

TRIBAL HEALING TO WELLNESS COURTS: CASE MANAGEMENT



May 2018



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Tribal Healing to Wellness Court Series

Case Management

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Case Management

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A product of the

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Free Training and Technical Assistance

The Tribal Law and Policy Institute, through support from the Bureau of Justice Assistance, offers free training and technical assistance for Healing to Wellness Courts.

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Tribal Healing to Wellness Court Publication Series

With support from the Bureau of Justice Assistance, the Tribal Law and Policy Institute (TLPI) has developed the following additional Tribal Healing to Wellness Court–specific resource publications to assist tribal governments and tribal justice systems in developing, enhancing, and sustaining Tribal Healing to Wellness Courts. These resources are available for free download at www.Home.TLPI.org, the Tribal Court Clearinghouse website (www.TLPI.org), and TLPI’s website devoted solely to Healing to Wellness Courts: www.WellnessCourts.org.

Tribal Healing to Wellness Courts: The Key Components, 2nd ed. (2014)

This publication (*initially published in 2003; updated in 2014*) provides key components and recommended practices for tribal justice systems to consider as they design, develop, and implement a Tribal Healing to Wellness Court that meets the needs of their community. Organized around the 10 Key Components adapted for tribes, this publication describes the basic elements of a Healing to Wellness Court. The purpose of each component is explained, followed by lessons learned, and examples of real-world applications.

Overview of Tribal Healing to Wellness Courts, 3rd ed. (2014)

This publication (*initially published in 1999; second edition in 2002; third edition in 2014*) provides an overview of Tribal Healing to Wellness Courts. This overview discusses the history of the drug court movement and the adaptation of the drug court model for tribal justice systems. It provides an overview of some of the critical issues and challenges faced by Tribal Healing to Wellness Courts, including incorporating tribal custom and tradition, addressing the high volume of alcohol abuse cases, and addressing jurisdictional and resource limitations.

Tribal Healing to Wellness Courts: Treatment Guidelines, 2nd ed. (2017)

This guideline has been developed to provide tribal communities with an overview of Western substance abuse treatment strategies that have been developed by drug court programs over the past several years and that tribal programs might consider adapting, along with traditional healing practices. This guideline draws upon drug court standards and best practices, and the experiences of hundreds of tribal and state adult and juvenile drug court programs, operating in various environments and serving a wide range of individuals addicted to alcohol and/or other drugs.

Tribal Healing to Wellness Courts: The Judicial Bench Book (2016)

The role of the Healing to Wellness Court differs dramatically from the adversarial trial court judge, both in mechanics and in philosophy. In Wellness Court, the judge serves as the captain or the coach of the team, focused on healing and collaboration. This publication orients and serves the Wellness Court judge while on the bench. The first section provides examples of key component performance in relation to component principles. The second section overviews key Wellness Court processes and procedures. Both sections include Bench Cards intended to serve as tools that package relevant information in an abbreviated format.

Tribal Healing to Wellness Court: The Policies and Procedures Guide (2015)

The policies and procedures manual is the quintessential tool for the Healing to Wellness Court, documenting the structure and spirit of the court. This publication provides an overview of the key considerations for what should be included in the manual, including team roles and responsibilities, phase systems, alcohol and drug testing, and statutory provisions. Rather than detailing one “model” manual, this publication provides excerpts from more than fifteen operational manuals to preview the level of legal and cultural diversity that is possible within a Healing to Wellness Court.

Tribal Healing to Wellness Courts: Program Development Guide (2002)

This publication provides step-by-step recommendations for the design, development, and implementation of Tribal Healing to Wellness Court programs from a practical standpoint. It is designed to assist steering committees and planning groups as they (1) use team-based approaches; (2) gain knowledge of Healing to Wellness Court concepts; (3) incorporate the 10 Key Components; (4) help establish policies and procedures suitable to the needs of the tribal community; (5) guide the court to integrate available resources; (6) develop interagency agreements; (7) incorporate management information systems to track participants and services; and (8) identify possible problem areas.

Perceptions of Methamphetamine Use in Three Western Tribal Communities: Implications for Child Abuse in Indian Country (2007)

This publication explores the increasing concerns raised by the emerging methamphetamine epidemic in Indian country. Professionals from three tribal communities detail their perceptions of meth use and implications for child abuse in the communities in which they work.

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About This Resource

The ***Tribal Healing to Wellness Courts: Case Management*** resource (*Case Management*) is designed to provide Tribal Healing to Wellness Courts (Wellness Courts) and their staff a guide to effective case management and the case manager role. This resource will discuss the ins and outs of case management as guided by the widely accepted standards set forth by the National Association of Drug Court Professionals Professional Services Branch and the National Drug Court Institute (NDCI), before moving into a more practical discussion of the role case management plays in Wellness Courts.

Because the resources and staff available to Wellness Courts are often limited, this publication will also address how several members of a Wellness Court team can effectively and ethically assist with case management. Additionally, this publication will provide strategies for how a Wellness Court case manager can balance their role with other duties.

While this short resource provides an overview of the subject, exploring the breadth of common issues impacting case management in Wellness Courts, this is not intended to be the sole resource for developing or revising the role of a Wellness Courts case manager. Instead, this resource is a first stop, with references to additional resources that will provide a more in-depth discussion of the topic at hand.

General Overview: Healing to Wellness Courts

To understand case management within the context of a multidisciplinary Wellness Court team, it is important to have a general understanding of drug courts, Wellness Courts, and tribal court systems. The section will provide a brief general overview of tribal Wellness Courts; we strongly encourage those without Wellness Court experience to see the “Additional Resources” section to further develop their understanding.¹

The Drug Court Movement

The modern movement of Wellness Courts can be traced back to the formation of drug courts in state systems. The U.S. “War on Drugs” resulted in a large increase of drug-related cases in state criminal justice systems, increased drug-related convictions, and overcrowded jails and prisons.² In addition, the individuals impacted by this policy were not only subject to traumatization by the prison system, including the many barriers and stigma that follow previously incarcerated people in reentry, but also usually were not afforded meaningful opportunities to address their substance abuse and its underlying causes.³ Criminal justice systems quickly became overburdened by the process and were not achieving the desired deterrent or rehabilitative effect. Consequently, the drug court approach was developed to process substance abuse cases in a way that systematically prioritizes treatment, tethering treatment to judicial authority, multidisciplinary input, and personal accountability. What began as a grassroots initiative has become a nationwide trend.

Tribal Healing to Wellness Courts

Word of the drug court movement spread to Indian country,⁴ where many tribal communities were encountering individuals and families with intergenerational substance abuse issues. Many indigenous forms of justice already embraced a restorative, holistic approach that prioritizes healing over punishment. Tribal communities and their leaders were thus particularly interested in how drug courts could help address severe alcoholism and alcohol-related crimes

¹ See Additional Resources at page 34. For those truly new to the topic, we recommend Joseph Flies-Away, Carrie Garrow, and Pat Sekaquaptewa, [Tribal Healing to Wellness Courts: The Key Components](#), 2nd ed. (Tribal Law and Policy Institute, 2014).

² Joseph Thomas Flies-Away, Jerry Gardner, and Carrie Garrow, [Overview of Tribal Healing to Wellness Courts](#) (Tribal Law and Policy Institute, 2014), 1.

³ Ingrid A. Binswanger et al., [“Return to Drug Use and Overdose after Release from Prison: A Qualitative Study of Risk and Protective Factors.”](#) *Addiction Science and Clinical Practice* 7, no. 1 (2012): 3; C. J. Mumola, and Jennifer C. Karberg, [Drug Use and Dependence, State and Federal Prisoners, 2004](#) (Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2006).

⁴ We use *Indian country* to refer to tribes, tribal governments, and nongovernment programs serving Native peoples living on tribal land. We do not mean to exclude Alaska tribal governments or other tribes lacking a land base.

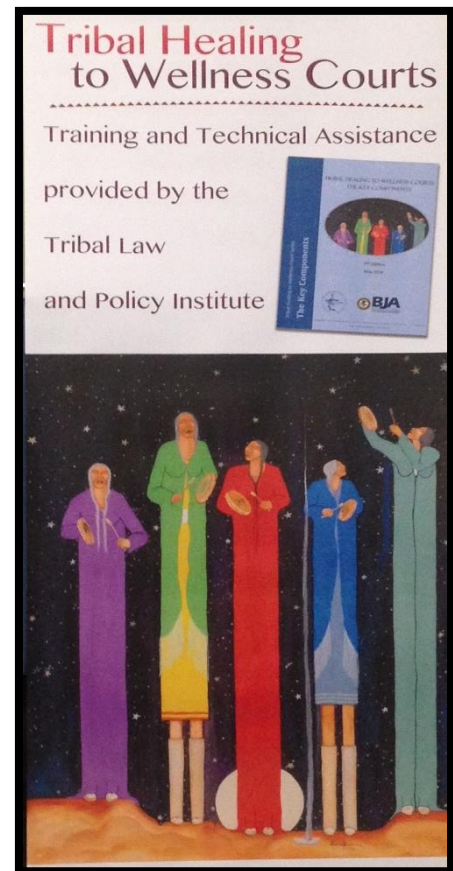
prevalent in their communities in a more meaningful way. As interest and research grew, both tribal and federal advocates realized the drug court concept could have a positive impact within Native Nations and was already more in line with many tribal values related to restorative justice.⁵

In August 1997, tribal-specific drug court curriculums were drafted and adapted from state and national efforts and were used for the first formal tribal drug court training sessions. The tribal-specific drug court curriculums were quickly adapted further based on the communities receiving the training and their nations' available systems and cultural values. Early on in this process, tribal teams preferred to avoid the term *drug court* for their new approach and searched for a new term that would both incorporate alcohol abuse cases and culturally connect to the tribal community.

Tribal names for this approach include *Wellness Court*, *Healing Court*, *Treatment Court*, *Substance Abuse Court*, *Alternative Court*, and other terms in their respective indigenous languages. We prefer the term *Healing to Wellness Court*, a nod to both the healing and wellness aspects of the approach and the idea that wellness is an ongoing journey. *Healing to Wellness Court* and *Wellness Court* are used in this publication interchangeably.

Healing to Wellness Courts are not simply tribal courts that handle alcohol and drug abuse cases. A Wellness Court is a special court docket for cases involving alcohol- or drug-using offenders through an extensive supervision and treatment program. Wellness Court programs bring the full weight of all interveners—judge, prosecutor, defense counsel, treatment specialists, probation officers, law enforcement and correctional personnel, social services, community leaders, traditional healers, and others—causing the offender to confront their substance use disorder. The structure of the court supports a higher level of accountability for program participants by leveraging the coercive power of the criminal justice system to achieve abstinence and alter criminalized behavior through the combination of judicial supervision, treatment, drug testing, incentives, sanctions, appropriate cultural components, and, importantly, case management.

A Tribal Healing to Wellness Court epitomizes a justice system that strives to meet the needs of the community, particularly the need to address the devastation caused by alcohol, drug abuse,



⁵ Flies-Away et al., [Overview of Tribal Healing to Wellness Courts](#), 1.

and crime. The design of a Wellness Court program is developed at the local level, to reflect the unique strengths, circumstances, and capacities of each Native Nation.⁶

The first Wellness Courts were designed to serve either adult or juvenile participants in a criminal context. Later, Family Wellness Courts were developed to target parents with substance use disorders with a civil child welfare case. In a 2010 Wellness Court Needs Assessment,⁷ which included twenty-eight operational Wellness Courts, respondents stated a need to work with whole families and household residents.



Lummi Nation Tribal Court, 2017

⁶ Ibid., 2–3.

⁷ Tribal Law and Policy Institute, [Tribal Wellness Courts Needs Assessment](#) (U.S. Department of Justice, Bureau of Justice Assistance, 2010).

