

**3-6** A potential participant with a prior misdemeanor conviction or adjudication of a delinquent act involving violence should be admitted to a [treatment court](#). A potential participant with a prior felony conviction for a crime of violence should be considered based on

the following factors: nature and character of the prior conviction, the potential participant’s criminal history, the potential participant’s background and life history, the potential participant’s acknowledgement of a need for treatment, and any circumstances that would encourage inclusion into a treatment court (see details in Appendix X).

**3-7** Some federal funding includes restrictions against use for participants with violent histories; programs shall maintain compliance with funding guidelines while ensuring services are provided both safely and equitably. This may require securing funding in addition to the federal allocation to serve these participants and providing appropriate fiscal tracking required by the federal source. Admission into treatment courts not directly receiving federal funds shall be governed by that organization's rules and regulations consistent with these [standards](#).

**3-8** [Treatment courts](#) shall target individuals classified as [high risk](#) and high [need](#) with alternate tracks for other risks and [needs](#). Treatment courts choosing to serve other risk levels in addition to [high risk](#) and high [need](#) as resources are available should develop separate service tracks and “phase” requirements for these offenders so that services for participants are appropriate for their assessed [need](#) and [risk](#) level. It is suggested that treatment court programs coordinate with local or state supervision agencies to collaboratively manage services with the justice-involved population according to a risk-need-responsivity framework. [Low-risk](#) low-need individuals should be considered for diversion as long as resources are available. It is suggested that treatment court programs coordinate with local or state supervision agencies to collaboratively manage services with the justice-involved population according to a risk-need-responsivity framework.

- a. Juvenile: Only those who demonstrate the appropriate level of [risk/need](#) based on validated assessment tools shall be placed in a [treatment court](#) program. In instances where resources allow for more than one treatment court program to be available, the juvenile shall be placed in the program most appropriate for the juvenile’s [needs](#).
- b. Family: Participants who are high [Criminogenic](#) risk should be served separately from participants who are low [Criminogenic](#) risk even if they are [high risk](#) for child maltreatment.

**3-9** [Treatment courts](#) shall use approved standardized, objective, validated, and culturally responsive [risk](#) and [need](#) screening and assessment tools to determine [eligibility](#) and service [needs](#). When working with individuals who have historically experienced sustained discrimination or reduced social opportunities, treatment courts have a responsibility to use tools validated for those members, where available.

- a. Juvenile: Juvenile courts will conduct validated [needs](#) assessment that inform individualized [case management](#). Assessment of youth and parent needs should include at a minimum: use of alcohol or other drugs, [Criminogenic needs](#), mental health, history of abuse or other traumatic experiences, well-being needs and strengths, parental drug use, parental mental health needs, parenting skills.

**3-10** The [treatment court](#) shall use standardized, objective validated culturally responsive [risk](#) and needs tools to determine [eligibility](#) and service [needs](#) for service planning and to address treatment and complementary service needs.

**3-11** Participants shall be screened for treatment court program [eligibility](#) as soon as possible by designated members of the [treatment court's team](#), as identified by treatment court's policies and procedures. Treatment court shall have participants begin the program as soon as possible.

**3-12** Participants being considered for treatment court programs shall be promptly advised about the program, including the requirements, scope and potential benefits and effects on their case.

**3-13** Assessment for substance use disorder and other treatment [needs](#) shall be conducted by a treatment staff member(s) licensed or certified through the Wyoming Mental Health Professionals Licensing Board.

- a. Due to the critical nature of clients with any [SUD](#), especially those indicated through screening to be high need in relation to Opioid Use Disorder (OUD), all attempts should be made to evaluate these clients for overdose [risk](#) within 24 hours of screening. Overdose [risk](#) is extraordinarily high in this population, particularly upon release from incarceration or other facilities where [abstinence](#) is enforced such as residential treatment or detox. If evaluation indicates high overdose [risk](#), clients should be provided with and trained on the use of Naloxone and provided with any other available services to reduce overdose [risk](#). Even when clients are accepted into treatment courts, treatment may not be immediate enough to address overdose [risk](#).<sup>2</sup>Validated [risk](#) assessment tools, such as the Clinical Opiate Withdrawal Scale (COWS), the Overdose Risk Tool, or others, should be used.
- b. Participants should be evaluated as soon as possible for need of [Medications for Opioid Use Disorder \(MOUD\)](#) / Medication Assisted Treatment (MAT).

**3-14** [Treatment courts](#) shall accept individuals with serious mental health disorders, co-occurring disorders, and medical conditions. Exclusion of a person with serious mental health disorders, cooccurring disorders, and medical conditions shall be documented with sound reasoning, which shall not conflict with the American Disabilities Act or the Olmstead decision (119 S.Ct. 2176).

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<sup>2</sup> Corey D, Carr DH. Legal and policy changes urgently needed to increase access to opioid agonist therapy in the United States. Int J Drug Pol 73(Nov 2019):42-48

**3-15** [Treatment courts](#) gather information from trained medical professionals and shall consider accepting individuals with valid prescriptions for addictive medication, including narcotics for pain. Applicants are not denied entry to treatment courts because they are receiving a lawfully prescribed/certified medication for psychiatric, substance use, and/or other physical disorders and participants are not required to discontinue appropriate use of lawfully prescribed/certified medication for psychiatric, substance use, and/or other physical disorders as a condition of graduating from the treatment court.

**3-16** [Treatment courts](#) shall maintain an appropriate caseload based on the capacity to effectively serve all participants in compliance with these [standards](#). The judge shall ensure they have the capacity (both services and staff time available) to serve caseload. program operations are monitored carefully to ensure they remain consistent with best practice [standards](#). If evidence suggests some operations are drifting away from best practices, the team develops a remedial action plan and timetable to rectify the deficiencies and evaluates the success of the [remedial actions](#).

**3-17** Except as specifically authorized by court order, no [treatment court](#) may knowingly employ, or enroll as a participant, any undercover agent or informant.

**3-18** All participants and staff shall receive a participant handbook upon accepting the terms of participation and entering the treatment court program. Receipt of the participant handbook shall be acknowledged through a signed form and documented in the treatment court's file.

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**Key Component #4: Treatment courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.**

**4-1** [Treatment court](#) program participants shall be required to participate in a comprehensive and integrated program of alcohol, drug, and other related treatment and rehabilitation services and recovery services, based on individual participant [need](#) as approved by the treatment court.

**4-2** [Case management](#) and treatment services must address participant [needs](#) and be responsive to family needs as determined through use of valid, reliable, and developmentally appropriate screening and assessment tools. In family treatment court programs, the assessment should be family-centered and the children's [needs](#) must be both assessed and addressed. Screening/assessment by a health care professional for traumatic brain injury should be part of clinical assessment for all treatment courts, but especially for [Veterans Treatment courts](#) (VTCs).

**4-3** The primary goal of the treatment court program shall be [abstinence](#) from alcohol, drugs, and other [dangerous substances](#) and developing a life of recovery, consistent with the judicial requirements of the Program and Wyo. Stat Ann. § 5-12-105(b).

**4-4** The [treatment court](#) shall collaborate with appropriately licensed medical professionals to support the participant in discovering an individualized and sustainable plan of care related to pain management or other medical condition(s) that may impact long-term sobriety.

**4-5** It is suggested that a medical professional with expertise in addiction medicine evaluate the participant and provide consultation regarding any prescribed or medically indicated use of a mind-altering substance and to prescribe medication for addiction treatment.

**4-6** The treatment court services shall be provided in a manner that is:

- a. [Gender-specific](#)
- b. [Family centered](#)
- c. [Culturally appropriate](#)
- d. [Developmentally appropriate](#)
- e. [Trauma-informed](#)
- f. [Skills based](#)

**4-7** [Treatment courts](#) shall coordinate a continuum of available services through partnership with a primary treatment provider, including detoxification, outpatient, intensive outpatient, day treatment, and residential services.

- a. Treatment court teams should annually map the availability of services (including

whether these services will work with the courts) as part of their work to expand service capacity in their communities.<sup>3</sup>

**4-8** The [treatment court team](#) will clearly identify the team member overseeing [case management](#) services to ensure coordination of other [ancillary services](#) and pro-social connections and make referrals as necessary.

**4-9** In accordance with Wyo. Stat. § 5-12-107(c), a single accredited and Department of Health (DOH) certified treatment agency shall provide the primary treatment services and should communicate with the treatment providers who work with participants from other agencies in order to assure participant [needs](#) are being appropriately addressed.

**4-10** [Treatment courts](#) shall coordinate a comprehensive range of participant and family centered evidence-based interventions/treatment services. The treatment court shall adopt guidelines directing the frequency of each service that a participant must receive based on assessed need. The treatment court provides or refers participants for treatment and social services to address conditions that are likely to interfere with their response to substance use disorder treatment or other treatment court services (responsivity needs), that increase recidivism ([Criminogenic needs](#)), or that diminish long-term treatment gains (maintenance needs). The [standards](#) for the treatment program are provided in Key Component #4. Treatment courts should include, at a minimum, the following services or referrals to these services as necessary including the modalities and components listed in the Rules and Regulations of the Department of Health – Mental Health and Substance Abuse Services Section [<https://drive.google.com/file/d/1KY37INs1ldFZFqCabxl1E9WUjeCpartU/view>].

- a. Criminal thinking intervention
- b. [Substance Use Disorder \(SUD\)](#) treatment
- c. Mental health treatment
- d. Medication to treat substance use disorder, also known as Medication for opioid Use Disorder (MOUD) or Medication for Addiction Treatment (MAT)
- e. Parenting classes
- f. Family/domestic relations counseling
- g. Residential treatment
- h. Health care
- i. Dental care
- j. Housing assistance
- k. Vocational or educational services
- l. Brief evidence-based educational curriculum to prevent health-risk behavior (e.g., STIs and other diseases)
- m. Brief evidence-based educational curriculum to prevent or reverse drug overdose

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<sup>3</sup> To map the availability of services in your community, set a meeting with your team or advisory council to review the various resources in the area. An available tool for mapping can be found at this link: (ADD LINK) Reach out to the AOC-DTJ staff if you need support for mapping resources in your community.

**4-11** [Treatment courts](#) shall implement treatment readiness programs for participants who are on waiting lists for comprehensive treatment services (e.g., Curriculum-Based Motivational Group, Motivational Enhancement Therapy, Motivational Interviewing, etc.).

**4-12** Overall duration and dosage (intensity) of substance use disorder treatment for participants shall be based on the individual's [risk](#) and [needs](#), as determined from validated standardized assessments, and the participants progress in meeting behavioral objectives over a period of time..

**4-13** [Treatment courts](#) shall incorporate a phase/level system that differentiates between therapeutic progress (founded upon clinical assessment and subsequent level of care) and court/supervision expectations (based on [risk](#) level).

- a. Court expectations should be identified in a structure that includes at least 5 phases.
- b. The last phase should focus on enhancing [recovery capital](#) and developing and practicing strategies for sustained recovery in preparation for their time after the program completion/graduation/commencement ceremony.<sup>4</sup>

**4-14** Services shall be provided according to appropriate sequencing:

- a. In the first phase, participants receive services designed primarily to address responsivity [needs](#) (e.g., housing, stabilization of mental health symptoms, substance-related cravings, withdrawal, inability to feel pleasure, pain).
- b. In interim phases, participants receive services designed to resolve [Criminogenic needs](#) (e.g., criminal thinking patterns, negative peers / associations, family conflict, and [SUDs](#)).
- c. In later phases, participants receive services designed to maintain treatment gains (e.g., vocational & educational assistance, daily living & parenting skills, etc.).

