## IV -- Sanctions, Incentives, and Therapeutic Adjustments:

Discussion of the need for programs to develop a broader array of incentives, and the difficulty of providing more costly incentives, such as gift meal certificates, since court employees cannot solicit donations. It was pointed out that if a program has the funds available, such as through collection of the program participant monthly fee (statutorily allowed for Adult and DWI Drug Court programs), then some programs have had success drafting a white paper to allow the use of those funds for such incentives. It was also pointed out that a program applying for a federal grant can specify in that grant that some of the funding will be used for contingency management purposes.

Lindsey Lucero briefly described the point system she's developed for her juvenile drug court. It creates a micro economy where the participants can earn points for specific program rewards, such as reduced curfew. She will be presenting this point system during an NCJFCJ sponsored webinar on April 13.

Lindsey also indicated they'd been able to reduce the use of jail time as a sanction by scheduling a detention hearing, with the detention held in abeyance pending outcome of the hearing. Her juvenile participants often choose to correct their non-compliant behavior, such as making up for missed community service, just at the threat of detention, so that actual detention becomes unnecessary.

There was a question about the concept of an augmented sentence for someone terminated from a drug court program. The Best Practices state that someone who fails a program due to unavailable treatment services, who is otherwise fully compliant with the program, should not receive an augmented sentence. But someone who is terminated for other reasons should conceivably receive an augmented sentence for having failed to complete the program.

## **V – Substance Abuse Treatment**

Initial discussion centered on the wide range of treatment issues presented by participants in mental health court programs. The Best Practice directive to provide a minimum of 200 hours of counseling to a participant over the course of 9-12 months wasn't a clear fit for some in the mental health court program, though the individualized treatment plan should be created in such a way to address the majority of their needs over an appropriate timeframe. The diversity of treatment issues for that population also made it difficult to restrict the treatment providers to two, so extra efforts at maintaining clear communication between all providers and the program needed to be focused on.

Another point of discussion had to do with the Best Practice directive to have two facilitators for group counseling sessions. Programs who have in-house clinicians will have difficulty bringing in a second facilitator, though the use of an intern for the second facilitator was discussed.