The Tribal 10 Key Components

Whether an adult, juvenile, family, or any other variation of a Healing to Wellness Court, all are guided by the 10 Key Components, the basic operational characteristics that all Healing to Wellness Courts should share as benchmarks for performance.⁸ Fashioned after the state drug court key components,⁹ the Healing to Wellness Court 10 Key Components were crafted to reflect tribal notions of healing and wellness, particularly the concept of a healing-to-wellness journey, and the collaborative effort involved with supporting such a journey.¹⁰ They are also used by federal grant providers in consideration of drug court grant awards.

Key Component #1: Individual and Community Healing Focus

Tribal Healing to Wellness Court brings together alcohol and drug treatment, community healing resources, and the tribal justice process by using a team approach to achieve the physical and spiritual healing of the individual participant, and to promote Native nation-building and the well-being of the community.

Key Component #2: Referral Points and Legal Process

Participants enter Tribal Healing to Wellness Court through various referral points and legal processes that promote tribal sovereignty and the participant's due (fair) process rights.

Key Component #3: Screening and Eligibility

Eligible court-involved substance-abusing parents, guardians, juveniles, and adults are identified early through legal and clinical screening for eligibility and are promptly placed into the Tribal Healing to Wellness Court.

Key Component #4: Treatment and Rehabilitation

Tribal Healing to Wellness Court provides access to holistic, structured, and phased alcohol and drug abuse treatment and rehabilitation services that incorporate culture and tradition.

Key Component #5: Intensive Supervision

Tribal Healing to Wellness Court participants are monitored through intensive supervision that includes frequent and random testing for alcohol and drug use, while participants and their families benefit from effective team-based case management.

Key Component #6: Incentives and Sanctions

Progressive rewards (or incentives) and consequences (or sanctions) are used to encourage participant compliance with the Tribal Healing to Wellness Court requirements.

⁸ We encourage readers new to the topic to read Tribal Law and Policy Institute's [Tribal Healing to Wellness Courts: The Key Components](#) (2014) before continuing with this *Case Management* publication.

⁹ National Association of Drug Court Professionals Drug Court Standards Committee, [Defining Drug Courts: The Key Components](#) (U.S. Department of Justice, Bureau of Justice Assistance, reprinted Oct. 2004).

¹⁰ Flies-Away et al., [The Key Components](#).

Key Component #7: Judicial Interaction

Ongoing involvement of a Tribal Healing to Wellness Court judge with the Tribal Wellness Court team and staffing, and ongoing Tribal Wellness Court judge interaction with each participant are essential.

Key Component #8: Monitoring and Evaluation

Process measurement, performance measurement, and evaluation are tools used to monitor and evaluate the achievement of program goals; identify needed improvements to the Tribal Healing to Wellness Court and to the tribal court process; determine participant progress; and provide information to governing bodies, interested community groups, and funding sources.

Key Component #9: Continuing Interdisciplinary and Community Education

Continuing interdisciplinary and community education promotes effective Tribal Healing to Wellness Court planning, implementation, and operation.

Key Component #10: Team Interaction

The development and maintenance of ongoing commitments, communication, coordination, and cooperation among Tribal Healing to Wellness Court team members, service providers and payers, and the community and relevant organizations, including the use of formal written procedures and agreements, are critical for Tribal Wellness Court success.

The Wellness Court Process

The Wellness Court process can vary and is designed by the team or steering committee to meet the needs of the community. Generally, a Wellness Court typically last twelve to eighteen months and is divided into four phases. Participants progress through phases by meeting weekly goals of treatment attendance (as recommended by the treatment provider, but may include group and possibly individual counseling), peer-support meeting attendance, community service, and drug testing. Participants then review their progress at weekly or biweekly hearings with the Wellness Court team. Through frequent hearings, the Wellness Court can quickly respond to progress and slipups through incentives and sanctions, as well as needs for services or support.

The Tribal Healing to Wellness Court Team

Unlike the adversarial process in which the attorneys, probation officers, treatment providers, and so forth, work independently and from their own agency perspective, the Wellness Court process relies on these professionals to come together as a “team.” Their shared goal is the recovery of each participant and the long-term wellness of the participants, their families, the community, and the tribe. Wellness Court team members should meet on a regular basis (generally weekly or biweekly) to review participant progress. The team, or preferably a steering committee, should also regularly meet (monthly or quarterly) to review program processes and develop and/or fine-tune policies and procedures.

At a minimum, the Wellness Court team should include:¹¹

- Tribal Judge (or panel of judges)
- Prosecutor (or presenting officer)
- Defense Counselor (or lay legal advocate)
- Alcohol/Substance Abuse Counselor
- Coordinator
- Case Manager
- Probation Officer
- Law Enforcement Representative
- Child Welfare Representative (when applicable)

In addition, the team may also include:

- Traditional Healers

¹¹ See [Drug Court Best Practice Standards, Volume II](#) (National Association of Drug Court Professionals, 2014), 38 (recommending that the drug court team include at least a “judge or judicial officer, program coordinator, prosecutor, defense counsel representative, treatment representative, community supervision officer, and law enforcement officer”). In addition, a coordinator and case manager are recommended.

- Community Leaders (tribal council member, elders, etc.)
- Housing
- Mental Health Provider
- School/Vocational Training Representative

The Wellness Court team and their roles will be discussed later in this resource. However, it is important to note and distinguish between the roles of the coordinator and case manager. As with all team member roles of a Wellness Court, there may be some overlap. However, the difference between a coordinator and case manager is often further blurred. Many times, one person fills both roles, or tasks are delegated across the team.

Coordinator

The coordinator looks to the “big picture,” coordinating the efforts of the court. The coordinator serves as a liaison between the Wellness Court and other agencies and community organizations, facilitating communication and collaboration, seeking further agencies for collaboration, and ensuring the lines of communication remain open. They are the “face” of the court. Further, the coordinator serves as the liaison for the Wellness Court outside the tribe, including grant managers and other funders. Frequently, the coordinator is responsible for documenting program activities and accomplishments, supervising data collection for program evaluation, managing budgetary concerns, and submitting grant applications for program funding.

Case Manager

Where the coordinator is big picture, the case manager is detail-focused, directly assisting participants on a day-to-day basis.¹² The case manager ensures that a participant successfully negotiates the entry process and obtains all the services necessary for their recovery. In addition to substance abuse treatment, these may include educational, vocational, housing, parenting, medical, mental health, and other services. The case manager monitors the participant’s progress in treatment. They notify the team of any issues that may warrant a change in the treatment plan and discuss issues such as the coordination of other services. When there is no funding available for a case manager, the functions of the case manager are shared among team members.¹³

¹² See, e.g., Randy Monchick, Anna Scheyett, and Jane Pfeifer, [Drug Court Case Management: Role, Function, and Utility](#) (National Drug Court Institute, 2006).

¹³ Caroline S. Cooper et al., *Tribal Healing to Wellness Courts: Treatment Guidelines*, 2nd ed. (Tribal Law and Policy Institute, 2017).

What Is Case Management?

Case management can be difficult to define because it tends to vary by setting. Because this publication is focused on Wellness Courts, the best comparison will be case management in the drug court setting. The NDCI has defined case management as:

A series of inter-related functions that provides needed coordination and seamless collaboration, and is the force that holds the varied and many drug court elements together, ensuring that:

- 1. Clients are linked to relevant and effective services;*
- 2. All service efforts are monitored, connected, and in synchrony; and*
- 3. Pertinent information gathered during assessment and monitoring is provided to the entire drug team in real time.*

Essentially, case management forms the framework around which the drug court process can credibly and effectively operate.¹⁴

Key Component #5:

Tribal Healing to Wellness Court participants are monitored through intensive supervision that includes frequent and random testing for alcohol and drug use, while participants and their families benefit from effective team-based case management.

While many Native Nations may have more nuances and resource challenges, case management in Wellness Courts should be guided by the same definition. Case management plays an integral part in

- Linking participants to necessary services;
- A collaborative monitoring of the participants' services and progress; and
- Gathering and sharing information for and within the Wellness Court team.

One of the many distinguishing features of Wellness Court is the significant number of activities required of a participant, particularly in the early phases. From individual therapy, to group sessions, to community service, to drug testing, participants are busy! By design, participants are occupied as a means for both engagement in treatment as well as accountability to

¹⁴ Monchick et al., [Drug Court Case Management](#), ix.

discourage substance use. But as Key Component #5 notes, intensive supervision must be coupled with equally intensive case management.

Many participants, especially in the early phases, are not accustomed to successfully navigating numerous appointments or complex bureaucracies. Few have ever used a personal calendar. Frequently, treatment “fails” for individuals not because a curriculum or provider was inappropriate, but because the individual was tardy too frequently, or neglected to reschedule conflicting appointments. Mixed with the stresses of unstable housing, parenting, finances, and addiction, many participants feel set up to fail. Case management is intended to ease this burden, both actual and perceived.

Whether case management is performed by an individual or by a team, the focus should be to assist the Wellness Court team in implementing a successful strategy that will allow participants to achieve a healthy lifestyle. This means a case manager’s duties will shift as a participant progresses through the program.

Ideally, Wellness Court teams should have a designated case manager with clear duties that are separate from those of other team members. The case manager is an important part of the team, one who tracks the larger picture of each participant for the benefit of the team; whereas other team members may only be focused on a small aspect of the participant’s path to wellness.

Case management is a series of interrelated functions that provides this needed coordination and seamless coordination, and is essential for sustaining integrated and effective drug court systems.¹⁵

The case managers’ coordinated approach should include the delivery of the following services:

- General healthcare services
- Substance abuse services
- Mental health services
- Social services

Case management is an effective tool in companionship with substance abuse treatment. Treatment is always more effective with retention, which is a principal goal of case management.¹⁶ Treatment is more likely to succeed when a participant’s other issues are addressed in tandem with substance abuse. Case management focuses on the whole individual, not just addiction.¹⁷ Participants come to Wellness Courts with numerous issues in addition to substance abuse, such as physical health, mental health, homelessness, and lack of education,

¹⁵ Ibid., 1.

¹⁶ Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (hereinafter referred to as SAMHSA), [Comprehensive Case Management for Substance Abuse Treatment](#), Treatment Improvement Protocol Series, No. 27. HHS Publication No. (SMA) 12-4215 (2012), xiii.

¹⁷ Ibid., xiii.

parenting, and job skills. A case manager serves to help identify those issues, connect the participant to the needed services, coordinate when in the phases a participant should access certain services, and work with the participant to follow up on the use of the services.

A case manager is a person that is not limited to the boundaries of their agency, but whose purpose is to look outside their agency to find the needed services for a participant. In a tribal setting, that often means assisting with creating and adjusting a transportation plan, so each participant has a fair chance to access services and make required appointments.

Functions of Case Management in Wellness Courts

A case manager must be able to perform several important functions to successfully serve participants, the Wellness Court team, and the tribal community. The case manager functions provided in this section of the resource are adapted from the NDCI benchmarks. NDCI created these benchmarks to help case managers, and their supervisors, more effectively track and evaluate their work. The case management functions include:

- Screening and assessment,
- Planning,
- Linkage,
- Monitoring, and
- Advocacy.

Each function will be discussed in the following sections of this resource.

Information Flow

Before diving into the functions of case management, it is important to consider information flow. Adversarial courts and related systems are often criticized for operating in silos with limited information flows. The Wellness Court model, and multidisciplinary teams generally, are designed to counter this frequent challenge by prioritizing information flow between multiple agencies frequently.

