

The background of the slide is a close-up, slightly blurred image of an open calendar. The calendar pages are white with a grid of dates. Some dates are highlighted in red, including 19, 20, 21, 26, and 27. A blue rectangular overlay box is positioned on the left side of the calendar, containing the main title. In the top left corner of the slide, there is a small orange rectangular graphic.

An Overview of Participant Evidence-Based Scheduling

COUNCIL OF ACCOUNTABILITY COURT JUDGES

Lasheika Kassa, CADCI

Treatment Fidelity Program Manager

Tara Zellous, LPC, NCC, CADCI, CPCS

Statewide MAT Coordinator

MEET KATHY

Kathy is a 28-year old, single mother of two. She has a GED and has worked as a waitress, but she is currently unemployed. She has a history of substance use and significant involvement with the criminal justice system. She was recently referred to accountability court as a result of driving under the influence (DUI) and a probation violation upon release from jail.

KEY INDICATORS

Recent Charges

- DUI
- On Felony Probation
 - Possession of heroin and Methamphetamine
 - Receiving stolen property

History with Criminal Justice System

Beginning at age 23:

- Possession of marijuana
- Theft
- Public intoxication
- Misdemeanors

KEY INDICATORS

Substance Use History

- Age 13 occasional to daily use of alcohol and marijuana by age 19
- Age 20 misusing prescribed pain medication (after giving birth, exaggerated injuries, and dental problems)
- Age 22 snorting cocaine
- Age 25 IV heroin use

Treatment History

Intensive Outpatient treatment (IOP) at ages 19, 21, and 25

KEY INDICATORS

Family History

- Father: diagnosed with an alcohol use disorder
- Mother: domestic violence
- Brother: placed in juvenile detention at age 13 for assault of stepfather; no criminal activity since then
- Boyfriend: currently incarcerated
- No other supportive family

Trauma History

- Kidnapped by family friend at age 7; discovered locked in a closet
- Placed in foster care at age 11-18 after abuse from stepfather

