

# 2012

## Courting Success

Developing a Consistent Drug Court Model in Arkansas

The following report presents opportunities for Arkansas drug courts to develop a consistent model throughout the state to increase effectiveness and cost-efficiency, and most importantly improve the quality of and increase the access to substance abuse treatment in Arkansas.

Written by: Closing the Addiction Treatment Gap in Arkansas

# EXECUTIVE SUMMARY

Drug courts emerged in the United States as a means to offer a rehabilitative alternative for adults charged with drug related offenses. These problem-solving courts combine traditional judicial and drug treatment interventions to provide offenders with an alternative to incarceration and a chance to become drug free. This alternative offers a second chance to individuals with substance abuse problems that are caught in the criminal justice system by providing a way to benefit from drug rehabilitation. Ultimately, adult drug courts aim to reduce the number of individuals who are incarcerated by treating substance abuse and reducing criminal recidivism. Drug courts are also an effective method for providing substance abuse treatment to an audience that is often difficult to reach.

In 2008, the national program Closing the Addiction Treatment Gap (CATG) expanded into Arkansas through funding from the Open Society Foundation with the goal of mobilizing public support for expanding addiction treatment by increasing public funding, broadening insurance coverage, and achieving greater program efficiency. The CATG team in Arkansas has utilized an array of strategies to increase resources for Arkansans in need of treatment. Drug courts have been pinpointed as a promising means for increasing access to substance abuse treatment to a high-risk population. With this in mind, the CATG team completed an extensive research project that culminated with a statewide survey to identify promising practices in drug courts nationwide, potential drug court outcomes, and the practices utilized in Arkansas.

The following report is a compilation of research conducted by the CATG team regarding drug court practices and outcomes. The report is divided in to three sections:

## OPPORTUNITIES IN ARKANSAS DRUG COURTS

With the goal of gaining a better understanding of the current status of drug courts in Arkansas, the CATG team collaborated with the Arkansas Department of Community Correction and the Arkansas Administrative Offices of the Courts to conduct a statewide survey to identify current and applied practices in local drug courts. This survey allowed the CATG team to gain a better understanding of court characteristics, current practices, and perceived needs, and the detailed results of this survey are included in the appendix of this report. This information allowed CATG in Arkansas and other partners and stakeholders to identify and describe successes and variations in drug court implementation across the state and to highlight opportunities for growth and potential for the adoption of specific practices that have been successfully applied in other states. We have particularly focused on six opportunities for growth in Arkansas drug courts, with the research on each area summarized in this section.

## BEST PRACTICES

The report summarizes findings from multiple national drug court evaluations to define drug court best practices. The major findings are based on data from “Defining Drug Courts: The Key Components” released in 1997 by the National Association of Drug Court Professionals (NADCP) in conjunction with the Drug Court Program Office at the United States Department of Justice (DOJ) that outlines the ten key components that define drug courts. Over the past decade, this list of ten key components has served as a guideline for drug

courts across the country. The report closely explains and examines each of the ten suggested practices through the synthesis of findings from national drug court evaluations. This includes discussion on the effectiveness of variations in approach to each of the ten key components.

## NATIONAL OUTCOMES

This section explores the effectiveness of drug courts, by summarizing available national research on the issue. While reducing recidivism is the most commonly studied drug court outcome, multiple performance measures are examined, including access to treatment, program graduation rates, and in-program substance use. Most studies show a four to 28 percent point differential in criminal recidivism rates favoring drug court graduates when matched with a comparison group. Nationally, program graduation rates for drug courts typically range from nineteen to 47 percent. Additionally, the reported rates of positive in-program drug screening range from two to 71 percent. Participant demographic variability and the methodological barriers to assessing drug court effectiveness are also addressed to paint a complete picture of our current knowledge about drug court outcomes.

# Table of Contents

Executive Summary.....	1
Opportunities in Arkansas Drug Courts .....	5
Develop and Support a Consistent Statewide Model.....	10
Improve Response Time to Positive Drug Screenings.....	11
Reduce the Use of Jail Time as a Sanction .....	12
Improve the Use of External Substance Abuse Treatment.....	13
Expand Eligibility to High-risk Offenders.....	14
Facilitate Rapid Program Engagement.....	15
Drug Court Practices .....	16
Introduction to Drug Courts.....	5
The Ten Key Components .....	19
1. Treatment .....	19
2. Non-adversarial Team Approach .....	25
3. Eligibility .....	26
4. Drug Testing .....	31
5. Rewards and Sanctions .....	32
6. Judicial Monitoring.....	34
7. Monitoring and Evaluation .....	35
8. Staff Training.....	36
9. Community Partnerships .....	37
Drug Court Outcomes .....	38
Effectiveness .....	38
Demographic Variables.....	39
Methodological Barriers .....	40
Acknowledgements.....	41
Appendix .....	42
Arkansas Drug Court Survey Results.....	42
Annotated Bibliography.....	56
Glossary.....	59
Works Cited.....	60

# INTRODUCTION TO DRUG COURTS

Adult drug courts emerged in the United States as a means to offer a rehabilitative alternative for adults charged with a drug related offense. These problem-solving courts combine traditional judicial and drug treatment interventions to provide offenders with an alternative to incarceration and a chance to become drug free. Drug courts emerged from the negative consequences that followed tough on crime initiatives in the 1980s and the philosophy of therapeutic jurisprudence. This alternative offers drug users and addicts caught in the criminal justice system a second chance by providing a means to benefit from drug rehabilitation. Ultimately, adult drug courts aim to reduce the number of individuals who are incarcerated by reducing criminal recidivism and treating substance abuse.

## DRUGS AND CRIME

Unfortunately, the effects of drugs and crime pervade American society. They affect the way individuals interact with their community and environment. Their ill effects constrain governmental budgets, from a federal level all the way to local level, and both may land individuals in prisons for extended stays. Similar to the rest of the country, Arkansas is currently struggling to contain prison populations, while maintaining public safety.

### United States

At the start of 2008, the PEW Center on States published a report on the status of the American prison population. This report was topically titled “One in 100: Behind Bars in America 2008” because in 2008 the United States crossed the threshold of having one out of every 100 American citizens incarcerated. (Warren, 2008) This same report announced that there were approximately 2.3 million individuals incarcerated in the United States, which was the approximate population of New Mexico in 2010. (U. S. Census Bureau, 2010)

The United States currently has more people behind bars than any other country and more people per capita than 26 of the largest European nations combined. (Warren, 2008) These high numbers come with many negative consequences. One of these consequences is its strain on governmental budgets. In 2007, spending on corrections hit \$49 billion, up from \$12 billion in 1987. (Warren, 2008) “By 2011, continued prison growth is expected to cost states an additional \$25 billion.” (Warren, 2008)

These high numbers and their negative consequences cannot be separated from substance abuse. There are varieties of statistics that support the claim that drug-use and crime are related societal ills that land individuals in prison without the rehabilitative services they need. The number of individuals arrested due to drug-defined offenses, acts that are illegal due to involvement of illicit drugs such as possession of or distribution of, has increased fivefold since 1970 and in 2010 there were an estimated 1,645,500 adults arrested due to drug-defined offenses. (Maston & Smith, 2010) In 2007, according to the Uniform Crime Report published by the Federal Bureau of Investigation, there were approximately fourteen million arrests for all criminal infractions, excluding traffic violations made nationwide. (Mueller III) Among the specific categories, the two highest arrest counts were 1.8 million for drug abuse violations and 1.4 million for driving under the influence. (Mueller III)

Not only are there a high number of individuals arrested due to drug-defined offenses, many current inmates committed drug-related offenses, crimes committed while under the influence of drugs, or in attempt to gain money to purchase drugs. In 2004, nearly a third of State and a quarter of Federal prisoners self-reported that they committed their offense while under the influence of drugs and 18 percent of all federal prisoners committed their offense to get money to buy drugs. (Bureau of Justice Statistics) Similarly, approximately 60 percent of arrestees test positive for illicit drug use upon arrest. (Annual Report on Drug Use among Adult and Juvenile Arrestees, 2000)

Regardless of if the offender is incarcerated or arrested due to a drug-defined or drug-related crime, approximately 8 percent of all American offenders abuse drugs or alcohol. (Belenko & Peugh, 1998) If these offenders end up in prison, they lack the adequate resources to get clean. Therefore, 95 percent of drug abusers in prison will return to drug abuse upon release from prison. (Facts on Drug Courts)

Not only have corrections become a large financial burden on the federal and state governments and specifically contributes to the need for increased corrections spending, drug use prevention and the consequences of drug use is a large fiscal burden on the United States as well. The United States President's Fiscal Year 2011 National Drug Control Budget requested 15.5 billion dollars to reduce drug use and its negative consequences. (Executive Office of the President of the United States) This is an increase of 521.1 million dollars from the 2010 fiscal year. This large sum of money will be utilized under five categories: substance abuse prevention, substance abuse treatment, domestic law enforcement, interdiction, and international support.

## Arkansas

The prison population in the southern portion of the United States has increased more than any other portion of the country. (Warren, 2008) Unfortunately, Arkansas is not an exception. Over the past two decades, Arkansas' prison population has increased from 10,890 to 15,171 in 2009. (The PEW Center on States, 2010) The number of incarcerated individuals in Arkansas grew by three percent in 2009 alone, which was the eighth largest increase in the country that year. (The PEW Center on States 1)

This growth has increased Arkansas prison costs by 450 percent. (The PEW Center on States) The authors of the Consensus Report of the Arkansas Working Group on Sentencing and Corrections project that if the criminal justice system is not altered, the population will grow by 43 percent in the next ten years, which will cost taxpayers an additional 1.1 billion dollars. Twenty years ago, corrections cost the state of Arkansas \$45 million, less than three percent of all general fund dollars. Today the bill is nearly eight times higher: \$349 million per year, or eight percent of the general fund. (The PEW Center on States) The analysis conducted by The PEW Center on States along with the Arkansas' Working Group revealed that Arkansas' prison population is mainly growing due to the high numbers of non-violent offenders sentenced to prison, increased prison sentence lengths, and delaying the transfer of inmates from prison to parole.

## HISTORY OF DRUG COURTS

The emergence of crack cocaine in the 1980s had a drastic effect on the American landscape: communities became more dangerous and drug use was more rampant than ever. In response to the increase of crime across the country, the United States criminal justice system amplified their efforts to combat the use and

distribution of crack cocaine and the violence that accompanied the spread of the drug. This amplification is often referred to as the War on Drugs.

The War on Drugs caused an unprecedented number of Americans to be charged with, prosecuted for, and convicted of drug related crimes. Police officers, courts, and prisons struggled to meet the new demand. Therefore, many courts created specialized drug offense dockets to expedite drug cases. (United States Department of Justice, *Juvenile Drug Courts: Strategies in Practice*) Yet these dockets did not address the underlying causes of drug related offenses and did little to nothing to combat drug use and addiction or recidivism.

In an effort to balance out the effects of the emergence of crack cocaine and the subsequent war on drugs, the philosophy of therapeutic jurisprudence emerged. (United States Department of Justice, *Juvenile Drug Courts: Strategies in Practice*) Therapeutic jurisprudence recognizes the fact that law is “a social force that produces behaviors and consequence”. (Wexler) Supporters of therapeutic jurisprudence view the law as a therapeutic agent and believe that the operation of the court can influence therapeutic outcomes and have these therapeutic outcomes as a judicial goal. (United States Department of Justice, *Juvenile Drug Courts: Strategies in Practice*) Out of this philosophy, partnerships between traditional judicial and treatment entities emerged.