**4-15** [Treatment courts](#) shall include a focus on relapse prevention, continuing care services and [recovery capital](#). This should include establishment of alumni groups, [peer](#) mentors, and/or [peer](#) support groups, that encourage participation in other community supports.<sup>5</sup> Continued involvement in work, education, or comparable [prosocial](#) activity is a component of each participant's continuing-care plan.

**4-16** The treatment court shall use standardized, manualized, behavioral or [cognitive-behavioral](#), evidence-based treatment programming, implemented with fidelity, to ensure quality and effectiveness of services and to guide practice.

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<sup>4</sup> <http://www.nadcp.org/sites/default/files/2014/CG-31.pdf>

**4-17** Treatment courts should strive for treatment groups of no more than 12 participants and at least 2 facilitators/leaders when serving high-risk/high-need participants. Examples of evidence-based treatment programming can be found at the [SAMHSA's Evidence-based Practices Resource Center website](#)<sup>6</sup> and Pew Charitable Trust website.<sup>7</sup>

- a. Juvenile: Providers shall administer evidence-based treatment services/modalities that have been shown to address [risks](#) and [needs](#) identified as priorities in the case plan (such as trauma, mental health, quality of life, educational challenges, and criminal thinking) and improve outcomes for youth with substance use issues. These modalities include, but are not limited to, the following: Assertive continuing care, behavioral therapy, [cognitive behavioral](#) therapy, family therapy, motivational enhancement therapy, motivational enhancement therapy/[cognitive behavioral](#) therapy, multiservice packages.

**4-18** [Treatment court](#) participants shall be matched to services according to their specific [needs](#) (including clinical, [criminogenic](#), and responsivity [needs](#)). Guidelines for placement at various levels (e.g., residential, detoxification, day treatment, outpatient, sober living residences, etc.) should be developed by the treatment court team incorporating the expertise of the treatment provider and informed by the American Society of Addiction Medicine (ASAM) standard of care.<sup>8</sup> Overall duration and amount of treatment and recovery services for participants shall also be based on the individual's American Society of Addiction Medicine (ASAM) placement criteria.

**4-19** [Treatment court](#) participants shall meet weekly with a [clinical case manager](#) or treatment provider during the first phase.

**4-20** When feasible, at least one reliable and [prosocial](#) family member, friend, or daily acquaintance should be enlisted to provide firsthand observations to staff about participants' conduct outside of the treatment court, to help participants arrive on time for appointments, and to help participants satisfy other reporting obligations in the treatment court. For juvenile treatment courts, at least one reliable responsible adult *shall* attend court to provide support such as firsthand observations to staff about participants' conduct outside of the treatment court, to help participants arrive on time for appointments, and to help participants satisfy other reporting obligations in the treatment court.

**4-21** Treatment/[case management](#) plans shall be individualized and culturally appropriate for each participant based on the results of the initial assessment and ongoing assessments. Participants should be an active part of their treatment plan and asked if current treatment is aligning with their goals.

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<sup>6</sup> <https://www.samhsa.gov/ebp-resource-center>

<sup>7</sup> <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database> (an attempt to retain information from NREPP)

<sup>8</sup> <https://www.asam.org/asam-criteria>

**4-22** Participants shall be clinically reassessed at minimum every three months or upon a significant event, or at the request of the treatment court, and treatment plans shall be modified or adjusted based on results.

- a. [Risk](#) assessments shall be conducted at induction and every 6 months thereafter, or upon a significant event, and [case management](#) plans shall be modified or adjusted based on results.

**4-23** Participants shall not be incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. The [treatment court's team](#) shall only recommend incarceration consistent with Wyo. Stat. § 5-12-110(b).

**4-24** Advancement within, and graduation from, the treatment court program shall be based upon the participant satisfying the established minimum criteria.

**4-25** Discharge or termination from the [treatment court](#) shall occur with the approval of the treatment court judge in collaboration with the [treatment court team](#) in accordance with Wyo. Stat. § 5-12-110(c). Participants should be terminated from the program only after the team has carefully deliberated and only as a last resort after full implementation of the treatment court's protocol on behavioral contingencies.

- a. Participants shall be notified in advance of any planned termination hearing.
- b. Termination hearings should take place during the regular treatment court docket or at a special time that is prior to the next regular treatment court docket.
- c. The presiding treatment court judge shall preside over the termination hearing.
- d. Prior to termination, every attempt should be made to assure the participant will receive their prescribed medications without interruption, including any form of MOUD (medication for opiate use disorder) to avoid [risk](#) of severe withdrawal, return to use, overdose, and death.

**4-26** To ensure adequate participant safety and care, every (Treatment court's) treatment provider shall have a quality assurance program designed to evaluate the quality of care provided and promote efficient and effective services. This program shall be articulated to the [treatment court team](#) and be available for review by the Wyoming Judicial Branch.

**4-27** [Treatment courts](#) shall ensure, to the greatest extent possible through contracts, MOUs, participant evaluations, etc., the accountability of the treatment provider to incorporate services and training consistent with the treatment court model and treatment best practices (such as using evidence-based practices, culturally appropriate approaches, [cognitive behavioral](#) therapy, manualized treatment, and trained/licensed professionals; maintaining fidelity to their treatment models, and appropriately matching individuals to services based on assessed [needs](#)).

**4-28** [Treatment courts](#) shall, to the extent possible, include language requiring accessibility in requests for proposals to provide treatment services, and in agreements to provide treatment services [contracts or memoranda of understanding/agreement (MOU/MOAs)] with primary providers. Treatment courts will use this language:

- a. The Treatment court will provide services that meet the needs of Limited English Proficiency (LEP) and deaf and hard of hearing clients through the use of bilingual employees, translation and interpretation, and other auxiliary aids and services; and
- b. The Treatment court also will provide services that reasonably meet the needs of clients with other disabilities. The Treatment court's facilities must be accessible to persons with disabilities.

**4-29** Treatment providers are licensed or certified to deliver mental health and substance use disorder treatment, have substantial experience working with criminal justice populations (or seek adequate professional development opportunities to enhance their understanding and skills), and are supervised regularly to ensure fidelity to treatment models.

- a. The treatment court shall only utilize providers in accordance with the Wyo. Stat. 33-38-101 (the Mental Health Professions Practice Act) and Wyo. Stat. 33-27-113 (the Psychology Practice Act).
- b. All other clinical providers must be appropriately licensed.
- c. Providers shall provide the treatment court with copies of all clinical staff licenses.

**4-30** [Treatment courts](#) must have appropriate teleservice options available and must develop policy and procedures related to the use of teleservices (phone or videoconference) by treatment providers, supervision officers, and the court, including assurance of privacy and compliance with HIPAA for treatment services and other protected health information. (See Appendix B for required considerations and related content)

**4-31** Participants may be prescribed psychotropic medicine and/or medication for substance use disorder (MOUD/MAT) as needed but only by an appropriately licensed and trained medical professional.

**4-32** [Treatment court](#) responses to legal medications (prescribed and/or certified) must preserve equity, avoid discrimination, and engage in a collaborative care approach incorporating all the elements below. Policies and procedures related to medications must:

- a. Focus on the best interests of program participants and the enhancement of long-term wellness.
- b. Ensure equity in both access and retention by not denying program services or progress based solely on the use of a specific medication.
- c. Protect participant rights to medical care, including the autonomy of the patient in seeking medical care and decision-making.
- d. Respect current WY law.

- e. Respond to substance misuse, contraindicated use, related dysfunction, and/or other articulated concerns.
- f. Ensure a collaborative care approach that includes appropriately qualified medical professionals in medical decision-making.
- g. Ensure that any [remedial actions](#) taken are predicated upon medical advice and that factual evidence in support of the action is well documented.
- h. Partner with the participants in their goals and recovery strategies with long-term productivity in mind.
- i. Engage the participants in a sound therapeutic alliance that provides opportunities for habilitation and expanding views of recovery/wellness.
- j. Ensure practices align with policy and procedure.

**4-33** [Treatment courts](#) will not deny any eligible participant access to the treatment court program because of their use of FDA-approved medications for the treatment of substance use disorder (MOUD/MAT, e.g., methadone; buprenorphine products, including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations; naltrexone products, including extended-release and oral formulations; disulfiram; and acamprosate calcium). Further, methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an opioid treatment program and ordered by a medical provider or clinician such as an MD, DO, PA, or NP who has evaluated the participant and determined that methadone is an appropriate MOUD for the individual's opioid use disorder must be permitted. Similarly, FDA-approved medications available by prescription must be permitted unless the judge determines:

- a. A licensed clinician, acting within their scope of practice, has not examined the participant and determined that the medication is an appropriate treatment for their substance use disorder based on current DSM criteria.
- b. The medication was not appropriately authorized through prescription by a licensed prescriber.

**4-34** In all cases, MAT must be permitted to be continued for as long as the prescriber determines that the FDA-approved medication is clinically beneficial. [Treatment courts](#) must assure that a participant will not be compelled to suspend use of MOUD/MAT as part of the conditions of the treatment court if such a mandate is inconsistent with a licensed prescriber's recommendation or valid prescription for FDA-approved medication.

- a. Under no circumstances may a treatment court judge, other judicial official, supervision officer, or any other staff connected to the treatment court deny the use of such FDA-approved medications when made available to the participant under the care of a properly authorized physician and pursuant to regulations within an opioid treatment program or through a valid prescription and under the conditions described above.

- b. A judge, however, retains judicial discretion to mitigate/reduce the [risk](#) of abuse, misuse, or diversion of these medications, but this does not include discontinuing a prescription or making other medical decisions related to a participant.

**4-35** Participants attend self-help or [peer](#) support groups as indicated based on treatment provider assessment and court approval. Treatment court should confirm the quality of the groups when possible and ensure secular options are available.

**4-36** Caseloads for probation officers or other professionals providing community supervision / field support for the [treatment court](#) should permit sufficient opportunities to monitor participant performance, incorporate effective behavioral responses, and report pertinent compliance information during pre-court staff meetings and status hearings. The caseloads typically should not exceed 30 active [high-risk](#), high-need participants. (Caseloads should not exceed 50 if staff has a mix of [low risk](#) and no other caseloads or responsibilities.)

**4-37** Caseloads for clinicians providing [case management](#) and treatment must permit sufficient opportunities to assess participant [needs](#) and deliver adequate and effective dosages of substance use disorder treatment and indicated complementary services. The caseloads typically should not exceed 30 active participants. (Caseloads should not exceed 50 if providing counseling OR [case management](#) but not both, AND if the clinician has no other responsibilities, including assessments.)

**4-38** Treatment providers shall comply with all [treatment court](#) and treatment [standards](#). The treatment court's treatment providers shall incorporate services and training consistent with the treatment court program model and treatment best practices for all staff who work with treatment court participants. These requirements shall be included in provider contracts.

**4-39** Treatment court's treatment providers shall comply with the Rules and Regulations of the Department of Health's, Behavioral Division, Mental Health and Substance Use Treatment Services Section and any other applicable state and federal laws and shall provide services in accordance with the established scope of services and [standards](#) of the treatment court program.

**4-40** Local [treatment court](#) programs providing treatment services internally with their own program staff members shall meet the requirements of the treatment [standards](#) through their own policies, procedures and practices.

**4-41** The treatment provider shall provide services in accordance with the established scope of services and [standards](#) of the treatment court.