GOAL STATEMENT

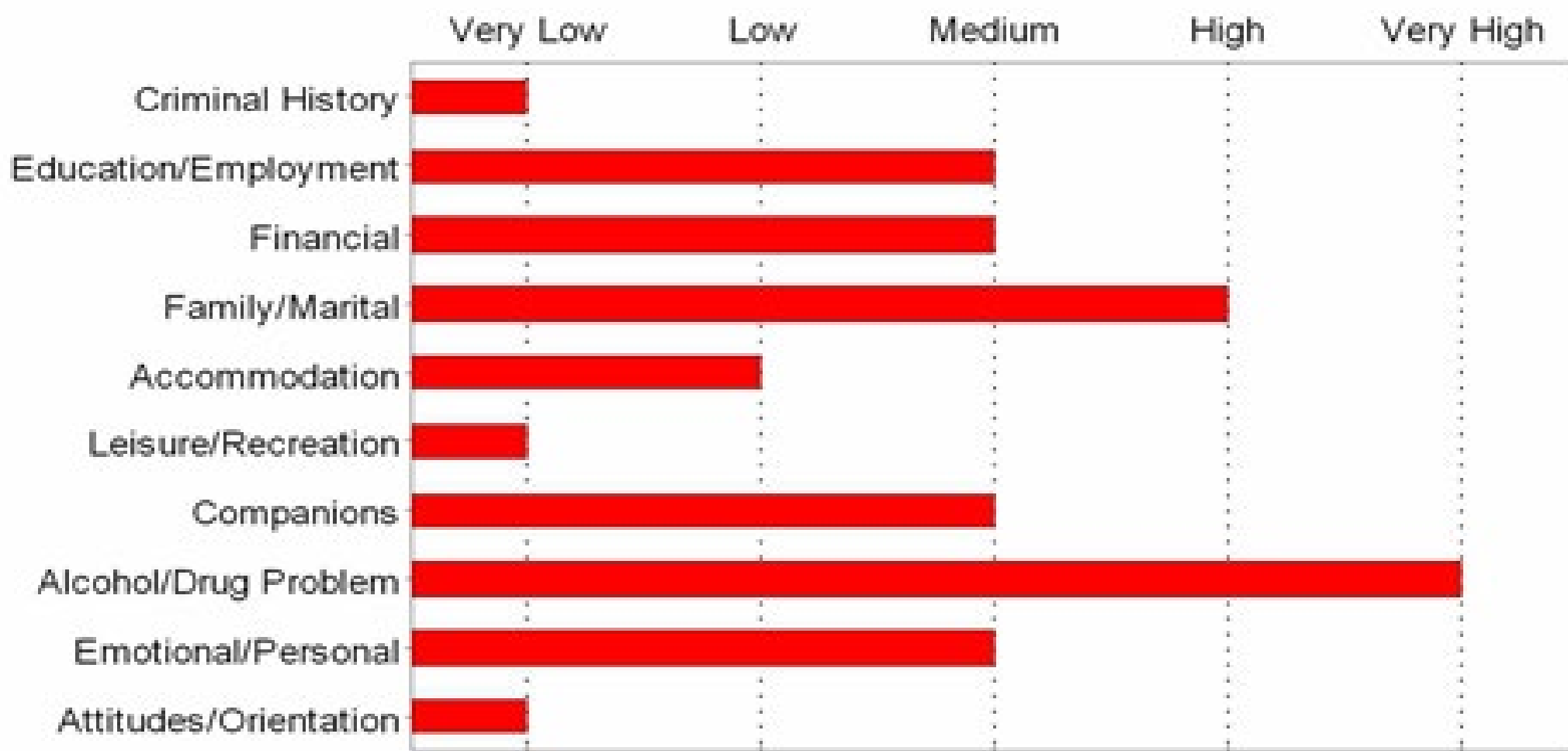
Kathy states being a single mother without employment and steady income is difficult and stressful. She states she remains committed to recovery and providing for her children.

Assessments

Risk Assessment(s)

- Level of Service-Case Management Inventory (LS-CMI)
- Recommended by CACJ Standards
- Conducted prior to program entry
- Moderate to High Risk (Recommended)





LS-CMI Scoring/Risk Levels

Low (0-13)

Low-Moderate (14-23)

Moderate-High (24-33)

High (34-54)