Information flow is critical to successful case management. The case manager must communicate effectively with both the participant(s) and the Wellness Court team. From the outset, the Wellness Court team should determine what information needs to be shared, how that information is relayed (i.e., secure e-mail, a data management system), and how quickly certain information should be relayed, and should clearly identify the kind of information that can wait until the Wellness Court staffing. Information flow will impact every aspect of case management.

Staffing

The “staffing,” “staffing meeting,” or “prehearing staffing” is the team meeting that takes place immediately prior to the status hearing. Depending on the frequency of status hearings, this generally occurs weekly or biweekly.

Team members submit their progress reports for each participant, typically to the coordinator, who produces a comprehensive staffing report. At the staffing, each participant’s progress is reviewed. Team members brief the judge on any special issues.

Compliance with program requirements, even minimal compliance for participants in the early phases, is acknowledged with an incentive. If an individual has not complied with a Wellness Court program requirement, the team will make a recommendation to the judge regarding a proposed sanction or other response. The judge, however, makes the ultimate decision regarding the action to be taken.

Because participants may access an array of different services, including from service providers who do not serve on the core team, such as housing, vocational training, medical, parenting, and so forth, the case managers will typically need to track these different services and manage information flow between providers both on and off the team. Additionally, the case manager will be the designated liaison for the Wellness Court team, providing necessary updates during staffing.

When there is not a designated case manager, a Wellness Court may employ a team-based approach to case management. When case management is handled by the team ***it is important to have one person designated as the lead case manager***, otherwise confusion may arise. This coordinator typically serves this role, designating what information is collected, by whom, and how that information will be shared with the team.

If information flow breaks down, the impact on the participant is detrimental. A participant may not receive needed services or receive inappropriate services. Developments necessitating an incentive or sanction may go unnoticed, negating an opportunity for a quick and effective response. Ultimately, a participant's progress is delayed.

Tips for Case Managers

- Be clear when communicating with the court team.
- Standardize all methods of communication. Consider a standardized progress report that each team member completes.
- Meet and communicate regularly with the court team.
- Maintain separate and distinct avenues for sharing information between the judge and participant, case manager and participant, and case manager and judge.

Screening and Assessment

Once information flow has been discussed and systems are in place for successful communication, the case manager can focus on the day-to-day tasks. An initial task is the early identification and entry of a potential candidate into the Wellness Court. The entry process, often referred to as screening and assessment, varies widely between Wellness Courts, and depends upon the internal structure of the Wellness Court, attorneys, and treatment providers.

Key Component #2:

Participants enter Tribal Healing to Wellness Court through various referral points and legal processes that promote tribal sovereignty and the participant's due (fair) process rights.

Key Component #3:

Eligible court-involved substance-abusing parents, guardians, juveniles, and adults are identified early through legal and clinical screening for eligibility and are promptly placed into the Tribal Healing to Wellness Court.

Eligible candidates are identified based on their (1) legal eligibility (e.g., nature of the current charge or dependency case, prior criminal history of the defendant) and (2) clinical eligibility (e.g., nature of alcohol and substance abuse treatment needed).

Once a candidate has been identified, typically through the legal process, the case manager will refer the candidate for a clinical assessment to be conducted by a qualified professional, generally a licensed counselor. Wellness Courts frequently struggle with ensuring that participants complete their clinical assessments. Case managers play a critical role in connecting candidates to treatment providers, and thereby ensuring early engagement.

Once the assessment is complete and processed, the treatment provider will share that information with the Wellness Court team. Depending on the information flow protocols of the team, the case manager may be tasked with sharing the assessment. The Wellness Court should have policies and procedures in place that dictate requirements for entering the program.¹⁸ Further, depending on the type of assessment tool used by the counselor, a case manager may conduct their own assessment to gauge for other needs beyond substance use, such as mental health or housing.

¹⁸ For more on key considerations in developing policies and procedures, read Tribal Law and Policy Institute's [Tribal Healing to Wellness Courts: The Policy and Procedures Guide](#) (2015).

Once the participant is accepted into the Wellness Court, the case manager must maintain an ongoing assessment to determine what services the participant will need. In addition to substance abuse treatment services, participants may require services related to housing, physical health, mental health, child care, education, life skills class, parenting classes, financial literacy services, and/or employment services. It is likely that needs will change over time.

Tips for Case Managers

- Only screen participants as appropriate; behavioral health professionals should *always* conduct clinical assessments.
- If *necessary*, the case manager may look to Cut down, Annoyed, Guilty, and Eye-opener (CAGE) screening¹⁹ and Texas Christian University screening resources for assistance.²⁰
- Balance administrative responsibilities with ongoing participant needs assessments.

¹⁹ John A. Ewing, "[Detecting Alcoholism: The CAGE Questionnaire](#)." *Jama* 252, no. 14 (1984) 1905–7.

²⁰ Kristina Pacheco et al., "Pueblo of Laguna Community Wellness Court: Looking 10 Years Back, Looking 10 Years Ahead" (presentation, Annual Tribal Healing to Wellness Court Enhancement Training, Albuquerque, NM, September 13, 2017); Resources available at <https://ibr.tcu.edu/forms/tcu-drug-screen/> and http://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/CAGE_Substance_Screening_Tool.pdf.

Planning

Once a comprehensive assessment is complete, the case manager should work with individual participants, focusing their attention on planning, setting, and implementing goals. Once service needs are identified, the case manager will work with the Wellness Court team to develop a case plan that includes all the needed services. The case manager then works with the participant directly, linking him or her to services in the case plan and monitoring their progress within those services. When needed, the case manager should be prepared to advocate on behalf of participants to ensure that they receive needed services in a timely manner.

Consider that the substance abuse treatment provider will likely also have a treatment plan that specifies the level of care necessary for the participant, based on the ASAM Criteria for Determining Level of Care.²¹ The *treatment plan* should be coordinated with the *case manager's plan*. The case manager's plan will likely include services beyond treatment, such as housing, vocational training, and so forth. The case manager must be cognizant of the demands on the participant and the overarching goal to keep the participant engaged in treatment, particularly in the early phases. Finally, both plans should be integrated with the overall requirements of the Wellness Court.

Note that the sequence and timing of services should align with a participant's immediate needs and capacity to receive. The National Association of Drug Court Professionals recommends that when a participant first enters the program, their ability to remain in and comply with treatment should be the priority. Services to enable this retention (responsivity needs) should be prioritized, such as housing, mental health, and substance-related craving or withdrawal. As the participant progresses, focus should then expand to address the participant's likelihood of relapsing and/or reoffending (criminogenic needs). Services should be geared toward initiating sustained abstinence, addressing antisocial thought patterns, and addressing antisocial peers and family conflict. In the latter phases, focus should expand further to assist the participant with maintaining their success (maintenance needs), including vocational and educational assistance, parent training, and other life skills.²²

Performance Benchmarks

NDCI has developed the following benchmarks:²³

- A written plan that encompasses broad-based life skills.
- The plan includes goals, objectives, and task-based strategies developed with the participant.

²¹ Tribal Law and Policy Institute, *Treatment Guidelines*, 48.

²² See [Drug Court Best Practice Standards, Volume II](#), 9.

²³ Monchick et al., [Drug Court Case Management](#), 15.

- The goals, objectives, and strategies are in a positive context.
- Objectives should be reasonable, obtainable, and prioritized with input from the participant. It may be necessary to use short-term goals that help create more reasonable objectives.
- Goals and objectives need to be behaviorally specific and measurable, have time frames, and define responsibility for actions.
- The written plan must be reassessed regularly with the team and participants.
- Sanctions and incentives are tied to completion or lack of completion for each objective.

Tips for Case Managers

- Empower the participant by including him or her in case planning.
- Facilitate goal setting that fits the phase the participant is in.²⁴

²⁴ For more information on case plan phases, see Flies-Away et al., [The Key Components](#), 29–31.

Linkage

With the case plan in place, the case manager works with the participant to link him or her to necessary services. This requires the case manager to be aware of community resources. The team also plays a role in identifying services in their area of expertise and then bringing them to the attention of the team. The case manager facilitates communication regarding the participant's progress with the plan and assists the participant in obtaining the identified services.

Remember, the participant should always be linked with treatment at the outset, even if a case plan is not yet in place. Do not wait for assessment results before addressing the more obvious substance abuse issues that exist. For example, link participants to a local Narcotics Anonymous/Alcoholics Anonymous meeting at the outset and adjust frequency or meeting type based on the assessment and case planning. Similarly, housing should be addressed as soon as possible.

Finally, adjustments to case plans are expected. The case manager should keep an eye out for ongoing linkage opportunities. As a participant's needs and path to wellness shifts, so should services.

Performance Benchmarks

The NDCI lists several performance important benchmarks to assess the case manager's linkage.²⁵

- The manager has knowledge of specific program philosophies, practices, costs, locations, and admissions requirements so he or she can link participants to the right services. This should be combined with a comprehensive assessment.
- The case manager does more than a single phone call or written referral to a service provider. The case manager needs to assess the participant's ability to navigate the services and then assist while helping the participant learn the needed skill.
- The case manager identifies challenges and other issues in delivery of services, which goes beyond simply reviewing attendance reports.

²⁵ Monchick et al., [Drug Court Case Management](#), 19.

Tips for Case Managers

- Remember some participants may need the basics (i.e., transportation); cast a wide net to catch necessary resources.²⁶
- Case managers should constantly engage in community resource mapping; stay updated with the local resources that can aid participants.
- Case managers should strive to maintain positive relationships with service providers.
- Because tribal resources are notoriously underfunded and tribal programming can be short-lived, a case manager should keep an eye on sustainability and have a backup plan in mind if current service programs are on their way out.

²⁶ Some of the tips listed were acquired from “Healing to Wellness Court Case Managers and Case Coordinators: Role Break-outs” (presentation, Annual Tribal Healing to Wellness Court Enhancement Training, Albuquerque, NM, September 13, 2017).

Monitoring

As Key Component #5 notes, participants are marshalled through the Wellness Court through both supportive case management *and* supervision or monitoring. The case manager and team are part of the monitoring process. Through accountability, the case manager can help the participant achieve the objectives and goals in their case plan.

Key Component #5:

Tribal Healing to Wellness Court participants are monitored through intensive supervision that includes frequent and random testing for alcohol and drug use, while participants and their families benefit from effective team-based case management.

Key Component #8:

Process measurement, performance measurement, and evaluation are tools used to monitor and evaluate the achievement of program goals; identify needed improvements to the Tribal Healing to Wellness Court and the tribal court process; determine participant progress; and provide information to governing bodies, interested community groups, and funding sources.

Monitoring extends beyond the participant to the program. Firstly, the case manager must track data concerning each participant and their interaction with services. Case managers should track what services have been referred, how long before a participant received those services, and whether those services were completed.

Secondly, the case manager monitors the quality of the service provided, with appropriate due deference to professional service providers.

[I]t is imperative that he or she monitor each provider's service delivery, reassess participants' needs over time, and maintain a communication loop that involves the case manager, the service provider, and the participant. As part of this monitoring process, the case manager must maintain an appropriate record of the provider's service delivery and the participant's utilization of those services. Systematic collection of timely and reliable data is crucial for sustaining the trust of the drug court team, community leaders, service providers, and the drug court program's funding sources.²⁷

²⁷ Monchick et al., [Drug Court Case Management](#), 21.

Performance Benchmarks

NDCI's benchmarks for monitoring are as follows:

- The case manager continues to have face-to-face meetings with the participant to review the case plan. The meetings are strengths-based and designed to encourage compliance, build self-esteem, and reward progress.
- Drug testing begins with acceptance into the Wellness Court and continues throughout the phases with appropriate frequency.
- The scope of testing should be broad.
- The case manager conducts announced and unannounced home visits along with other contacts to ensure compliance.
- The case manager communicates the gathered information to all team members and participants in the discussion of sanctions and incentives.
- The case manager communicates with treatment and service providers about the participant's progress and achievement of goals and objectives.

