

USING RECOVERY MANAGEMENT STRATEGIES TO IMPROVE TREATMENT COURT OUTCOMES

Jeffrey N. Kushner

Montana Drug Court Coordinator

Montana Supreme Court

Jkushner@MT.gov

SENATOR HAROLD EDWARD HUGHES

- Infantry Rifleman – WWII
- Brink of suicide due to alcoholism –from the depths of despair to undreamed of honors.
- Stunning Upset – elected Governor of Iowa as a Democrat
- Elected U.S. Senator, 1968
- Passage of Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970
- First to recognize addiction as an illness
- Orator extraordinaire
- Recipient of Distinguished Public Service Award – highest award given by Health and Human Services
- Encouraged those in recovery “to tell American that we got well”



GOALS/LEARNING OBJECTIVES

- To develop an understanding of the need for treatment courts to move beyond a focus on the acute episode of care/services delivered in the drug court/treatment environment, and to develop a broader understanding of providing a continuing care/recovery support service model (chronic care) not only during but after treatment and drug court.

The learning objectives are:

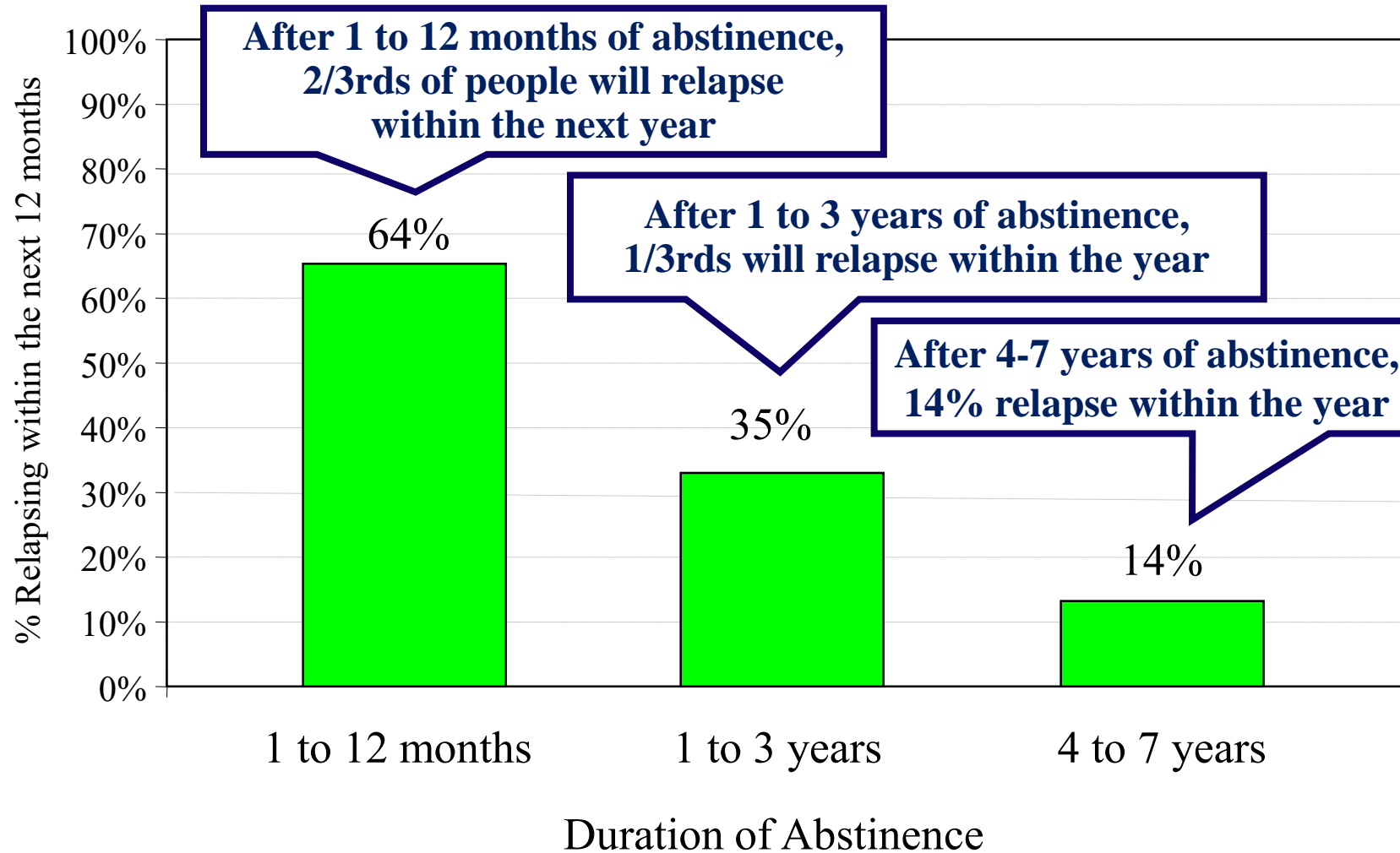
- 1) to understand the need for a recovery management/continuing care model to improve treatment/drug court outcomes, and,
- 2) to identify strategies of a recovery management model that you can begin to utilize almost immediately (recovery management tool kit).

WHY?

