Memorandum

To: Judge William Morvant
    Jo Bruce, Judicial Administrator

From: OJP Drug Court Clearinghouse and Technical Assistance Project


Date: June 8, 2001

During the course of this project’s routine follow-up regarding the utility of the technical assistance services provided to the 19th Judicial District Court in East Baton Rouge, Louisiana during the Fall of 2000, Jo Bruce, Court Administrator, requested that Suzette Brann, the DCCTAP consultant who addressed the treatment component of the TA study, provide a follow-up report of her perceptions regarding the progress made by the Drug Court in implementing the TA recommendations. Ms. Brann had visited the program in April 2001, during the course of other work she was performing. The following are Ms. Brann’s observations:

General Observations:

The East Baton Rouge Adult Drug Court has made conscientious efforts to implement or adapt all of the recommendations made in the technical assistance report. However, as has been the experience with most drug court programs, new issues often arise that can have bearing on both the implementation of earlier technical assistance recommendations and the program’s response to emerging needs. The East Baton Rouge Adult Drug Court is no different. The present memo reviews the progress the program has made regarding implementation of the TA recommendations in light of these developments.

Recommendation 1: The Program Needs to Return to a Design Whose Emphasis is on Outpatient Treatment

The program has taken several proactive steps towards re-claiming a treatment versus a case management orientation. By terminating the case management contract and re-hiring the former Program Director to oversee the delivery of treatment services, the program will ensure that a more comprehensive and holistic view of treatment in a drug court paradigm is effectuated. Currently, the program is negotiating with a provider who will assume the contract to provide
treatment services to program participants according to the new program design discussed in the technical assistance report.

Recommendation 2: Incorporate a multi-phased approach for treatment services in the new design

The program has adopted an adaptation of the multi-phased version of treatment with the appropriate drug testing schedule similar to the one recommended by the consultants in the technical assistance report. (See Attachment I for a full description of the phases in the new treatment design) Some modifications have been made to the existing program design but full implementation is expected when the new provider is selected.

Recommendation 3: Revise the Drug Testing Schedule to Comport With Treatment Phases

See Comments relating to Recommendation 2 above.

Recommendation 4: Re-investigate the possibility of establishing a stand-alone treatment facility

Among the program’s greatest accomplishments to date is the outcome of its investigation to determine the feasibility of establishing a stand-alone treatment facility for drug court clients. Due largely to Judge Morvant’s vision of an integrated continuum of supervision and treatment services being delivered to drug court clients in one facility, the program is now negotiating with the state to turn over a hospital for use by the program as a day reporting center and treatment facility. This proposition holds great promise because it will allow the program to expand its census significantly, to collaborate with neighboring jurisdictions to provide additional services, and to give participants a broadened array of services to meet their specific needs in the community heretofore not available because of space constraints.

Recommendation 5: Incorporate the jail-based treatment programs into the drug court’s continuum of care

With the hiring of the Program Coordinator (whose responsibility includes oversight of the delivery of treatment services), evaluations of the efficacy of the jail-based treatment components were conducted. These evaluations and clinical audits revealed serious concerns about the quality of the services being delivered to the clients in those programs and the fact that the staff persons assigned were not certified. For these and other reasons, a decision was made to close the male and female drug treatment wings in the parish.
prison. While program officials continue to believe that such programs could play an important role in the overall continuum of care in the future, staffing and financial limitations dictated that it was in the best interest of the program and its clients to close the program at this time.

Recommendation 6: Administrative Responsibility for the Drug Court Program Should be Lodged in One Individual

The program has made great strides toward ensuring that administrative responsibility for the operation of the program is lodged in one individual: the Assistant Program Coordinator. Job descriptions will be revised to reflect the differentiated roles of the Assistant Program Coordinator, who administers the program, and the Program Coordinator, who oversees the delivery of all treatment services. Time task plans have been developed with these distinct roles and these have clarified lines of authority and reduced confusion regarding who should be doing what task.

Recommendation 7: Clearly Define the Roles of the Program Manager and the Program Coordinator

See Comments Relating to Recommendation 6 above.

Recommendation 8: Hire a Treatment Director

See Comments Relating to Recommendation 6 above.

Recommendation 9: Provide Clinical Oversight for the Jail-Based Treatment Programs Accessed By the Drug Court

See Comments Relating to Recommendation 5 above.

Recommendation 10: Case Management Services Should Be More Closely Integrated with the Provision of Treatment

The program’s management and administrative team now have a better understanding of the importance of integrating case management into the treatment protocol and how this will be done. A new case management protocol that will require fewer supervision contacts early in the treatment process and intensify as treatment contacts decrease later in the treatment process is being developed. The responsibility for the oversight of the case
management function has now been assigned to the Assistant Program Coordinator. When the program is fully staffed, the anticipated case management ratio will be 20:1 and plans to include home visits and other services are included. Dialogues with the Probation Department are underway to negotiate the dedication of one full-time FTE to augment the program’s case management staffing complement. Additionally, the case management representative meets weekly with the treatment team at the staffing to give input into the overall performance of all clients under supervision and make recommendations for sanctions and incentives.

Recommendation 11: Develop regular and on-going communication between treatment and case management staffs

See Comments relating to Recommendation 10 above

Recommendation 12: Provide On-going Training to All Drug Court Staff

Two of the program’s staff, the Program Coordinator and the Assistant Program Coordinator, have already attended the National Drug Court Institute’s discipline-specific training for Coordinators. When the program’s entire staffing complement is hired, more training is planned on such drug court topics as confidentiality, strength-based case management, innovations in treating criminal justice populations and team development.