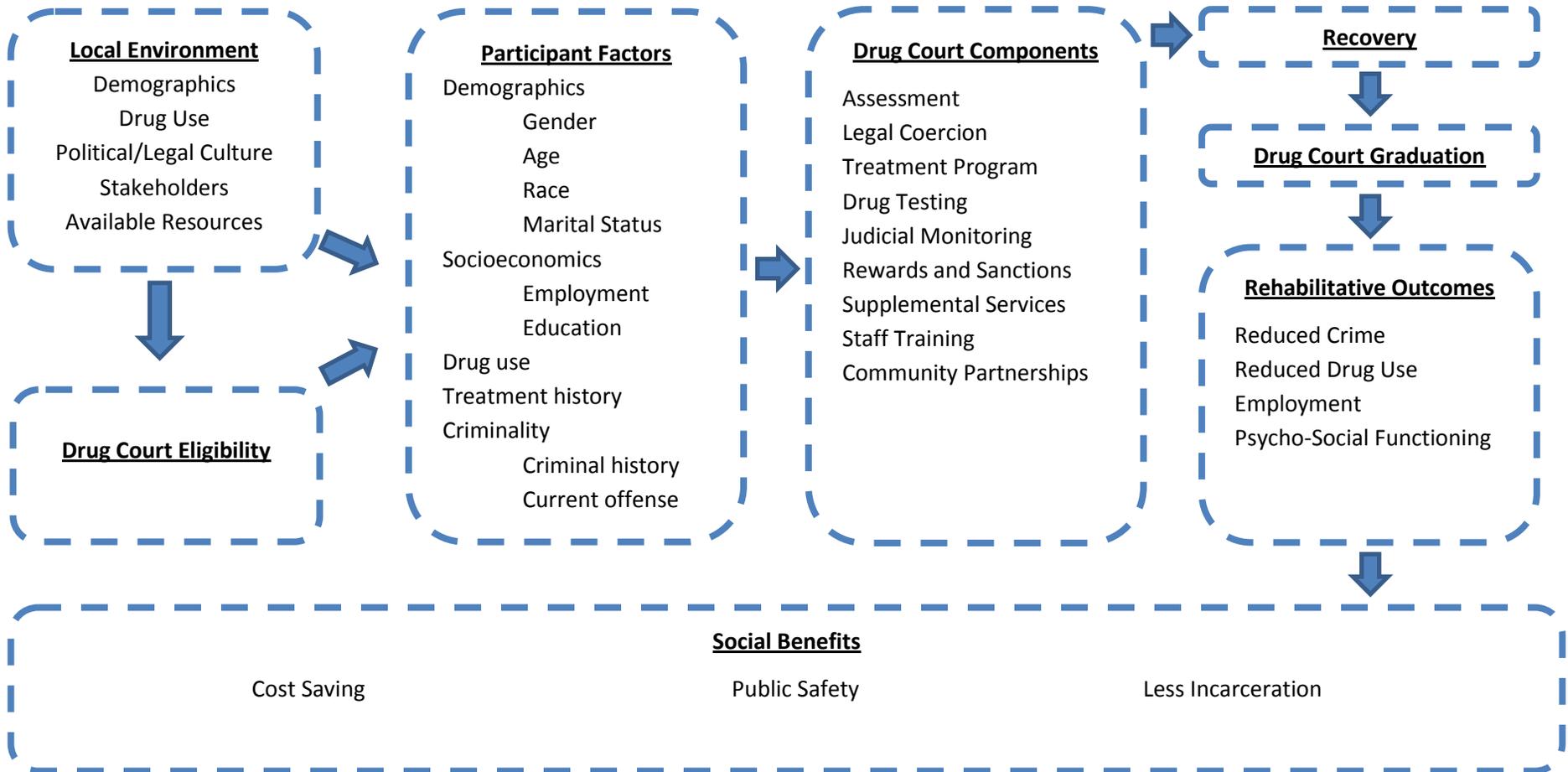
One of the most popular and perhaps most effective results of the fusion of judicial and treatment practices was the advent of drug courts. The first drug court was established in Miami, Florida in 1989. (Casebolt , Marlowe and Huddleston III) The following year, spending for correction in the United States is recorded at \$26 million and by 1991, 31 percent of all convictions in state courts were drug offenses. (Casebolt , Marlowe and Huddleston III) There are now over 2,000 adult drug courts across the country and receive praise such as “(d)rug courts are an exemplar of best practices with substance-involved offenders”. (Casebolt , Marlowe and Huddleston III 2)

## GOALS OF DRUG COURTS

The two main goals of drug courts are to reduce criminal recidivism and drug use. These two goals are underscored with the hope that drug courts in the long term will lower corrections and judicial costs. This is based on the belief that the blended services from the judiciary, treatment providers, and social services in drug courts can more effectively treat the drug addictions of those already involved in the criminal justice system and therefore lower the tendency of these offenders to reoffend in the future. In the end, the government and taxpayers save money when there are less people in police stations, courts, and prisons.

# THE DRUG COURT MODEL

The following illustrates the drug court process and the factors that influence their outcomes:



Adapted from "Drug Court Model" (Center for Court Innovation 3)

# OPPORTUNITIES IN ARKANSAS

## DRUG COURTS

*The following are opportunities to improve the effectiveness and efficiency of Arkansas drug courts. These opportunities have been identified through a comparison of best practice research with the survey results collected from forty-one Arkansas drug courts, which are both included in this report. These opportunities are further explained in the following pages.*

- Develop and Support a Consistent Statewide Model
- Improve Response Time to Positive Drug Screenings
- Reduce the Use of Jail Time as a Sanction
- Improve the Use of External Substance Abuse Treatment
- Expand Eligibility to High-risk Offenders
- Facilitate Rapid Program Engagement

## DEVELOP AND SUPPORT A CONSISTENT STATEWIDE MODEL

**CONSISTENT MODEL:** A consistent drug court model is a programmatic model that is developed, implemented, and supported consistently across the state. Elements of a consistent model would include specific guidance to ensure a consistent approach, tailored to the needs of Arkansas, to the implementation of the ten key components of drug courts. The programmatic model could include direction on a number of court practices that have been shown to impact client outcomes and improve efficiency, for example, the specific approach to client assessment and referral for external treatment, use of escalating sanctions and implementation of random drug screens.

**RESEARCH SHOWS:** A standardized and consistent programmatic model allows for states to hold courts accountable and provide necessary support.

**IN ARKANSAS:** Currently, the state of Arkansas lacks a consistent drug court model. While every court follows broad guidelines, each court maintains the autonomy and authority to implement the program as the court sees fit. As reflected in the survey results, this autonomy has led a wide range of drug court models being implemented in Arkansas. For example, courts vary widely on their inclusion and exclusion criteria, typical length of participation, their use of outside treatment providers, use of sanctions and more.

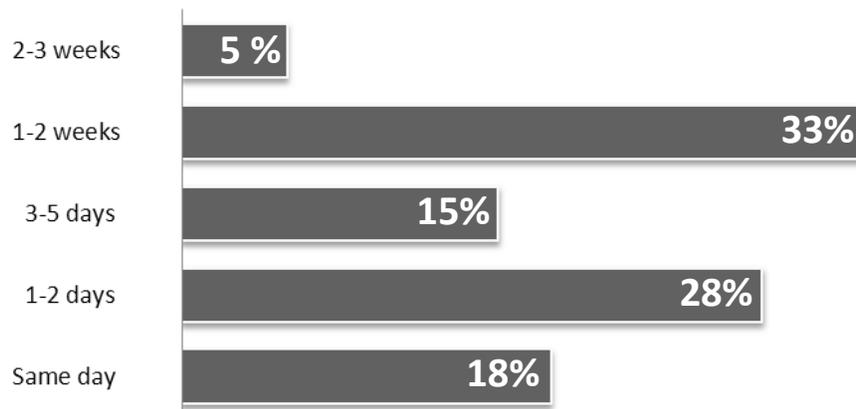
**RECOMMENDATIONS:** Develop and support a consistent statewide model based on evidence based practices. Require training on Arkansas' approach to include implementation of the ten key components of drug courts for all existing staff and offer recurring training opportunities for new staff.

## IMPROVE RESPONSE TIME TO POSITIVE DRUG SCREENINGS

**DRUG SCREENINGS AND SANCTIONS:** Most drug courts impose sanctions to discourage negative behaviors and encourage positive ones, specifically sobriety. Drug courts utilize drug screenings to ensure clients adherence to the court’s strict standards of sobriety. There is often a delay between a positive drug screening and the issuance of a sanction.

**RESEARCH SHOWS:** The time between administering drug tests, receiving the results, and having the capacity to act on those results has an impact on the effectiveness of drug courts. Drug screenings are used as a basis for determining participants’ progress and to determine sanctions and rewards. Therefore, the time discrepancy between testing and available results affects the immediacy of sanctions and in turn affects the court’s graduation rates. Beyond improving graduation rates, speedy test results can also increase cost saving. One study showed that drug courts where drug test results are back within forty-eight hours or less had a 68 percent increase in cost savings.

**IN ARKANSAS:** While some Arkansan drug courts process and act upon drug screening results on the same day, over a third of the courts take longer than a week for a sanction to be issued after a drug court client tests positive. Below is a depiction of the percentage of courts that operate within the designated timeframes in regards to the issuance of sanctions for positive drug tests.



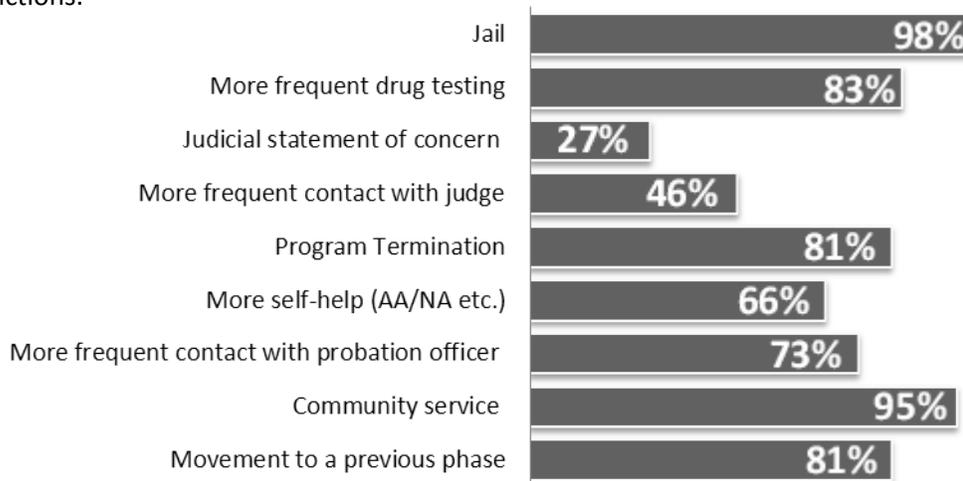
**RECOMMENDATIONS:** Increase the efficiency and timeliness of drug screening processing and the issuance of sanctions.