Tips for Case Managers

- Remember, case management is primarily an advocacy role, while case coordination is largely a compliance role; the case manager should strive to balance compliance with compassion.²⁸
- Utilize probation and detention officers, if available, to assist as an enforcement mechanism to allow the case manager or combined case manager/coordinator to focus on participant advocacy.

²⁸ Some of the tips listed were acquired from "Healing to Wellness Court Case Managers and Case Coordinators: Role Break-outs."

Advocacy

The key to advocacy for a case manager is to act in the best interest of the participant *and* the community. Community safety must always be on the mind of the case manager. Advocacy in the Wellness Court setting is employed in the context of a team focused on achieving a common, comprehensive goal. Recognizing that the journey to sobriety may sometimes involve coerced decisions for the participant, the case manager may have to lobby for punitive sanctions in response to noncompliant behavior as well as for rewards following positive progress.²⁹ But still, the role of the case manager is to advocate for and with the participant, helping to ensure their voice is heard and their access to help is meaningful. The case manager's advocacy is typically focused on working and educating service providers to help the participant.

Performance Benchmarks

NDCI's benchmarks include:

- The case manager evaluates all observed and reported behavior and assesses whether the participant is achieving their case plan and goals.
- The case manager develops a response to noncompliant behavior or positive behavior based on the circumstances surrounding the behavior, and the participant's progress.
- The case manager ensures that the case plan is based on and meets the participant's needs and utilizes and enhances the participant's strengths.
- The case manager strives to advocate for expansion of services when the current services do not meet the participant's needs.
- The case manager provides prompt and ongoing feedback to the participant.

Tips for Case Managers

- Set realistic goals and reevaluate those goals as necessary.
- Celebrate the wins; no matter how small.³⁰
- Assist the judge and/or coordinator in securing a forum to communicate with Tribal Council to ensure that Tribal Council is aware of your Wellness Court participant successes, challenges, and needs.

²⁹ Monchick et al., [Drug Court Case Management](#), 22.

³⁰ Some of the tips listed were acquired from "Healing to Wellness Court Case Managers and Case Coordinators: Role Break-outs."

Cultural Competence

Like the entire Healing to Wellness Court team, the case manager is sensitive to a participant's cultural perspective and aware of culturally proficient services that can benefit the participant. Practice-based evidence has found this to be doubly true for Native participants in Wellness Court.

“Being an Indian” often involves validations beyond a racial/ethnic identity. There are political, social, and cultural statuses to being Native. Helping a participant navigate their political identity can implicate complex social, family, and legal hurdles.

For those who are new to working with Native participants, the Substance Abuse and Mental Health Services Administration (SAMHSA) *Culture Card for American Indians and Alaska Natives* is a useful starting place.³¹ The short brochure covers regional difference, cultural customs, spirituality, communication styles, and the roles of veterans and elders in many Native communities. For those new to working with tribal governments, the White House Office of Personnel Management has developed a free online learning portal, “Working Effectively with Tribal Governments,” intended to familiarize federal employees with tribal issues and concerns.³² While intended for federal employees, it offers a useful and concise history of federal Indian law policy and the unique legal relationship the federal government has with federally recognized tribes. It can be useful for team members new to Indian country.³³

Standards for Cultural Proficiency

The Association for Multi-Cultural Counseling and Development has developed and adopted standards of cultural proficiency applicable to treatment services,³⁴ focusing on the following competencies:

- Be aware of counselors' own assumptions, values, and biases and their ability not to impose these on their clients;
- Understand the worldview of the client whose cultural background maybe different from the counselor's; and
- Develop appropriate strategies and techniques for dealing with clients from a wide range of cultural backgrounds.

³¹ Substance Abuse and Mental Health Services Administration, “[American Indian and Alaska Native Culture Card: A Guide to Build Cultural Awareness](#),” SMA08-4354 (2009).

³² “Working Effectively with Tribal Governments,” Emerging Solutions, Office of Personnel Management (2013), available at tribalgov.golearnportal.org.

³³ Mark E. Panasiewicz, Rebecca S. Panasiewicz, and Lauren van Schilfgaarde, *Tribal Healing to Wellness Courts: Treatment Guidelines*, 2nd ed. (Tribal Law and Policy Institute, 2017).

³⁴ D. Sue, R. Arredondo, and J. R. McDavis, “[Multicultural Counseling: A Call to the Profession](#).” *Journal of Counseling and Development* 70 (1992): 477–86.

Models of Case Management

There has been very little research on the use of case management in drug courts. But, lessons learned from other settings can assist with implementing case management in Healing to Wellness Courts. There are four main models of case management. Each court will need to determine which model, or combination of models, best suits their needs. The most commonly used model in the drug court setting is the strengths-based perspective.

Strengths-Based Perspective

This model focuses on the participant's strengths. The case manager works with the participant to identify their strengths, assists with setting goals, and enable using their strengths to achieve these goals. The role of the case manager is to provide support, so the participant asserts control over their life and obtains housing, employment, education, and a healthy lifestyle. The emphasis on identifying strengths and assets supplements the treatment's focus on addiction as a disease.³⁵

Broker/Generalist

The "broker" focuses on quickly connecting the participant to services needed and on making the necessary referrals.³⁶ The case manager typically does not provide direct services, except for an initial intake screening, but refers the participant out for the needed services and monitors the participant's progress. This type of case management does not include a significant monitoring component.

Assertive Community Treatment

This is an intensive form of case management with low caseloads and frequent interaction with the participant and team. This model is based more on a team approach in which all team members share the case load. All team members work together and "provide proactive services, assertive outreach, and strong advocacy to clients."³⁷ If the participant accesses services not provided by the team, the team monitors its provision.

Clinical/Rehabilitation

This model of case management is an integrated model, meaning the clinical treatment and case management services are not treated as separate processes.³⁸ Five principles of the clinical case management model include continuity of care, use of the case management relationship, support and structure in response to client need, flexibility of intervention strategies, and facilitating client resourcefulness or strengths.³⁹

³⁵ SAMHSA, [Comprehensive Case Management](#), 10.

³⁶ Monchick et al., [Drug Court Case Management](#), 7.

³⁷ Ibid., 8.

³⁸ Ibid.

³⁹ Jerrold R. Brandell, "[Clinical Case Management](#)," in *Theory and Practice in Clinical Social Work* (Sage, 2010), 562.

*The case manager in this model has the primary responsibility for providing therapeutic intervention, including therapy, counseling, skills teaching, and other rehabilitative interventions along with case management services.*⁴⁰

Though research on the effectiveness of this model (and the other case management models) is limited, there are some promising studies on this model's ability to assist substance abusers.⁴¹

For a breakdown of how particular models of case management would handle typical case management activities, see "Appendix A: Models of Case Management," which has been adapted from a resource produced by SAMHSA.⁴²

⁴⁰ Monchick et al., [Drug Court Case Management](#), 8; citing W. Anthony, M. Cohen, and M. Farkas, *Psychiatric Rehabilitation* (Boston: Boston University, Center for Psychiatric Rehabilitation, 1990).

⁴¹ Wouter Vanderplasschen et al., "[Effectiveness of Different Models of Case Management for Substance-Abusing Populations.](#)" *Journal of Psychoactive Drugs* 39, no. 1 (2007): 81–95.

⁴² SAMHSA, [Comprehensive Case Management](#), 7–8.

Treatment Improvement Protocol's Case Management Principles:

- A single point of contact with health and social service systems—wraparound as opposed to requiring participant to navigate separate silos.
- Client driven—the case manager does not use a one-size-fits-all approach, while providing space for the participant to the initiative and lead in identifying needed resources.
- Use of advocacy—the case manager advocates on behalf of the participant to many agencies.
- Community based—all community services, including formalized services and informal care, are integrated.
- Pragmatic—case management is focused on where the participant is in need, which might be food, child care, or transportation.
- Anticipatory—a case manager understands addiction and recovery and can anticipate potential barriers.
- Flexible—case management accounts for a wide range of factors, including mental health, agency structures, and lack of resources.
- Culturally sensitive—case managers (1) value diversity, (2) make a cultural self-assessment, (3) understand the dynamics of cultural interactions, (4) incorporate cultural knowledge, and (5) adapt practices to the diversity present in a given setting.

[“Treatment Improvement Protocol \(TIP\) Series 27: Comprehensive Case Management for Substance Abuse Treatment,”](#) Substance Abuse and Mental Health Services Administration, HHS Pub. No. (SMA) 15-4215 (2000).

Ethics of Case Management

Every member of the Healing to Wellness Court team holds a position of authority and trust. Following ethical standards, both individually and as a group, will allow the team to protect this trust and set an example for the participant, modeling integrity and healthy relationships.

The Wellness Court is the coming together of professionals from varied disciplines. There is therefore no single governing body that dictates the ethical standards for each team member. Rather, each member is responsible for abiding by their respective disciplinary ethical and professional standards, such as the American Bar Association Model Rules of Professional Conduct for attorneys and judges.⁴³

Ethical considerations for case managers should first be determined by the case manager's licensing or certification body, if any. For example, if the case manager is certified by the National Certification Commission for Addiction Professionals (NCCAP), the case manager's conduct would be governed by the NCCAP Code of Ethics.⁴⁴ Examples from the NCCAP Code of Ethics include:

- Principle I: The Counseling Relationship; I – 4 Limits of Confidentiality
 - Addiction Professionals clarify the nature of relationships with each party and the limits of confidentiality at the outset of services when agreeing to provide services to a person at the request or direction of a third party.
- Principle II: Confidentiality and Privileged Communication; II – 4 Sharing
 - Addiction Professionals shall encourage ongoing discussions with clients regarding how, when, and with whom information is to be shared.
- Principle III: Professional Responsibilities and Workplace Standards; III – 18 Self-Monitoring
 - Addiction Professionals are continuously self-monitoring to meet their professional obligations. Providers shall engage in self-care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.

⁴³ American Bar Association, Center for Professional Responsibility, [Model Rules of Professional Conduct](https://www.americanbar.org/publications/model_rules_of_professional_conduct/), Americanbar.org (accessed September 21, 2017).

⁴⁴ NAADAC, the Association for Addiction Professionals, [NAADAC/NCCAP Code of Ethics](https://www.naadac.org/naadac-nccap-code-of-ethics/) (NAADAC, 2016).

Confidentiality

Even if a case manager is not specifically licensed or certified, federal laws surrounding confidentiality should be followed by all Wellness Court team members. The Wellness Court, by design, has shed the formal rules of evidence and other communication protective measures present in the adversarial system. Nevertheless, the integrity of the Wellness Court, the willingness of the participant to honestly share their progress or slip with the team, and the trust of all team members upon each other and the Wellness Court rests upon the team's ability to preserve each participant's confidentiality.

As a condition of entering the Wellness Court, whether in a criminal or civil context, the participant has waived their rights to confidentiality, but only pertaining to their substance abuse treatment and only to the Wellness Court team members.⁴⁵ As a member of the team, the case manager is authorized to share *necessary* information about the participant's substance abuse treatment with other members of the team. Similarly, the case manager is bound to protect that information from unauthorized persons, such as nonteam members. Additionally, the case manager is charged with ensuring that the information exchange between team members, such as during staffing, remains professional and relevant to progress monitoring, and does not devolve into gossip.

For more on confidentiality, see TLPI's *Treatment Guidelines*, chapter 5, section G: "Confidentiality and Communication."⁴⁶

Shared Core Competencies

Despite team members' varied professional disciplines, there are some shared core competencies that all team members are expected to uphold, including the case manager. The NDCI has developed core competencies deemed necessary for each team member.⁴⁷ The following are some examples of possible shared core competencies:

- Full participation as a team member—participation defined by policies and procedures.
- Operate in a nonadversarial manner and present unified front to participants.
- Advocate for effective incentives and sanctions in appropriate noncourt settings.
- Monitor progress within boundaries of confidentiality.
- Possess knowledge about addiction.
- Facilitate community education about program and its efficacy.