**4-42** The treatment provider shall maintain for each participant documentation including but not limited to assessments and treatment plans, progress notes, services provided, attendance records and drug test results (if the treatment provider, as part of their scope of work, performs drug tests on the treatment court participants).

**4-43** When testing is provided by the treatment provider or other treatment court staff, they shall develop and implement a plan for random alcohol and drug testing of participants in accordance with the established scope of services and [standards](#) of the treatment court, as described in these [standards](#). Regardless of whether the treatment court program is providing drug testing services directly, the treatment court's plan shall be included in their policies and procedures.

**4-44** [Treatment court's](#) treatment provider shall designate a staff member(s) who is licensed or certified through the Wyoming Mental Health Professionals Licensing Board and who shall be present at all treatment court program sessions to report on participants' progress, compliance, etc. The staff member shall be adequately aware of the participants' status to report accurately to the treatment court program judge.

**4-45** [Treatment court's](#) treatment provider shall provide reports, as defined in a memorandum of understanding (MOU), contract, or internal policy, of participants' assessments, attendance at treatment sessions, progress reports, and discharge summaries. National [Standards](#) indicate the following information should be shared.

- Assessment results pertaining to a participant's [eligibility](#) for [Drug Court](#) and treatment and supervision needs. Attendance at scheduled appointments.
- Drug and alcohol test results, including efforts to defraud or invalidate said tests.
- Attainment of treatment plan goals, such as completion of a required counseling regimen.
- Evidence of symptom resolution, such as reductions in drug cravings or withdrawal symptoms.
- Evidence of treatment-related attitudinal improvements, such as increased insight or motivation for change.
- Attainment of [Drug Court](#) phase requirements, such as obtaining and maintaining employment or enrolling in an educational program.
- Compliance with electronic [monitoring](#), home curfews, travel limitations, and geographic or association restrictions.
- Adherence to legally prescribed and authorized medically assisted treatments.
- Procurement of unauthorized prescriptions for addictive or intoxicating medications.
- Commission of arrests for new offenses.
- Menacing, threatening, or disruptive behavior directed at staff members, participants or others.

**4-46** Treatment services and participant progress shall be documented in the Wyoming Judicial Branch's-approved [information management system](#) as soon as possible, but no later than 48 hours post service delivery.

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

**5-1** Drug testing is one of the strategies [treatment courts](#) use to monitor participant progress and support their recovery.<sup>9</sup> Other important ways to measure participant progress include talking with the participant and observing their response to circumstances they encounter; communicating with their treatment provider; and conducting home and job visits to observe their environment and how they behave and interact with others there. Treatment courts shall follow drug testing protocols provided in Appendix C.

**5-2** Results of drug testing may be used in treatment court to determine:

- a. If the participant is progressing satisfactorily
- b. If the case plan needs modifying
- c. Service adjustments (Service adjustments include adjustments in treatment modality or level of care, supervision requirements, other services such as housing or medical, and teaching responses/skills building) such as teaching participant time management skills.
- d. Appropriate [incentives](#) or [sanctions](#)

**5-3** Drug test results shall not be used as evidence of a new crime or as the sole basis for probation violations.

- a. This understanding shall be articulated in the agency and team member MOUs or contracts.

**5-4** Each [treatment court](#) shall adopt written policies and procedures that document its drug testing protocols and that follow the [standards](#) as described in this document and in Appendix C. This information is described in a participant contract or handbook and reviewed periodically with participants to ensure they remain cognizant of their obligations.

**5-5** [Treatment courts](#) shall utilize urinalysis as the primary method of drug testing (to include EtG or breathalyzer for alcohol); a variety of alternative methods may be used to supplement urinalysis or serve as a temporary replacement when necessary, including breath, hair, and saliva testing, patch, and electronic [monitoring](#). Treatment courts shall use scientifically valid and reliable testing procedures.

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<sup>9</sup> Other important ways to measure participant progress include talking with the participant and observing their response to circumstances they encounter; communicating with their treatment provider; and conducting home and job visits to observe their environment and how they behave and interact with others there.

**5-6** All urine test samples shall be examined for dilution and adulteration. In the event the participant provides a [diluted](#), altered, or positive sample, or fails to submit a sample, this information shall be communicated with the Treatment court's team immediately or when results are received.

**5-7** The [treatment court](#) shall use scientifically valid and reliable testing procedures and establish a chain of custody for each specimen. Staff that collect drug testing specimens are trained in appropriate collection protocols.

**5-8** The [treatment court](#) shall establish a process for participants to dispute the results of drug testing and a method to confirm disputed results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.

- a. Policy and procedure shall indicate who on the team addresses the positive toxicology screen, as well as where, when, and how.
- b. The conversation surrounding positive test results should incorporate non-stigmatizing language and not be punitive, but rather led by the participant, with the opportunity for confirmatory testing.

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**Key Component #6: A coordinated strategy governs treatment court's responses to participants' behavior compliance.**

**6-1** The [treatment court](#) shall have a formal system of responses to participant behavior, including [incentives](#), [sanctions](#) and service adjustments (treatment adjustments, supervision and field service adjustments, and learning assignments/teaching responses), established in writing and included in the treatment court's policies and procedures manual. Please see Appendix E for the Team Response Decision Matrix. The treatment court provides these guidelines to team members for use in pre-court staff meetings. The team's responses support and, when applicable, promote improved parenting, healthy parent-child relationships, and family functioning. Responses to behavior do not have a detrimental effect on participants or their children or families and do not interfere with court hearings or requirements.

- a. For family treatment courts: Decisions about parenting and family time are based on the children's best interests, including safety, well-being, and permanency. The treatment court team never uses parenting or family time as an [incentive](#) or [sanction](#).

**6-2** [Treatment court](#) participants shall be required to adhere to the [standards](#), practices, and rules of the treatment court program. Service and support adjustments must be made when participant behaviors do not reflect progress toward treatment goals, court benchmarks, and/or skills development.

**6-3** Before entering the treatment court and throughout their involvement, participants shall be informed in writing and verbally about the types of behaviors that result in a range of [incentives](#), [sanctions](#), and service adjustments that are used in the treatment court as well as the types of behaviors driving these potential responses.

- a. Participants shall not be provided with information (such as a "grid") that ties specific responses to specific behaviors.

**6-4** Information regarding participant key successes/[prosocial](#) behaviors and behavior not adhering to the treatment court requirements (alternative: incidents of non-adherence to the treatment court requirements) shall be communicated as soon as possible between pre-court staff meetings to all members of the [treatment court team](#) to coordinate an appropriate service response to the behavior.

**6-5** During pre-court staff meetings, the team shall receive information about participant attendance, progress, engagement in treatment, complementary services received, children's [needs](#) and services, and adherence to court and supervision requirements.

**6-6** During the pre-court staffing, the judge and the rest of the operational team shall thoroughly discuss the recommended responses for each participant. The judge makes the final decision about the court-ordered response to be delivered after hearing from the participant in court.

**6-7** [Treatment court teams](#) should come to a mutual agreement on [incentives](#), [sanctions](#), and service adjustments to prevent conflict between team members. Pre-court staff meetings and use of the Matrix can help the team coordinate on the appropriateness of a response based on the participant's resources, attitudes ([criminogenic](#) factor), and ability (proximal and distal considerations<sup>10</sup>).

**6-8** The formal system of responses to participant behavior shall be organized on a gradually escalating scale, offering a range of options, applied in a consistent and appropriate manner to match individual participants' conduct, level of adherence, amount of treatment received, and [risk](#) and [need](#) level. The team shall consider proximal and distal goals and the context for the particular behavior (what was the situation that led to this behavior) in determining the appropriate response to participant behavior.

- a. Juvenile: Ongoing [monitoring](#) and [case management](#) of youth participants should focus on addressing their [needs](#) in a holistic manner, including a strong focus on [behavioral health](#) treatment and family intervention, over the detection of violations of program requirements.

**6-9** No single set of responses is effective for everyone. [Incentives](#), [sanctions](#), and service adjustments (including supervision and treatment adjustments, and teaching responses) shall be tailored to the individual participant by obtaining information on the participant during the assessment process and through conversations in pre-court staff meetings, and with the participant in court and [case management](#) meetings. Programs should not be using a one-to-one grid that ties a single response to a specific behavior. See Appendix G for a matrix that acts as a decision guide for responding to behaviors.

**6-10** Responses to behavior must be certain, fair, and of the appropriate intensity, and proportional to the participant's behavior. All responses should focus on specific behaviors and be administered with a clear direction for the desired behavior change.

**6-11** For the [treatment court](#) target population, [incentives](#) are far more productive than [sanctions](#). Therefore, the application of [incentives](#) to encourage progress shall exceed the use of [sanctions](#) by, at least, a ratio of 4 [incentives](#) to 1 [sanction](#).

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<sup>10</sup> For additional information, please see <http://www.ndcrc.org/sites/default/files/sibehmodtalk4.ppt>

**6-12** Responses to participant behaviors, especially unsatisfactory behaviors, shall come as close in time as possible to the targeted behavior, and not later than one week after the behavior is identified/confirmed. When responses to unsatisfactory behaviors are necessary between regularly scheduled treatment court sessions, the judge should address the behavior and response in a court session outside the standing treatment court docket or another team member should administer an interim response agreed upon in advance by judge and team. The judge will discuss the incident (the behavior and interim response) with the participant at the following court session.

**6-13** The [treatment court team](#) responds to all nonmedically-indicated use of intoxicating or addictive substances including alcohol, cannabis, prescription medications, and any other mood altering substance, regardless of the legal or illegal status of the substance. The Treatment court's team relies on medical input, preferably from the participant's healthcare provider, to determine whether a prescription for an addictive or intoxicating substance is a medical necessity and whether nonaddictive, non-intoxicating, and medically safe alternative treatments are available.

**6-14** Responses to nonadherence to drug testing requirements should take into account potential trauma history, such as when testing triggers memories of sexual abuse.

**6-15** A first dilute UA should be treated as an opportunity for education to ensure participants know what causes a dilute UA and what to expect if they deliver dilute UAs in the future. If continued dilute UAs are submitted, the participant shall be given the opportunity to go to a doctor and confirm that there is no medical issue. If they choose not to see a doctor or if the doctor comes back with no medical issue, then the dilute should be treated as tampering – which should be treated like dishonesty.

**6-16** A participant's failure to appear for a drug test shall not be automatically treated as a positive test. The treatment court team response should reflect deliberation based on the facts on a case-by-case basis.

**6-17** Tampering with drug test results should be addressed with immediate, graduated [sanctions](#) similar to dishonesty.

**6-18** Service adjustments may be used when a participant is not responding to treatment interventions but is otherwise adhering to Treatment Court Program requirements. Participants may be terminated from the Treatment Court Program in accordance with Wyo. Stat. § 5-12-110(b) and (c). If a participant is terminated from the Treatment Court Program because adequate treatment is not available, that information shall be provided to the sentencing judge upon remand.

**6-19** A treatment adjustment means an adjustment to a treatment plan where participants are adhering to treatment and supervision requirements, but are otherwise not responding to treatment interventions. In this case, the participant shall be reassessed and the treatment plan adjusted accordingly. Only the treatment provider may recommend and make treatment adjustments and will inform the judge and team of the change in plan and associated treatment goals.

**6-20** Participants shall not be terminated from the [treatment court](#) for continued substance use if they are otherwise adherent to their treatment and supervision conditions, unless they are nonamenable to the treatments that are reasonably available in their community. If a participant is terminated from the treatment court because adequate treatment is not available, that information is provided to the sentencing judge upon remand and the participant should not be sanctioned for being unable to access appropriate treatment.

