

*Judicial Council of Georgia
Standing Committee on Accountability Courts
Treatment Standards*



1. Provider Qualifications

- a. Treatment Providers must designate a substance abuse professional who will be responsible for providing direct treatment services who has one of the qualifications outlined in Section b. below. Treatment staff who are working toward certification as a substance abuse professional may provide counseling services, provided that they are working under the clinical supervision of a professional who has one of the six credentials listed under Section b(i.-vi.). and/or the combinations of professional licensure and experience designated in Section b. (vii):
- b. Treatment Providers must meet the minimum qualifications to be on the Department of Human Resources (DHR) Multiple Offender Treatment Provider Registry. There will be no funding unless these standards are met.
 - i. **ASAM**: Certification as an addiction medicine specialist by the American Society of Addiction Medicine
 - ii. **CAP**: Certification in addiction psychiatry by the American Board of Psychiatry and Neurology
 - iii. **CAC II**: Certification by the Georgia Addiction Counselors Association as a Certified Addiction Counselor II
 - iv. **NAADAC I, NAADAC II, NAADAC – MAC** (Master Addiction Counselor¹): Certification by the National Association of Alcoholism and Drug Abuse Counselors Association
 - v. **NCRC, ICRC**: Certification by the National Certification and Reciprocity Consortium
 - vi. **APA-CP**: Certification of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders from the American Psychological Association's College of Professional Psychology
 - vii. Licensure under O.C.G.A. Title 43 as a physician, psychologist, professional counselor, social worker, marriage and family therapist, advanced practice nurse, registered nurse with bachelors degree in nursing, or certification as an employee assistance professional, AND
 1. documentation of at least 3,000 hours of clinical experience in the treatment of persons who are addicted to alcohol or other drugs, and
 2. documentation of the completion of at least 20 hours of continuing education in the field of substance abuse, with

¹ There are many organizations that give MAC's but only the NAADAC certificate is recognized by Georgia.

- not more than five of these hours consisting of in-service training, in the two-year period prior to application.
- c. As required by State law, Treatment providers offering services at ASAM level II.1 or higher must be licensed by DHR's Office of Regulatory Services as a drug abuse treatment program

2. Length of Treatment

- a. Participant must attend at least 12 months of treatment based on the minimal level of ASAM Treatment Level 1.
- b. Participant must attend at least 3-9 hours per week during the entry phase*
** Must provide higher level based on assessed need.*

3. Evidence Based/ Best Practices Used in Treatment Program

- a. Must be evidence based practices²
- b. Assessment:
 - i. One or more nationally recognized assessment instruments must be used for an Individual assessment of each participant. Examples are the NEEDS Assessment, the Addiction Severity Index (ASI), the MAST, AUDIT, DAST, etc, plus other assessment instruments for other addictions, and depression, mood disorders, trauma, ADD, ADHD, criminality, and literacy. These assessment results should be taken into account in the individual's treatment plan.
- c. Treatment Monitoring
- d. Curriculum

4. Minimum Requirement for Drug Testing

- a. Frequency
 - i. Minimum collection of two times per week for the first twelve months.
- b. Random³
 - i. Vary the number of times each month that random specimens may be collected (that is, participants should not be able to predict when the schedule of collection is).
 - ii. Vary the day of the week that random specimens may be collected.
 - iii. Use a random selection process that does not preclude selecting and testing the same participant more than once during a specific period of time (i.e., a participant selected for a random test remains in the total population subject to testing each time random specimens are collected).
- c. Observed⁴

² <http://www.nfattc.org/publicationsNewsResources/ebpOnline.aspx>

³ Substance Abuse and Mental Health Services Administration, center for Substance Abuse Prevention, "Preventing Employees from Cheating on a Urine Drug Test." March, 2005
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Treatment Standards for Accountability Courts
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The procedure for a direct observed collection is that an observer watches the donor urinate into the collection container. At the point in a routine collection where the donor enters the restroom with the collection, a direct observed collection includes the following additional steps:

- i. The observer must be the same gender as the donor (unless it is Medical Personnel). The individual serving as the direct observer enters the restroom with the donor, or observes through a one way mirror in a manner that allows for a clear view of the urine going from the donor's body into the collection container.
- ii. The observer must directly watch the urine go from the donor's body into the collection container. The use of video cameras is not permitted.
- iii. With regard to chain of custody, the observer must never touch or handle the collection container unless the observer is also serving as the collector.
- iv. The collector may serve as the observer when the collector is the same gender as the donor. If not, the collector must call upon another individual (who is the same gender as the donor) to act as the observer.

After the donor has completed urinating into the collection container:

- The donor and observer leave the restroom and the donor hands the collection container directly to the collector,
- The observer must maintain visual contact of the collection container until the donor hands the container to the collector, and
- If the same individual serves as direct observer and collector, he or she may receive the collection container from the donor while they are both in the restroom.

5. Baseline Outcomes

- a. Maintain and be able to report statistical data:
 - i. Attendance
 - ii. Drug Screen results
 - iii. Graduation
 - iv. Phase Completions
 - v. Retention
 - vi. Recidivism
 - vii. Sanctions/Incentives/Accomplishments

⁴ United States Department of Health and Human Services, "Urine Specimen Collection Handbook for Federal Agency Workplace Drug Testing Programs," <www.workplace.samhsa.gov/DrugTesting> (27 Aug 2007)

6. Sanctions and Incentives

- a. Must use graduated sanctions that take into consideration reality of addiction.
- b. Must use incentives as encouragement for participants.
- c. *The Ten Science-Based Principles of Changing Behavior Through the Use of Reinforcement and Punishment*(11/15/05) from the National Drug Court Institute are recommended as a guideline for Sanction and Incentives Policies.

7. Training (Team)

- a. Must have attended Drug Court Planning Institute (DCPI) training or similar training. *
 - i. Effective July 1, 2008.
 - * Does not apply to Juvenile Drug Court at this time because training is not available. *

8. Court Reviews

- b. Must have regular staffing and court reviews.
- c. Minimum Frequency:
 - i. Every other week.