⁴⁵ For more information about the confidentiality laws governing Wellness Court, including the Health Insurance Portability and Accountability Act (HIPAA) and 42 C.F.R. Part 2, as well as participant waivers of confidentiality to enter Wellness Court, see Caroline S. Cooper et al., *Tribal Healing to Wellness Courts: Treatment Guidelines*, 2nd ed. (Tribal Law and Policy Institute, 2017), 67.

⁴⁶ Panasiewicz et al., *Tribal Healing to Wellness Courts*.

⁴⁷ National Drug Court Institute, [The Core Competencies Guide: Adult DCPI Trainings](#).

Ultimately, each team determines its own core competencies for each of its team members. Developing shared core competencies can help ensure compliance with the case manager's ethical responsibilities to their licensing body and/or the Wellness Court team. For example, requiring case managers to possess knowledge about addiction will allow a case manager to understand and be able to identify relapse behaviors. With their knowledge of addiction, the case manager will understand that relapse is part of addiction and advocate for appropriate treatment rather than jail time or other sanction, which furthers the goals of the Wellness Court.

NDCI has further identified core competencies for particular roles within a drug court.⁴⁸ The drug court community supervision core competencies are most relevant to the position of case manager. Observe the crossover between community supervision core competencies and the example shared core competencies mentioned in the preceding text.

Drug Court Community Supervision Core Competencies

- Participates fully as a Drug Court team member, committing him- or herself to the program mission and goals, and works as a full partner to ensure their success.
- Provides coordinated and comprehensive supervision to minimize participant manipulation and splitting of program staff.
- Develops effective measures for drug testing and supervision compliance reporting that provide the team with sufficient and timely information to implement incentives and sanctions systems.
- Coordinates the utilization of community-based services.
- Is knowledgeable about addiction.
- Is knowledgeable of gender, age, and cultural issues that may impact the participant's success.
- Contributes to the team's efforts in the community education and local resource acquisition.
- Contributes to the education of peers, colleagues, and judiciary around court efficiency.

These community supervision core competencies can aid case managers in being reliable advocates for participants and ethical members of the Wellness Court team. These competencies are especially valuable when a case manager is also the case coordinator. For example, coordinating the utilization of community-based services is an essential part of case management that may suffer due to administrative responsibilities of coordination.

⁴⁸ Ibid.

Tips for Case Managers

- No excuses. Establish policies that respect client confidentiality and allow case managers to share information as the sharing of information is critical to the success of the Wellness Court.

Balancing Roles: Case Manager and Coordinator

The lines between the roles of case manager and coordinator can often be blurred. This is particularly true when a Wellness Court has limited resources and one staff person is tasked with the responsibilities of both case manager and coordinator. In the following text we discuss the differences between the positions and offer tips for balancing both roles. However, when feasible, a Wellness Court team should strive for an independent case manager and coordinator.⁴⁹

Case Manager

A case manager's role is to be in the trenches and can be summed up in one word: advocate. The case manager's responsibilities require hands-on work and frequent contact with individual Wellness Court participants. The case manager links the participant to resources, monitors services, ensures those services are appropriate, and communicates activities to the larger team.⁵⁰ In many ways, the case manager is the force that holds the Wellness Court together.⁵¹ The case manager facilitates the participant's access and utilization of services to help the person heal, and does so in a manner that is responsive to the participant's legal, familial, physical, emotional, mental health, and medical needs.

Coordinator

A coordinator's role is to implement the big picture and can be summed up in one word: administrator. Though not devoid of participant contact, the coordinator's responsibilities require focus on overall management of the Wellness Court. This includes supervising the case managers and evaluating their handling of their caseloads. The coordinator reports to the team on participant case plan compliance, while collecting data on overall completion rates and other performance measure information needed for grant reporting. While case managers dedicate a majority of their time to building relationships with participants, coordinators focus on establishing relationships that are beneficial for the overall Wellness Court, including with treatment service providers, future donors and grant administrators, and community members.

Balance

With or without a coordinator, Wellness Courts are frequently guilty of neglecting the big picture for the week-to-week tasks of monitoring and supporting the participants. Wellness

⁴⁹ Monchick et al., [Drug Court Case Management](#), 9; "Healing to Wellness Court Case Managers and Case Coordinators: Role Break-outs."

⁵⁰ Monchick et al., [Drug Court Case Management](#), ix.

⁵¹ Ibid.

Courts are encouraged to hold regular steering committee meetings, at least quarterly, to update memorandums of understanding to incorporate new partners, update the policies and procedures to reflect new practices, and regularly meet to problem solve barriers such as in referrals, access to treatment, or engagement. All too often, however, after responding to emergency meetings or tracking down service providers for progress reports, these meta-picture meetings and tasks are postponed indefinitely. Similarly, the team member who is tasked with the responsibilities of both the case manager and the coordinator is likely to be engulfed by the day-to-day tasks of case management. Don't be tempted!

Knowing this likelihood, consider carving out time dedicated exclusively to coordinator duties. For example, Fridays are dedicated to coordinator tasks during which the coordinator, for example, schedules calls with grant managers, holds steering committee meetings, plans for grants, and conducts performance measure analysis. No participant meetings are held on these days, nor is it the same day as staffing meetings or the status hearing. Alternatively, consider delegating some case management tasks to other team members. For example, the probation officer assumes all drug-testing duties, or the vocational trainer agrees to meet with each participant at least every other week.

When a team member is required to handle both the case manager and coordinator responsibilities, the need for that team member to practice self-care is heightened. The immense toll of fieldwork is compounded by a heavy administrative burden. Case managers, as service providers to participants who have often experienced trauma, are at risk of undergoing vicarious trauma. Vicarious trauma is defined as “the cumulative transformative effect on the helper working with survivors of traumatic life events, both positive and negative.”⁵² The effect is a natural result of working closely with participants, hearing about their personal histories and backgrounds, and connecting with them.⁵³ Thus, an integral piece of successful court coordination and case management is self-evaluating the needs of the helper: the case manager.

Visit “Appendix B: Vicarious Trauma” to review a resource developed by Donna Humetewa Kaye that expands on the signs and symptoms of vicarious trauma and contains useful suggestions on how to practice self-care.

⁵² Karen W. Saakvitne et al., [Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse](#) (Sidran, 2000).

⁵³ Karen W. Saakvitne, “[Shared Trauma: The Therapist’s Increased Vulnerability.](#)” *Psychoanalytic Dialogues* 12, no. 3 (2002): 443–49.

Tips for Case Managers

- Manage your time effectively by logging your time in the field compared to your time spent on administrative tasks. This will help prevent burnout and assist in balancing administrative responsibilities and participant advocacy.
- Stay in regular and consistent contact with the Wellness Court team.
- Practice self-care and self-reflection, which can allow you to assess your performance as a case manager.⁵⁴

⁵⁴ Some of the tips listed were acquired from “Healing to Wellness Court Case Managers and Case Coordinators: Role Break-outs.” For more resources on practicing self-care, review National Association of Case Management, www.yournacm.com/annual-conference/ for past presentations on self-care. See Amelia Doty and Genevieve Durkin, “[Care for the Self and the Team](#)” (presentation, 21st Annual Case Management Conference, Case Management Innovation, New Orleans, LA, September 2015).

Data Collection and Evaluation

In addition to shepherding the participant through the various Wellness Court requirements, available services, and incentives and sanctions, the case manager is also the hub of participant information. While all team members are tasked with tracking and sharing data from their relevant disciplines, the nature of the case manager's intimate interaction with the participant means the case manager often has access to the greatest amount of information. It is critical, therefore, that the case manager systematically collect, document, and share this information with the Wellness Court team.

Key Component #8:

Process measurement, performance measurement, and evaluation are tools used to monitor and evaluate the achievement of program goals; identify needed improvements to the Tribal Healing to Wellness Court and the tribal court process; determine participant progress; and provide information to governing bodies, interested community groups, and funding sources.

The relevance of information is determined by its reliability. A data collection system must work personally for the case manager, as well as be comprehensive, timely, and understandable by others. The consequences of inaccurate, incomplete, or untimely information can further a participant's distrust in the system and derail the successes of the Wellness Court in the eyes of the team members, service providers, outside funders, and the community.

The coordinator should ensure that each team member agency has an information-sharing agreement with the Wellness Court. The case manager often ensures these information-sharing agreements are practiced, coordinating data input from multiple team members.

Given the large breadth of requirements and services to which Wellness Court participants are exposed, case managers and Wellness Courts are highly encouraged to utilize an electronic management information system. There is no single system that is considered a model for all courts. Rather, an effective management information system that is accessible and utilized by the team is the best. This can range from a commercially designed stand-alone system, a module as part of an existing court data management system, or an Excel spreadsheet designed by the case manager. Regardless, a computerized system is highly encouraged.

When developing your data management system (whether contracting out to a commercial vendor or designing in-house), consider the purposes for which you intend to use your data. The primary uses are to track participants and the systems that serve the participants. There are both short- and long-term perspectives. Data collection and program evaluation can be

complex endeavors. Ideally, Wellness Courts should utilize an external evaluator. Consulting with the tribal evaluator or local college or university can be great options when designing the data management system. In the interim, however, the following are some key considerations for collecting Wellness Court data. See sample data values in the “Appendix E: Sample Wellness Court Data Values.”

Participant Progress

In the short term, the Wellness Court needs to track the participant’s progress as he or she advances through the Wellness Court program. When tracking the participants’ progress, consider what information the Wellness Court needs to be meaningfully informed at the hearing. Week-to-week program compliance should be tracked including attendance at required appointments, drug test results (including all drug testing conducted by any team member such as probation and treatment), incentive and sanction history, their current phase and number of days in each phase, and any relapses. This data should be compiled by the coordinator into weekly progress reports provided to each team member for the staffing, especially the judge.

Just as the participant benefits from a multidisciplinary team with access to a variety of services and resources, the team benefits from having a comprehensive picture of the participant, including their history with services. During the program orientation, the Wellness Court should collect information on the participant, including their criminal case history, child welfare case history and current placement of children, substance abuse treatment history, and family background. Consider their current treatment needs including their substance of choice, level of care, residential treatment history, and medication assisted treatment need. This information can help inform potential challenging areas in the Wellness Court program.

In the long term, the Wellness Court should track a participant’s progress beyond the Wellness Court, including any subsequent criminal arrests/charges/convictions, dependency cases, employment, truancy, and relapses. The Wellness Court should track this information not just for participants that successfully graduate from the Wellness Court, but also for participants who were terminated, for participants who were neutrally discharged (such as their case moved residences), and for individuals who were referred to the Wellness Court but never enrolled.

Program Progress

In tandem with tracking participant progress, the Wellness Court should monitor the effectiveness of the Wellness Court in serving participants. Monitoring the effectiveness of a program implicates two distinct perspectives: participant outcomes and system outcomes. A Wellness Court produces positive *participant* outcomes measured, for example, by the number of participants referred, enrolled, and graduated from the program, and the number of participants who reoffended within six months, one year, and five years after being discharged

from the program. Alternatively, a Wellness Court produces positive *system* outcomes measured, for example, by the number of services offered and utilized, the time between referral and assessment, and the time between assessment and enrollment.

Program evaluation has an immense qualitative component. Consider participant surveys to measure the effectiveness of a particular evidence-based program or the entire Wellness Court. Use surveys to gauge community interest and knowledge of the Wellness Court, or to gauge the concerns and interests of Tribal Council.