- After all the dedication, skill, and care that addiction professionals and drug court personnel devote to our clients'/participants' well-being, we all too often see our best work erode as vulnerable people return to the same circumstances and environments that fostered their illness. We can do better. We can provide systems of support for additional protection. We can improve our support in helping them manage their recovery.
- “The odds of recovery rise in tandem with social network support for abstinence and decline with the increased density of heavy AOD users in one’s social network”
(Kaskutas & Weisner, Dennis, Foss & Scott, Zywiak, Longabaugh & Wirtz, Mohr, Averna, Kenny & Boca, Weisner, Matzgher & Kaskutas)



The Risk of Relapse: common, decreases slowly over time, but does not go away



Source: Dennis, Foss & Scott (2007)

RISK OF RELAPSE DECLINES SIGNIFICANTLY AFTER 5 YEARS OF ABSTINENCE

“After 5 years of abstinence, a recovering alcoholic has approximately the same chances of lifetime relapse as a randomly selected member of the general US population has of experiencing alcoholism in the coming year

2nd year = 21.4%

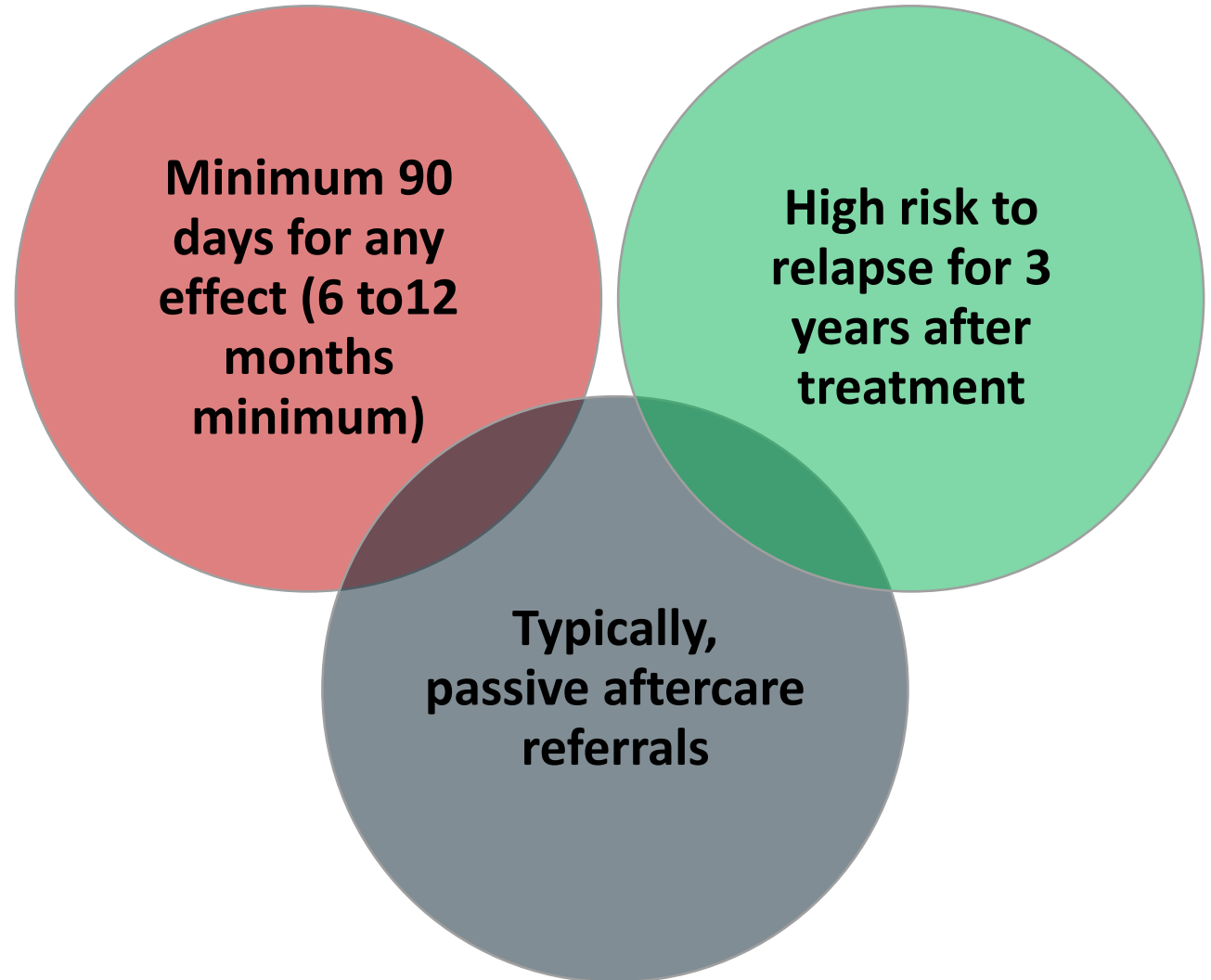
3 thru 5 = 9.6%

5 years + = 7.2%



TREATMENT WORKS WITH ADEQUATE DOSAGES

To improve rates of re-offense and new drug use, treatment and drug courts must consider a “Recovery Management” approach



RECOVERY MANAGEMENT STRATEGIES (TOOL KIT)

1. The “Before You Terminate Checklist”
2. Healing to Wellness Recovery Management Policy
3. Use a Family Systems Approach and Assess Family Strength and Needs When Appropriate
4. Focus on and Build Recovery Capital While in Treatment Court
5. Assist Participant in the Development of a Self-Directed Recovery Management Plan
6. Monitor and Support Recovery after Discharge

THE BEFORE YOU TERMINATE CHECKLIST...

The first lesson is: Be patient, high-risk/high-need admissions will take time to get on track and stay on track.

