Strengthening the Foundation

Treatment Court Practitioner Guide

by Spencer Srivastava and Monica Christofferson

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Introduction

Treatment courts have operated for over 30 years. Since the first treatment court opened in Miami, Florida in 1989, the model has grown dramatically. As of December 2022, the number of treatment courts in the United States reached 4,148.[i] While the treatment court model has been heavily studied, much of the underlying research base has not been revisited in recent years. At the same time, the treatment court model has changed as a result of a shifting legal landscape, changes in substance use patterns, and new approaches to treatment modalities.

To address these changes, the Center for Justice Innovation ("the Center") developed *Strengthening the Foundation: A Research and Practitioner Partnership*. This multi-year initiative, with funding from the Bureau of Justice Assistance, brought together nationally recognized researchers to revisit core treatment court practices with fresh evidence to address some of the most common questions from the field. Guided by an advisory board of practitioners, researchers, and people with lived experience, these researchers examined four understudied but high-impact areas of treatment courts:

- Risk, needs, treatment quality, and service matching
- Racial and ethnic disparities in treatment court outcomes
- Health risk prevention practices in adult treatment courts
- Use of jail sanctions and therapeutic adjustments

This brief guide summarizes the goals, insights, and potential implications of the four research projects. Materials from each of the projects will be available separately. Some projects may continue, with more insights and applications to come.

i Painting the Current Picture: A National Report on Treatment Courts in the United States, By The Numbers. National Treatment Court Resource Center. 2025.

Why This Research Matters

Treatment courts today operate in a much different environment than when the newly emerged model was robustly researched. Programs now serve broader risk levels, differing participant issues, and at times more complex needs, and the model has expanded—including mental health, veterans, DWI, tribal healing to wellness, juvenile, and more. To ensure successful participant outcomes—and, by extension, community safety—courts need updated evidence about:

- Which practices genuinely support recovery
- How treatment quality impacts outcomes
- How sanctions can influence behavior and recidivism
- How to reduce racial and ethnic disparities
- How to integrate public health approaches to bolster participants

The four research projects aim to address some of these key areas of importance for treatment court practitioners.

Highlights from the Research Studies

Below is a brief overview of the four research studies, presenting the goal, insight, and practical application for programs.

Drug Court Treatment Risk Assessment and Quality (DC-TRAQ) Project

Researchers

Steven Belenko, Ph.D. and Deborah Koetzle, Ph.D.

Goal

Examine the relationship between treatment quality and drug court outcomes for higher-risk participants, further our understanding about the challenges of serving participants with different risks and treatment needs, and develop a method to improve treatment matching through improved case management.

Insights

- *Relatively little is known about the quality of treatment provided to drug court participants and the field lacks a method for evaluating the quality of services offered by treatment providers against national standards and guidelines.* The Treatment Quality Index (TQI) was developed to address these shortcomings, and the results of the pilot study suggest the TQI has validity and is sensitive to differences in program practices and procedures. The results indicate the importance of measuring treatment quality across multiple domains that focus on both the ability of a program to deliver quality services (organizational structure, organizational capacity, staff characteristics and knowledge, collaboration and communication, and continuous quality improvement) and the content of the services delivered (assessment, treatment).
- *Teams may not have a strong framework for collaborative case planning between drug court and treatment provider staff, at times struggling with communication and working in parallel, rather than together.* For example, staff do not fully understand assessment procedures in each other's agencies and need more than regular communication to foster true collaboration. Drug Court staff also had limited knowledge of local community agency resources.
- *Research found that strict eligibility criteria and challenges in the screening and assessment process functioned as barriers to identifying and serving the intended high-risk target population.* Additionally, limitations in access to trauma informed care, peer recovery support services, and medications for opioid use disorders (MOUD) were noted by staff in multiple sites as barriers to successful client outcomes.

What It Means for Practitioners

- *The Treatment Quality Index (TQI) could be developed into a self-assessment tool to empower drug courts to better assess the quality of treatment services offered by existing providers, or those with which courts seek to partner.* Drug court staff need research-based guidance to understand the relevance and quality of the treatment services received by their participants. The TQI can open up the "black box" of treatment and enable more informed dialogue between drug court and treatment staff to improve service delivery, as well as inform decisions about selecting treatment partners.
- This project developed CASE (Collaborative Approach to Service Engagement), a conceptual framework designed to strengthen collaboration within drug courts with the goal of improving treatment matching and client outcome. *The CASE training curriculum could help foster collaboration between members of the multidisciplinary team, increase understanding of evidence-based practices related to interventions, and better align participant needs and the services they receive.* The training includes the following three learning objectives: (1) discuss benefits and barriers of collaboration in multidisciplinary teams; (2) increase teams' knowledge and understanding of evidence-based correctional and behavioral health practices; and (3) strengthen competencies to improve treatment planning and service matching. More information on CASE training can be found here.
- *Eligibility criteria and referral processes should aim to balance flexibility with consistent and transparent decision-making, supported by clear written criteria.* In particular, increased collaboration and communication between the prosecutor's office and treatment court programs can assist in clarity on eligibility.
- *Implementation or expanded access to trauma informed care, peer recovery support services, and MOUD can help achieve better outcomes for higher-risk clients.* Peer recovery supports were found to be able to relate to participants on a personal level, share strategies that worked for them, and help fill in practical gaps such as transportation. These efforts were seen as uniquely impactful for building trust, motivation, and long-term recovery. Drug court staff should endeavor to facilitate access to MOUD for participants with opioid use disorders.
- *Clients with residential placements, especially as their last, were less likely to graduate successfully, while greater adherence, more incentives, and fewer sanctions or in-program arrests increased odds of successful completion.* Programs can consider carefully matching treatment levels to participant needs and be conscientious on implementing more incentives.