Report Considerations

Measuring participant progress and participant outcomes uses many of the same data inputs. But consider the need for your system to use these data inputs for different purposes. Ideally, a case manager can use their data management system to input an individual participant's attendance and drug-testing results for that week. The coordinator can then print out a progress report that is individualized for each participant for the weekly staffing. The coordinator can additionally produce a report that captures the Wellness Court's current case load, including, for example, how the number of positive drug tests that week for all participants.

Data Dictionary

Particularly critical for complex, multimodule systems, but relevant for any data management system, the data dictionary is a glossary of definitions. For example, consider how the team will define "participant." Is an individual considered a "participant" when their case is referred by the prosecutor; when their clinical assessment is conducted; when they sign their participant contract? How does the court distinguish between graduation, termination, and a neutral discharge?

Benchmarks

To measure the effectiveness of a process or program, data must be compared against set goals to gauge whether that data reflects a well-functioning program. At the outset, or at the beginning of a fiscal year, calendar year, or program year, develop benchmarks. Benchmarks are concrete, measurable markers of program success. For example, measure how much time a case manager spends with a participant each month, with a benchmark of one hour a week. Ensure there is a method to measure these benchmarks; for example, the case manager can log their time and differentiate between participants within the data management system.

Data collection and evaluation are often overlooked and underestimated components of the Wellness Court. However, comprehensive data collection allows the court to quickly and

effectively track participants, identify patterns and areas of the court, and celebrate the wins. It is critical for funder and community accountability, and for overall system integrity.

Additional Resources

Tribal Law and Policy Institute, [Tribal Healing to Wellness Court Publication Series](#)

This resource contains the TLPI's publications on Tribal Healing to Wellness Courts. The series includes:

Tribal Healing to Wellness Courts: Treatment Guidelines, 2nd ed. (2017)

Tribal Healing to Wellness Courts: The Judicial Bench Book (2016)

Tribal Healing to Wellness Courts: The Policies and Procedures Guide (2015)

Overview of Tribal Healing to Wellness Courts, 3rd ed. (2014)

Tribal Healing to Wellness Courts: The Key Components, 2nd ed. (2014)

Binswanger, Ingrid A., et al. "[Return to Drug Use and Overdose after Release from Prison: A Qualitative Study of Risk and Protective Factors.](#)" *Addiction Science and Clinical Practice* 7, no. 1 (2012).

This resource is a qualitative study of former prison inmates who were recruited within two months after their release. It investigates those former inmates' drug-use experiences, perceptions of overdose risk, and overdose experiences among former prisoners.

Brandell, Jerrold R., "[Clinical Case Management](#)," in *Theory and Practice in Clinical Social Work* (Sage, 2010).

This resource outlines the clinical case management model and its components within the field of social work.

Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, [Comprehensive Case Management for Substance Abuse Treatment](#), Treatment Improvement Protocol Series, No. 27. HHS Publication No. (SMA) 12-4215 (2012).

This resource provides information on case management and its relationship to substance abuse treatment, expounding on best practices and models of case management.

Heck, Cary, [Local Drug Court Research: Navigating Performance Measures and Process Evaluations](#), Monograph Series 6 (National Drug Court Institute, 2006).

This resource promotes the use of uniform data collection and evaluation strategy for local drug court programs.

Hardin, Carolyn, and Jeffrey N. Kushner, [Quality Improvement for Drug Courts: Evidence-Based Practices](#) (National Drug Court Institute, 2008).

This resource defines biopsychosocial assessment and discusses ways to improve drug court efficiency.

Kushner, Jeffrey, Roger H. Peters, and Caroline S. Cooper, [A Technical Assistance Guide for Drug Court Judges on Drug Court Treatment Services](#) (Bureau of Justice Assistance Drug Court Technical Assistance Project, American University, April 2014).

This resource provides more information on medication-assisted treatment (MAT), an identified best practice in substance abuse treatment protocol, as well as other general information about addiction and treatment services.

Legal Action Center, [Confidentiality and Communication: A Guide to the Federal Drug and Alcohol Confidentiality Law and HIPAA](#) (2012)

This resource provides more information on the HIPAA and its consent forms relevant to maintaining participant confidentiality in a drug court setting.

Marlowe, Douglas B., and Hon. William G. Meyer, [The Drug Court Judicial Bench Book](#) (National Drug Court Institute, 2011).

This resource provides a review of evidence-based practices in the field of drug courts and is meant to assist judges, old and new, in their roles. Chapter 9, "Confidentiality," provides a review of Health Insurance Portability and Accountability Act (HIPAA) and other best practices that could be helpful for case managers.

Monchick, Randy, Anna Scheyett, and Jane Pfeifer, [Drug Court Case Management: Role, Function, and Utility](#) (National Drug Court Institute, 2006).

This resource provides an overview of drug court case management, reviewing case management functions, models, and best practices.

NAADAC, the Association for Addiction Professionals. [NAADAC/NCCAP Code of Ethics](#) (NAADAC, 2016).

This resource is the Code of Ethics produced by the NCCAP. The Code of Ethics should be followed by members of the Association for Addiction Professionals and those certified by the Certification Commission.

National Drug Court Institute, [The Core Competencies Guide: Adult DCPI Trainings](#).

This resource from the NDCI identifies core competencies for drug court team members and illustrates potential tasks handled by the team during the drug court planning process and in an operational drug court.

Office of Justice Programs, [Drug Court Monitoring, Evaluation, and Management Information Systems: National Scope Needs Assessment](#) (Department of Justice, 1998).

This resource discusses the findings of focus group participants surrounding the needs for drug court information systems.

Saakvitne, Karen W., et al. [Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse](#) (Sidran, 2000).

This resource serves as a training curriculum for personnel working with survivors of childhood abuse particularly in the fields of community health and substance abuse.

Saakvitne, Karen W., "[Shared Trauma: The Therapist's Increased Vulnerability.](#)" *Psychoanalytic Dialogues* 12, no 3. (2002): 443–49.

This resource summarizes steps to anticipate, address, and transform the experience of vicarious traumatization.

Substance Abuse and Mental Health Services Administration, "[American Indian and Alaska Native Culture Card: A Guide to Build Cultural Awareness.](#)" SMA08-4354 (2009).

This handout provides useful tips for working with Natives, including cultural protocols, communication styles, and a brief historical background.

[Treatment Improvement Protocol \(TIP\) Series 27: Comprehensive Case Management for Substance Abuse Treatment.](#)" Substance Abuse and Mental Health Services Administration, HHS Pub. No. (SMA) 15-4215 (2000).

This resource overviews the effectiveness of case management for substance-abusing populations and the models of case management.

Vanderplasschen, Wouter et al., "[Effectiveness of Different Models of Case Management for Substance-Abusing Populations.](#)" *Journal of Psychoactive Drugs* 39, no. 1 (2007): 81–95.

This resource is a review of research on the effectiveness of case management in assisting substance-abuse populations and the various models of case management models. The authors note the limited availability of research.

Appendix A: Models of Case Management

Models of Case Management⁵⁵ (Reproduced from Treatment Improvement Protocol 27: <i>Comprehensive Case Management</i>)				
Primary Case Management Activities	Broker/Generalists	Strengths Perspective	Assertive Community Treatment	Clinical/Rehabilitation
Conducts outreach and case finding	Not usually	Depends on agency mission and structure	Depends on agency mission and structure	Depends on agency mission and structure
Provides assessment and ongoing reassessment	Specific to immediate resource acquisition needs	Strengths-based, applicable to any of client life areas	Broad-based, part of a comprehensive (biopsychosocial) assessment	Broad-based, part of a comprehensive (biopsychosocial) assessment
Assists in goal planning	Generally brief, related to acquiring resources, possibly informal	Client-driven, teaches specific process on how to set goals and objectives, goals may include any of client life areas	Comprehensive, goals may include any of client life areas	Comprehensive, goals may include any of client life areas
Makes referral to needed resources	Case manager may initiate contact or have client make contact on own	As negotiated with client, may contact resource, accompany client, or client may contact on own	As needed, many resources integrated into broad package of case management services	As negotiated with client, may contact resource, accompany client, or client may contact on own
Monitors referrals	Follow-up checks made	Close involvement in ongoing relationship between client and resource	Close involvement in ongoing relationship between client and resource	Close involvement in ongoing relationship between client and resource
Provides therapeutic services beyond resource acquisition, for example,	Referral to other sources for these services if requested	Usually limited to client questions about treatment, identifying strengths and self-help resources	Provides many services within unified package of treatment/case management services	Provision of therapeutic activities central to the model

⁵⁵ SAMHSA, [Comprehensive Case Management](#), 7–8.

therapy, skills, teaching				
Models of Case Management - Continued⁵⁶ (Reproduced from Treatment Improvement Protocol 27: <i>Comprehensive Case Management</i>)				
Primary Case Management Activities	Broker/Generalists	Strengths Perspective	Assertive Community Treatment	Clinical/Rehabilitation
Helps develop informal support systems	No	Development of informal resources—neighbors, church, family—a key principle of the model	Through implementation of drop-in centers and shelters	Emphasis on family and self-help support through therapeutic activities
Responds to crisis	Responds to crises related to resource needs such as housing	Responds to crises related to both resource needs and mental health concerns; active in stabilization and then referral	Responds to crises related to both resource needs and mental health concerns; active in stabilization and then referral	Responds to crises related to both resource needs and mental health concerns; will stabilize crisis situation and provide further therapeutic intervention
Engages in advocacy on behalf of individual client	Usually only at level of line staff	Assertive advocacy, will pursue multiple administrative levels within agency	Assertive advocacy, will pursue multiple administrative levels within agency	Assertive advocacy, will pursue multiple administrative levels within agency
Engages advocacy in support of resource development	Not usually	Usually in context of specific client needs	Either advocates for needed resources or may create resources as part of case management services	Usually in context of specific client needs

⁵⁶ Ibid.

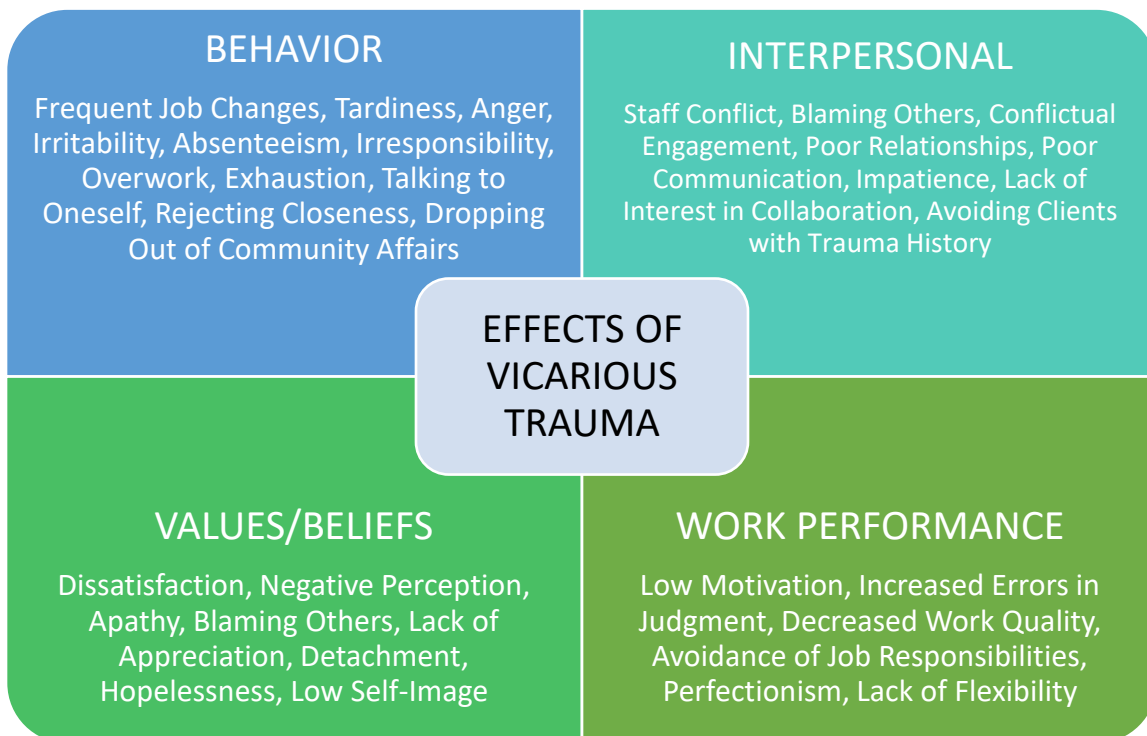
<p>Provides direct services related to resource acquisition as part of case management, for example, drop-in center, employment counseling</p>	<p>Referral to resources that provide direct services</p>	<p>Provides services crucial to preparing client for resource acquisition activities, for example, role playing, accompanying client to interviews</p>	<p>Provides many direct services within unified package of treatment/case management</p>	<p>Provides services that are part of rehabilitation services plan; skill-teaching</p>
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Appendix B: Vicarious Trauma

