

Senior Judge Deborah Schumacher celebrates with graduates of the Western Regional specialty court programs.

Treatment Courts: A Road to Recovery

BY SENIOR JUDGE DEBORAH E. SCHUMACHER,
WESTERN REGIONAL SPECIALTY COURTS

No one dreams of being a lifelong addict. No one wants a life crippled by mental health dysfunction. Individual hopes and dreams are infinitely varied. Treatment courts aim to facilitate an individual's recovery—which is so much more than being drug- and alcohol-free or mentally healthy. Although there is no single definitive definition, Substance Abuse and Mental Health Services (SAMSHA) has described recovery as a process of change, through which individuals improve their health and wellness, live self-directed lives, and strive toward their potential.¹

Western Regional specialty courts are an informal consortium of drug, felony, DUI, and mental health courts in Carson, Douglas, Churchill, Lyon and Mineral counties, with a current population of 302 participants. These “problem-solving” courts are special district court-level criminal dockets that combine substance abuse and mental health treatment, case management services, and judicial supervision. Both diversion and post-conviction cases are included. Convicted offenders have successful completion of the treatment court as a condition of probation. Diversion cases hold out the “carrot” of criminal charges being dismissed on successful completion. Western Regional accepts non-drug specific offenses if the offense has



roots in serious substance use or mental dysfunction. Violent offenders and sex offenders may be excluded.

Why is there court involvement if an individual's fundamental need is therapeutic? Judicial leverage keeps the offender in treatment. Longer treatment equates to greater treatment success.² Unlike in typical criminal court settings, in specialty courts, there is direct interaction between the judge and the participant. This may be one of the first settings in which some offenders develop trusting relationships with people in authority.

Why should taxpayer dollars go to services for criminals? Punishment alone is not an effective public safety answer for crimes that have a primary root in drug use or mental dysfunction. Punishment alone does not modify behavior in this population.³

Treatment courts are no panacea. Even graduates may reoffend. But they do so at significantly lower rates than non-participants, and this outcome is achieved at a greatly lower fiscal investment than incarceration.⁴ Additionally, anyone working in the mental health or addiction fields is keenly aware of the ugly ripple effect of one individual's serious illness. Treatment court clients are fathers, mothers, and beloved children. They are employees in our workforce, who no-call, no-show. Their downward spiral drags down many.

Treatment courts follow the model and proven best practices established by the National Association of Drug Court Professionals (recently renamed “Allrise”). The target population is “high risk-high need” offenders.⁵ “High risk” does not mean high risk to commit serious offenses, but rather high risk to fail less-intensive probationary supervision. “High need” refers to the severity of the substance or mental health issue. Drug courts are most effective with addicts, not individuals using substances who do not have the physical changes to one's brain that characterize addiction. Treatment courts are not designed for criminals who just happen to also use drugs.

All treatment courts, including Western Regional, operate as a collaborative effort. Prior to regularly scheduled court status hearings, the team meets to discuss participants' cases. Team members typically include a prosecutor, defender, probation and or pretrial service officer, treatment representative, court coordinator, and judge. The team reviews information on participants' progress in advance. Ideally, the team should know if the offender is clinically stable, putting forth effort, and in compliance with mandatory random testing and other requirements of treatment and supervision. Research indicates that treatment court hearings should include positive affirmations, preferably more praise and encouragement than criticism.⁶ Sometimes, this practice is challenging, and the best that can be said is that the person chose to show up to court that day. However, every participant has gifts and skills, and with regular contact, the judge becomes familiar with the person and their circumstances. As they have regular conversations, trust and relationships are built.

Due to the high overlap of mental health and substance use disorders, mental health court clients are also tested for drugs and alcohol. Where relapse or noncompliance has occurred, the team assesses whether a treatment change or behavior modification sanction (or both) is warranted. The ultimate decision remains with the judges. Punitive responses to infractions usually become weightier as the participant progresses through the program, having been given the opportunity to gain insight and skills to support recovery. For example, willful noncompliance like skipping treatment might warrant a harsher response than an early relapse by someone struggling with serious drug cravings.