The Checklist provides you the road map to consider progressive sanctions and treatment adjustments

The Checklist also provides you with advice for keeping people in the drug court process: (the 6 R's)

1. **R**elated: Consequences should be related to the behavior.
2. **R**easonable: Consider what is proximal and what is distal in giving out sanctions

THE BEFORE YOU TERMINATE CHECKLIST... (CONTINUED...)

3. **R**esponsible: Be clear, the participant is responsible for the choices they make.
4. **R**espectful: Administer sanctions/treatment adjustments in a respectful way with good explanation.
5. **R**econcilable: Once the consequences are completed, congratulate them and give them hope.
6. **R**elapsing: It takes a long time to get over a drug dependence. NIDA says 3-6 months for treatment to have an effect. Keep this in mind when you consider... what is proximal and what is distil.

2. TREATMENT COURT RECOVERY MANAGEMENT POLICY AND PLAN

Treatment Court Recovery Management Policy and Plan (Example)

The ____ Judicial Drug Court (JDC) is an adult felony drug court that admits defendants with up to three prior convictions. The program is voluntary. All participants must submit to regular breath testing for alcohol and urinalysis for other drugs; make frequent court appearances, participate in prescribed substance use dependency treatment; find and maintain full time employment or

3. HEALING TO WELLNESS COURTS SHOULD BE ABOUT FAMILIES

- Most Adults in Healing to Wellness Courts have families
- Family treatment is effective
- The best *prevention* for children is an *effective treatment* for their parents
- Family stress and trauma can contribute to relapse; family stability contributes to recovery
- Use the Family Strength and Needs Assessment



4. A RECOVERY MANAGEMENT PLAN

- The final phase of treatment/drug court should focus on a

Recovery Management Plan (RMP) developed and owned by drug court participant.

- The **RMP** spans the time period from the rest of treatment/drug court to many years after formal treatment/drug court.



SELF-DIRECTED LONG-TERM RECOVERY MANAGEMENT PLAN

RMP strategies for maintaining recovery:

- Identifying triggers and how to avoid them
- Managing cravings
- Identifying health problems and wellness strategies
- Ways to cope with thinking patterns that lead to relapse, criminal behavior, and other high-risk situations
- Avoiding high risk places, peer pressure to use, and plans to cope with them
- Identifying high risk times and how to deal with them
- Managing relapse events and identifying persons for help



RMP CONSIDERATIONS (CONT)

- Participation in Recovery community activities (outreach, engagement, information and referral, and intervention services)
- Consider working with a Recovery coach or peer mentor
- Agree to use of a supportive Recovery Check-up process (telephone monitoring-post treatment monitoring and support)
- Plans for living in a sober residence or recovery home
- Strategize for child-care
- Consider transportation needs
- Consider legal service needs-

RMP CONSIDERATIONS (CONT.)

- Participation in leisure and social activities (e.g., recovery music, recovery murals, recovery events and recovery walks/runs)
- Participation in faith-based organizations-churches
- Participation in Culturally specific activities (sweats, ceremonies, story telling, language study, etc.)
- Plan for formal treatment (for re-intervention if needed)
- Treatment and drug court alumni groups
- Sober friends
- Family needs and support
- Mutual Aid groups (AA, NA, MA, CA, etc.) and sponsors

RMP CONSIDERATIONS (CONT.)

- Alcohol and drug testing (breathalyzer/urinalysis/hair, etc.)
- Consider furthering educational/vocational/employment objectives

Format for Recovery Management Plan is available as part of the Recovery Management Tool Kit

CULTURALIZED DIFFERENCES

standard

.vs

culturalized



Recovery Management
Planning Tool



Planning for Success

This is especially true when you become stressed, if you experience a break in your motivation, or if you find yourself facing temptation. You will discover that if you have a written management plan that is sufficiently detailed it will greatly improve your chances of sustaining your recovery efforts. Focus your plan on the next year.

In Part I, you'll assess your recovery capital. Recovery Capital refers to your resources, or personal strengths in key areas of your life that you can use, rely on, or build on to strengthen your recovery. We make positive changes based upon our strengths, not on our weaknesses so recovery capital is essential to recovery management.

Part I: [Recovery Capital Inventory](#)

1. [Social Capital](#)



Before you begin to write out a plan of action for your recovery, you need to first assess your current status. This Inventory helps you with that.



Recovery Management
Planning Tool



Planning for Success

This is especially true when you become stressed, if you experience a break in your motivation, or if you find yourself facing temptation. You will discover that if you have a written management plan that is sufficiently detailed it will greatly improve your chances of sustaining your recovery efforts. Focus your plan on the next year.

In Part I, you'll assess your recovery capital. Recovery Capital refers to your resources, or personal strengths in key areas of your life that you can use, rely on, or build on to strengthen your recovery. We make positive changes based upon our strengths, not on our weaknesses so recovery capital is essential to recovery management.

Part I: [Recovery Capital Inventory](#)

1. [Social Capital](#)



RMP CULTURAL CAPITAL

I have an understanding of the medicine wheel or other equivalent sources of spiritual guidance to my specific traditional beliefs.

I have possession of or access to traditional medicines used to heal and cleanse. Examples: sage, cedar, sweetgrass, etc.

I attend or participate in ceremonial practices.

I participate in other culturally relevant activities. Examples: hunting, fishing, gathering, beadwork, horsemanship, etc.

I have access to elders and spiritual leaders for guidance, support, and education.