VICARIOUS TRAUMA⁵⁷ <i>Donna Humetewa Kaye (Hopi)</i> <i>Program Director, Nakwatsvewat Institute</i>
DEFINITION
<p>The term <i>vicarious trauma</i> is also called “compassion fatigue.” Other terms used for compassion fatigue are:</p> <ul style="list-style-type: none"> • Secondary traumatic stress • Secondary victimization <p>It is believed that service providers working with trauma survivors experience vicarious trauma because of the work they do. Vicarious trauma is the emotional lingering of exposure that service providers have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.</p>
BURNOUT
<p>Burnout is typically something that happens over time, and as it builds up a change, such as time off or a new and perhaps a different job, can take care of burnout or improve it. Vicarious trauma, however, is a state of tension and preoccupation of stories/traumatic experiences described by clients. This tension and preoccupation might be experienced by service providers in several ways. They might:</p> <ul style="list-style-type: none"> • Avoid talking or thinking about what the trauma-affected client(s) have been talking about, almost being numb to it; and/or • Be in a persistent state of emotional stress.
SIGNS AND SYMPTOMS
<p>Service providers should be aware of the signs and symptoms of vicarious trauma and the potential emotional effects of working with trauma survivors.</p> <ul style="list-style-type: none"> • Difficulty talking about their feelings • Anger and/or irritation • Startle effect/being jumpy • Change in eating habits • Difficulty sleeping/losing sleep over patients • Worried that they are not doing enough for their clients • Dreaming about their clients’ trauma experiences • Diminished joy toward things they once enjoyed • Feeling trapped by work as a service provider (counselor) • Lacking a feeling of satisfaction and personal accomplishment • Dealing with intrusive thoughts of clients with especially severe trauma histories • Feelings of hopelessness associated with their work/clients

⁵⁷ [AU: this is not mentioned in the Additional Resources section] Donna Humetewa Kaye, “[Vicarious Trauma](#)” (presentation, Annual Tribal Healing to Wellness Court Enhancement Training, Albuquerque, NM, September 14, 2017).

<p>VICARIOUS TRAUMA OUTLINE - Continued⁵⁸ <i>Created by Donna Humetewa Kaye (Hopi)</i> <i>Program Director, Nakwatsvewat Institute</i></p>
<p>HEALING THE HEALER</p>
<p>Healers need to be conscience about ways to incorporate self-care in daily efforts to help others. Healers may not be aware of the impacts on behavior, interpersonal relationships, job, and values/beliefs unless we are self-aware. Some ways to heal the healer may include:</p> <ul style="list-style-type: none"> • <i>Debriefing</i>—Taking time out to discuss your experience with a colleague or other outside helping professional. This will allow for reflection on what impacted you the most. • <i>Cultural Cleansing</i>—Some rituals are built in to a tribal ceremony to help heal the healer and strengthen bringing back perspective on the purpose healers serve (i.e., healing ceremony). • <i>Self-Awareness</i>—Ask yourself: “Why do we choose to become healers?” For some it is a deep connection to a need to “save” or to “help” others out of their distress and misery. Ask yourself: “Is it truly healthy to ‘help’ and ‘save’ when we may be suffering from our own personal distress and misery?”
<ul style="list-style-type: none"> • Blaming others



⁵⁸ Ibid.

Appendix C: Sample Job Descriptions

Sample Wellness Court Case Manager Job Description
Examples of Duties:
<p>Screening and Assessment</p> <ol style="list-style-type: none"> 1. Complete program-appropriate screening and assessment. 2. Determine program eligibility. 3. Provide participant orientation. 4. Complete appropriate consent to release information and HIPAA forms. 5. Develop case management plan. <p>Participant Monitoring</p> <ol style="list-style-type: none"> 1. Monitor overall compliance with case management plan. 2. Regularly review and update case management plan/referrals as needed. 3. Maintain accurate and complete documentation in the appropriate therapeutic database and/or case file. 4. Supervise urinalysis and other drug testing. 5. Supervise an active caseload of up to thirty clients. <p>Advocacy</p> <ol style="list-style-type: none"> 1. Prepare timely information, both verbal and written, to the court concerning the participant. 2. Consult with court personnel and other court-related parties as needed. 3. Communicate with outside community resources as needed. 4. Provide program information to outside entities. 5. Represent and promote program concepts to outside entities. 6. Attend training and development. 7. Maintain appropriate individualized training on current trends.
Minimum Qualifications:
<p><u>KNOWLEDGE OF:</u></p> <p>Wellness Court program functions and practices.</p> <p>General organization, purpose, and functions of the judicial branch.</p> <p>Services that address issues such as substance use disorders, mental illness, developmental disability, budgeting problems, housing, education, vocational needs, employment, medical problems, health issues, relapse issues, and histories of abuse.</p> <p>Case management best practices and protocols.</p>

ABILITY TO:

Establish and maintain cooperative working relationships with judicial officers, court staff at various levels, government officials, court users, and program participants.

Establish repertoire with clients, develop case management plans, and update plans as needed based on client needs.

Maintain confidentiality protocols.

Work independently; manage and/or coordinate resources for participants from other divisions or agencies.

Generate enthusiasm and support of a program's objectives.

Travel to locations within the county and/or to other jurisdictions as assigned.

EXPERIENCE/EDUCATION:

Possession of a bachelor's degree from an accredited college or university in social work, sociology, criminal justice, or other related behavioral science AND three years of experience that would have developed the knowledge and abilities listed.

OR

A combination of recent education and/or experience that demonstrates the required knowledge and abilities.

Sample Wellness Court Coordinator Job Description

Examples of Duties:

These duties are not inclusive but are clustered in broad categories.

1. Facilitates group or team meetings and acts as liaison/representative for the Court with various service providers, community agencies, and/or other related parties.
2. Writes and disseminates correspondence including program bulletins, newsletters, and other court-related materials.
3. May assist judicial officers in composing correspondence, talking points, and/or presentations.
4. May make presentations to the community through outreach and education programs.
5. May participate in the development and documentation of standards and policies related to the Wellness Court Team; develops, communicates, and implements recommended improvements when necessary.
6. Maintains program data and prepares monthly reports; may assist with compiling budget status and statistical information for grant funding.
7. Reviews case eligibility following established criteria.
8. Monitors caseloads and program participant progress.
9. May attend hearings and prepare minute orders.
10. Coordinates graduation ceremonies; prepares invitations, guest speakers, and graduation certificates; arranges for photographic coverage of events.
11. Performs other duties as assigned.

Minimum Qualifications:

KNOWLEDGE OF:

Wellness Court program functions and practices.

General organization, purpose, and functions of the judicial branch.

Techniques for gathering, compiling, analyzing, and presenting information verbally and in writing.

Correct English usage for independent composition of reports and correspondence.

Basic principles of mathematics including percentages, means, medians, and other elementary

statistical measures may be required of some positions.

ABILITY TO:

Establish and maintain cooperative working relationships with judicial officers, court staff at various levels, government officials, court users, and program participants.

Work independently; prioritize projects based on program objectives; manage and/or coordinate projects involving participants from other divisions or agencies.

Generate enthusiasm and support of a program's objectives.

Use Court-specific computer applications to create reports, generate statistics, and prepare graphics.

Travel to locations within the county and/or to other jurisdictions as assigned.

EXPERIENCE/ EDUCATION:

Possession of a bachelor's degree from an accredited college or university in social work, sociology, criminal justice, or other related behavioral science AND three years of experience that would have developed the knowledge and abilities listed.

OR

A combination of recent education and/or experience that demonstrates the required knowledge and abilities. An example of qualifying experience in lieu of education would include five years of progressively responsible experience in a trial court or public, private nonprofit, or criminal justice agency performing work such as a courtroom clerk, judicial assistant, program analyst, social worker, community outreach or other work that would have developed the knowledge and abilities required for this position.

Successfully completed accredited college or university courses in a discipline used in the specific court program such as judicial, business or public administration, communications, psychology, behavioral science, and so forth may be substituted for up to two years' experience based on three semester units or equivalent equaling three months of experience.

Appendix D: Sample Participant Progress Reports

Participant picture	Name:	Phase:
	Start Date:	Scheduled End Date:
CASE INFORMATION		
Cause Number		
Convictions		
Judge		

Employer		Shift	[e.g., weekdays]
Driver's License	[Yes/No]	Diploma or GED	
Moved Phases	[Phase/Date]	Scheduled Phase Move	[Date]

TREATMENT			
[Treatment requirements and notes here]			

DRUG TESTING								
POSITIVE TESTS								
Date								
Substance								

MISSED TESTS								
Date								

SANCTIONS		
Date	Sanction(s)	Completed
	[Description of sanction and notes]	[yes/no; notes]

FEES	
Drug Court:	Other:

Court Review Information: [Notes]

Adapted from the Spencer County Drug Court Participant Progress Report, December 2016.

Phase 1: [Date]	# of days sober; Date	Case No.	Probation Dates
Drug testing (3× week): <ul style="list-style-type: none"> • [Date]—[Result] • 			
Community Service: <ul style="list-style-type: none"> • [Date]—[Notes] 			
Treatment at Center for Mental Health: <ul style="list-style-type: none"> • Type of Treatment: • Dates Attended: • Cancellations: • No-shows: • Progress/Changes in Treatment Goals: • Additional Comments: 			
Moral Reconciliation Therapy (MRT): <ul style="list-style-type: none"> • [Notes] 			
Employment: <ul style="list-style-type: none"> • None 			
Risk/Needs <ul style="list-style-type: none"> • [E.g., leisure/recreation; financial; companions] 			
Strengths <ul style="list-style-type: none"> • [E.g., attitude/orientation; family/marital; education/employment] 			
Incentive History: <ul style="list-style-type: none"> • [Incentive description]—[Date] 			
Sanction History: <ul style="list-style-type: none"> • [Sanction description]—[Date] 			
Notes: <ul style="list-style-type: none"> • • 			
Phase 1: [Start Date]—[End Date]			
Phase 2: [Start Date]			

Adapted from the Gunnison County Recovery Court Report, September 2016.