## REDUCE THE USE OF JAIL TIME AS A SANCTION

**JAIL TIME AS A SANCTION:** Sanctions are used to motivate clients to complete treatment and the drug court program. Time in jail is often utilized to punish non-compliance with the rules of drug court behavior

**RESEARCH SHOWS:** Studies have pointed to the effectiveness of graduated sanctions to promote positive behavior, but due to availability of resources and the culture of courts around the country many judges impose time in jail as a sanction for drug court clients. Studies have shown that the utilization of jail as a sanction is not effective or cost-efficient. The use of harsh sanctions for therapeutic violations, such as positive drug screens, is not consistent with recommended therapeutic methods. Jail time also interrupts treatment, interferes with jobs and/or school, and removes individuals from their families. The use of jail is also one of the most costly sanctions available and therefore overuse of jail as a sanction reduces the cost effectiveness of drug court.

**IN ARKANSAS:** Currently, in Arkansas, almost all drug courts utilize jail as a sanction. Not only is jail time being utilized by a large number of courts, these courts utilize jail time often and impose long stays. Drug courts reported jail time ranging from twenty-four hours to fourteen days for a participant's first sanction. Similarly, Arkansas drug courts are imposing seven to thirty days in jail for a participant's final offense prior to program termination. Actions warranting sanctions range from positive drug tests, arriving late for hearings or meetings, being untruthful, an unexcused absence, or not completing assigned homework. Below is a depiction of the percentage of Arkansas drug courts that utilize a variety of sanctions.



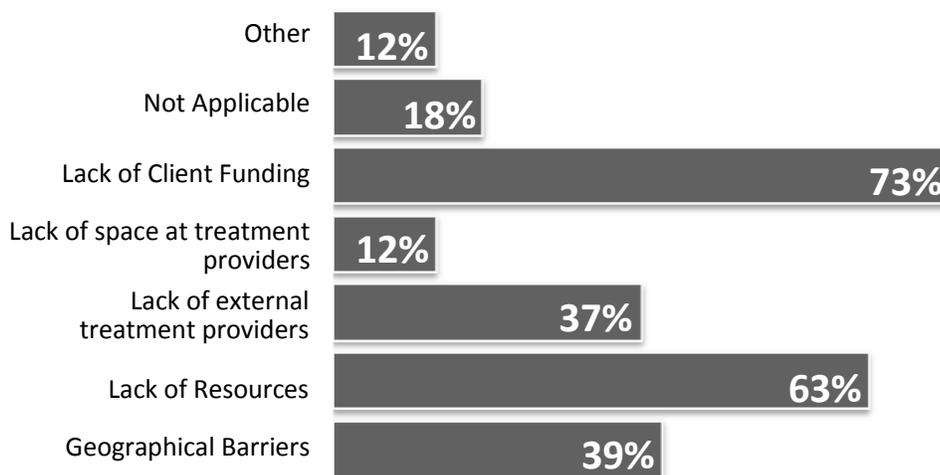
**RECOMMENDATIONS:** Reduce the utilization of jail time as a sanction, especially for treatment related violations.

## IMPROVE THE USE OF EXTERNAL SUBSTANCE ABUSE TREATMENT

**EXTERNAL SUBSTANCE ABUSE TREATMENT:** Drug courts incorporate different levels of substance abuse treatment into their daily operations through client interaction with probation officers or counselors, drug screening, and self-help groups. Drug courts also contract with external substance abuse treatment providers to facilitate additional services, such as residential, outpatient, and detoxification.

**RESEARCH SHOWS:** Many drug court clients need more intensive substance abuse treatment services than those provided by the drug court team. It has been shown that providing access to an array of services reduces recidivism in drug court clients. Studies have shown that a variety of treatment modalities (e.g. outpatient, intensive outpatient, residential) can reduce recidivism up to thirty-four percent. A similar study shows that drug court participants who attend more treatment are less likely to be rearrested.

**IN ARKANSAS:** Drug court participants have access to drug screening, group counseling, and self-help meetings in the community through the drug court programming. To receive services beyond those, participants must work with an outside provider. While most Arkansas drug courts partner with outside providers, access to treatment is limited by lack of client funding, lack of resources, and geographical barriers. Below is a depiction of the percentage of courts that face the following barriers to providing external treatment to their clients.



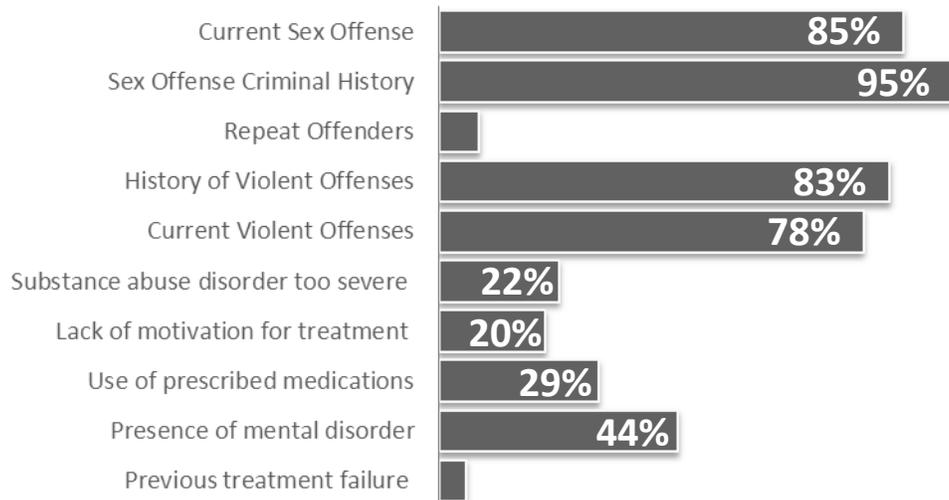
**RECOMMENDATIONS:** Increase access to and improve the utilization of external substance treatment.

## EXPAND ELIGIBILITY TO HIGH-RISK OFFENDERS

**HIGH-RISK OFFENDERS:** High-risk offenders are individuals with a high likelihood of substance abuse relapse or criminal recidivism due to the severe nature of their substance abuse and/or mental health disorders, criminal history, or seriousness of offense etc.

**RESEARCH SHOWS:** While it is common for drug courts to focus on low-risk offenders, targeting high risk offenders for drug court services is believed to be more effective and cost-efficient. In the long run, treating high-risk offenders will reduce the use of taxpayers' dollars and have a greater positive impact on the individual's life and therefore the community. Due to a high-risk offender's greater propensity for recidivism and relapse, if the underlying substance abuse is not treated they will use more taxpayers dollars in costs of law enforcement, incarceration, and substance abuse treatment than a low risk offender.

**IN ARKANSAS:** Currently, Arkansas drug courts tend to serve lower risk offenders. Due to current state policy, drug courts are unable to serve individuals who have committed a sexual or violent offense. Additionally, 44 percent do not allow individuals with mental health disorders and 22 percent do not allow individuals with substance abuse disorders deemed too severe for available treatment. Below is a depiction of the percentage of drug courts that use the following criteria to exclude individuals from participation.



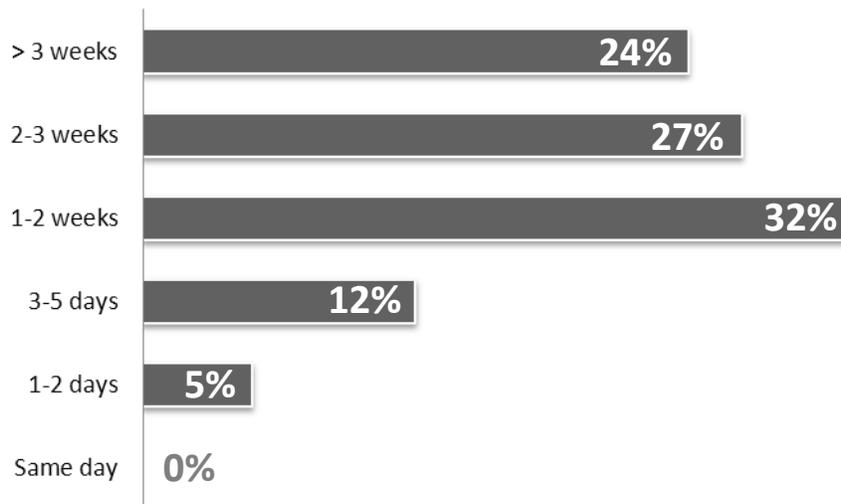
**RECOMMENDATIONS:** Expand eligibility to allow for the enrollment of high-risk offenders.

## FACILITATE RAPID PROGRAM ENGAGEMENT

**PROGRAM ENGAGEMENT:** For drug courts, there is a period of time that passes between determining that a client is eligible for drug court and actual client enrollment and availability of treatment.

**RESEARCH SHOWS:** The criminal justice intake process can be tedious and drawn out. Identification, assessment, screening, and eventual drug court placement can be a lengthy process if not strategically planned. Lengthy processing can be detrimental to the drug-involved individual's progress. It has been shown that the period immediately after an arrest provides a critical window of opportunity for intervening and introducing the value of alcohol and drug treatment. Therefore, rapid initial engagement in drug court programming strongly predicts success. Participants who attend treatment soon after enrollment in drug court are more likely to be retained and have positive long-term outcomes.

**IN ARKANSAS:** The majority of drug courts across the state of Arkansas take longer than two weeks after determining a defendant as potentially eligible for drug court until they begin participation in drug court services and/or hearings. This does not include the time after arrest until a defendant is identified as eligible for drug court. Therefore, individuals in need are waiting to receive needed services; services that would be more effective if accessible earlier in the process. Below is a depiction of amount of time that passes between the identification of individuals as eligible for drug court in Arkansas and enrollment in terms of percentage of courts.



**RECOMMENDATIONS:** Increase the efficiency and timeliness of the eligibility and enrollment process.

# DRUG COURT PRACTICES

This section summarizes findings from multiple drug court evaluations regarding specific drug court practices. The format is based on “Defining Drug Courts: The Key Components” a publication released in 1997 by the National Association of Drug Court Professionals (NADCP) in conjunction with the Drug Court Program Office at the United States Department of Justice (DOJ) that outlines the ten key components that define drug courts. Over the past decade, this list of ten key components has served as a guideline for drug courts across the country. Therefore, this report examines each of the ten suggested practices through the presentation and synthesis of findings from drug court evaluations. This includes discussion on the effectiveness of variations of each practice. The ten components are listed below with a brief description and summary of their effectiveness:

***1) Drug courts integrate alcohol and other drug treatment services with justice system case processing.***

The benchmark practice of drug courts is the integration of substance abuse treatment in to the traditional court scheme. It has been shown that treatment not only reduces drug use, but reduces criminal recidivism as well. High implementation of treatment services within a drug court context has also been shown to reduce criminal recidivism. One highlighted study shows that drug court participants who attend more treatment are less likely to be rearrested.

***2) Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.***

Different drug courts follow different practices relating to modality, provider, and length of treatment. Diverse services should be made available to meet the diverse needs of the clientele. It was shown that long-term residential treatment reduced recidivism by 34 percent, short-term inpatient by 19 percent, outpatient methadone by 20 percent and outpatient drug free by 30 percent.