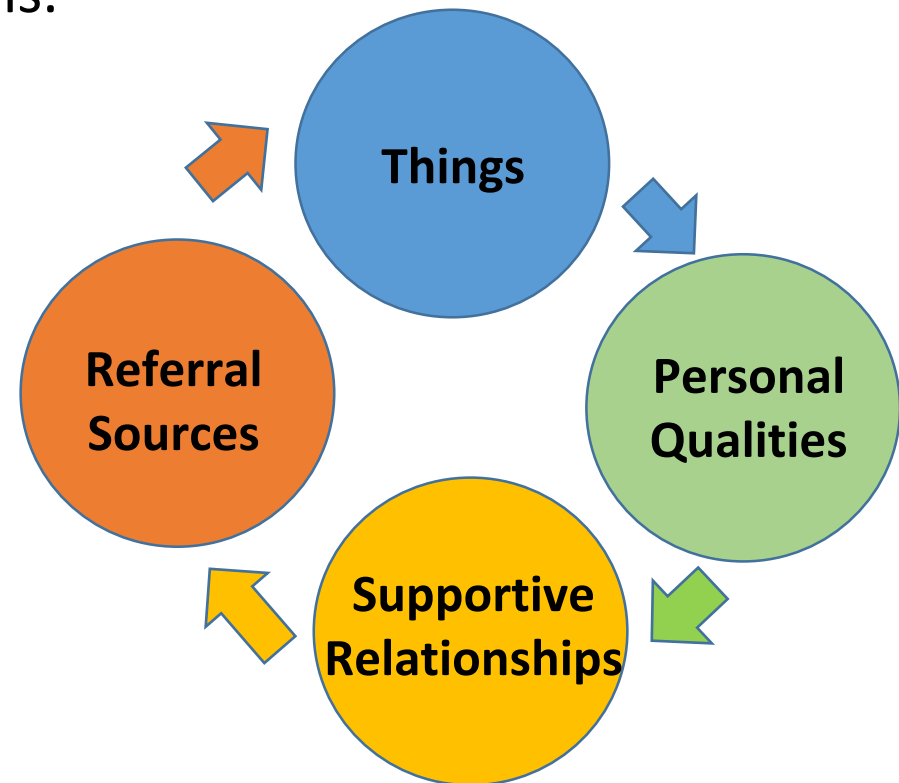


5. RECOVERY CAPITAL

The **sum total** of **all the personal, social, and community resources** a person can develop and draw on to begin and sustain his/her recovery from alcohol and other drug abuse problems.

Recovery Capital includes:

- Physical capital: **things**
- Human capital: **personal qualities**
- Social capital: **supportive relationships**
- Community capital: **referral resources**



3A. RECOVERY CAPITAL ASSESSMENT

Recovery Capital Scale

Place a number by each statement that best summarizes your situation.