- a. Juvenile: The [JDTC](#) team should be prepared to respond to any return to substance use in ways that consider the youth's age, maturity level, trauma history, [risk](#), [needs](#), and responsivity.

**6-21** [Sanctions](#) shall be implemented in a way for the participant to understand the consequence of nonadherence to the Treatment court's rules without being viewed simply as punitive. [Sanctions](#), should be proportionate to the behavior and take into account trauma history, responsivity factors, cognitive ability, and other responsivity factors. Participants shall be informed of the behavior expected of them and shall be offered help to meet those expectations. [Sanctions](#) are delivered without expression of anger, ridicule, foul or abusive language, or shame.

- a. For juveniles, responses to behavior should also take into account age and maturity level.

**6-22** [Treatment courts](#) shall use jail/detention [sanctions](#) sparingly and with the intention of modifying participant behavior in a positive manner.

- a. Teams should take into account trauma history, medication and other health needs and the potential impact of jail on participant pro-social obligations (caring for family, employment, education, treatment) to determine whether jail is an appropriate response for any individual participant behavior.
- b. Jail/detention [sanctions](#) longer than 5 continuous days are outside of best practices and should not be used.
- c. The treatment court will allow participants to communicate with defense attorney prior to the imposition of a jail [sanction](#).
- d. Outside the graduated responses to continued unsatisfactory participant behaviors, jail is only used when the judge finds by clear and convincing evidence that the restrictive consequence is necessary to prevent serious and imminent harm to the participant or public safety and no less restrictive alternative is available or reasonably likely to be

adequate.

- e. Juvenile: Detention should be used as a [sanction](#) infrequently and only for short periods of time (2 days or less) when the youth is a danger to themselves or the community, or may abscond. Youth under 18 are not held in adult jails, prisons, detention centers, or correctional facilities.
- f. [Treatment court](#) shall follow state statutes governing the use of jail [sanctions](#) when using jail as a [sanction](#) in accordance with Wyo. Stat. § 5-12-110(b) and (c).

**6-23** [Monitoring](#) and support of participants must occur during regular business hours *and* include a plan for the evening and weekends when participants face potential challenges to engage in unsatisfactory and/or dangerous conduct and activities.

**6-24** Programs should include field support services as part of the comprehensive [monitoring](#) and support of participants.

**6-25** The least restrictive supervision conditions shall be considered for all participants according to assessed [risk](#) and [need](#).

**6-26** [Treatment court](#) may assess fees in accordance with WY law. However, the treatment court shall not do so in a way that prevents successful completion of the program or that creates disparities in graduation rates among participants. If fees are assessed, treatment courts must work with each participant to ensure lack of payment does not prohibit access to the program or become a barrier to phase advancement or graduation.

**6-27** Phase advancement is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen and remaining drug-abstinent for a specified period of time.

**6-28** Demoting a participant to a prior phase or to the beginning of the program should not be used as a [sanction](#). Phase demotion can give the wrong message that the participant's achievements thus far have been wasted, leading to demoralization and an [abstinence](#) violation effect, which worsen outcomes.

**6-29** Program services or requirements, such as the frequency of [case management](#) or supervision meetings and other services may change or decrease over time while drug testing should remain constant to ensure the change to requirements has not had a detrimental effect on the participant.

**6-30** To [graduate](#), participants shall have a job, be in school, or be involved in some qualifying positive activity appropriate to the participant's individual circumstances, including appropriate Americans with Disabilities Act considerations.

**6-31** To [graduate](#), participants shall have a sober and sustainable housing environment that is conducive to recovery or, in circumstances where sober and sustainable housing is not possible, have a plan for how they will maintain their recovery in their living situation after graduation. To [graduate](#), participants should have established clinical stability for at least 90 days, have achieved [abstinence](#) for approximately 90 days (without requiring perfection), and have reliably engaged in recovery management activities to sustain [abstinence](#) after discharge.

**6-32** When a participant completes the terms of participation in treatment court, there should be some positive legal outcome (such as assistance securing expungement of records related to arrests, charges, dispositions, convictions and juvenile court; early discharge of supervision; vacated pleas; and lifted fines/fees).

**6-33** If a participant is terminated from the [treatment court](#) because adequate treatment is not available, the participant shall not receive an augmented sentence or disposition for failing to complete the treatment court.

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**Key Component #7: Ongoing judicial interaction with each treatment court participant is essential.**

**7-1** Treatment courts are the responsibility of the assigned presiding judge. Although the judge relies on the expertise of the [multidisciplinary team](#), the judge is the ultimate steward. The judge accepts the treatment court leadership role as a solemn trust and affirms their responsibility to ensure the established standard of care is implemented with fidelity.

**7-2** The judge shall oversee convening the necessary representatives from treatment systems, community partners, and stakeholders to collaboratively develop, implement, and manage the treatment court's ongoing operations and achieve the treatment court's mission and vision. The judge shall hold meetings of the operational team, guide the team, and ensure that all members' contributions are considered in reaching important decisions. Other appropriate system representatives, such as child welfare, Veteran's Affairs, alumni / [peer](#) services, schools, etc., shall be included as appropriate.

**7-3** The focus and direction of a [treatment court](#) are provided through effective leadership of treatment court judges in partnership with the treatment court team. The judge is in a unique position to exert effective leadership in the promotion of coordinated (rehabilitation and supportive community efforts) efforts. To encourage full commitment to the success of a treatment court, the treatment court judge shall allow the treatment court team to participate fully in the design and implementation of the treatment court. The judge is responsible for maintaining a non-adversarial atmosphere in the treatment court. All staff must see their job as the facilitation of the participant's rehabilitation. The judge is one of the key motivational factors for the participant to seek rehabilitation. Less formal and more frequent court appearances must be scheduled to allow the judge to motivate and monitor the participants.

**7-4** The [treatment court](#) judge and the treatment court team should serve as treatment court advocates. They represent the treatment court in the community, before the federal, state, and local governments, criminal justice agencies, and other public forums.

**7-5** The treatment court judge should serve a term of at least 2 years with the presumption on continuation. Longer terms are better.<sup>11</sup> Consistency of the judge for participants correlates with better outcomes. Rotating/alternating judges should be avoided.

**7-6** The treatment court judge shall be knowledgeable about the [treatment court](#) model, substance use disorders, treatment methods, recovery best practices substance screening, and other related issues.

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<sup>11</sup> Finigan, M. W., Carey, S. M., & Cox, A. A. (April 2007). The Impact of a Mature [Specialty Court](#) Over 10 Years of Operation: Recidivism and Costs: Final Report. NPC Research: Portland, OR.

**7-7** The judge shall interact with the participants in a nonjudgmental and procedurally fair manner. The treatment court judge offers supportive comments to participants, stresses the importance of their commitment to treatment and other [treatment court](#) requirements and expresses optimism about their abilities to improve their health and behavior. The judge shall not humiliate participants or subject them to foul or abusive language. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of [incentives](#), [sanctions](#), and therapeutic adjustments.

**7-8** The judge shall conduct court so all participants benefit by observation of others as they progress (or fail to progress) in treatment (see treatment [standards](#)). Virtual attendance at court should be carefully considered in light of phase, behavior responses, and responsivity factors.

**7-9** The treatment court judge shall conduct court in a way that all participants benefit by observation of others as they progress or fail to progress in the treatment court. Virtual attendance at court should be carefully considered in light of phase, behavior responses, and responsivity factors and may be used when it benefits the participant.

**7-10** The treatment court judge makes final decisions concerning the imposition of [incentives](#) or [sanctions](#) that affect a participant's legal status or liberty, after taking into consideration the input of the other [treatment court team members](#) and discussing the matter in court with the participant or the participant's legal representative in accordance with Wyo. Stat. § 5-12-111. The judge relies on the expert input of trained treatment professionals when imposing treatment-related conditions.

**7-11** The treatment court judge shall preside over all pre-court staff meetings. At a minimum, pre-court staff meetings shall occur at the same frequency as, and in advance of, scheduled status hearings.

**7-12** Participants shall attend weekly or every other week status hearings while in the first phase of the [treatment court](#) depending on the participant's [risk](#) and [need](#). This schedule may continue through additional phases. Frequency of status hearings may vary based on participant [needs](#) and/or judicial resources.

**7-13** A regular schedule of status hearings shall be used to monitor participant progress. Participants shall attend weekly, or every other week, status hearings while in the first phase of the treatment court, depending on the participant's [risk](#) and [need](#). This schedule may continue through additional phases. Frequency of status hearings may vary based on participant [needs](#) and program policies. Status hearings shall be held no less than once per month during the last phase of the treatment court.

**7-14** At status hearings, the treatment court judge shall speak with each participant individually.

**7-15** The treatment court judge shall strive to spend at least 3 quality minutes with each participant during status hearings, during which there is meaningful conversation between judge and participant focused on building a positive relationship and on topics to support the participants' recovery. These conversations should occur both with those participants who are doing well and those who are not.

For effective behavior modification, the judge explains to the participant the rationale behind the responses being delivered and reinforces any treatment adjustments based on clinical need as well as any safety interventions imposed. By being engaging, supportive, and encouraging, the judge works to build rapport with the participant. He or she emphasizes the participant's strengths and the importance of continued engagement in treatment and services. The judge encourages the participant to discuss his or her progress, as well as challenges or unmet [needs](#).

**7-16** The treatment court judge should be assigned to the [treatment court](#) on a voluntary basis.

**7-17** The referring judge can also serve as the treatment court judge; it is not a conflict of interest in accordance with Wyo. Stat. § 5-12-106(b). The treatment court judge can be either the sitting judge from a traditional court or a magistrate.

**7-18** Tribal court judges have the authority to operate as a treatment court judge in alignment with that sovereign nation's Tribal Code and, if serving state court participants, according to agreements.

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

**8-1** Treatment courts shall collect and enter the data specified by Appendix D of these standards into the electronic data system designated by the Wyoming Judicial Branch.

Treatment courts shall also collect and maintain the data elements required by Wyo. Stat. 5-12-115, including: (i) Gender, race, ethnicity, marital status and child custody and support obligations;

(ii) Criminal history;

(iii) Substance abuse history, including substances of choice and prior treatment;

(iv) Employment, education and income history;

(v) Number and health of children born to female participants;

(vi) Incidents of recidivism occurring before, during and after successful completion of a program, or failed participation in a program.

(i) The number of participants screened for [eligibility](#), the number of eligible persons who were, and who were not, admitted to the program and their case dispositions;

(ii) The costs of operation and sources of funding of the program.

**8-2** Each [treatment court](#) shall use the electronic database specified by the Wyoming Judicial Branch for collection of participant demographic and program activity data. The Treatment court is responsible for collecting all information necessary to calculate the approved performance measures, along with all required data elements in the electronic database. Additional guidance regarding data collection is available from the Wyoming Judicial Branch. Programs are encouraged to collect additional data to meet their specific needs and interest as local resources allow.

**8-3** The Behavioral Health Coordinator, a position with the Administrative Office of the Courts of the Wyoming Judicial Branch, should work with a qualified, independent evaluator to conduct appropriate evaluations of treatment courts, given available funding. The Wyoming Judicial Branch should request funding to conduct regular, qualified independent evaluations of treatment courts. Evaluations may be used to track performance and to assist treatment courts to improve services. The independent evaluator should have access to relevant justice system

and treatment information and maintain contact with treatment court team members in order to provide information on a regular basis.