Health Risk Prevention in Adult Treatment Courts

Researchers

Juliette Mackin, Ph.D., Laura Hunter, Ph.D., Erica J. Boyce, Ph.D., and David Reinitz, B.A.

Goal

Assess the extent to which adult treatment courts incorporate health risk prevention strategies—such as overdose prevention, low-barrier access to treatment, and person-centered practices—and how those strategies align with treatment court goals.

Insights

- *Overdose prevention is common, but there are gaps in the education for staff.* Specifically, overdose education on how to use test strips was one of the least common health prevention practices noted across treatment courts.
- *Courts implement health risk prevention strategies unevenly, typically depending on the level of training that program staff have received, whether staff have lived experience, and if there are barriers to adoption (e.g., state law, access to resources).* Drug testing strips is one of the least implemented practices and one of the most controversial practices, indicating room for improvement across all court types.
- *Peer support and medication for addiction treatment (MAT) were reported as the most beneficial practices.* Notably, MAT was also recorded as one of the most controversial practices (topics where there was the most conflict or disagreement on the teams) indicating a need for continued training and conversation on the benefits of MAT for programs and participants.
- *Different problem-solving courts excel in different areas of health risk prevention and could learn from one another on policy and practice.* For example, Adult Drug Courts were more likely to implement overdose prevention strategies and Mental Health Courts were more likely to implement practices related to access to medications indicating an opportunity for each to learn from one another.

What It Means for Practitioners

- *Training was a strong predictor for implementation of health risk prevention strategies, emphasizing the importance of prioritizing staff training and refreshers.* One way to educate staff on unfamiliar practices can be leveraging the knowledge of other problem-solving courts who are incorporating practices. The top health risk prevention strategies for each problem-solving court type are as follows:
    - Adult Drug Court
        - *implemented more practices related to overdose prevention and being informed by lived Experience;*
        - *Were more likely to educate participants on where to access naloxone;*

- *Were more likely to use participant feedback for program improvement;*
- *Were more likely to use jail sanctions as a response to substance use regardless of participant clinical stability.*

- Mental Health Court
  - *Implemented more practices related to accessing medication and person-centered practices;*
  - *Were less likely to have people with lived experience as treatment court team members;*
  - *Reported higher access to several psychotropic medications;*
  - *Were more likely to provide transportation services for program requirements;*
  - *Were more likely to allow participants to select treatment agencies and allow participants to have input into their treatment level;*
  - *Were more likely to offer services and referrals for health care and employment or vocational assistance;*
  - *Were more likely to have a team member trained on how to avoid causing trauma or retraumatization.*
- DUI/DWI
  - *Were less likely to have people with lived experience on the treatment court team;*
  - *Were less likely to receive training on naloxone administration or overdose prevention;*
  - *Were less likely to provide infectious disease prevention education and screening;*
  - *Were less likely to provide services or referrals for trauma treatment.*

- *Incorporating peer support and other team members with lived experience could increase the adoption of meaningful practices to support participants.* Treatment Courts that used participant feedback implemented more practices related to low-barrier access to services.
- *Programs should not use jail sanctions as a response to a positive drug test prior to clinical stabilization.* The research showed programs continued to use sanctions and jail sanctions in response to substance use regardless of clinical stabilization.

Jail Sanctions and Therapeutic Adjustments in Adult Treatment Courts

Researcher

Kristen DeVall, Ph.D. and Christina Lanier, Ph.D.

Goal

Examine the use, timing, and severity of sanctions—particularly jail sanctions—and service adjustments on participant outcomes, namely program disposition and recidivism.

Insights

- *Jail sanctions were the second most commonly used sanction and are commonly imposed early in the program, against best practice guidelines.* Findings showed jail sanctions were not used sparingly and were often delivered in earlier phases of program enrollment.
- *Participants with jail sanctions imposed within the first 60 days of program enrollment had a lower success rate compared to graduates.* The study found that participants with a jail sanction in the first 60 days of the program were 60.4% less likely to graduate than those that did not receive a jail sanction, highlighting that using too harsh a sanction early on can negatively impact participant success.
- *While severe sanctions, such as jail, are associated with lower graduation rates, increasing treatment and recovery support services can increase likelihood of graduation and decrease likelihood of recidivism.* For each additional treatment and recovery support service adjustment participants received while enrolled in the program, the odds of recidivating in the two years following program discharge were **reduced by 15**%.