5. Strongly Agree

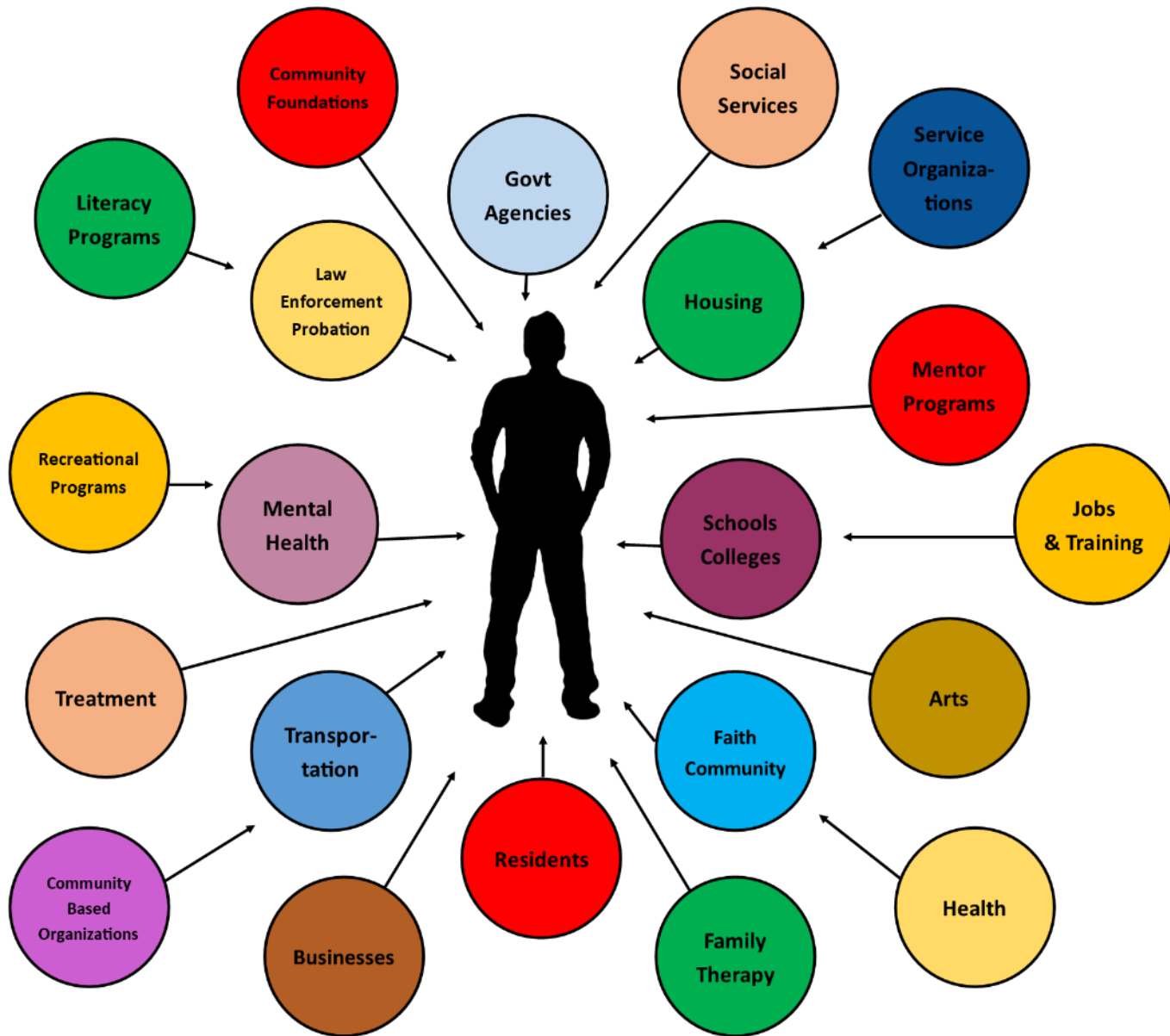
4. Agree

3. Sometimes

2. Disagree

1. Strongly Disagree

- I have the financial resources to provide for myself and my family.
- I have personal transportation or access to public transportation.
- I live in a home and neighborhood that is safe and secure.
- I live in an environment free from alcohol and other drugs.
- I have an intimate partner supportive of my recovery process.
- I have family members who are supportive of my recovery process.
- I have friends who are supportive of my recovery process.
- I have people close to me (intimate partner, family members, or friends) who are also in recovery.
- I have a stable job that I enjoy and that provides for my basic necessities.
- I have an education or work environment that is conducive to my long-term recovery.
- I continue to participate in a continuing care program of an addiction treatment program, (e.g., groups, alumni association meetings, etc.)
- I have a professional assistance program that is monitoring and supporting my recovery process.
- I have a primary care physician who attends to my health problems.
- I am now in reasonably good health.
- I have an active plan to manage any lingering or potential health problems.
- I am on prescribed medication that minimizes my cravings for alcohol and other drugs.
- I have insurance that will allow me to receive help for major health problems.
- I have access to regular, nutritious meals.
- I have clothes that are comfortable, clean and conducive to my recovery activities.
- I have access to recovery support groups in my local community.
- I have established close affiliation with a local recovery support group.
- I have a sponsor (or equivalent) who serves as a special mentor related to my recovery.
- I have access to Online recovery support groups.
- I have completed or am complying with all legal requirements related to my past.
- There are other people who rely on me to support their own recoveries.
- My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery.
- I have recovery rituals that are now part of my daily life.
- I had a profound experience that marked the beginning or deepening of my commitment to recovery.



**Recovery Capital
relates to the total
resources a person
needs...to find and
sustain recovery**

Personal Capital

Divided into both physical and human capital

Human capital includes:

- Values
- Knowledge
- Skills
- Self-esteem
- Risk management

Physical includes:

- Transportation
- Shelter
- Access to insurance



Social Capital

Relationships

- Family
- Friends
- Supportive social relationships that are centered around recovery
- Relational connections
- Access



Community / Cultural Capital

- Full continuum of treatment resources
- Accessibility of resources that are diverse
- Local recovery efforts and supports
- Culturally prescribed and supported pathways of recovery



6 RECOVERY CAPITAL WORKSHEETS & 6 CULTURALIZED VERSIONS



- I have **financial resources** to provide for myself and family
- I have a personal **transportation** or access to public transportation
- I live in a **home and neighborhood (housing)** that is safe and secure
- I live in an environment free from alcohol and other drugs and supports my recovery (**recovery activities**)
- I have a **primary care physician and insurance (medical)** to attend to my health problems
- I have a **family** that is being cared for and is stable



Financial Need

Explore what is important for you to work towards financial freedom. Financial freedom is having enough savings and cash on hand to afford the kind of life you deserve for yourself and you family. Reflect on what financial freedom looks like to you and continue the activity on the next page.

BANK			
How would attaining financial freedom be impactful on your life?			
<p>Answer Y/N</p> <p>Have a budget? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Taught how to manage money? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Burn through money quickly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Why is it so hard to stick to a budget?</p>	<p>Answer Y/N</p> <p>Usually pay for things with cash? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you balance your checkbook? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you trust the banks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Write down monthly recurring expenses</p> <p>Rent: _____</p> <p>Utilities: _____</p> <p>Cell: _____</p> <p>Insurance: _____</p> <p>Food: _____</p> <p>Transportation: _____</p> <p>Loans: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Continue on separate paper if needed.</i></p>
<p>Scale 1-10 (1 low/ 10 High)</p> <p>How stressed are you with your finances? _____</p> <p>How often are your finances dictating what you do? _____</p> <p>How stressed are you doing this activity? _____</p>		<p>What are the top 3 things you spend the most money on each month that are not a recurring expense?</p> <p>_____</p> <p>_____</p> <p>_____</p>	
		<p>What is one thing you are willing to do today to start working towards financial freedom?</p> <p>_____</p> <p>_____</p> <p>_____</p>	



Financial Need

What is one thing you are willing to do today to start working towards financial freedom you wrote on the previous page?

Understanding our strengths and barriers to reach a goal is important. Reflect and write down the strengths you have like organization, can do math, or anything else that contributes to what you identified. Also reflect and write down barriers that might prevent you from accomplishing this goal.

Strengths

Barriers

- ★ Place a star next to your greatest strengths to help you accomplish this goal.
- Circle the barriers you have control over to manage.