<p>John Doe: CR16-000 Wellness Court 1. Convictions</p>	<p>DOB: 00/00/00 Sex/Race</p>	<p>Entrance: 00/00/00</p>	<p>Employer:</p>	<p>Payments: \$ Owes: \$ Jail Fees: \$</p>
<p>Spouse/Partner: Jane Doe Children: Names, Ages Medications:</p>	<p>Sanctions and Reasons: [Date] [Description of Sanction] [Reason] [Date] [Description of Sanction] [Reason]</p>			
<p>Phases: Phase #1: [[Start Date]]</p>				
<p>Initial Assessment: Alcohol use disorder F10.20 303.90 Severe Amphetamine-type substance use disorder F15.20 304.40 Severe Opioid use disorder F11.20 304.00 Moderate Other problem related to employment Z56. Current Treatment: [Description of Treatment Plan]</p>	<p>Assessment: RANT:</p>	<p>LSCMI:</p>		
	<p>Additional Notes/Requirements: DOC:</p>			
<p>Community Support Focus:</p>	<p>Judge's Instructions:</p>			
<p>Officer Notes: Sobriety: [Length of Time]</p>				
<p>Staffing Notes:</p>				

Wellness Court Progress/Compliance Report⁵⁹			
Today's Date:		Case Number:	
Participant Name:		DOB:	
Current Phase:	Phase:	Week:	
Date Moved to Current Phase:			
Proximal Goal(s):			
Coordinator Comments:			
Treatment Provider #1 Comments [Insert Name of Treatment Agency]			
Treatment Provider #2 Comments [Insert Name of Treatment Agency]			
VRNA Comments			
Social Worker Comments			
Attendance: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Effort in Change/Recovery: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Days of Sobriety:		Recovery Sponsor(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Relapses Since Intake: ____		Family Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Supportive Family: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supportive Group Attendance:	Number of Meetings Since Last Update:	Drug/Alcohol Screen Results:	
Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:	Weeks Employed:	
Sanction:		Sanction Received:	

⁵⁹ Adapted from the Ho Chunk Nation Family Wellness Court Participant Evaluation of Progress/Compliance Report.

Appendix E: Sample Wellness Court Data Values

1. Programmatic⁶⁰

- a. Program Name: (unique court ID)
- b. Program Type: (adult criminal, veteran's, DUI, juvenile, family)

2. Assessment

- a. ASAM Level of Care Screening: (0.5, 1.0, 2.1, 2.5, 3.1, 3.3, 3.5, 3.7, 4.0, OTP)
- b. ASAM Level of Care Screening Date: (date)
- c. Risk Assessment Type: (LSI-R, NGA, START, JDAI, other)
- d. Risk Assessment Date: (date)
- e. Risk Assessment Results: (_____)
- f. Risk Level: (low, moderate, high)

3. Intake

- a. Arrest Date: (date or approximate)
- b. Plea Date: (date or approximate)
- c. Referring Charge: (_____)
- d. Referral Date: (date or approximate)
- e. Referral Source: (prosecutor, defense attorney, law enforcement, probation, parole, family, treatment provider, court, self, family services, juvenile services, school, other)
- f. Review/Screening (legal) Date: (date or approximate)
- g. Review/Screening (program) Date: (date or approximate)
- h. Eligibility Determination Date: (date or approximate)
- i. Eligibility Denial Reason: (prosecutor or defense objection, judicial objection, out of jurisdiction, arrest/conviction/incarceration on other charge, transfer, doesn't meet clinical criteria, medical issues, program at capacity, geographic/transportation issue, other)
- j. Decline/Denial Date: (date or approximate)
- k. Decline Reason: (requirements too strict, program length, competency issues, geographic/transportation issues, participant refused entry)
- l. Staffing Approval Date: (date or approximate)
- m. Acceptance Date: (date or approximate)
- n. Acceptance Type: (date or approximate)
- o. Orientation Date: (date or approximate)
- p. Treatment Start Date: (date or approximate)
- q. Exit Status: (graduated, completed, terminated-noncompliance, terminated-withdrawal, discharged-administrative discharge, discharged-transferred, discharged-dismissal)
- r. Exit Status Date: (date or approximate)

4. Phase

- a. Phase: (1, 2, 3, 4, 5/aftercare)

⁶⁰ Adapted from the Georgia Accountability Courts Data Collection Manual, 2015.

- b. Participant Status: (active, inactive, active-residential, active-co-occurring substance abuse disorder)

5. Monitoring

- a. Primary Drug of Choice: (alcohol, crack/cocaine, ecstasy/MDMA, hallucinogens, heroin, inhalants, marijuana/cannabinoids, methamphetamines, prescription narcotics, other prescriptions, other, synthetic cannabinoids)
- b. Secondary Drug of Choice: (alcohol, crack/cocaine, ecstasy/MDMA, hallucinogens, heroin, inhalants, marijuana/cannabinoids, methamphetamines, prescription narcotics, other prescriptions, other, synthetic cannabinoids, none)
- c. Tertiary Drug of Choice: (alcohol, crack/cocaine, ecstasy/MDMA, hallucinogens, heroin, inhalants, marijuana/cannabinoids, methamphetamines, prescription narcotics, other prescriptions, other, synthetic cannabinoids, none)

6. Treatment

- a. Diagnosis: (anxiety disorders, attention-deficit/hyper activity, autism spectrum, bipolar disorders, depressive disorders, dissociative disorders, intellectual disability and learning disorders; neurocognitive disorders, obsession-compulsive disorders, schizophrenia spectrum and other psychotic disorders, somatic symptom and related disorders, trauma/stress-related disorders, personality disorders)
- b. Treatment Type Is Evidence Based: (yes, no, unknown)
- c. Medication-Assisted Treatment Referral: (date or approximate)
- d. Medication-Assisted Treatment Prescribed: (methadone, suboxone, buprenorphine, naltrexone, extended-release injectable naltrexone, psychotropic medication, other)
- e. Medication-Assisted Treatment Denial: (declined to participate, medical disqualification, recent drug use, funding/availability)
- f. Medication-Assisted Treatment Completion: (completed, administrative discharge, terminated noncompliance removal, terminated-withdrawal)

7. Mental Health Specific Data

- a. Hospital—Involuntary Hospitalizations: (date or approximate)
- b. Diagnosis (anxiety disorders, attention-deficit/hyper activity, autism spectrum, bipolar disorders, depressive disorders, dissociative disorders, intellectual disability and learning disorders; neurocognitive disorders, obsession-compulsive disorders, schizophrenia spectrum and other psychotic disorders, somatic symptom and related disorders, trauma/stress-related disorders, personality disorders)
- c. Medications (_____)

8. Demographics

- a. Participant Residence County: (_____ County)
- b. Participant Gender: (male, female, transgender).
- c. Participant Race/Origin: (American Indian, Asian, Black/African American, Hispanic/Latino, Middle Eastern or North African, Pacific Islander or Native Hawaiian, white, other, two or more/mixed)
- d. Tribal Enrollment (_____)
- e. Participant Age/DOB: (date or approximate)
- f. Participant Child DOB: (date or approximate)
- g. Participant Child Gender: (male, female)

- h. Participant Child Unique ID: (number)
- i. Drug-Free Baby: (yes, no)
- j. Military Service: (army, navy, air force, marines, coast guard)
- k. Limited English Proficiency: (yes, no, unknown)
- l. Education Level: (elementary, middle, some high school, high school/GED, some college, associate's degree, bachelor's degree, professional or graduate degree)
- m. Education Level Date: (date or approximate)
- n. Employment Status: (unemployed, part-time less than 20 hours, part-time more than 20 hours, full time, student/training, disability, vocational rehab)
- o. Employment Status Date: (date or approximate)
- p. Chronic Unemployment or Unstable Employment: (yes, no, unknown)
- q. Income Level: (no income, Under \$999, \$1,000–\$4,999, \$5,000–\$9,999, \$10,000–\$14,999, \$15,000–\$19,999, \$20,000–\$24,999, \$25,000–\$34,999, \$35,000–\$44,999, \$45,000–\$54,999, \$55,000–\$64,999, \$65,000–\$74,999, \$75,000 or higher)
- r. Income Level Date: (date or approximate)

9. Family

- a. Child(ren) Parent: (last name, first name)
- b. Child(ren) Parent Type: (biological parent, adoptive parent, stepparent, foster parent, relative)
- c. Participant Child(ren) Status: (living with parent, living with spouse, living with family, no longer in home, alternative care placement)
- d. Participant Child(ren) Status Date: (date or approximate)
- e. Maltreatment Finding: (date or approximate)
- f. Custody Status: (full, partial, supervised, visitation, no contact)
- g. Custody Status Date: (date or approximate)
- h. Permanency Status: (temporary placement, foster care, reunification, guardianship, adoption, planned permanent living arrangement)
- i. Permanency Status Date: (date or approximate)
- j. Child Removed from Parent: (date or approximate)
- k. Alternative Care Placement Date: (date or approximate)
- l. Alternative Care Placement Type: (emergency, foster care, other parent, relatives, institution, supervised family)

10. Juvenile

- a. GPA: (0.01–0.99, 1.00–1.99, 2.00–2.99, 3.00–3.99, 4.00+, NA)
- b. Not in School Reason: (already have GED/diploma, dropped out, expelled, home school, other)
- c. Education Status: (in school, enrolling, completed, suspended, expelled, home school)
- d. Education Status Date: (date or approximate)

11. Community Service

- a. Community Service Completed: (hours)
- b. Community Service Completed Date: (date or approximate)

Ongoing events and events subject to recurrence are tracked as the events occur and on a continuous basis.

1. Administrative Time

- a. Case Management Session Date: (date or approximate)
- b. Case Management Session Type: (treatment-based, programmatic, other)

2. Demographics

- a. Employment Assistance Date: (date or approximate)
- b. Employment Assistance Type: (job skills, supported employment, vocational training)

3. Monitoring

- a. Drug Test Date: (date or approximate)
- b. Drug Test Method: (cup, breathalyzer, internal lab, external lab, other)
- c. Drug Test Observed: (yes, no, unknown)
- d. Drug Test Type: (breath, hair, saliva, urine, sweat, blood)
- e. Drug Test Substances: (alcohol, crack/cocaine, ecstasy/MDMA, hallucinogens, heroin, inhalants, marijuana/cannabinoids, methamphetamine, prescription narcotics, other prescriptions, other, synthetic cannabinoids)
- f. Drug Test Results: (positive, negative, diluted, inconclusive, approved positive)
- g. Drug Test Comments: (admitted use, diluted, no show, refused, not producing sample in enough time)
- h. Electronic Monitoring Dates: (date or approximate)
- i. Electronic Monitoring Type: (RF, GPS, MEMS, SCRAM, voice verification, ignition interlock, kiosk, fingerprint/biometric, other)
- j. Hospital Emergency Room Visit: (date or approximate)
- k. Judicial Status Hearing Date: (date or approximate)
- l. Judicial Status Hearing Attendance: (yes, no-excused, no-unexcused)
- m. Medical Session Date: (date or approximate)
- n. Medical Session Type: (psychiatrist, psychologist, addictionologist, nursing, other medical, MAT)

4. Treatment

- a. Treatment Session Date: (begin, end if applicable)
- b. Treatment Session Type: (group session, individual session, other)
- c. Treatment Session Duration: (minutes)
- d. Treatment Session Attendance: (yes, no-excused, no-unexcused)
- e. Medical Appointment: (medical/health screening, medication assisted treatment, psychotropic medication)
- f. Type of Treatment: (MRI, CBI, criminal thinking, matrix, seeking safety, DBT, living in balance, prime for life, prime solutions, EMDR, MI, RPT, TFAC, MET, other)

5. Sanction/Incentive

- a. Incarceration Sanction: (yes, no, unknown)
- b. Sanction Date: (date or approximate)
- c. Incarceration Length: (number)
- d. Incentive Date: (date or approximate)

For additional Healing to Wellness Court information,
visit the Wellness Court website:

www.WellnessCourt.org



“Providing resources and technical assistance for Tribal Healing to Wellness Courts”