***3) Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.***

Drug courts ideally utilize a team approach where the judge, defense counsel, prosecutor, treatment providers, law enforcement officer, and the case manager work together with the participant from the time of enrollment until graduation. These multidisciplinary team members are able to bring different skill and knowledge sets to the table in order to help the participant graduate.

***4) Eligible participants are identified early and promptly placed in the drug court program.***

Multiple variables are considered when making placement decisions. Most adult drug courts serve nonviolent offenders with a limited criminal history who have been charged with or convicted of a drug-related offense whom are considered midrange risk. Yet, it has been shown that there is a greater societal benefit from serving high-risk clients although the use of more addictive or harder drugs, such as crack cocaine, cocaine, and heroin, increases the possibility of a participant’s failure.

**5) *Abstinence is monitored by frequent alcohol and other drug testing.***

Drug tests are used to determine participants' compliance and as a basis for determining a participant's progress and determine sanctions and rewards. The most effective drug courts perform urine drug tests at least twice per week during the first phase of the program then reduce the frequency as the participant progresses. Therefore, the time discrepancy between testing and available results affects the immediacy of sanctions, which in turn affects the outcomes of the drug court.

**6) *A coordinated strategy governs drug court responses to participants' compliance.***

Sanctions and incentives are utilized as a means to motivate clients to complete treatment and the drug court program. In general, the use of sanctions has been found to lead to fewer rearrests after program completion. It has been shown that the use of gradually escalating sanctions for infractions improves the outcomes of drug offenders participating in drug courts. Similarly, the immediacy of implementing sanctions has been shown to improve graduation rates.

**7) *Ongoing judicial interaction with each drug court participant is essential.***

Although drug courts utilize a multidisciplinary team approach, the role of the judge is perhaps the most important. Judicial status hearings typically consist of a review of the participant's progress, including drug testing results, the administration of sanctions or rewards, and a discussion of future plans. During the first phase of drug court, it is recommended that judges hold bi-weekly hearings and slowly reduce the number of hearings, but should not hold less than one per month.

**8) *Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.***

Continual monitoring and evaluation of drug court processes and outcomes are critical for providing accountability to funders, ensuring long-term positive outcomes, and using feedback to adjust programming. Currently, due to the young age of drug courts and the difficult nature of evaluating certain outcomes of these programs, scientific literature regarding drug court outcomes is lacking. Adding to the pool of scientific data and literature would escalate the capacity for more drug courts to draw on evidence based practices and if the outcomes were positive would lead to more funding for drug courts as well.

**9) *Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.***

Drug courts utilize multidisciplinary techniques and utilize staff from the field of substance abuse treatment and criminal justice. Therefore, interdisciplinary and specialized training for drug court staff is necessary to ensure drug courts practices are being delivered effectively and efficiently. Although providing training comes with a higher investment, training members of the drug court team results in higher graduation rates and improvement in outcome costs.

***10) Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.***

Developing community partnerships goes a step beyond forming a non-adversarial team, as discussed earlier, and looks to form collaboration and incorporate community organizations beyond those focused on rehabilitating drug court participants. Although this practice is implemented by many courts, there is limited data available that examines the effects of implementation of this component.

## The Key Components

In 1997, the National Association of Drug Court Professionals (NADCP) in conjunction with the Drug Court Program Office at the U.S. Department of Justice (DOJ) released a publication outlining the ten key components that define drug courts. (National Association of Drug Court Professionals, *Defining Drug Courts: The Key Components*) Over the past decade, this list of ten key components has served as a guideline for drug courts across the country. Yet, regardless of these recommendations, each drug court system has autonomy over chosen practices that dictate how they serve their clients. (Rempel, Fox-Kralstein and Cissner 285) Most drug courts operate within this suggested model, but vary on the detailed logistics. “The design of each drug court is a function of the unique set of circumstances that exists within each jurisdiction- the characteristics of the drug-involved criminal justice population being served, the available resources of the community to support the existence and operation of a drug court, and the unique characteristics of the judge.” (Burdon, Roll and Prendergast) The following are descriptions of the ten key components as outlined by the NADCP and the DOJ in 1997, along with the rationale behind utilizing said practice, the effectiveness of the practice, and utilized variations of the practice.

## TREATMENT

The incorporation of substance abuse treatment is a benchmark of drug court programs. Two of the ten key components address the necessity to integrate treatment and the best practices for doing so:

*“Drug courts integrate alcohol and other drug treatment services with justice system case processing.”*

*“Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.”*

Following therapeutic jurisprudence theory, “drug-addicted offenders are not considered blameworthy, but ‘sick’ and in need of treatment. This follows in the tradition set forth by the U.S. Supreme Court, which ruled that drug addiction is not illegal based on the case *Robinson v California* (1962). The drug court practice of *treating* the addiction rather than *punishing* the addiction is constructive and clearly aligns with therapeutic jurisprudence theory.” (Senjo and Leip 5)

Different drug courts follow different practices relating to modality, providers, and length of treatment. Treatment modality ranges from long-term residential inpatient treatment to basic outpatient treatment. The available modalities are based on the treatment provider or providers that are contracted with the drug court and the economic capacity of the drug court. Treatment providers are often supported by the state government, which fuels a more natural partnership and may allow for economic flexibility.

As outlined by the NADCP, treatment prescribed through drug courts is often a multiphase treatment process, typically divided into the following phases:

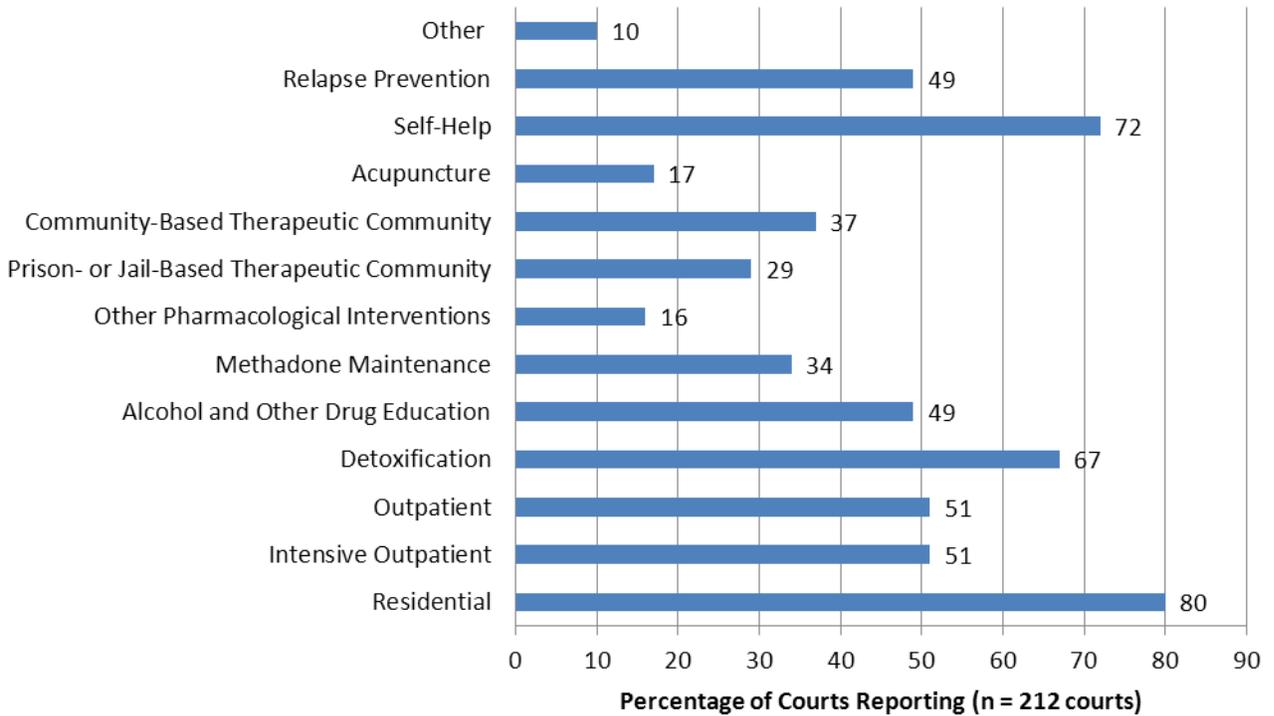
- **Stabilization or Motivation Phase:** may include a period of detoxification, initial treatment assessment, education, and screening for other needs
- **Intensive Treatment Phase:** involves individual and group counseling and other core and adjunctive therapies as they are available
- **Transition or Maintenance Phase:** may emphasize social reintegration, employment and education, housing services, and other aftercare activities

Beyond the mere utilization of treatment in drug courts, it is recommended that courts make a myriad of services available to meet the diverse needs of participants. (National Association of Drug Court Professionals, *Defining Drug Courts: The Key Components*) “...(P)rograms addressing multiple client needs are in fact preferred in that they may be more effective in reducing substance abuse and criminal behavior...” (Anspach and Ferguson 10-5) An analysis of the Ten Key Components, as laid out by the National Association of Drug Court Professionals, conducted a comparative study of eighteen adult drug courts and outlined the following as treatment practices that fall under the need to provide access to a continuum of services:

- Group drug and/or alcohol counseling
- Treatment through a series of phases
- Required participation in support or self-help groups (e.g., AA, NA)
- Formal partnerships with community agencies
- Additional wrap-around services (not including education/employment services)
- Education and employment services
- Individual counseling
- Aftercare to graduating clients after they exit the program