Recommendation 13: Create A Comprehensive Budget for the Drug Court Which Identifies Program Needs and Sources of Funding So That Future Needs and Target Funding Sources Can Be Identified.

Local officials have accepted this recommendation but are still exploring various sources of funding for the program. If the pending DCPO Enhancement grant is approved, the program will have, for the first time, direct control over a lump sum line item dedicated to funding drug court services. Additionally, to offset the anticipated rise in costs to treat clients, the program is considering increasing client fees and re-allocating existing treatment staff to add to the new provider’s staffing complement.

Recommendation 14: Develop Ways to Improve Communication Between Drug Court Team Members

The statewide initiative to use a standardized MIS protocol for all drug courts is being implemented in the East Baton Rouge Drug Court at the time of this writing. This system will specifically link all drug court stakeholders and give them access to the same data on program performance. Computer installation is underway and members of the program’s
staff are on the committee to test the system’s efficacy in meeting the needs of the stakeholders who will be using the system.

Recommendation 15: Develop Local Support for the Program

The program is also investigating the possibility of establishing a non-profit organization, one of whose primary goals will be to raise funds in the community to finance treatment and other drug court initiatives. In addition to this initiative, the Judge has been making very concerted efforts to garner community support for the program by using every speaking engagement with his various constituencies to highlight what the program adds to the continuum of care and supervision for criminally involved addicts in Baton Rouge.

Summary

This program’s commitment to developing a drug treatment court that becomes a model for its jurisdiction and surrounding jurisdictions is evident in the willingness to adopt and implement almost all of the earlier technical assistance recommendations. Activities focused on building the infrastructure and documenting policies and procedures are now well underway. Program officials understand clearly now that this is a dynamic process that requires constant oversight, creativity and flexibility and, more importantly, a staff who understands the vision of the program within the community’s cultural, socio-economic and legal culture. As a result, the most significant issue this program must address in the future is the recruitment and training of a competent treatment provider and a case management team.

cc: Suzette Brann
    Marilyn M. Roberts
ATTACHMENT I

Description of the phases in the new treatment design

Pretreatment Orientation & Stabilization

Phase I:

This phase is expected to last 30 days. In this phase, the focal points will be assessment and treatment readiness interventions. A comprehensive battery of assessments will be administered to every client and it will at a minimum include, but not be limited to:

- An addiction severity instrument, (preferably the computerized version of the ASI) or the SASSI
- A biopsychosocial instrument
- A risk assessment inventory
- A basic mental health status examination
- A basic medical screening (height, weight, blood pressure, dental, vision testing)
- An optional GED test (for those without a GED or high school diploma)
- A mandatory career aptitude test

All of these assessments will then culminate in an individualized holistic treatment plan that will address several domains including substance abuse, relapse prevention, health, employment/vocation, family/significant other relationships, spirituality, etc.

Note: Every subsequent recommendation for placement in another modality or graduation from the program must be predicated on a re-assessment of the pertinent areas identified as deficits and talents.

Additionally, clients in this phase will focus on Step 1 of the 12 steps and be introduced to the notion of self-help groups as an adjunct to their recovery process. Any group counseling done in this phase will have an educational orientation (i.e., they will focus principally on the physiological and psychological effects of the common drugs of abuse).

Phase II: Cognitive Restructuring

In this, the most intensive phase of treatment, clients will be taught through the various interventions offered, the significance of cognition on behavioral choices. The Cognitive Restructuring Phase will be 120 days or 4 months. To satisfy state requirements for drug court intensive outpatient treatment, a minimum of 9 hours of regularly scheduled treatment services in the facility will be afforded each client. This 9-hour regimen could either be delivered on 2 days for 4.5 hours each or on 3 days for 3 hours each. Accommodations will be made for clients who have verified full-time day employment by offering the same programming in the evening. In this phase, along with work on Step 2 & 3, the client will be involved in most if not all of the following interventions:

- Group psychotherapy (specifically gender-specific groups)
- Individual counseling
- Expressive therapies
- Experiential therapies
- Grief therapy
- Multi-family groups

**Phase III: Transitions**

This will be the program’s transitional phase designed to focus on the habilitation issues each client must master to negotiate life in recovery. Clients will be expected to attend programming twice a week for 1.5 hours for 90 days or 3 months. The focal point in the Transitions phase will be life skill development or enhancement and will include modules on:

- Parenting skills
- Educational/Vocational re-assessment and referrals
- Healthy Sexuality
- Hygiene
- Interviewing/Dressing for Success
- Housing referrals
- Nutrition
- Stress/Anger management techniques

At the end of this phase, clients will have developed their own personal care plan and should have substantially completed Steps 4 and 5.

**Phase IV: Aftercare**

This will be the last phase of the program and is designed to reinforce the values and skills developed in the earlier phases of treatment. Aftercare will last for at least 120 days or 4 months and the client will be expected to attend treatment for 1 hour, once a week. Every client will have a designated number of community service hours to complete as a graduation prerequisite. The focal points of this phase will be:

- Alumni preparation
- Continuing relapse prevention education and relapse prevention plan finalization (by client and counselor)
- Continuing care or discharge plan (by client and counselor)

*Note: The expectation is that most clients will be employed or in some vocational program during the day at this point so these groups will only be offered in the evening.*
Benchmarks for progression from one phase to another will be developed in conjunction with the selected treatment provider. Drug testing within each phase will be covered in another section below. The supervision of the delivery and quality of treatment services will be monitored by the Treatment Director.