Target Needs

Education/Employment

Financial

Family/Marital

Companions

Alcohol/Drug Problem

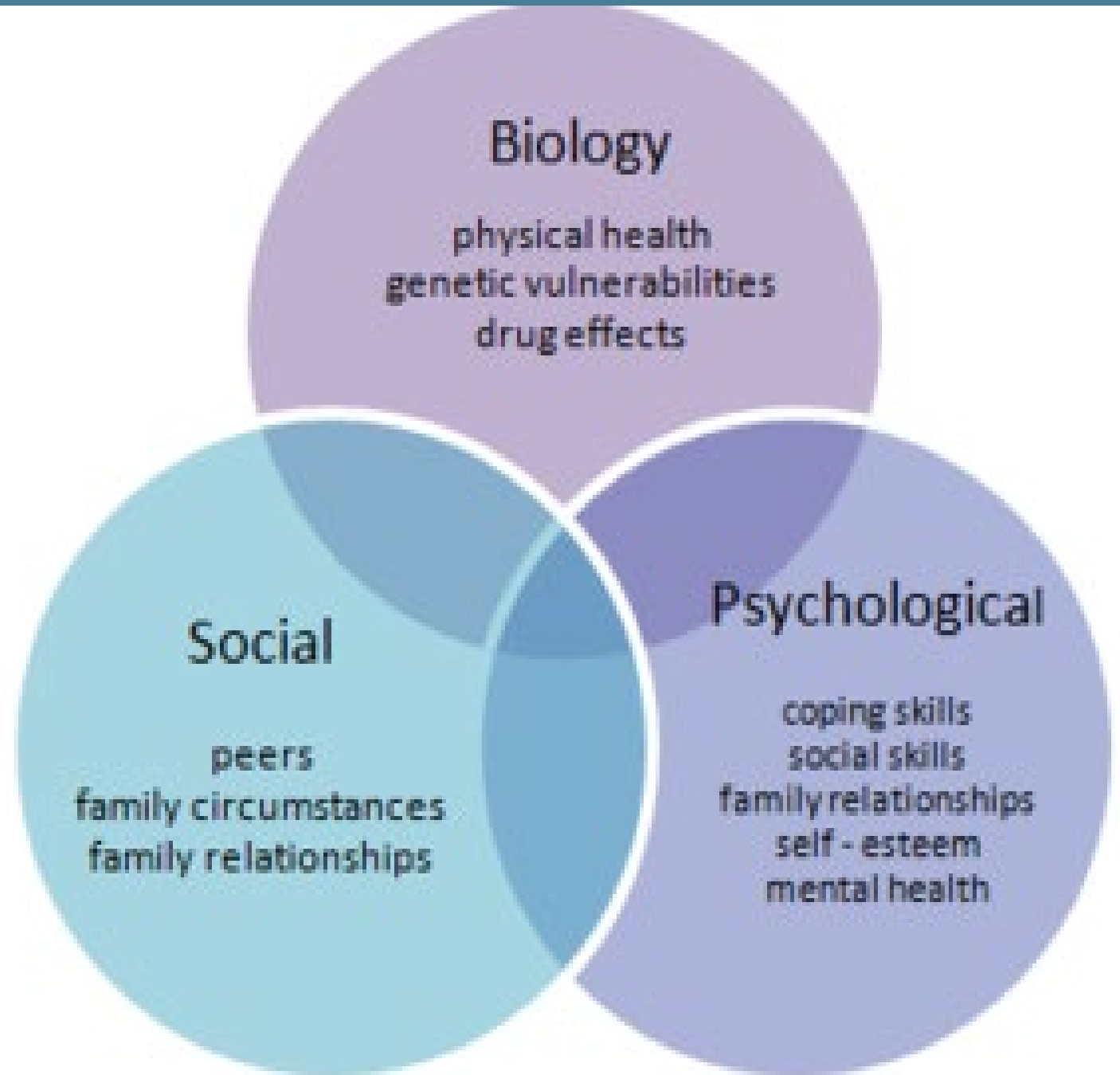
Emotional/Personal

Clinical Assessments



BIOPSYCHOSOCIAL

- The biopsychosocial interview is an assessment of questions that determines psychological, biological, and social factors that could be contributing to a person's problem or problems. The interview can help a therapist in establishing a treatment plan and goals with the client.
- Licensed Professionals use this instrument to diagnose and treat patients



TRAUMA

- Assessment Instruments For Trauma Trauma/PTSD:

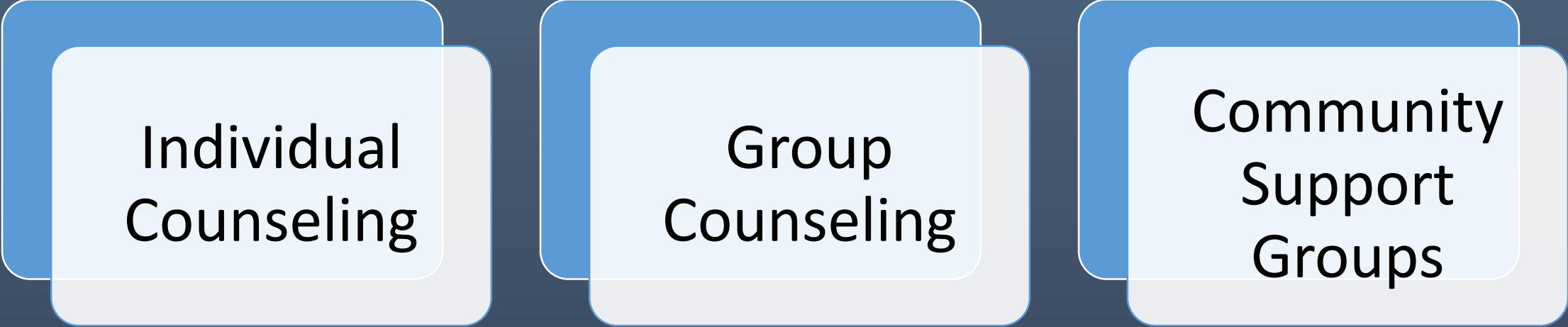
Clinician Administered PTSD Scale, Posttraumatic Diagnostic Scale, Primary Care PTSD Screen, PTSD Checklist – Civilian Version, Stressful Life Events Screening Questionnaire – Revised