**8-4** An outcome evaluation should be conducted by an independent evaluator within 3 years of implementation of a treatment court, and in regular intervals of at least 5 years thereafter. The [treatment court](#) develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. Outcomes are examined for all eligible participants who entered the treatment court, regardless of whether they graduated, withdrew, or were terminated from the program. Outcomes for treatment court participants are compared to those of an unbiased and equivalent comparison group with an equivalent opportunity to engage in substance use, criminal recidivism, or other behavior of interest.

**8-5** Staff members and treatment courts (including treatment providers, surveillance officers, etc.) are required to record information concerning the provision of services and in-program outcomes within 48 hours of the respective events. Timely and reliable data entry is required of each staff member and is a basis for evaluating staff job performance.

**8-6** [Treatment court's](#) staff members should record information concerning the provision of services and in-program outcomes within seventy-two (72) hours of the respective events. Timely and reliable data entry is required of each staff member and is a basis for evaluating staff job performance.

**8-7** For every fiscal year, the treatment court program should provide to the local stakeholders, including elected and/or tribal officials, etc. treatment court information defined as performance measures for all Wyoming treatment courts.

**8-8** The community should be educated about the treatment court program and how it is intended to contribute to family and community well-being.

**8-9** Participant satisfaction shall be monitored on a regular basis (including at [treatment court](#) entry and graduation) through the use of surveys, including exit surveys at the time of graduation or termination.

**8-10** The treatment court shall actively collect and analyze program and partner organization data to determine if disproportionality or disparities exist in the program.

**8-11** [Monitoring](#) of participant progress, success, and satisfaction should include a comparison of individuals who have historically experienced sustained discrimination or reduced social opportunities to the other participants, to identify—and work to address—any areas of inequity in treatment court access, retention, treatment and other services received, treatment progress, responses to behavior, outcomes achieved, and dispositions. The

treatment court develops a remedial action plan and timetable to correct disparities and examines the success of the [remedial actions](#).

**8-12** A program self-check related to treatment court best practices shall be conducted at least annually. Treatment courts may use the [Best Assessment](#) or an equivalent assessment.

**8-13** Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make modifications to treatment court operations, procedures and practices.

**8-14** The [treatment court](#) will work collaboratively with the state to conduct cost-benefit analysis of the treatment court.

**8-15** Treatment courts shall participate in a [peer](#) review process.

**8-16** Treatment courts shall develop and demonstrate material alignment with the Wyoming Treatment Court [Standards](#) by participating in quality engagement initiatives coordinated through the Wyoming Judicial Branch, including but not limited to, program [certification](#), professional development, and other technical assistance.

**8-17** Treatment courts desiring to implement substantive changes to [treatment court](#) operations that are not addressed by the national [standards](#) but are based on promising or innovative approaches with a reasonable foundation of related evidence (such as a new treatment approach) may pilot these practices as long as they have a solid operational plan for implementation and oversight that incorporates data collection and evaluation. The operational plan and evaluation methods must be shared prior to implementation and updates must be shared with the Wyoming Judicial Branch at a frequency determined by the Wyoming Judicial Branch.

**8-18** Treatment courts experiencing a material change to their program must notify the Wyoming Judicial Branch. A material change means any change to the program's team, systems, resources, and/or processes that impact the program's ability to meet its obligations under the Treatment Court [Standards](#). If the [treatment court team](#) has a question about what qualifies as a material change, contact the Wyoming Judicial Branch.

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

**9-1** Each treatment shall provide orientation and ongoing training for all team members. Each treatment court shall act as soon as practicable to provide appropriate orientation and onboarding training for new staff and team members including those employed by participating agencies. New [treatment court team members](#) shall receive formal orientation and training administered by previously trained treatment court team members within 60 days of joining the team. Formal training can be supplemented with online webinars, treatment court trainings and conferences. Orientation covers team member roles and includes the expectation that new team members review the program policies & procedures. Team members understand their own professional responsibilities and ethics and learn about the responsibilities and ethics of professionals from partner organizations.

**9-2** [Treatment court](#) programs shall provide orientation and training for their staff and team members including those employed by participating agencies and the treatment court shall act as soon as practicable to provide appropriate training for new staff and team members. Budgets should include funding for training of treatment court team members.

**9-3** The Wyoming Judicial Branch should provide training for [treatment court team members](#) on treatment court concepts and day-to-day operations.

**9-4** [Treatment courts](#) shall address staff training requirements and continuing education in their policy manual including the goals, policies, and procedures of its treatment court and the basic role and functions of each team member and their agency or program. Recommended training shall align with state and national [standards](#) and practices endorsed by All Rise and the Treatment court Institute (TCI). Treatment practices must be evidence-based practices endorsed by [SAMHSA](#) or culturally based practices deemed effective and appropriate.

**9-5** [Treatment court](#) programs shall address staff training requirements and continuing education in their policy and procedures manual. Recommended training shall align with state and national [standards](#) and practices endorsed by All Rise and its divisions (the Treatment court Court Institute, Impaired Driving Solutions, and Justice for Vets). Treatment practices must be evidence-based practices endorsed by the Substance Abuse and Mental Health Services Administration, or culturally based practices deemed effective and appropriate.

- a. Training not provided by the All Rise, or its divisions, or the Agency must be submitted to the Agency for approval as accepted treatment program-specific curriculum at least fourteen (14)days prior to the training event.

- b. All probation and surveillance officers shall complete an approved training program before conducting field work in a home or bar check situation. A probation or surveillance officer who has not yet been trained may accompany a trained officer for such activities, but must complete the training within six (6) months of initial hire.

**9-6** All court staff or treatment courts providing direct participant supervision and support services (treatment court coordinators, surveillance officers, court probation officers, [case managers](#), etc.), should seek training available from the Wyoming Department of Corrections.

**9-7** [Treatment court](#) staff members are educated across disciplines for professional development, cultural responsiveness, and team building. Training and education should include topics such as the treatment court model, team member roles, the purposes, processes, and limitations of each other's agencies, team member decision-making, constitutional and legal issues in treatment court, basic legal processes and terminology, treatment court best practices, substance use disorder and addiction, drug and alcohol and mental health treatment, co-occurring disorders, development of treatment plans, [case management](#), complementary treatment and social services, behavior modification, [sanctions](#) and [incentives](#), drug testing [standards](#) and protocols, confidentiality and ethics, community supervision, recognizing implicit cultural biases and correcting disparate impacts for individuals who have historically experienced sustained discrimination or reduced social opportunities, and proficiency in dealing with participants' race, culture, ethnicity, gender and sexual orientation, strength-based philosophy and practices, trauma, and [trauma informed](#) approaches to working with participants/families.

- a. All operational team members receive formal training in trauma-responsive principles and practices. Trauma responsive strategies should acknowledge and normalize participants' reactions to trauma and provide support and access to needed care. Trauma-responsive practices and policies also reflect an understanding of differences between cultures. The [treatment court](#) and its partners should be aware of and sensitive to the historical, multigenerational, and cultural trauma experienced by certain populations, including American Indians and Alaska Natives, African Americans, Latinos/as or Hispanics, immigrants, and refugees. These past experiences can result in fear, mistrust, and misunderstanding of the treatment court and its partners.
- b. Juvenile: adolescent development, developmentally appropriate juvenile justice programming, family engagement
- c. [Tribal Healing to Wellness Court](#) (THWC): Community customs and traditions for addressing an individual's behavior when it is not in accordance with local [standards](#).
- d. Mental Health Court (MHC): staff, including defense counsel, should receive special training in mental health issues [also [Veterans Treatment courts](#) (VTCs)]

**9-8** Treatment court program's staff shall be educated across disciplines for professional development, cultural responsiveness, and team building. Training and education should

include topics such as the treatment court program model, best practices, substance use disorder, drug, alcohol, and mental health treatment, co-occurring disorders, [sanctions](#) and [incentives](#), drug testing [standards](#) and protocols, confidentiality and ethics, recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups, and proficiency in dealing with participants' race, culture, ethnicity, gender and sexual orientation, and trauma.

**9-9** [Treatment court](#) teams, to the extent possible, should attend comprehensive training yearly or every other year as provided by state or national treatment court organizations, e.g., All Rise, Treatment court Institute (TCI), etc. When feasible, training sessions should be attended as a team with special attention to treatment court type.

**9-10** Treatment court program teams should attend training conferences yearly or every other year as provided by state or national treatment court program organizations.

**9-11** The judge shall receive specialized training related to treatment courts in legal and constitutional issues, judicial ethics, behavior modification, and community supervision. The judge obtains training on issues unique to the population served, such as mental health, substance use disorders, wellness services, child welfare, and any special legal and constitutional issues relative to court type.

**9-12** The treatment court team shall attend professional development events, training conferences and workshops annually.

**9-13** [Treatment court](#) uses technical assistance to improve operations and ensure services are delivered effectively.

**9-14** The treatment court program's new team members shall receive forty (40) hours of treatment court program-specific or Agency approved formal orientation and training administered and provided by previously trained team members within six (6) months of joining the team. Formal training can include online webinars, treatment court program trainings, and conferences.

- a. If the treatment court program's treatment providers, other than the treatment provider representative on the team, provide direct services to treatment court program participants, they must also have forty (40) hours of training, as described above, within six (6) months of initial provision of services.
- b. All [Treatment court team members](#) and individual treatment providers who provide services for treatment court program participants must complete six (6) hours of treatment court program-specific training each subsequent year. Training hours in excess of the annual six (6) hours may be carried over for up to one (1) year, subject to Agency approval.
- c. Training that qualifies to meet the requirements above may include treatment court

program specific courses and seminars provided by the U. S. Department of Justice, All Rise and its divisions, the National Drug Court Resource Center, Treatment court Online, any state [drug court](#) association recognized by the Agency, or the Agency. In order to receive credit for training sponsored by any other person or entity, the applicant must first receive the written approval of the Agency. To request approval of the course or seminar, the applicant must first submit a written request together with a detailed summary of the training and course outline at least fourteen (14) days prior to the training.

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

**10-1** [Treatment court](#) programs shall utilize other community-based services and treatment providers that may be able to augment treatment court program services including, but not limited to, private and public social service agencies, law enforcement, health providers, business community, faith community, media, consumer-run recovery organizations, and other entities which may help the treatment court program meet its mission.

**10-2** The treatment court team shall create a plan for addressing and developing treatment court policies (including a written policy and procedures manual). Meetings to address policy issues should be held outside of staffing meetings and could be accomplished through the creation of a [policy committee](#). The plan should address sustainability of the court's operation, resources, information management, and evaluation needs. The written plan shall include implementation tasks and timeframes to ensure compliance with the Treatment court [Standards](#). The plan should incorporate the goals of participant [abstinence](#) from alcohol and illicit drugs and the promotion of law-abiding behavior in the interest of public safety. The team members responsible for oversight of the policy and procedure plan should meet quarterly. If treatment court teams decide to develop a [Policy Committee](#), members can be drawn from the team and from participating agencies may include: a prosecuting attorney, defense attorney, community corrections agency or juvenile probation department, the court, law enforcement, child welfare, and treatment. The treatment court should also define roles and responsibilities of the [Policy Committee](#) in writing (typical [policy committee](#) responsibilities include developing policy, providing guidance, and advocating for reforms).