On the barriers not circled, where can you get assistance to manage them?

What type of assistance do you need to start working towards this goal?

Share with your case manager and write SMART Goals together to assist you on this journey



Transportation Need

Explore your transportation needs and how you meet them. Complete each box and continue the activity on the next page.

Why is having reliable transportation important to you?

What is your life like when you don't have reliable transportation?

What is your ideal way to meet your transportation need?

Transportation Barriers

- Suspended driver's license
- No vehicle insurance
- No vehicle
- Limited/no public transportation
- Money issues
- Schedule/Time to get places
- Childcare/transporting kids
- Other _____
- Other _____

Looking at barriers to transportation, what are your biggest stressors? Why?

What barrier do you want to start working on first?



Transportation Need

Goal setting is a good way to stay focused on what you want to achieve. Write what you want to accomplish in the next six months (short-term) and year (long-term).

Short-Term Goal
(6 months)

Long-Term Goal
(12 months)

You have a clearer picture of where you want to be in the future when addressing your transportation need. Write the barrier you identified on the previous page of what you want to start working on.

Action Planning

An action plan is a checklist for the steps or tasks you need to complete to achieve your goal. Be clear in what you want to accomplish when filling in the steps. Each step should be related to the identified barrier. This activity can be completed with your case manager if you are having difficulties thinking of steps.

Step 1: _____

What to do if I hit a barrier? _____

Step 2: _____

What to do if I hit a barrier? _____

Continue on next page



Housing Need

Explore what is important for you to feel safe and secure at where you reside. Write what you want in a place you call home. After completing, continue the activity on the next page.

What is important to me where I live?

Transportation Needs	School Requirements	Dwelling Size/Type
Expenses Rent: Electricity: Gas: Water: Cable: Internet:	Neighborhood Features <i>(parks, grocery store, etc.)</i>	Safety Features <i>(low crime, second floor, etc.)</i>
Who is Living with Me?	Proximity to Family/Friends	Home Features <i>(dishwasher, AC, laundry, etc.)</i>



Housing Need

How well does your current living environment match what you identified on the first page?

Match	No Match

★ Place a star next to the items in the **match column** that have the most value to you.

✓ Place a check mark next to the items in the **no match column** that pose the biggest concern for you feeling safe and secure in your home?

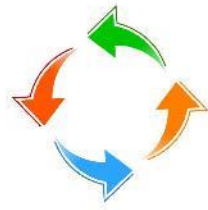
○ Circle one item in the no match column you see as the most concerning issue.

Identify the barriers that exist causing issues to address the circled item

What is one barrier you have control over to start addressing?

What are the next steps to address this barrier?

You plan to accomplish these steps by _____ (date)



Problem Solving

Step 1: Name the Problem - identify the issue or barrier that prevented you from completing your task.

Try to leave emotions out of the issue/barrier.

Step 2: Understand Others — Identify who is involved in the issue and what was the interaction with this person that added to the issue or barrier.

Step 3: Brainstorm Solutions - Think of solutions that will address what you wrote in understanding others while also working towards a resolution of the issue/barrier.

Step 4: Evaluate the Options and Choose - Review each brainstorming solution and *circle* the best option to meet your needs and successfully address the issue/barrier.

Step 5: Make a Plan - Decide when and how you will address the issue/barrier.

Step 6: Reflect and Adjust - Evaluate the success of your plan and decide what changes need to be made for future endeavors.

Housing Need

Explore what is important for you to feel safe and secure where you reside. Write what you want in a place you call home. After completing, continue the activity on the next page



What is important to me where I live:

Transportation needs	
Expenses	
School requirements	
Dwelling size/type	
Neighborhood features (parks, grocery store, etc.)	
Safety features (low crime, second floor, etc.)	
Rent	
Electricity	
Gas	
Water	
Cable	
Internet	
Who is living with me	
Proximity to family/friends	
Home features (laundry, dishwasher, AC, etc.)	
Proximity to traditional activities/cultural connection (ceremonies, traditional food gathering, traditional medicines, hunting grounds, etc.)	



Family Need

Explore what family means to you and how it supports recovery. Remember family can be biological or chosen. Complete each box and continue the activity on the next page.

What does a healthy relationship look like to you?

What does an unhealthy relationship look like to you?

What does support look like for you?

How do you manage frustrations with those close to you?

What Needs Does Your Family Provide?

- Childcare
- Financial support
- Emotional support
- Housing
- Transportation
- Spiritual support
- Assists with problems
- _____
- _____