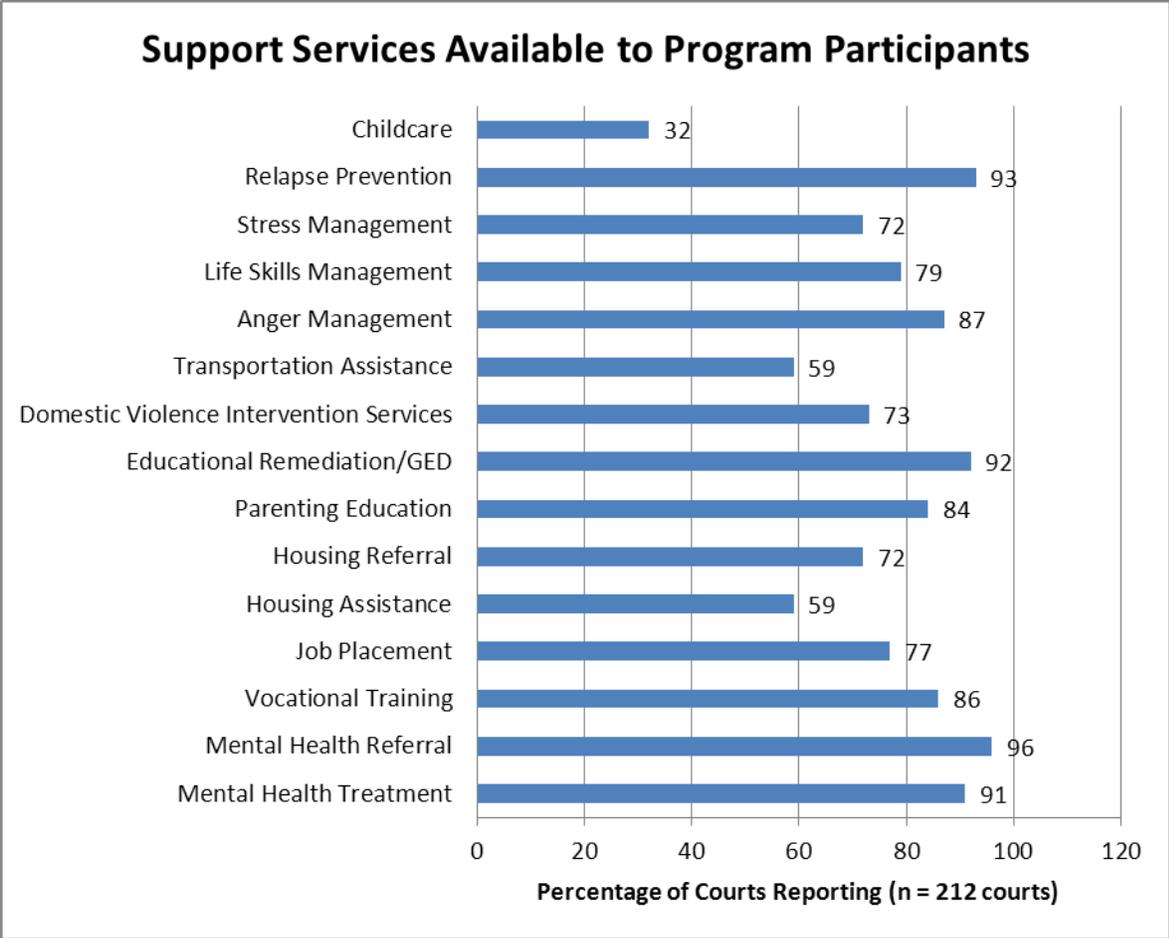
Providing this wide range of services is expensive and therefore drug courts and those who fund drug courts must decide which services are most effective for their constituents. Below is a chart prepared by National TASC that depicts the number of courts that offer particular services to participants.

## Types of Dedicated and External Treatment Programs



Results of 1999 National Drug Court Treatment Survey (National TASC)

There are a wide range of services that can be provided to drug court participants to assist them transition from a life of addiction and crime to a life of sobriety and obedience. These services, such as transportation assistance and job placement, may also help or enable participants to graduate from the program. Below is a chart representing the support services provided by the respondents of a survey distributed to 263 drug courts (with an 81 percent response rate).



Results of 1999 National Drug Court Treatment Survey (National TASC)

### TREATMENT OUTCOMES

Offender access to treatment is typically limited due to the belief that “(r)isks are assumed to be high for most offenders, and the benefits of treatment are assumed to be low.” (United States Department of Justice, *Juvenile Drug Courts: Strategies in Practice*) However, a report that utilized data from the National Survey on Drug Use and Health, Arrestee Drug Abuse Monitoring program, and the Drug Abuse Treatment Outcome Survey found that substance abuse treatment under various modalities substantially reduces criminal recidivism. (Bhati, Roman and Chalfin) It was shown that long-term residential treatment reduced recidivism by 34 percent, short-term inpatient by 19 percent, outpatient methadone by 20 percent and outpatient drug free by 30 percent. (Bhati, Roman and Chalfin) The same report, “To Treat or Not to Treat: Evidence on the Prospects of Expanding Treatment to Drug-Involved Offenders”, using information from the Urban Institute estimated that a high number of crimes are avertable by treating potential clients under inpatient treatment modalities.

	Clients at risk of dependence			Clients at risk of abuse		
	Low	Mean	High	Low	Mean	High
<i>Modality 1: Long Term Residential Treatment</i>						
Drug Offenses	1,012,217,240	1,024,164,494	1,036,111,748	251,410,127	255,738,040	260,065,953
All Non-Drug Offenses	6,967,517	7,048,988	7,130,460	2,800,589	2,860,013	2,919,438
<i>Modality 2: Short Term Inpatient Treatment</i>						
Drug Offenses	669,761,550	679,518,218	689,274,887	162,791,624	166,526,868	170,262,111
All Non-Drug Offenses	3,601,495	3,705,355	3,809,215	1,488,310	1,522,185	1,556,060

Source: Urban Institute Justice Policy Center, "To Treat or Not to Treat: Evidence on the Prospects of Expanding Treatment to Drug-Involved Offenders"

Drug courts represent one of the main ways offenders have access to substance abuse treatment. (Gottfredson, Najaka and Kearley 20) Substance abuse treatment is often at the core of the drug court experience. Many other drug court components revolve around ensuring drug court participants complete treatment and are enrolled in a treatment that is best suitable to them. Some drug courts are even referred to as "Drug Treatment Courts". This is due to research, as shown in the chart above, which shows the high number of crimes that are potentially averted through treatment and the fact that drug treatment reduces recidivism.

High implementation of treatment services within a drug court context has been shown to reduce criminal recidivism. An analysis of the Baltimore City Drug Treatment Court looked at the rearrest rates of 139 participants with varying participation in drug treatment. (Gottfredson, Najaka and Kearley) The study shows that drug court participants who attend more treatment are less likely to be rearrested.

Variability in implementation of the drug court components		
	Mean Arrests	N
<i>Certified Treatment Length</i>		
0 days	3.28	65
1-178 days	1.68	34
179 or more days	1.4	40

Source: Table 6 Gottfredson et al. page 24

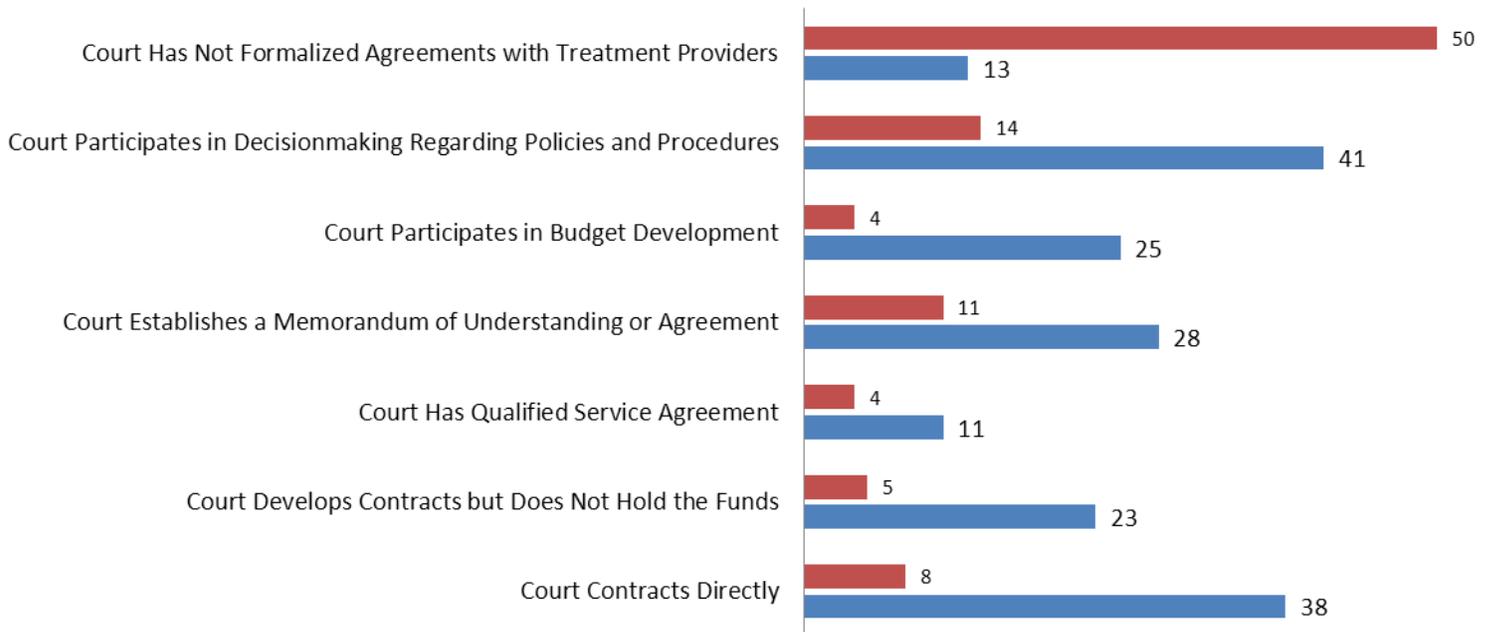
Not all substance abuse treatment is equal in addressing the high needs of drug and criminal involved drug court participants. Many variables must be considered and curtailed to meet the needs of participants. Regardless of the many obstacles to providing effective treatment to drug court participants, "(d)rug courts have the greatest potential to improve treatment outcomes for offenders if they offer good quality treatment services..." (Taxman, Pattavina and Bouffard iii) Therefore, it is worth the effort to consider the different possible approaches to providing rehabilitation for this underserved population.

## ROLE OF TREATMENT PROVIDERS

Evidence shows that providers should not merely provide treatment to participants outside of the courtroom, but should be an integral part of the drug court team. Having a representative from the treatment provider involved in status hearings and team meetings is helpful to ensure the judge is receiving necessary and adequate information regarding the client’s treatment progress and challenges. (Carey, Finigan and Pukstas) “Having a treatment provider at drug court sessions assists communication with the judge and the rest of the drug court team; the provider is immediately available to answer questions brought up between the participant and the team.” (Carey, Finigan and Pukstas 5) The quality of this relationship affects the outcomes of drug court participants. “In general, the form of the relationship that exists between the court and the substance abuse treatment agencies has an important impact on the nature and extent of service delivery” (Anspach and Ferguson 10-3). Immediate input from treatment providers also allows the judge to impart immediate sanctions and rewards based on the participants progress or failures in treatment. This is further discussed in the “Reward and Sanctions” section of this report. In many cases drug courts contract with a community treatment provider and the provider has a minimal relationship with the court. The figure below illustrates the different types of relationships that exist between drug courts and treatment providers. Therefore, the treatment side of the program is underrepresented in judicial hearings and drug court team meetings. This will be further explored in the “Non-adversarial Team” section of this report.