What It Means for Practitioners

- *Programs should avoid using jail sanctions early in enrollment and prioritize low- and moderate-level sanctions before resorting to high-magnitude responses.* Specifically, programs should **avoid using jail sanctions in the first 60 days of program enrollment**. Treatment court teams should engage in on-going education, training, and technical assistance related to the appropriate use of service adjustments and sanctions.
- *Expanding the use of treatment and recovery-support adjustments can strengthen participants' recovery capital and reduce recidivism.* A notable finding from this study is that an increase in the number of treatment and recovery support service adjustments received during program enrollment significantly decreased the odds of post-program recidivism. Employment and education support play a significant role in increasing the likelihood of program graduation and programs should ensure participants have access to recovery supports in these areas. Participants with full-time employment at the time of program exit were 3.9 times less likely

to recidivate as compared to participants unemployed at program exit.

- *Courts should strengthen and standardize data collection on all behavior responses to ensure alignment with best practices and to support continuous quality improvement.*

Racial and Ethnic Disparities in Drug Court Outcomes

Researcher

John Gallagher, Ph.D, LCSW, LCAC

Goal

Examine the lived experience of racial and ethnic minorities in treatment courts to understand the cultural and programmatic factors that contribute to disparities in outcomes. Eight treatment courts from six states contributed to this national qualitative study, including treatment courts from Hawai'i, Missouri, Florida, Indiana, Pennsylvania, and Texas.

Insights

- Culturally responsive programming supports stronger participant engagement, reduced stigma related to receiving substance use and mental health disorder treatment and contributed to improved outcomes. Habilitation Empowerment Accountability Therapy (HEAT) is a promising intervention for African Americans that may be part of the solution in eliminating racial disparities in treatment court outcomes. In the HEAT program, participants discuss traditional substance use disorder topics, such as developing a recovery support system, but also culturally specific topics, including the unique challenges of living in urban environments, the strength and resilience of African American communities, and racial trauma. Additionally, on the Big Island of Hawai'i, Native Hawaiians and participants from other races highlighted how the substance use disorder treatment they received was guided by Hawaiian culture. Education on the history of Hawai'i, the importance of community, and connecting to the environment are topics commonly addressed in treatment.
- Participants, especially participants from racial and ethnic minority groups, reported that they trusted their treatment providers and were honest with the treatment court team when the program: (1) did not incarcerate participants for drug use alone and (2) when treatment providers did not share clinical drug test results (drug tests completed in treatment) and self-reported drug use with the justice system.
- Participants reported that they frequently engaged in community events that supported their substance use disorder recovery, and this engagement also helped them be successful in the program. In Texas, for example, participants played volleyball and bowled together, attended car shows, organized a yearly recovery rally, and contributed to a backpack drive that provided school supplies to local schools. In Pennsylvania,

treatment court participants were able to attend yoga classes in the community to support their mental health and physical wellbeing, and participation in yoga was incorporated into their recovery plans.

What It Means for Practitioners

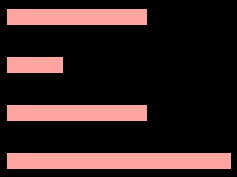
- Programs should incorporate culturally responsive practices into treatment planning to improve engagement and reduce racial and ethnic disparities in treatment court outcomes. Partnerships among treatment courts and local organizations help participants build a sense of community and this engagement helped their success in the program. Consistent with best practices and the findings from this research, abstinence from drugs should be a distal goal for participants and they should not be incarcerated for drug use alone.
- To support therapeutic alliance, build trust within the treatment relationship, and create a justice environment that promotes honesty, treatment providers should limit the amount of information they share with the justice system. Specifically, treatment providers should not share clinical drug test results and self-reported drug use with the justice system. The justice system should complete forensic drug tests at probation or other justice setting, and these drug tests should be used for justice purposes.

Conclusion

Certain themes emerged across all four studies. Programs are stronger when they align their practices with evidence-based standards. Incorporating peers, people with lived experience, and participant voice can improve outcomes by reducing barriers to engagement and building connection. Data collection and review are paramount to improving programs and measuring fidelity to the treatment court model.

As treatment courts evolve, integrating these lessons will help ensure that programs remain responsive, equitable, and grounded in approaches that meaningfully support long-term recovery. Full reports and materials from each study will be released in the coming months. Practitioners are encouraged to follow future updates to the research and emerging tools that can be incorporated into programs. The dedication of treatment court practitioners continues to strengthen programs and transform lives. By building on these findings, the field can move forward with renewed commitment to evidence, care, and compassion.

Activating ideas.
Strengthening communities.



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