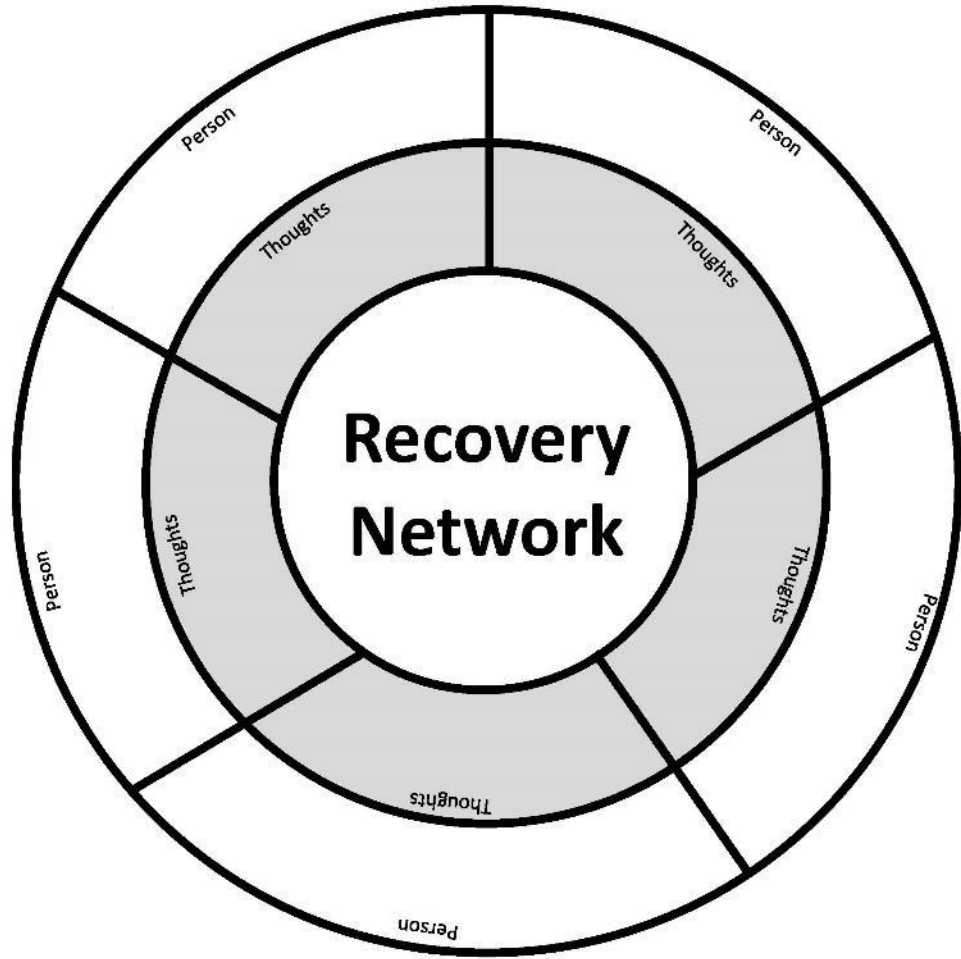
What are ways you feel valued in a relationship from others?

Who do you feel close to and can depend upon?



Name _____
Date _____

We want you to explore having fun in a positive way that supports recovery. Write down five individuals that you can connect with to be a part of your recovery network. After you identify them, please write down your thoughts about how they may assist you. At the bottom, reflect on your experience.



What are qualities you need from people in your recovery network? _____

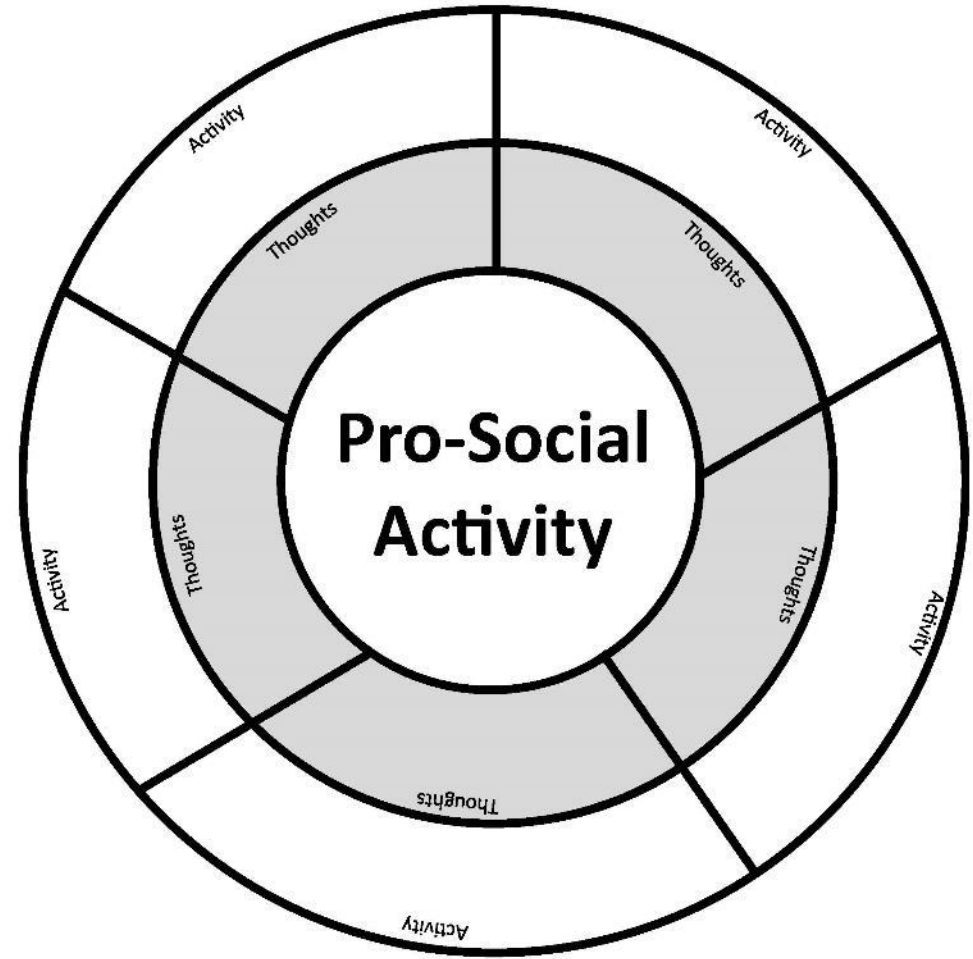
What are ways you can strengthen your recovery network? _____



Name _____

Date _____

We want you to explore having fun in a positive way that supports recovery. Write down five activities you are willing to do and go out and try them. After you do each activity, write down your thoughts about the activity. Once all five activities accomplished, reflect about the experience and complete the bottom questions.