### Drug Court Relationships with Treatment Providers

■ External Programs (n = 212)    ■ Dedicated Programs (n = 162)



Results of 1999 National Drug Court Treatment Survey (National TASC)

## TREATMENT LENGTH

In terms of treatment length, most drug court participants must complete twelve months of treatment in order to graduate from the program. (National TASC) This period is often divided into stages that slowly reduce the intensity of treatment and monitoring if the participant adheres to the requirements of the court, as mentioned previously. Multiple evaluations of program outcomes have pointed to the hypothesis that longer tenure in substance abuse treatment predicts better outcomes for drug court participants. (Marlowe; Gottfredson, Najaka and Kearley; Senjo and Leip; Rempel, Fox-Kralstein and Cissner) This is bolstered by the fact that "...drug courts are proven to retain offenders in treatment considerably longer than most other correctional programs." (Marlowe 7) After an extensive evaluation of New York State Drug Courts and a thorough literature review, the Center for Court Innovation hypothesized that: "More total time in treatment predicts positive post-treatment outcomes. Also, failures remaining in the program for longer than ninety days are predicted to recidivate at a lower level than those failing prior to ninety days." (Rempel, Fox-Kralstein and Cissner 96)

## STANDARDS OF TREATMENT

Along with meshing with the judicial practices of the drug court, it is essential that the treatment provided through drug courts follow standards developed in the scientific and medical world for treatment. It has been found that drug courts do follow national standards of effectiveness for drug and alcohol treatment. (National TASC) It has been shown that the quality and length of provided or prescribed treatment affects the participant's success. (Marlowe, The Facts on Adult Drug Courts)

A report published by the Drug Courts Program Office suggests that drug court participants may benefit from developing particular standards of treatment for drug court participants due to their criminal behavior. (National TASC 69) This is due to the perceived need to confront criminal thinking patterns and an increase need to teach life skills, such as problem solving and pro-social values. (National TASC)

## CLEAR REQUIREMENTS

It has been noted that clearly outlining treatment requirements, mainly frequency requirements, not only lowers investment costs, but also raises graduation rates. (Carey, Finigan and Pukstas 11) "Clear requirements of this type may make compliance with program goals easier for program participants and also make it easier for program staff to determine if participants have been compliant." (Carey, Finigan and Pukstas 11)

## NON-ADVERSARIAL TEAM APPROACH

In traditional court scenarios, defense counsel and prosecution play adversarial roles where the defense counsel acts in accordance to the best interests of the defendant, while the prosecution acts with public safety in mind. In a drug court, these goals are meant to be aligned so all parties are working towards the same goal of facilitating sobriety as a means to create safer communities.

*"Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights."*

Drug courts ideally utilize a team approach where the judge, defense counsel, prosecutor, treatment providers, law enforcement officer, and the case manager work together with the participant from the time of enrollment until graduation. (Marlowe; Senjo and Leip) These multidisciplinary team members are able to bring different skill and knowledge sets to the table in the name of helping the participant graduate.

## NON-ADVERSARIAL TEAM APPROACH OUTCOMES

The judge typically plays a central role in the team and with the participant. In a comparative study of eighteen adult drug courts, it was found that when any of these professional disciplines were regularly absent from team discussions, the program tended to have outcomes that were approximately 50 percent less favorable. (Carey, Finigan and Pukstas) Specifically, when law enforcement officers and treatment providers are an engaged member of the drug court team, drug courts see 88 percent and 100 percent reductions in recidivism, respectively, in comparison to traditional criminal justice system. (Carey, Mackin and Finigan) Additionally, courts typically see cost savings when more key players are engaged in the drug court team. For example, when drug courts have a representative from treatment at court sessions they experience an 81 percent increase in cost savings, a 64 percent increase when law enforcement attends, and a 93 percent increase when the defense attorney attends. (Carey, Mackin and Finigan)

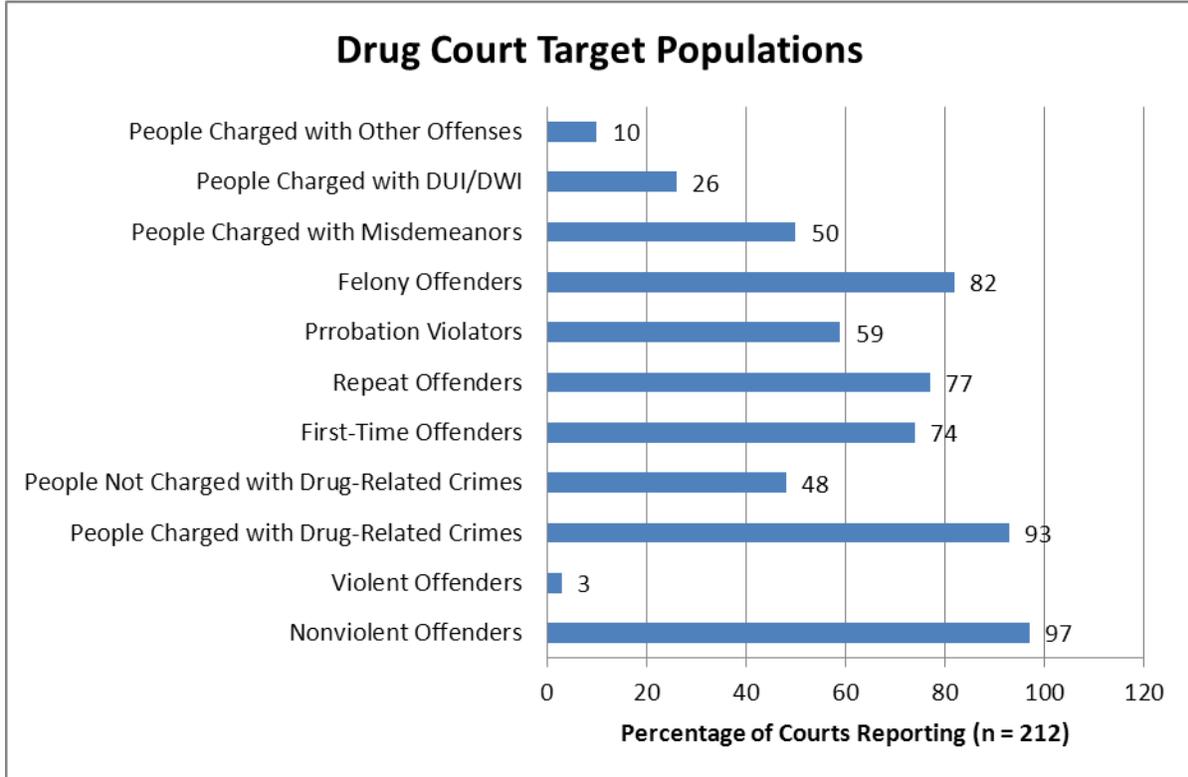
## ELIGIBILITY

An impactful consideration for courts to make is which clients the courts should serve or their target audience. This should be based on empirical evidence regarding effectiveness when serving clients with different characteristics with the goal of increasing efficiency and furthering the overall goal of reducing crime and drug abuse and increasing public safety.

*“Eligible participants are identified early and promptly placed in the drug court program.”*

Determining eligibility is or should be a multi-stage process. It is recommended that potential drug court candidates are screened to determine if they fit the basic criteria, such as legal and substance abuse criteria, which will be discussed further later in this section. Following screening of potential participants, it is common practice for those eligible to be thoroughly assessed by a treatment specialist to determine if placement in drug court is appropriate and to assist in determining the best plan of action for treatment.

There are particular legal criteria in play in this decision. While some drug courts only allow participants who committed a drug offense, such as possession, others will admit those who have committed a crime fueled by drugs, such as robbery or disorderly conduct. The severity of the crime should also be considered, some courts only allow either misdemeanors or felonies. Violent offenders are often not eligible for drug court participation. Below is a chart displaying the percentage of courts that serve particular sub-populations. (National TASC)



The status of the participant’s plea or charges is also considered. There are two types of drug courts when it comes to this matter.

*Post-adjudication* courts usually necessitate the defendant agreeing to a plea before admittance to drug court. Some of these impose a suspended sentence, meaning that if the individual fails drug court this sentence will automatically be carried out. One study showed that only admitting post-plea or post-conviction offenders had a negative effect on graduation rates and necessitated a higher investment cost. (Carey, Finigan and Pukstas) Fifty-nine percent of adult drug courts serve post-adjudication clients, while 19 percent serve both pre-adjudication and post-plea participants. (Casebolt , Marlowe and Huddleston III)

There are also *pre-adjudication* drug courts. These drug courts do not necessitate a plea agreement prior to admittance. Therefore, the clients of pre-adjudication drug courts have not been found guilty of a crime. The first wave of adult drug courts were pre-adjudication courts and today only 7 percent of adult drug courts follow this model. (Casebolt , Marlowe and Huddleston III) Altogether, 78 percent of all adult drug courts are available to individuals post plea or on probation. (Casebolt , Marlowe and Huddleston III)

Some courts also review the individual’s criminal record before acceptance in to the program. If the individual has a history of violent crimes or sex crimes, they may not be allowed to participate. There is also an assessment of the individual’s drug use and history. Many courts consider the level of addiction

or use of drugs or alcohol by the individual as this may affect the effectiveness of drug court and will be considered in the determination of the type of treatment to prescribe.

Defendants also must show a willingness to participate in the program. Most courts rely on defendant's requesting to participate in the drug court program. This is due to the opportunity to avoid incarceration and a criminal record.

## IMMEDIATE PLACEMENT AND ENGAGEMENT

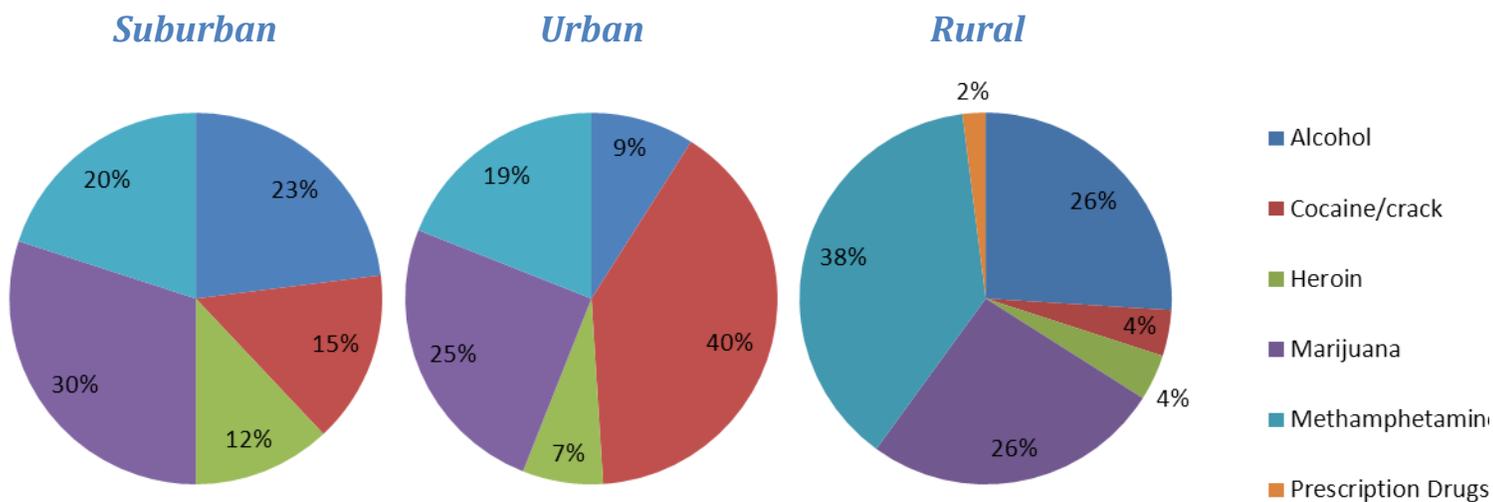
The criminal justice intake process can be tedious and drawn out. Identification, assessment, screening, and eventual drug court placement can be a lengthy process if not strategically planned. Lengthy processing can be detrimental to the drug-involved individual's progress. "The period immediately after an arrest, or after apprehension for a probation violation, provides a critical window of opportunity for intervening and introducing the value of (alcohol and drug) treatment. Judicial action, taken promptly after arrest, capitalizes on the crisis nature of the arrest and booking process." (National Association of Drug Court Professionals, *Defining Drug Courts: The Key Components* 13) Therefore, rapid initial engagement in drug court programming strongly predicts success. (Rempel, Fox-Kralstein and Cissner 99) Participants who attend treatment within thirty days of enrollment in drug court are more likely to be retained and have positive long-term outcomes. (Rempel and DeStefano)

## WHO SHOULD BE ELIGIBLE?

A national survey examining the characteristics of drug court participants generalizes participants as males with poor employment and educational histories, extensive criminal histories and prior failed treatment. (S. Belenko 19) Of the drug court population at the time, 76 percent of drug court participants had prior substance abuse treatment, 74 percent had at least one prior felony, and 50 percent had been previously incarcerated. (S. Belenko 19)

### Substance Abuse

Studies show that a drug court participant's drug of choice affects program retention and graduation, along with post-program criminal and drug recidivism. (S. Belenko 27; Peters, Haas and Murrin) The dominate drug of choice of participants varies by state and location of the drug court. Of the states surveyed, 74 percent of the drug courts reported that cocaine/crack is the primary drug of choice in urban settings, marijuana is the primary drug of choice in suburban settings, and methamphetamine is the drug of choice in rural settings. (Casebolt , Marlowe and Huddleston III 8; S. Belenko) Below is an illustration depicting the primary drug of choice among drug court clients in these three differing settings.