ASAM

ASAM CRITERIA FOR DETERMINING LEVEL OF CARE		
ASAM CRITERIA LEVELS OF CARE	LEVEL	DESCRIPTION OF ASSAM LEVELS OF CARE
Early Intervention	0.5	Assessment and education for at-risk individuals who do not meet diagnostic criteria for a Substance-Related Disorder
Outpatient Services	1	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for the recovery or motivational enhancement therapies/strategies
Intensive Outpatient (IOP)	2.1	9 or more hours of services/week (adults); 6 or more hours/ week (adolescents) to treat multidimensional instability
Partial Hospitalization (PHP)	2.5	20 or more hours of service/week for multidimensional instability not requiring 24-hour care
Clinically Managed Low-Intensity Residential	3.1	24-hour structure with available trained personnel; at least 5 hours of clinical service/week (e.g., halfway house)
Clinically Managed Population-Specific High Intensity Residential	3.3 (Adult populations only) Not designated for adolescent populations	24-hour care with trained counselors to stabilize multi-dimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
Clinically Managed High-Intensity Residential	3.5	24-hour care with trained counselors to stabilize multi-dimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community
Medically Monitored Intensive Inpatient	3.7	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hours/day counselor availability
Medically Managed Intensive Inpatient	4	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3. Counseling available to engage patient in treatment
Opioid Treatment Program (OTP) (Level 1)	OTP	Daily or several times weekly opioid medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder

TREATMENT

TREATMENT MODALITIES



Individual
Counseling

Group
Counseling

Community
Support
Groups

ADDITIONAL TREATMENT CONSIDERATIONS AND SERVICES

Drug court programs should ideally offer:

- Family counseling
- Assessment and treatment for trauma
- Gender specific group counseling
- Domestic violence screening
- Health screening
- Medication Assisted Treatment
- Assessment and counseling for co-occurring mental health issues

Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

- Employment counseling and assistance
- Educational component
- Medical and dental care
- Transportation
- Housing
- Mentoring and alumni groups

EVIDENCE-BASED CURRICULA

- Matrix Model
- Cognitive Behavioral Interventions for Substance Abusers (CBI-SA)
- Thinking For A Change (T4C)
- Twelve Step Facilitation Therapy
- Living In Balance
- Prime Solutions
- Wellness Recovery Action Plan (WRAP)
- Moral Reconation Therapy (MRT)



PUTTING IT ALL
TOGETHER

STANDARD

Treatment providers shall maintain a calendar that outlines the dates and times that group treatment sessions and individual counseling sessions take place. The treatment provider shall provide this calendar to the court and the Council of Accountability Court Judges upon request.