**10-3** The [treatment court](#) should organize or maintain an advisory group (sometimes known as a governing body or oversight group) consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, the business community, media, faith community and other community groups. This advisory group should be looked to for program guidance, fundraising, resource development to meet unmet [needs](#) of participants and other program challenges. The group should meet at least yearly to provide guidance on policy to the treatment court team. Treatment courts should consider whether the advisory group members might form an independent 501(c)(3) organization for fundraising purposes. The advisory group should provide opportunities for community involvement and informing interested community members, including the holding of informational meetings, community forums, and other outreach so they can contribute to and support the treatment court. The use of local media for community education, program announcements, and to recruit funds and resources is recommended.

**10-4** Treatment courts shall cooperate with the Wyoming Judicial Branch to ensure compliance with these [standards](#). The Wyoming Judicial Branch will enforce compliance with these [standards](#).

## Appendix A - Glossary

### **Abstinence**

The fact or practice of restraining oneself from indulging in something. In treatment courts, abstinence is an overarching goal, and generally means avoiding the self-prescribed use of all potentially addictive, intoxicating, or mood-altering substances. Self-prescribed indicates that participants can't use anything not prescribed by the doctor. Avoiding recreational use means that, even if prescribed by the doctor, participants may not use or misuse it to get high. This includes all such substances, not just the category to which the participant is addicted.

### **Adult Treatment Court Best Practice Standards**

A two-volume publication providing a definition of what constitutes a good treatment court rooted in evidence of effectiveness.

### **Advisory Committee/Board**

A group that meets at least annually and brings in people representing the community, including business community, faith community, social services/nonprofits, other stakeholders or other people who may be able to promote sustainability, political support, and generate resources to meet participant [needs](#). This group does not make program policies.

An advisory committee may serve many purposes, but one of the most important is sustainability. Thinking in terms of linking community resources, community partnerships will allow teams to access more services. Establishing relationships with potential stakeholders (such as employers) can be a great way to establish buy-in from the community as well as encourage their involvement. The team should also explore any potential stakeholders in childcare, transportation, education or the business or faith communities. Meeting at least annually allows committee members to learn about the needs of the program and its participants and discuss ways that resources can be generated to meet those needs. Meeting regularly can keep partners engaged and able to respond to changing political or community contexts. Including community members could result in expanded community understanding and support of the program, as well as additional services, facilities, and rewards for the program.

### **Ancillary Services**

Interventions other than substance use disorder treatment that ameliorate symptoms of distress, provide for participants' basic living [needs](#), or improve participants' long-term adaptive functioning. Complementary services may include housing assistance, [trauma-informed](#) services, criminal thinking interventions, family or interpersonal counseling, vocational or educational services, and medical or dental treatment. This term does not include restorative-justice interventions, such as victim restitution, supervisory interventions such as probation home visits, or recovering-oriented services such as [peer](#) mentoring.

**Behavioral Health**

The promotion of mental health, resilience, and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

**Case Management**

Assessment of participant [needs](#) and either providing services or linking the participant to services to meet those needs.

**Case Manager**

The individual on the treatment court team responsible for assisting the participant with stabilization and community supports, such as finding safe, stable, and drug-free housing; identifying transportation option; securing public assistance; etc. The case manager may also administer brief screening instruments designed to identify participants requiring more in-depth clinical assessments. The case manager responsibilities may be completed by one or more team members such as the [treatment court coordinator](#), treatment provider, surveillance officer, etc.

**Certification**

The certification process is one element of an infrastructure designed to assess the alignment of treatment court programs with best practices and the Wyoming Treatment Court [Standards](#). Criteria are set by the Wyoming Judicial Branch. Certification will help programs: Measure and ensure alignment with WY [standards](#), use consistent, research-based criteria for assessing quality, demonstrate congruence of programs with legislative funding priorities based on evidence-based practices, identify areas for improvement, and inform the Wyoming Judicial Branch of areas of needed resources, technical assistance, and training.

**Clinical Case Manager**

The individual on the treatment court team responsible for administering a validated assessment instrument to determine whether participants require complementary treatment or social services, providing or referring participants for indicated services, and keeping the treatment court team apprised of participants' progress.

**Cognitive Behavioral**

Cognitive-behavioral therapy (CBT) is a form of psychological treatment that incorporates strategies to change the way people think and act and has been shown to be effective for a range of problems, including alcohol and drug use problems and a range of mental illnesses. CBT leads to significant improvement in functioning and quality of life.

**Criminogenic**

Likely to cause a person to engage in criminal behavior.

**Culturally appropriate**

Affirming culturally diverse individuals and families in an inclusive, respectful, and effective manner, including providing services, materials and instruction that are inclusive of race, ethnicity, language, cultural background, immigration status, religion, disability, gender, and gender identity.

**Dangerous Substances**

Is defined by Wyo. Stat. § 33-24-125. Dangerous drugs, medicines, poisons, chemicals, and narcotics include only those drugs, chemicals, poisons, medicines and other substances which are intended for use by man:

(i) Which are habit forming; or

(ii) Which because of toxicity or other potentiality for harmful effect, or method of use, or the collateral measures necessary to its use, are not safe for use except under the supervision of a practitioner licensed by law to prescribe such substances; or

(iii) Which are designated as [dangerous substances](#) under the provisions of W.S. 33-24-131; and which are named and thereby included on a list of dangerous drugs, medicines, poisons, chemicals and narcotics compiled by the board of pharmacy and by them filed with the department of health. The board will provide a complete current copy of such list to all persons requesting same at cost.

**Defining Treatment Courts: The Key Components**

Also known as the “10 Ten Key Components.” A publication providing a basic definition of what a drug court is. <https://www.ncjrs.gov/pdffiles1/bja/205621.pdf>

**Developmentally appropriate**

Services, curriculum, materials or activities provided at a level that is consistent with the abilities or learning skills of the individual

**Diluted Sample**

A urine sample where the creatinine value is below 20 mg/dl due to excessive fluid consumption.

**Drug Court See *Treatment Court*.**

A drug court is a specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance use disorder and to increase the participants' likelihood of successful rehabilitation through early, continuous, and intense judicial oversight, treatment, mandatory periodic drug testing, and use of appropriate [incentives](#), [sanctions](#), and other community-based rehabilitation services. Also known as treatment court. A court program involving a close collaboration between a judge and a community service team to develop a case plan, closely monitor a participant's compliance, and respond appropriately with [incentives](#), [sanctions](#) and therapeutic adjustments. A drug court (also known as [treatment court](#), [specialty court](#), [problem solving court](#), mental/[behavioral health court](#), etc.), is a judicially overseen, team-managed court docket dedicated to reducing recidivism, substance use and/or impact of problematic mental health symptomology while

increasing wellness & recovery through a case-managed care plan and focused judicial responses to participant behavior. These programs are identified by their alignment with the *Defining Drug Courts: The Key Components*.

### **DWI Court**

A special type of treatment court specific to people who have been convicted of Driving While Impaired (DWI). This post-conviction court system is dedicated to changing the behavior of offenders who are dependent on alcohol or other drugs. The goal of the DWI court is to protect public safety by reducing impaired driving. Some drug courts also take DWI offenders – those programs are called “hybrid” DWI courts or DWI/drug courts.

### **Eligibility**

Participants are eligible according to policies and procedures established in each [drug court](#) and the statewide [drug court](#) standards. An individual may be eligible for a [drug court](#) but may not be appropriate if they are unable to understand the expectations and requirements of the court and treatment providers, if they are assessed as being a danger to program staff or other participants, or if the program does not have access to the level of care or other services the person is assessed as needing.

### **Family centered**

Services that are delivered in a way that recognizes the central role of family in individuals' lives.

### **Gender-specific**

Services addressing the special needs of a specific gender group.

### **Graduate**

Successfully complete the requirements of a treatment court; a person who has successfully completed the requirements of a treatment court. Considered an important step in (commencement to) the person's next phase of recovery.

### **High-risk**

Factor that increases the likelihood of a negative outcome. In treatment courts, high-risk participants have a greater probability of failing on probation or committing a new offense.

### **Incentives**

A reward for compliance with treatment court rules and progress in treatment. Incentives may be intangible, in the form of less restrictive reporting [standards](#) and recognition/praise for progress and successes, or tangible, such as donated gifts from the business community or private citizens, etc.

**Information Management System**

A database or other system of collecting, storing, and using data. In treatment courts, the information management system is a database that keeps all of the information about program participants. Treatment courts in Wyoming are expected to use the statewide treatment court information management system.

**Juvenile Drug Treatment Court**

Juvenile drug treatment courts are juvenile court dockets of youth with delinquency (criminal) cases who have been identified as having a problem with alcohol or other drugs. Juvenile drug treatment courts are treatment courts for youth under age 18.

**Lived Experience**

Personal knowledge about the world gained through direct first-hand involvement in everyday events. This term is often used to refer to a person's experience dealing with difficult circumstances such as having a mental health issue or substance use disorder, being involved in the justice system, or being a member of a minority or oppressed group. A person's lived experience can help them be understanding and supportive of others who are dealing with similar challenges.

**Low risk**

Not likely to have a negative outcome. In treatment courts, low-risk participants are those who are not likely to fail on probation or commit a new crime; they typically need less intensive [monitoring](#).

**Medications for Opioid Use Disorder (MOUD)**

Buprenorphine, methadone, and naltrexone are used to treat opioid use disorders to short acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. They operate to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions. These medications are safe to use for months, years, or even a lifetime. Medications are used in combination with counseling and behavior therapies. They can help sustain recovery and prevent or reduce opioid overdose.

**Monitoring**

The process of performing supervision and [case management](#) activities, particularly with respect to responses to participant behavior such as increasing or decreasing supervision requirements and increasing or decreasing [case management](#) activities. Increasing supervision and [case management](#) requirements provides key information to the team about participant behavior that allows the team to respond appropriately and also provides support to participants when they are struggling. Decreasing supervision and [case management](#) requirements is an indication that participants are improving and require less support. Monitoring responses are not [incentives](#), or [sanctions](#) or [therapeutic responses](#).

**Multidisciplinary Team**

A multidisciplinary group of professionals responsible for administering the day-to-day operations of a treatment court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment, and supervision services (Hardin & Fox, 2011).

**Need**

In the context of treatment courts, needs are the areas that are missing for a participant to be able to live a healthy life. The needs treatment courts are most focused on are [criminogenic](#) needs, which refer to clinical disorders or functional impairments that, if treated, substantially reduce the likelihood of continued engagement in crime.

**Peer**

Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.

**Person-centered**

An approach to recovery support services that is always directed by the person participating in services. Support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific [needs](#) the individual has identified.

**Policy Committee**

Also known as "Steering Committee." A group that meets separately as necessary from regular [drug court](#) team meetings to discuss program-level policies or practices. Membership ideally includes leadership (someone with decision-making authority) from the partner agencies in addition to the regular team members.

Every program needs a dedicated time for the important decision-makers from the partner agencies to get together and discuss policies and procedures, review data, and make changes that help the program improve. The policy committee may be the same group as the team, but it must include the individuals from each agency who have the authority to make decisions affecting their agency.

The group can also meet during regular team meeting times, but there must be some distinction between the regular team meeting topics and policy committee topics, which are program-level rather than participant level discussions and actions.

**Problem Solving Court**

A problem solving court (also known as [drug court](#), [specialty court](#), [treatment court](#), mental/[behavioral health](#) court, etc.), is a judicially overseen, team-managed court docket dedicated to reducing recidivism, substance use and/or impact of problematic mental health symptomology while increasing wellness & recovery through a case-managed care plan and focused judicial responses to participant behavior.

**Prosocial**

Behavior or activity that is positive, helpful, intended to promote social acceptance and friendship, and supportive of a healthy lifestyle.