\*These numbers represent the percentage of responding states that ranked each drug as the leading drug of choice among their drug court clients.

\*\*Graphs taken from Casebolt , Marlowe and Huddleston III

The evidence regarding the effectiveness of drug court programming on individuals with varying severities of substance abuse is inconclusive. Some studies show that the use of more addictive or harder drugs, such as crack cocaine, cocaine, and heroin, increases the possibility of a participant’s failure. (Saum, Scarpitti and Robbins; Rempel, Fox-Kralstein and Cissner 98; Peters, Haas and Murrin; Brown) While others show that more serious drug users, those used drugs more before admittance and whose primary drug of choice is not marijuana, respond better to drug court programming. (Kralstein) This can be considered when admitting participants and when designating treatment tracks to participants.

One reason, drug courts were established to combat overcrowded courtrooms by re-routing drug charges. Therefore, drug courts traditionally and typically admit participants charged with drug offenses, including possession of an illegal substance or public intoxication. A study recently completed of over one hundred courts showed that drug courts that allowed non-drug and drug offenses improved their rates of recidivism reduction two-fold. (Carey, Mackin and Finigan)

### Offense Severity and Criminal History

Originally, drug courts were created to handle first time offenders who could be easily and effectively integrated back in to the community in order to leave adequate space for repeat or violent offenders in jails and prisons. (Saum, Scarpitti, & Robbins, 2001) Today, eligibility for drug court participation has changed, but not much. Currently, most adult drug courts serve non-violent offenders with a limited criminal history who have been charged with or committed of a drug-related offense whom are considered midrange risk. (Saum, Scarpitti and Robbins; S. Belenko)

Before continuing this discussion, it is important to define “violent” in terms of offenders and drug court eligibility. In many states, possession of an illegal substance is a non-violent misdemeanor, while selling an illegal substance is a violent felony. (Saum, Scarpitti, & Robbins, 2001) Therefore, drug dealers are considered violent offenders and are often not eligible for drug court participation. Similarly, a burglar

who stole to support a drug habit is also considered a violent offender. Sex offenders are also often ineligible for participation.

Violent offenders are treated differently by the court system for a myriad of reasons, but the main reason is the perception the public holds of them and the on-going political emphasis on maintaining public safety. (Saum, Scarpitti, & Robbins, 2001) This perception and emphasis have funding implications for drug courts. Taxpayers may not want their tax dollars going towards a program that offers an alternative to prison time for violent offenders and it is in the best interest of legislators to not only listen to their constituents, but to be tough on crime and a champion of public safety. In addition to these budgetary constraints, drug court funding is often limited and treatment is costly. Therefore, many drug courts do not have the capacity to serve repeat or violent offenders who often have more severe addictions.

Regardless of drug court history, public perception, and politician's agendas, the question remains: can services provided through drug courts benefit violent or repeat offenders? And if so, will this create a greater long term impact through reducing recidivism and substance abuse in those individuals who are most likely to spend longer periods of time incarcerated, to commit future violent crimes, and to be a risk to the public's safety?

Research shows that expanding treatment to violent offenders should be considered for multiple reasons. First being the main conclusion of a study conducted by the National Center on Addiction and Substance Abuse on the relationship between drugs and crime that reminds us that most violent offenders will one day be released from prison and unfortunately will have a high potential to reoffend if the root of their problems are not addressed.

*While nonviolent drug and alcohol abusers are the likeliest candidates for prompt treatment, perhaps in lieu of incarceration, the revolution in our approach to substance-involved offenders must also engage violent offenders. While substance abusers who are convicted of violent offenses, often alcohol-related, should be incarcerated, treatment of the underlying alcohol or drug problem can reduce the chance of future violent crimes. It does not make sense to ignore the substance abuse problems of the violent criminal because most of them will be released from prison at some point. (Center on Addiction and Substance Abuse, 1998)*

Although incarceration and probation serve some purposes, they have not proven to prevent drug use or crime in the long run. Currently, drug court and treatment facility capacity and resources are limited. Therefore, to promote efficiency, research shows that the clients who will most benefit from the program and who will in turn most benefit society should be served.

## DRUG TESTING

Since the crux of drug court is providing the services and support for criminal and drug-involved participants to get and stay clean, it is important to gauge participant's progress and adherence to the standard of sobriety during the program.

*“Abstinence is monitored by frequent alcohol and other drug testing.”*

Drug courts employ urinalysis drug testing to ensure clients' compliance to the court's expectation of sobriety during participation. Urinalysis drug testing can be the most objective and efficient means for ensuring accountability and gauge progress. (National Association of Drug Court Professionals, Defining Drug Courts: The Key Components 11) Drug testing results also lay the foundation for judges to distribute sanctions or rewards based on the participants compliance to the rules of the courtroom.

## DRUG TESTING OUTCOMES

The frequency of testing has an effect on the client's success and the court's ability to monitor the client's adherence to the court rules. (Carey, Finigan and Pukstas) The most effective drug courts perform urine drug tests at least twice per week during the first phase of the program. (Carey, Finigan and Pukstas) This is due to the rate at which drugs metabolize within the body. Testing too infrequently may allow time for a client to use drugs and evade detection. (Marlowe, The Facts on Adult Drug Courts) Additionally, it has been shown that courts that perform drug tests at least twice per week during the first phase experience significant cost savings. (Carey, Mackin and Finigan) Performing random drug testing is also an effective means to discourage drug use.

The time between administering drug tests and receiving the drug test results also has an impact on the effectiveness of drug courts. As stated, drug tests are used as a basis for determining a participant's progress and determine sanctions and rewards. Therefore, the time discrepancy between testing and available results affects the immediacy of sanctions. This in turn affects the court's graduation rates. (Carey, Finigan and Pukstas 12, 14) Beyond improving graduation rates, speedy test results can also increase cost saving. One study showed that drug courts where drug test results are back in forty-eight hours or less had a 68 percent increase in cost savings. (Carey, Mackin and Finigan)

An evaluation of Baltimore City Drug Treatment Court that utilized an experimental design compared the outcomes of drug court eligible individuals who were randomly assigned to drug court or traditional criminal court. Those assigned to drug court “were significantly more likely than control subjects to have been drug tested” with 86.9 percent of drug court subjects and 40.2 percent of control subjects being tested for drugs during time of supervision. (Gottfredson, Najaka and Kearley 19) The discrepancy between number of drug tests, along with the number of status hearings attended and length of treatment, was pinpointed as one of the main contributors to drug court subject recidivating less post-program. (Gottfredson, Najaka and Kearley 2)

## REWARDS AND SANCTIONS

An attribute that makes drug court different from traditional substance abuse treatment is the judge's ability to impose sanctions for infractions and to reward positive behavior. Sanctions and incentives are utilized as a means to motivate clients to complete treatment and the drug court program. (Burdon, Roll and Prendergast)

*"A coordinated strategy governs drug court responses to participants' compliance."*

The National Association of Drug Court Professionals provides more details for this component than most. The component suggests implementing incremental sanctions for noncompliance due to the difficult transition a drug-addicted individual will face in the first phase of drug court. (National Association of Drug Court Professionals, *Defining Drug Courts: The Key Components* 14) It is recommended that "drug courts recognize that individuals have a tendency to relapse" and that rehabilitative practices should be embraced to assist participants overcome relapses and return to sobriety. (National Association of Drug Court Professionals, *Defining Drug Courts: The Key Components*)

"The therapeutic principle is that drug use must be separate from criminality for treatment to be effective. This philosophy is illustrated by the fact that the drug court tolerates slips in the treatment program, such as a missed court date, because it recognizes that the offender has a problem with drug use. If the drug court simply punished offenders for noncompliance it would be doing nothing different than regular criminal court. Its existence would be unnecessary and it would be anti-therapeutic." (Senjo and Leip) Therefore, the drug court model infuses graduated sanctions, and rewards, that incrementally correct noncompliant behavior, yet allow for missteps without terminating the participant's enrollment.

The need for the imposition of sanctions and rewards is often based on the results of drug tests and commentary provided by the treatment provider on the progress of the participant. These, either positive or negative, consequences are prescribed and enforced by the judge. Possible sanctions include spending days in the jury box observing court proceedings, time in jail, elongated treatment plans, supervised detox, and program dismissal. (Harrell, Cavanaugh and Roman 132)

The main incentive for completing treatment and the drug court process is often referred to as *legal coercion*. This is the client's ability to avoid the mainstream judicial process, which more often than not involves incarceration, a criminal record, and long-term probation or parole by successfully completing drug court. If a drug court participant is not compliant with treatment or drug testing, this incentive can be leveraged as a sanction as the incentive of avoiding traditional judicial consequences can be revoked and the client can then face the possibility of incarceration.

Evaluations have uncovered that although using both sanctions and incentives improves drug court outcomes, sanctions are often utilized and rewards for positive behavior are barely applied. (Burdon, Roll and Prendergast) Incentives usually take the form of applause from the courtroom, encouragement or praise from the judge during a judicial hearing, decreased drug testing or supervision hearings. Participants respond better when tangible rewards with inherent value, are administered more often, and are administered in escalating quantities. (Center for Court Innovation 12)

## OUTCOMES AND BEST PRACTICES FOR SANCTIONS AND REWARDS

In general, the use of sanctions has been found to lead to fewer rearrests after program completion. (Harrell, Cavanaugh and Roman) Yet when these sanctions are implemented strategically and based on the evidence-based practices outlined below, outcomes are even greater.

The results of an evaluation of Maricopa County Drug Court provided a negative, outlying case in terms of outcomes from the use of rewards and sanctions. This study did not show a lower rate of rearrests or recidivism in drug court participants in comparison to those on traditional probation and demonstrated that a well implemented system of sanctions and rewards does not necessarily translate in to improved program outcomes. (Deschenes, Turner and Greenwood 71) Maricopa County drug court participants received more services and a structured system of rewards and sanctions, yet drug court participants did not show improved reintegration. (Deschenes, Turner and Greenwood 71) These results are contrary to most published studies, but should be noted.