STABILIZATION PHASE

SUN	MON	TUES	WED	THUR	FRI	SAT
	Matrix ERS Parenting Class Life Skills	Case Manager Appointment	Matrix ERS Life Skills	Individual Counseling Court Staffing	Change Companies (Interactive Journaling)	
	Matrix ERS Parenting Class Life Skills	Case Manager Appointment	Matrix ERS Life Skills	Individual Counseling	Interactive Journaling	
	Matrix ERS Parenting Class Life Skills	Case Manager Appointment	Matrix ERS Life Skills	Individual Counseling Court Staffing	Interactive Journaling	
	Matrix ERS Parenting Class Life Skills	Case Manager Appointment	Matrix ERS Life Skills	Individual Counseling	Interactive Journaling	

INTENSIVE TREATMENT PHASE

SUN	MON	TUES	WED	THUR	FRI	SAT
	CBI-SA MRT	Prime Solutions	CBI-SA Living in Balance	Prime Solutions Court Staffing	Individual Counseling	
	CBI-SA MRT	Prime Solutions	CBI-SA Living In Balance	Prime Solutions	Case Management Dept of Labor Employment Classes	
	CBI-SA MRT	Prime Solutions	CBI-SA Living In Balance	Prime Solutions Court Staffing	Individual Counseling	
	CBI-SA MRT	Prime Solutions	CBI-SA Living In Balance	Prime Solutions	Case Management Dept of Labor Employment Classes	

TRANSITION PHASE						
SUN	MON	TUES	WED	THUR	FRI	SAT
	Thinking For A Change		Seeking Safety			
	Thinking For A Change		Seeking Safety	Individual Counseling		
	Thinking For A Change		Seeking Safety	Court Staffing		
	Thinking For A Change		Seeking Safety	Case Management		

A FEW KEY POINTERS

TREATMENT SHOULD BE INDIVIDUALIZED

PHASE PROGRESSION DOES NOT
NECESSARILY MEAN A DECREASE IN
DOSEAGE HOURS

STRONGLY CONSIDER GENDER-BASED
GROUPS

ASSESS AND THEN RE-ASSESS

THINGS TO CONSIDER

Treatment calendar is determined based on the participant needs as well as curricula treatment providers are trained to deliver

Participant's calendar should change when they have completed a treatment modality/curriculum

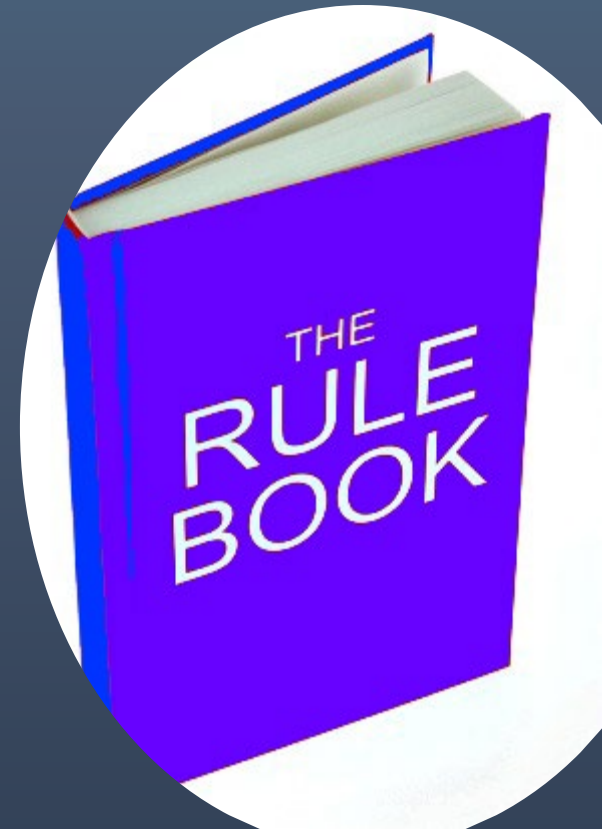
Utilize community support and resources (parenting classes, mental health treatment, family counseling, employment classes)

Reassess throughout participants program duration

Refer, Refer, Refer

Participant Handbooks

- Accountability court rules should be clear and concise
- Phase up requirements
- Drug screen information
- Staff contacts
- Emergency protocols





Questions?

Contact Information

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