**Recovery Capital**

Recovery capital refers to the internal and external resources that can be drawn upon to initiate and sustain recovery from substance use disorder. Recovery capital includes person assets (skills, traits, resilience), social assets (networks, connections, mentors), and collective assets (community, housing, jobs, and recovery support).

**Recovery-oriented**

Building on the strengths and resiliencies of individuals, families, and communities to achieve [abstinence](#) and improved health, wellness, and quality of life for those with or at [risk](#) of alcohol and drug problems. This approach holds out hope to those being served, partnering with them to envision and achieve a meaningful and purposeful life, empowering people to choose for themselves, recognizing that there are multiple pathways to recovery.

**Relationship-focused**

The relationship between a team member, staff member, or [peer](#) support person and the participant is the foundation on which support and services are provided. The relationship is respectful, trusting, empathetic, collaborative, and mutual.

**Remedial Actions**

A change to a behavior or situation that is not conforming to expectations to address the shortcoming. For example, if a treatment court's policies, procedures, or outcomes are not aligned with the State [Standards](#), the program will be expected to develop remedial actions to address the issue and meet the standard.

**Risk**

Risk is something that increases the likelihood of a poor outcome. In treatment courts, the term high risk refers to the likelihood that an offender will not succeed on standard supervision and will continue to engage in the same pattern of behavior that got him or her into trouble in the first place. In other words, it refers to a relatively poorer prognosis for success in traditional rehabilitation services.

**Risk Factors**

Something that increases a person's chance of having a negative outcome. In treatment courts, risk factors are characteristics that increase a person's likelihood of failing on probation or committing a new crime. Key risk factors include prior criminal history, negative [peer](#) associations, antisocial thinking patterns, and conflictual family relationships.

**SAMHSA**

Substance Abuse and Mental Health Services Administration. A federal agency that has resources and [standards](#) related to clinical treatment and provides funding to some treatment courts through grant programs.

**Sanctions**

Consequences for undesirable behavior that are disliked by participants, such as verbal reprimands, increased supervision requirements, community service, or jail detention.

**Serious Mental Illness (SMI)**

A mental illness that interferes with a person's life and ability to function. ([SAMHSA](#))

**Skills based**

An approach in which skills are acquired through practice and application.

**Specialty Court or Specialty Docket**

A special court program established to address community issues, but not meeting the definition of a treatment court.

**Standards**

The guiding document for all treatment courts approved by the Wyoming Judicial Branch based upon national best practice standards and research.

**Steering Committee**

Also known as "Policy Committee." A group that meets separately as necessary from regular [drug court](#) team meetings to discuss program-level policies or practices. Membership ideally includes leadership (someone with decision-making authority) from the partner agencies in addition to the regular team members.

Every program needs a dedicated time for the important decision-makers from the partner agencies to get together and discuss policies and procedures, review data, and make changes that help the program improve. The policy committee may be the same group as the team, but it must include the individuals from each agency who have the authority to make decisions affecting their agency. The group can also meet during regular team meeting times, but there must be some distinction between the regular team meeting topics and policy committee topics, which are program-level rather than participant level discussions and actions.

**SUD**

Also known as Substance Use Disorder. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. These illnesses are common, recurrent, and often serious, but they are treatable and many people do recover.

**Therapeutic Response/Therapeutic Adjustment (Teaching Responses)**

Alterations to participants' treatment requirements that are intended to address unmet clinical or social service needs, and are not intended as an [incentive](#) or [sanction](#); how the treatment court team responds when a participant exhibits behavior (such as continued substance use) that is a result of their substance use or mental health disorder and when the person is otherwise fulfilling or trying to comply with treatment and supervision requirements, this includes responses such as thought papers, observing court and behavior chain or cost/benefit discussions with participants.

**Trauma-informed**

A strengths-based approach to service delivery that emphasizes physical, psychological, and emotional safety; and creates opportunities for survivors to rebuild a sense of control and empowerment; and promotes healing.

**Treatment Court**

Court programs involving a close collaboration between a judge and a community service team to develop a case plan, closely monitor a participant's compliance, and respond appropriately with [incentives](#), [sanctions](#) and therapeutic adjustments. These courts may also be known as [drug court](#), [problem solving court](#), or [specialty court](#).

**Treatment Court Coordinator**

Also known as program manager. The individual on the treatment court team responsible for coordinating activities of the team on behalf of the judge; supervising participant engagement; collecting treatment, surveillance, and probation reports; and providing consolidated reports to the team. The treatment court coordinator may also administer brief screening instruments designed to identify participants requiring more in-depth clinical assessments. The treatment court coordinator role may be filled by staff or contractors with various job titles such as probation officer, program manager, [case manager](#), surveillance officer, etc.

**Treatment Court Team Member**

An individual participating on the [multidisciplinary team](#) providing professional support to program participants and consultation to the presiding judge.

**Tribal Healing to Wellness Court**

A treatment court, often operated through Tribal jurisdiction, that integrates substance use treatment with the criminal justice system to provide judicially-supervised treatment and other needed services, intensive supervision, [incentives](#) and [sanctions](#), and drug testing.

**Veterans Treatment Court (VTC)**

A treatment court program operating with awareness of the unique strengths and needs of Armed Services veterans and providing support through regular court appearances, mandatory attendance at treatment sessions, and frequent and random testing for drug and alcohol use.

## Appendix B – Teleservices Policy and Procedures

1. [Treatment courts](#) should allow participants to attend appointments virtually when in the best interest of the participants in the following circumstances:
  - a. to reduce barriers to participation (e.g., for participants who have challenges with transportation, childcare, protection order/safety issue, work schedule, or medical issues),
  - b. [for court sessions and supervision] to increase the frequency of contact with the judge or supervision officer,
  - c. to increase treatment dosage or access to culturally specific services,
  - d. as an [incentive](#).
2. [Treatment courts](#) should consider strategies to monitor participants remotely, such as use of GPS, performing home visits virtually using cell phone cameras, and performing random drug tests remotely (such as remote breath tests using cell phones or observing oral swabs on a video call).
3. Policy and procedures related to the use of teleservices (phone or videoconference) by treatment providers, supervision officers, and the court, including assurance of privacy and compliance with HIPAA for treatment services and other protected health information.

If teleservices are allowed:

1. Policies shall include the circumstances that make a participant eligible for teleservices, such as residence distance from the treatment court and/or treatment provider and phase (e.g., after phase 1).
  - a. Programs shall use a teleservices assessment prior to implementing teleservices with a given participant.
2. Policies shall provide parameters and expectations for participants, including
  - a. internet access and a phone or other appropriate device (programs are encouraged to provide access to participants who do not have these resources, and train participants in how to use them, to ensure teleservice is a benefit for all participants),
  - b. dress code (if applicable),
  - c. use of video during sessions,
  - d. ability to remain attentive throughout the session,
  - e. (in court) permission to participate just for their own report or if the expectation is to observe the entire session, etc.
3. Programs shall provide guidance regarding protocols to
  - a. protect participant confidentiality (for the participant where they are calling from) and
  - b. ensure appropriate communication (e.g., to avoid judges and participants communicating without attorneys aware or present).

4. [Treatment courts](#) shall include a policy that the use of teleservices is a benefit and participants who are unable to follow teleservice expectations successfully may be required to attend in person.
5. [Treatment courts](#) shall include in their policy if any of the treatment, supervision, or court sessions must be in person and if so, the schedule or frequency of in-person appearances.
6. Courts shall ensure it has the appropriate technology in the courtroom to manage a hybrid hearing, where some participants are in person and some are remote, or adjust the docket to meet the needs of both in-person and virtual attendees.
7. The court shall develop procedures regarding the number of participants who can participate remotely at one time, so that the judge and team can see all participants at once.
8. Courts shall identify ways to provide [incentives](#) during virtual court sessions or for participants participating virtually (e.g., displaying a certificate on the screen, providing online gift cards, having participants and team members applaud each other, etc.).

## Appendix C – Drug Testing Protocols

1. The treatment court shall implement a standardized system in which participants will participate in drug testing. Testing shall be administered randomly/unpredictably but occur no less than twice per week. Testing should be available 7 days per week and holidays and must offer testing at hours that reasonably accommodate employed participants (for example, early mornings, evenings, & weekends). As treatment dosage and supervision is reduced, drug testing should be maintained until the participant has shown significant progress in meeting target behaviors including relapse prevention skills.
2. Participants are required to deliver a test specimen as soon as practicable after being notified that a test has been scheduled. Urine specimens are delivered no more than eight hours after being notified that a urine test has been scheduled. For tests with short detection windows, such as oral fluid tests, specimens are delivered no more than four hours after being notified that a test was scheduled.
3. [Treatment courts](#) shall implement a standardized system in which participants will participate in drug testing. Testing shall be administered randomly and unpredictably in accordance with Wyo. Stat. Ann. § 5-12-114 Testing shall occur on weekdays, weekends, and holidays. As treatment dosage and supervision is reduced, drug testing shall be maintained until the participant has shown significant progress in meeting target behaviors including relapse prevention skills.
4. Test specimens should be examined for all unauthorized substances that are suspected to be used by treatment court participants. Randomly selected specimens should be tested periodically for a broader range of substances to detect new substances that might be emerging in the treatment court population.
5. Tests that measure substance use over extended periods of time, such as ankle monitors, smartphone applications, sweat patches, or other evidence-based technologies, should be applied for at least 90 consecutive days. Tests that have short detection windows, such as breathalyzers or oral fluid tests, are administered when recent substance use is suspected or when substance use is more likely to occur, such as during weekends and holidays.
6. Drug testing sample collection for adult participants shall be directly observed by an authorized, trained, same-sex member of the treatment court team or other approved official of the same sex as the participant.
  - a. If observed sample collection is contraindicated due to special circumstances as determined on a case-by-case basis, the participant shall be considered for accommodation using other testing measures for a specific period of time and then re-evaluated.

- b. Transgender participants should be given the opportunity to choose the gender of the official collecting the samples.
  - c. Drug testing, particularly urinalysis, can be beneficial for youth as well, to ensure the team is aware of the youth's treatment [needs](#) and progress. However, programs should not observe urine sample collection for youth.
  - d. Testing is one of multiple measures of progress. Programs must follow appropriate protocols and procedures for valid testing and/or [monitoring](#).
7. Programs shall confirm that participants are treated respectfully and professionally during sample collection.
8. Alternative specimen collection methods or sample types shall be considered as an accommodation for participants whose trauma histories make observed urine drug testing contraindicated or where in-person observation and/or collection is not advisable due to illness, distance, etc.