What types of activities are you interested in attending more? Why? _____

What value do you find in attending these activities?



Medical Need

Explore the medical needs you have and how you meet them. Complete each box and continue the activity on the next page.



What issues are you experiencing or have experienced recently?

- | | |
|---|---|
| <input type="checkbox"/> Body aches | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Body pains | <input type="checkbox"/> Mind racing |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Dental issues |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Always sad |
| <input type="checkbox"/> Stomach pain | <input type="checkbox"/> Feel stuck |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Sleep issues |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Numbness/tingling | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Feel bloated | <input type="checkbox"/> Learning issues |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Old injury bothering you |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Unmotivated to do anything |
| <input type="checkbox"/> Trouble losing weight | <input type="checkbox"/> Lack of exercise |
| <input type="checkbox"/> Trouble gaining weight | <input type="checkbox"/> Not sure, don't feel right |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> _____ |

On a scale from 1-10 (1 lowest, 10 highest) where would you rate yourself?

Physical health	_____	Mental health	_____
Exercise level	_____	Happy with self	_____
Eating healthy	_____	Connected to others	_____
Sleep quality	_____	Access to services	_____

What do you usually do to manage the issue(s) you are experiencing?

What barriers prevent you from accessing the help you need? *(finances, insurance, transportation, feeling safe, etc.)*

Medical Information

- Have primary doctor? Yes No
 Have insurance? Yes No
 Have co-pay? How much? _____
 Distance from home to dr? _____
 How do you get to dr? _____
 What are setting up appointments like?

Mental Health Information

- Feel safe at home? Yes No
 Connected to others? Yes No
 Know where to get help? Yes No
 Insurance covers MH tx? Yes No
 MH tx accessible? Yes No
 # times you exercise a week? _____
 Last time you were happy? _____

What are the top 5 issue affecting your life in recovery?

Pick one issue out of the five identified you want to work through and write it down.



Medical Need



What is the issue you identified as wanting to address? _____

Who is able to assist you to address this issue? _____

What do you need to address this issue? (*money, transportation, insurance, support, ect*)

Action Planning

An action plan is a checklist for the steps or tasks you need to complete to achieve your goal. Be clear in what you want to accomplish when filling in the steps.

Step 1: _____

What to do if I hit a barrier? _____

Step 2: _____

What to do if I hit a barrier? _____

Step 3: _____

What to do if I hit a barrier? _____

Continue on next page

Wellness/Healing Need

Explore your medical needs and how you meet them.



What issues are you experiencing or have you experienced recently?

Physical: _____

Mental: _____

Emotional: _____

Spiritual: _____

On a scale of 1-10 (1 = lowest, 10 = highest), where would you rate yourself?

Physical: _____

Mental: _____

Emotional: _____

Spiritual: _____

What do you usually do to manage the issue(s) you are experiencing?

Physical: _____

Mental: _____

Emotional: _____

Spiritual: _____

What barriers prevent you from accessing the help you need? (finances, insurance, transportation, feeling safe, access to traditional medicines/ceremonies/medicine people, etc.)

Physical Health barriers	Mental Health barriers	Emotional Health barriers	Spiritual Health barriers

Do you have access to the following? Circle yes or no for each.

- | | | |
|--|-----|----|
| Traditional medicines (sweetgrass, sage, cedar, roots, etc.) | Yes | No |
| Ceremonies | Yes | No |
| Medicine man/woman | Yes | No |
| Sacred objects (feathers, pipe, drum, etc.) | Yes | No |
| Spring water | Yes | No |

What are the top 5 issues affecting your life in recovery?

1. _____
2. _____
3. _____
4. _____
5. _____

RECOVERY MANAGEMENT POST PROGRAM SUPPORT

- ✓ Phone call
- ✓ Mail
- ✓ Recovery Coaches
- ✓ Sponsors
- ✓ Peer Support Specialist
- ✓ Use Technology



6. RECOVERY MANAGEMENT CHECKUPS

Monitoring and Support After Treatment Court:

- More likely to return to treatment when needed
- Sooner return to treatment
- Stay longer in treatment
- Eventually need less treatment



REDUCE RELAPSE AND REOFFENSE

STEPS TO TAKE

- Access the recovery management tool kit:
<https://courts.mt.gov/Courts/Treatment/Recovery/rmtk>
- Revise your policies and procedures to consider Recovery Management Policies
- Emphasize patience and reduce terminations (consider the “Did We Do All We Could” recommendations)
- Include family strengths and needs in initial assessments
- Focus on helping participants accrue recovery capital (family, financial, housing, transportation, medical, recovery activities)

Use Recovery Capital Worksheets as part of phase structure

REDUCE RELAPSE AND RE-OFFENSE

STEPS TO TAKE

- Make sure every participant completes a self-directed recovery management plan before entering the last phase of treatment court.
- The RMP should look beyond discharge from treatment court.
- Find avenues to systematically support recovery after discharge from treatment court, e.g., recovery management check-ups.

Be persistent in finding ways to improve your Healing to Wellness Court and improve participant outcomes. There are no experts, we are all students learning everyday how to make our Healing to Wellness Court better.

<https://courts.mt.gov/Courts/Treatment/Recovery/rmtk>