A participant progresses through Western Regional treatment courts in five phases. At the outset of each phase, the participant receives a written copy of a petition for phase advancement, which concretely sets out what is expected to be achieved in that phase. In addition to the obvious goal of progress toward abstinence and stability, the participant is nudged toward broader and deeper "recovery capital." "Recovery capital" describes the resources, internal and

external, that a person can use to move toward and sustain recovery. In addition to the obvious domains of sobriety and psychological health, recovery capital is a holistic concept, embracing employment, education, housing, financial stability, physical and dental health, community involvement with sober support, and healthy personal relationships.

Western Regional treatment courts utilize three main providers across their five counties: Community Counseling Center, New Frontier, and Rural Nevada Counseling. Services are tailored to the individual's assessed needs, and may include residential or intensive outpatient drug treatment, medical care or referral to a medical specialist, pharmacotherapy, life skills education, peer support, and trauma-related services. Cognitive therapies address distorted and criminal thinking and facilitate skill development.

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Behavioral therapies address motivation and promote change. Treatment is provided in both individual and group settings. The above description is not exhaustive of the services offered. To the extent possible, the court attempts to individualize services as dictated by continuing reassessment of the individual.

Additional services, such as through Native American providers, are accessed as warranted.

Participants are told often that they are "doing treatment, not time." The length of our programs is a 12-month minimum, but participants move through

phases as they substantially achieve the goals of that phase.⁷ In other words, phases are not time fixed. In addition to the requirements dictated by the program, individuals add personally chosen goals. In each phase petition, there is space for

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the participant to reflect on what has been accomplished in the just-completed phase and to set out new personal short-term and long-term goals.



Completed phase petitions are presented at court staff meetings and accepted for phase advancement or deferred for additional action by the participant. With phase advancement generally comes modification of treatment and reduced frequency of court appearances. The final petition is for graduation. Graduations are special events in Western Regional. Every

team member provides congratulations, reflections on the participant’s journey, and achievements and encouragement for future success. The judge and graduate have an extended exchange and the graduate is invited to provide feedback – positive and negative – on all aspects of the program. Graduates receive a certificate, coin, handshake, or hug from the judge, and the applause of their peers. Family, friends, and coworkers are invited and frequently attend. Most participants choose a photograph with the judge as a souvenir of their experience.

I would like to conclude with words that participants have provided in their phase and graduation petitions. Text is as originally provided.

- “When I first came in the program, I was homeless, unemployed, and did not have any identification. I wanted to die. Today I am living a life clean and sober, supporting myself and making my financial amends. I have the coping skills and support to continue a successful life in recovery.”

- “Since I started the program, I have learned how to value myself. I’ve learned that in life I will face many challenges and it’s my choice how I will respond to them. I have learned to stop blaming others for my actions. Taking full responsibility. I have learned how to become an adult.”
- “If I’m being honest, I couldn’t be happier with my life at the moment. I’ve never felt better mentally and physically. My career in being an electrician is taking more steps forward and I’m always looking forward to ... learning something new. My sobriety is at a strong point, and I plan on keeping it there. Everything with my family and my relationship is at an all-time high so I’m enjoying it ... Something I’m working on for the court is just being a better me every day.”

These participants have done the hard work of recovery with the guidance and support of their treatment court teams. Their lives embody the promise of treatment courts.



SENIOR JUDGE DEBORAH

SCHUMACHER has presided over juvenile and adult drug courts, as well as re-entry, veterans, mental health, DUI, and family (dependency) specialty courts during her judicial tenure. She is the presiding judge in Western Regional treatment courts.

ENDNOTES:

1. NDCI, Drug Court Practitioner Sheet, Vol. IX, 2014
2. Brown, R., “Systematic review of the impact of adult drug treatment courts”, Transl. Res. 2010
3. “Drug Courts as an Alternative to Incarceration,” Stanford Network on Addiction Policy (undated)
4. Ibid.
5. AllRise, Adult Treatment Court Best Practice Standards, Vol. 1, 2023, 7-8
6. Id., 58-62
7. Under NRS 484C.340, felony DUI participants have a 3-5-year program.

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