



# Developing and Implementing Multiple Treatment Court Tracks:

The Douglas County Model

# Introduction of Speaker Panel

- Judge Eddie Barker, Chief State Court Judge
- Tim Prewett, Superior Court Executive Director
- Josh Nation, Clinical Director



# Initial development of Douglas County Accountability Courts

- DUI Court began April, 2013 (Judge Eddie Barker)
- Misdemeanor Drug Court began July, 2014 (Judge Neal Dettmering)
- Felony Drug Court began January, 2015 (Judge Beau McClain)
- Origins for the Courts



# Additional development of Douglas County Accountability Courts

- Judge Cynthia Adams - Mental Health Court (HOPE) 2018
- Judge McClain - Veterans Court 2020
- Judge McClain - Opioid Court 2021



# Redevelopment of Courts in 2015

- Ascension Counseling & Mental Health LLC brought on board, Clinical Director Joshua Nation heading up treatment services.
- Importance of Clinical Assessment.
- Need for multiple treatment tracks realized through assessment.
- Target Populations established.



# PARTNERSHIPS



Superior and State Court

District Attorney's Office  
and Solicitor General's  
Office

Partnership  
between  
District  
Attorney's  
Office and  
Solicitor  
General's  
Office

Expedited Case handling

Pre-Adjudication vs Post-Adjudication

Coordination with Public Defender's Office

- IDENTIFICATION OF POTENTIAL PARTICIPANTS
- EXPEDITED CASE TRANSFERAL
- COORDINATED REFERRAL AND EVALUATION ASSESSMENT PROCESS
- PRE-ADJUDICATION VS. POST-ADJUDICATION
- COORDINATION WITH PUBLIC DEFENDER'S OFFICE



# ACCOUNTABILITY COURTS



- PROGRAM ENTRY
- SANCTIONS
- TERMINATIONS
- GRADUATION




# Specialty Court Tracks

- HOPE Court (Mental Health Court)
- Opioid Court
- Felony Drug Court
- Felony Drug Court Graduate Track
- Veterans Court
- Misdemeanor Drug Court
- DUI Court (High Risk/High Need)
- DUI Court (High Risk/Low Need)

# HOPE Court

(Mental Health Court)

- Risk Need Profile: High Risk/High Need
- Avg LS/CMI Score: 38
- Avg ACE Score: 9
- Avg Age: 41
- Extensive Criminal History with an average of 3+ years served in prison.
- Co-occurring Population: Methamphetamine most common drug of abuse with DSM-5-TR criteria meeting Severe Use Disorder.
- Co-occurring Population: Bi-Polar, Depression, PTSD, and Schizophrenia most common diagnoses.
- Homelessness: Common.
- Problems typically faced during treatment: Medication Management, Abstinence, Housing, Sustained Employment/ Disability, Chronic Health Issues.



# Opioid Court

- Risk Need Profile: High Risk/High Need
- Avg LS/CMI Score: 37
- Avg ACE Score: 9
- Avg Age: 32
- Extensive Criminal History with an average of +5 years served in prison.
- History of Overdose, on average three Naloxone reversals within the previous twelve months.
- Co-occurring Population: Severe Opioid Use Disorder (Most commonly Fentanyl and Heroin).
- Co-occurring Population: Depression issues common, but typically easily managed.
- Problems typically faced during treatment: Medication Management (Vivitrol/Naltrexone), Abstinence, Criminal Thinking, Housing, Sustained Employment, Education, Chronic Health Issues.

# Felony Drug Court

- Risk Need Profile: High Risk/High Need
- Avg LS/CMI Score: 32
- Avg ACE Score: 8
- Avg Age: 34
- Extensive Criminal History with an average of +5 years served in prison.
- Co-occurring Population: Severe Methamphetamine Use Disorder and Severe Cocaine Use Disorder most common.
- Co-occurring Population: Depression issues common, but typically easily managed.
- Problems typically faced during treatment: Abstinence, Criminal Thinking, Housing, Sustained Employment, Education, Chronic Health Issues.



# Felony Drug Court Graduate Track

- Risk Need Profile: High Risk/High Need
- Avg LS/CMI Score: 27
- Avg ACE Score: 8
- Avg Age: 35
- Extensive Criminal History with an average of +5 years served in prison.
- Co-occurring Population: Severe Methamphetamine Use Disorder and Severe Cocaine Use Disorder most common.
- Co-occurring Population: Depression issues common, but typically easily managed.
- Problems typically faced during treatment: Abstinence.

# Veterans Court

- Risk Need Profile: High Risk/High Need
- Avg LS/CMI Score: 31
- Avg ACE Score: 6
- Avg Age: 42
- Criminal History often highlighting incidents where violence is used.
- Prior Military Service.
- Co-occurring Population: Severe Methamphetamine Use Disorder and Severe Cocaine Use Disorder most common.
- Co-occurring Population: Depression issues and PTSD common.
- Problems typically faced during treatment: Abstinence, Housing, Time Management.



# Misdemeanor Drug Court

- Risk Need Profile: High Risk/High Need
- Avg LS/CMI Score: 28
- Avg ACE Score: 7
- Avg Age: 27
- Moderate Criminal History, having previously served prison time is uncommon.
- Co-occurring Population: Severe Methamphetamine Use Disorder and Severe Cocaine Use Disorder most common.
- Co-occurring Population: Depression issues common, but typically easily managed.
- Problems typically faced during treatment: "Growing Up," Abstinence, Criminal Thinking, Sustained Employment, Education.