## Appendix D – Treatment Court Data Elements

*Green highlighted cells indicate minimum data elements to be collected. Non highlighted cells are recommended but not required data.*

Variable/Data element
<b>DEMOGRAPHICS &amp; ID (collect from all possible ID sources)</b>
Participant Name
SSN, state ID, FBI ID, DL#, DC case number, state treatment number
Birth Date
Gender
Race/Ethnicity
<b>OTHER PARTICIPANT INFORMATION</b>
Veteran status (e.g., current status/discharge status)
Mental health diagnoses
A&D diagnoses
<a href="#">Risk</a> Assessment Results (e.g., Instrument(s) used, <a href="#">Risk</a> Score(s))
Needs Assessment Results (e.g., Instrument(s) used, Score/level of care)
Employment status at <a href="#">treatment court</a> entry
Employment status at <a href="#">treatment court</a> exit
Highest grade of school completed (or GED) at time of <a href="#">treatment court</a> entry
Highest grade of school completed (or GED) at time of <a href="#">treatment court</a> exit
Attendance at school (if applicable)
Number and ages of children (if any)
Number of children living with participant/dependent on participant
Who lives with participant
Housing status at entry
Housing status at exit
Income at entry
Income at exit
Source of income
Age at time of first contact with justice system?
Age of first substance use
Prior treatment (when, what kind, how many episodes)
Drugs used 1. Drug(s) related to <a href="#">SUD</a> and 2. Other drugs used

Variable/Data element
Other demographics
Is family involved in the child dependency system
<b>TREATMENT COURT SERVICE/ACTIVITY/STATUS DATA</b>
Treatment court entry date
Treatment court exit date
Treatment court status (e.g., active, exited)
Treatment court status on exit (e.g., successful completion/graduated, revoked, unsuccessful exit/terminated, transferred)
If participation in treatment court is revoked or terminated, reason
Criminal justice status on exit (e.g., on probation, charge expunged, etc.)
Probation start and end dates for treatment court case
Date of arrest/case that led to treatment court entry
<ul style="list-style-type: none"> <li>○ Charge for treatment court eligible arrest</li> <li>○ Court case number for case leading to treatment court participation</li> </ul>
Prior arrests (number of prior arrests, particularly in the last two years and associated charges)
Date of referral to treatment court program and referral source
Dates of entry into each phase
Dates of UAs (Whether participant showed on UA date) and results
Dates of other drug tests and results
Agency providing test results
Dates of treatment court appearances/hearings and whether participant appeared
Key participant positive and inappropriate behaviors (dates and type) and Specific response including <a href="#">incentives</a> , <a href="#">sanctions</a> and service responses (dates, types, and duration)
Detention/jail time as a <a href="#">sanction</a> (dates, # of days)

Variable/Data element
Dates of services received with types/modalities of service received (see examples below)  [Note: If dates are not available, should collect the types/modalities of services received and dates started and ended or the # of times the individual received a particular type of session].
○ Dates of group treatment sessions
○ Dates of individual treatment sessions
○ Residential (dates entered and discharged)
○ Dates of Mental health services
○ Dates of Parenting classes
○ Dates of <a href="#">peer</a> mentor/support meetings and names of <a href="#">peer</a> mentors
○ Dates of Family therapy
○ Employment services
○ Dates/numbers and type of MAT services received
○ Dates of <a href="#">case management</a> appointments
○ Participant <a href="#">case management</a> /treatment goals and status
○ Dates of supervision visits
○ Dates of field visits
Agency providing services for each service
Continuing care services (dates and types)
Dates of re-arrests/re-referrals during program participation and associated charges
Outcome(s) of re-arrests/re-referrals (conviction, dismissed, etc.) during program participation
Other probation violations during program participation

Variable/Data element
<p><b>BASIC RECIDIVISM DATA</b></p> <p>This is typically data that exists in databases outside of <a href="#">treatment court</a> (e.g., a Court database or Department of Corrections) and therefore does not need to be collected by the program. However, it can be obtained for treatment court evaluations and the creation of comparison group.</p>
Arrest Dates
Filing Dates
Charges associated with Arrest/Filing
Conviction Dates
Disposition
<p><b>ADDITIONAL RECIDIVISM DATA</b></p> <p>This data is not collected by treatment court programs but can be found in other databases as described above.</p>
Probation start and end dates
Jail start and end dates
Prison start and end dates
<p><b>OTHER OUTCOME DATA</b></p> <p>Treatment court programs do not typically collect these data. If data is available, treatment court programs may use it to measure additional outcomes.</p>
Dates of ER visits
Dates of hospitalizations
Dates and amount of welfare/food stamps
Dates and amount of taxes paid
Dates of foster care entry and exit for children of DC participants

## Appendix E – Team Response Decision Matrix

# 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)
<ul style="list-style-type: none"> <li>Attendance at treatment</li> <li>Attendance at other appointments</li> <li>Home for home visits</li> <li>Report to UA</li> <li>Timeliness</li> <li>Payment</li> </ul>	<ul style="list-style-type: none"> <li>Honesty</li> <li>Testing Negative</li> <li>Participating in Prosocial Activities</li> <li>Attending recovery support meetings</li> <li>Employment</li> <li>Progress toward Tx Goals</li> <li>Progress in Tx</li> </ul>	<ul style="list-style-type: none"> <li>Complete Tx LOC</li> <li>Extended Abstinence/Neg. Tests</li> <li>Treatment Goals Completed</li> <li>Phase Goals Completed</li> <li>Program Goals Completed</li> <li>Building a recovery support network</li> </ul>

### 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
<ul style="list-style-type: none"> <li>Behavior Chain</li> <li>What did you learn chat</li> </ul>	<ul style="list-style-type: none"> <li>Behavior Chain</li> <li>Cost/Benefit Analysis</li> <li>Reassess LOC</li> </ul>	<ul style="list-style-type: none"> <li>Behavior Chain</li> <li>Mentor Other Participants</li> <li>Reassess LOC</li> </ul>

#### 3b. Supervision Responses

Level 1	Level 2	Level 3
<ul style="list-style-type: none"> <li>Change in Curfew Status</li> <li>Increased flexibility in scheduling</li> <li>Increased choice in community service</li> </ul>	<ul style="list-style-type: none"> <li>Reduced Contacts</li> <li>Reduction in Home Visits</li> </ul>	<ul style="list-style-type: none"> <li>Reduced Contacts</li> <li>Reduce Home Visits</li> <li>Reduce External Monitoring Devices</li> </ul>

#### 3c. Incentive Response (Always with Judicial Approval)

Level 1	Level 2	Level 3
<ul style="list-style-type: none"> <li>Celebratory text from judge/supervision/team member</li> <li>Fish Bowl</li> <li>Decision Dollars</li> <li>Handshake</li> <li>Small tangible items (Candy)</li> <li>On the A Team</li> </ul>	<ul style="list-style-type: none"> <li>Choice of Gift Certificate</li> <li>Example for others in court</li> <li>Written Praise</li> <li>Positive Peer Board</li> <li>Certificate</li> <li>Reduction in CS hours</li> <li>Reduction in program fees</li> </ul>	<ul style="list-style-type: none"> <li>Framed Certificate</li> <li>Travel Pass</li> <li>Larger Gift Certificate</li> <li>Position as Mentor to New Participants</li> </ul>

# 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
<ul style="list-style-type: none"> <li>Late for Scheduled Event</li> <li>Missed payment</li> </ul>	<ul style="list-style-type: none"> <li>Missed UA</li> <li>Failure to Complete Assignments</li> </ul>	<ul style="list-style-type: none"> <li>Unexcused Absence tx</li> <li>Alcohol Use</li> <li>Drug Use</li> <li>Tamper with UA/device</li> <li>Dilute UA</li> <li>Dishonesty</li> </ul>	<ul style="list-style-type: none"> <li>Criminal behavior (new crimes, drinking and driving)</li> <li>New Arrest</li> </ul>

## 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
<ul style="list-style-type: none"> <li>Behavior Chain</li> <li>Cost/Benefit Analysis</li> <li>Skill Development</li> <li>Homework/Practice</li> <li>Homework chats</li> </ul>	<b>Level 1 plus:</b> <ul style="list-style-type: none"> <li>Discuss LOC Review</li> <li>Thinking Report</li> <li>Doing things for others (homeless kits, letters to nursing home)</li> </ul>	<b>Level 1, 2, plus:</b> <ul style="list-style-type: none"> <li>Discuss Referral Medication Eval</li> <li>Treatment Team Review/Round Table</li> </ul>	<b>Level 1, 2, 3, plus:</b> <ul style="list-style-type: none"> <li>Discuss Re-Assessment</li> </ul>	

### 3b. Supervision Responses

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> <li>≤ 1 additional report days/week</li> <li>Homework chats</li> <li>Counseled by PO</li> <li>Referral to specialized programming/skill building</li> </ul>	<ul style="list-style-type: none"> <li>≤ 2 additional report days/week</li> <li>Home Visit</li> <li>Curfew</li> <li>Travel Restrictions</li> <li>(FTC) Increased supervision at child visits</li> </ul>	<ul style="list-style-type: none"> <li>≤ 3 additional report days/week</li> <li>Continuous Testing</li> <li>GPS</li> <li>Home Visit</li> <li>Increase UA frequency</li> <li>Additional Court Report</li> <li>Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>≤ 4 additional report days/week</li> <li>Electronic Monitor Device</li> <li>Case Conference</li> <li>Curfew</li> </ul>	

### 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

## **Appendix F - Funding**

**(a)** The Wyoming Judicial Council, through its Behavioral Health Committee, will oversee the funding process for treatment courts under the Court Supervised Treatment Programs Act.

**(b)** By February 15 of the calendar year preceding the start of the biennial budget on July 1, the Wyoming Judicial Branch will post a treatment court funding application to its website. This application will cover a two-year period, from July 1 to June 30 two years later (the biennial budget period). Together with these standards, the posting of the application shall serve as notice of the availability of funds for treatment courts.

**(c)** Eligible applicants shall complete the application and email the completed application with all required attachments (including matching funds letters, Substance Use Treatment and Mental Health Service Contracts or MOUs) to [treatment@courts.state.wy.us](mailto:treatment@courts.state.wy.us) by April 1.

**(d)** The Behavioral Health Committee will review applications to determine eligibility under the Court Supervised Treatment Programs Act, the Wyoming Rules Governing Court Supervised Treatment Programs, and these Wyoming Treatment Court Standards. If the Behavioral Health Committee determines an applicant does not meet the eligibility requirements or has failed to submit a timely and complete application, it may notify the applicant in writing that it is not eligible, specifying the grounds for the determination.

**(e)** The Behavioral Health Committee will review applications submitted by eligible applicants to make funding decisions based on the number of participants expected to be served and shall equal \$9,354.66 per adult participant and \$14,716.84 per juvenile participant. The Behavioral Health Committee may modify these rates by plus or minus \$500.

**(f)** If the amount of available funding is insufficient to award each applicant the full amount for each participant expected to be served, the Behavioral Health Committee shall make funding decisions based on the following considerations:

(i) The amount of funding available;

(ii) The number of participants served during the past year(s) in relation to the number they are expecting will need services in the next biennium;

(iii) Partnerships with service providers and the extent of services available in the community

(iv) The types of services the funding is being requested for and the necessity for participants to have those services to be successful

(v) The need to fund a core treatment court team member position

(vi) Other available sources of funding to cover necessary services

(vii) Any corrective action needed to improve quality or performance

**(g)** By May 15, the Behavioral Health Committee shall render its funding decisions, conditions of funding, and schedule for disbursement pending execution of a contract. The Behavioral Health Committee shall notify each applicant in writing of its decision. These decisions are final and not subject to review or an appeals process.

**(h)** Successful applicants will enter into funding contracts with the Wyoming Judicial Branch for the amounts awarded by the Behavioral Health Committee and on the conditions set by the Wyoming Judicial Branch. These contracts shall be effective on July 1, the start of the biennial budget.

**(i)** Local contributions must meet or exceed twenty-five percent (25%) of the amount requested by application. The local contribution may include cash match or in-kind contribution, which would be the monetary value of contributions that support project work, typically in the form of personnel, goods, and services, including direct and indirect costs. Examples of in-kind contributions include materials and services, administrative services, space and utilities, equipment, and technical assistance provided by the applicant for the treatment court. Financial contributions by treatment court participants, and state and federal funds received from any source, must not be used to meet local contribution requirements.