# DUI Court (High Risk/High Need)

- Risk Need Profile: High Risk/High Need
- Avg RANT Score: HR/HN
- Avg ACE Score: 5
- Avg Age: 43
- Limited Criminal History outside of DUI Convictions.
- Co-occurring Population: Severe Alcohol Use Disorder.
- Co-occurring Population: Depression issues do present, but typically easily managed.
- Problems typically faced during treatment: Abstinence, Long Term Commitment to recovery.

# DUI Court (High Risk/Low Need)

- Risk Need Profile: High Risk/Low Need
- Avg RANT Score: HR/LN
- Avg ACE Score: 2
- Avg Age: 30
- Limited Criminal History outside of DUI Convictions.
- Co-occurring Population: Severe Alcohol Use Disorder in sustained remission.
- Co-occurring Population: Mental Health issues do not typically present.
- Problems typically faced during treatment: Long Term Commitment to recovery.



## Ancillary Services (V)

Rule #1 - Do What You Can

Rule #2 - The Golden Rule

Education – GED (No, Maybe, Yes)

Transportation – (Bikes/Vans/Buses)

MAT – (Partnership Good/Bad, Innovations,  
Build the Bridge)

Housing – (Planning, Shame, Growth,  
Construction)



# Sanctuary Village

A housing development for homeless  
accountability court participants<sup>20</sup>



Kitchen  
Bedroom  
Bathroom



# NADCP 10 Key Components

## Key Component #1:

Drug courts integrate alcohol and other drug treatment services with justice system case processing.



# NADCP 10 Key Components

## Key Component #2:

Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.



# NADCP 10 Key Components

## Key Component #3:

Eligible participants are identified early and promptly placed in the drug court program.



# Expedited Case Handling (VI.c)

## Research

Days from referral to entry  
*(Document the Effort)*

## Re-Entry

*(Therapeutic Bond Conditions)*



# NADCP 10 Key Components

## Key Component #4:

Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.



# NADCP 10 Key Components

## Key Component #5:

Abstinence is monitored by frequent alcohol and other drug testing.





# Drug Screening (VI.e)

- CUPS
- DOC pilot project partnership  
(it worked, until it didn't)
- Multiple Providers
  - Screeners
  - Randomization
  - Multiple Sample Types
- Today
  - Modern Inhouse Urinalysis Lab

# NADCP 10 Key Components

## Key Component #6:

A coordinated strategy governs drug court responses to participants' compliance.



# NADCP 10 Key Components

## Key Component #7:

Ongoing judicial interaction with each drug court participant is essential.



# NADCP 10 Key Components

## Key Component #8:

Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.





# Research Update (VI.h)

- Felony Drug Court Process Review
- Opioid Court Study
- Collaboration with State Court
- Every one-year increase in age at intake increases the odds of graduating by between 7 to 11%.
- Each court is in compliance with the NADCP's 10 Key Components for their type of court .
- The relationship between income & graduation is statistically highly significant – for every \$1,000 increase in income, odds of graduating increase by 5.4%.

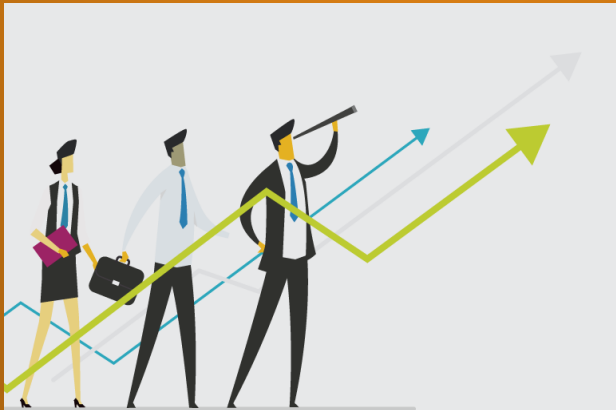
# NADCP 10 Key Components

## Key Component #9:

Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.



# Training (VI.i)



New members of the Accountability court will complete the following instruction prior to voting privileges being established:

- 10 key components of Drug, MH, Opioid Courts
- Douglas Circuit Accountability Courts Manual
- Research Update on Adult Drug Courts (Douglas B. Marlowe)  
[Research Update on Adult Drug Courts - NADCP\\_1.pdf](#)
- Complete the Essential Elements of Adult Drug Courts Webinar  
[https://www.ndci.org/resource/training/e-learning/](#)
- Toward a New Understanding of Mental Health Courts:  
[http://www.courtinnovation.org/sites/default/files/documents/JJ\\_SP\\_15\\_54\\_2\\_Fisler.pdf](#)

# NADCP 10 Key Components

## Key Component #10:

Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.



# Summary

- Implementing multiple treatment tracks can be accomplished in any size jurisdiction.
- Developing partnerships across the community, and in the courthouse, are critical.
- Understand your community to develop target populations.
- Strengthen existing resources, then develop needed resources.
- Always refer back to NADCP's 10 Key Components.



**Are there any Questions?**

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