### Type of Sanctions

High-risk offenders or those who are less likely to be therapeutically engaged would benefit from treatment-oriented sanctions (such as additional meetings, or altering the treatment phases) instead of expelling them from the program (Taxman, Pattavina and Bouffard 41)

### Schedule of Sanctions

Very rarely does a court follow a documented or planned set of sanctions in response to non-compliance. (Burdon, Roll and Prendergast) More commonly, the judge takes reactive measures to the specific infraction based on the recommendations of other team members and the judge's assessment of participant's specific circumstances. (Burdon, Roll and Prendergast) Yet a study comparing different types of drug court programming held focus groups with participants showed that establishing guidelines and developing mutual understanding and approval between the court and participant is helpful for the participant's progress.

*In the focus group, program participants said that agreeing in advance to the sanctions and the rules for applying penalties gave them a feeling of control and a sense that they were being treated fairly. These defendants knew that they could avoid penalties by not using drugs, and that it was their responsibility to show the judge that they were clean through drug test results. This "contingency contract" between the judge and defendant clearly differentiates these sanctions from penalties that are imposed using rules that are poorly understood or inconsistently enforced. Because the sanctioning rules were simple and clearly explained in advance, defendants in the focus groups viewed the penalties they received as fair.*

Not only can participant outcomes be improved by utilizing a schedule of sanctions, courts that utilize this practice see a 72 percent increase in cost savings as well. (Carey, Mackin and Finigan)

### Graduated Sanctions

The study of drug courts across the state of New York also showed that courts rarely follow a graduated sanctions plan. (Rempel, Fox-Kralstein and Cissner 71) Although a randomized controlled evaluation in

DC showed that the use of gradually escalating sanctions for infractions improves the outcomes of drug offenders participating in drug courts. (Harrell, Cavanaugh and Roman)

### Immediacy of Sanctions

The immediacy of implementing sanctions has been shown to improve graduation rates and cost savings. (Carey, Finigan and Pukstas 14; Carey, Mackin and Finigan) The immediacy of sanction imposition depends on the rate of drug test result processing and the frequency of both judicial hearings and team meetings. When sanctions are imposed immediately in response to a positive drug test, courts see a 100 percent increase in cost savings. (Carey, Mackin and Finigan)

## JUDICIAL MONITORING

Studies repeatedly report that regular judicial status meetings are an essential element to a drug court participant's success.

*“Ongoing judicial interaction with each drug court participant is essential.”*

Although it is recommended that drug courts utilize a multidisciplinary team approach, the role of the judge is vital and perhaps the most significant. (Carey, Finigan and Pukstas) Judicial status hearings typically consist of a review of the participant's progress, including drug testing results, the administering of sanctions or rewards, and a discussion of the participant's plan. Research shows that holding regular status hearings has a positive effect on participant's progress, yet a healthy balance in scheduling needs to be maintained. If hearings are scheduled too often, they may interfere with the participant's ability to attend treatment or find a job. During the first phase, it is recommended that judges hold bi-weekly hearings and slowly reduce the number of hearings, but should not hold less than one per month. (Marlowe, The Facts on Adult Drug Courts)

## JUDICIAL MONITORING OUTCOMES AND BEST PRACTICES

### Judge Assignment

Different courts have different methods, structures, and timeframes for assigning judges to courts. It was found that drug courts with judges who are assigned to or volunteer for drug court for more than two years have improved graduation rates and outcome costs. (Carey, Finigan and Pukstas 16)

### Judicial Monitoring Schedule

The most effective schedule for hearings is no less frequent than bi-weekly meetings for the first few months of the program. (Marlowe, The Facts on Adult Drug Courts) After the first phase of drug court hearings can become less frequent, but should still be held at least once a month to maintain stability in the participant's life and to ensure completion of the intensive periods of treatment. (Marlowe, The Facts on Adult Drug Courts)

### Tailoring Court Supervision

As previously discussed, there can be value added to drug court outcomes when the court serves high-risk or violent offenders. A study completed in 2006 compared the outcomes of high-risk drug court

participants who were on different status hearing schedules. (Marlowe, Festinger and Lee) One group met with the judge every two weeks, while the other attended judicial hearings once every four to six weeks. Those high-risk offenders whom met with the judge once every two weeks fared better than their counterparts did. This shows that high-risk offenders can be successful in drug court if the initial participant assessment can pinpoint these participants, the court is willing to enroll them, and services, like judicial monitoring, can be tailored to meet their needs. This information implies that “(s)carce judicial supervision resources are best targeted to ‘high-risk’ participants.” (Center for Court Innovation 11)

	High-risk		Low Risk	
	Biweekly Schedule	Standard Schedule	Standard Schedule	As Needed**
Rate of Graduation from Treatment Program	75 percent	56 percent	75 percent	72 percent
Average Days of Drug Use in Past 30 Days	8.00	9.51	3.50	4.32
Average Days of Alcohol Intoxication in Past 30 Days	1.40	2.67	2.02	1.30
Graduation rate assessed 12 months after beginning of treatment program; other data collected at 6-month followup *Participants were considered high-risk if they had antisocial personality disorder or previous treatment for drug addiction. **Only scheduled to address serious or repeated infractions of treatment rules.				

As compiled in “High-Risk Drug Offenders Do Better With Close Judicial Supervision” (NIDA Notes)

### Judge Characteristics

One of the largest predictors of a drug courts success is the demeanor of the presiding judge as measured by participants and outside observers. (Carey, Mackin and Finigan; Roman, Yahner and Zweig) Additionally, drug courts where the Judge spends an average of three minutes or more per participant during court status hearings have a forty-three percent reduction in rearrests in comparison to drug courts where judges spend less than three minutes with clients on average. (Carey, Mackin and Finigan)

### Caseloads

The size of drug courts vary depending on the size of the judicial district and the availability of resources for the court. It has been shown that courts with smaller caseloads are typically more successful. (Carey, Mackin and Finigan) A study reflected that if a drug court has less than 125 active participants, the court had 567 percent reductions in recidivism. (Carey, Mackin and Finigan)

## MONITORING AND EVALUATION

Continual monitoring and evaluation of drug court processes and outcomes are critical for providing accountability to funders, ensuring long-term positive outcomes, and using feedback to adjust programming.

*“Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.”*

Monitoring systems to track participants’ progress through the program is recommended by most studies and drug court guidelines. This information can be used to assist the drug court team in

adjusting the individuals' program and treatment to meet their needs. Client history and background, drug testing results, implemented rewards and sanctions, provided treatment, and individual outcomes should be documented and used to alter treatment plans.

In the end, access to information regarding drug court clients and the services they received and their outcomes can be utilized to determine the effectiveness of the program and the areas of the program that can be improved. "Programs that used evaluation feedback and their own internal statistics to modify their program process showed substantial benefit in improved outcome costs." (Carey, Finigan and Pukstas 18) More specifically, drug courts that used program evaluations to make modifications in drug court operations had 85 percent reductions in recidivism. (Carey, Mackin and Finigan)

Keeping records is also important for maintaining accountability to funders and stakeholders. Many grant making institutions require that drug courts provide information regarding their clients and the court's outcomes.

Currently, due to the young age of drug courts and the difficult nature of evaluating certain outcomes of these programs, scientific literature regarding drug court outcomes is lacking. However, if more drug courts kept better records regarding their participants' progress and outcomes, researchers would have more data to draw from, over longer periods. Adding to the pool of scientific data and literature would escalate the capacity for more drug courts to draw on evidence based practices and if the outcomes are positive would lead to more funding for drug courts as well.

## STAFF TRAINING

Ensuring staff have received appropriate training is essential in most, if not every, working environments, especially ones that provide direct services to individuals. This consensus has been reached in terms of drug courts, where this need is elevated due to the interdisciplinary approach drug courts take to meet the needs of their clients.

*"Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations."*

Drug courts utilize multidiscipline techniques and therefore utilize staff from the field of substance abuse treatment and criminal justice. For example, probation officers who are accustomed to working with offenders outside the realm of drug courts or with offenders without substance abuse problems. Similarly, treatment providers may not be accustomed to working with drug-involved individuals who also struggle with criminality. Therefore, interdisciplinary and specialized training for drug court staff is necessary to ensure drug courts practices are being delivered effectively and efficiently. Although providing training comes with a higher investment, training members results in higher graduation rates and improvement in outcome costs. (Carey, Finigan and Pukstas 19)

A survey coordinated by the National TASC highlighted the challenge of clients lacking motivation to enroll in and complete treatment. On the survey, "(d)rug court judges and coordinators ranked improving staff skills to engage and retain drug court participants in treatment as the most needed improvement in the court's treatment component."

## COMMUNITY PARTNERSHIPS

Developing community partnerships goes a step beyond forming a non-adversarial team, as discussed earlier, and looks to form collaboration and incorporate outside organizations in the process of rehabilitating drug court participants. This includes incorporating representatives from community agencies, law enforcement, probation department, and policy steering committees.

*“Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.”*

*In comparison to the remaining drug court components, there is little to no information specific to the importance or outcomes of forging community partnerships. Yet developing stakeholder relationships and casting the services net broader allows for participants to gain access to more services and ease the transition away from a life of crime and drugs. Forming these coalitions with external stakeholders also increases community visibility and awareness of the drug court concept. (National Association of Drug Court Professionals, Defining Drug Courts: The Key Components 23)*

# Drug Court Outcomes

*In the following section, the report explores the effectiveness of drug courts, by summarizing the research on drug court outcomes. While reducing recidivism is the most commonly studied drug court outcome, we summarize the research on multiple performance measures. Participant demographic variability and the methodological barriers to assessing drug court effectiveness are also addressed to paint a complete picture of our current knowledge about drug court outcomes.*

## EFFECTIVENESS

### CRIMINAL RECIDIVISM

The majority of studies suggest that drug courts have positive impacts on recidivism, though they vary in terms of the magnitude of the impact. Most studies show a four to twenty-eight percentage point differential favoring drug court graduates when compared to the recidivism rates of a comparison group. (Gottfredson, Najaka and Kearley; Brewster; Bavon; Truitt; Rempel and DeStefano; Harrell, Cavanaugh and Roman; Shaffer, Listwan and Latessa; Kralstein) Participants who receive more services, including testing, judicial monitoring, probation supervision, are re-arrested less. (Gottfredson, Najaka and Kearley)

### PROGRAM GRADUATION

Graduation rates for drug courts typically range from nineteen to forty-seven percent. (Gottfredson, Najaka and Kearley; Harrell, Cavanaugh and Roman; Deschenes, Turner and Greenwood) Graduation is a strong indicator of participant's long-term success. (Rempel, Fox-Kralstein and Cissner)

### SUBSTANCE USE IN-PROGRAM/POST-PROGRAM

The reported rates of positive in-program drug testing range from two to seventy-one percent and is therefore do not provide conclusive evidence of the effectiveness of drug courts in deterring substance use. (Rempel, Fox-Kralstein and Cissner; Brewster; Deschenes, Turner and Greenwood) Although the variability is high, multiple studies show reduced rates of positive drug testing while enrolled in drug court programming. (Harrell, Cavanaugh and Roman; Kralstein) In addition, these percentages include participants who had one positive drug test through the entirety of the program. Less is known about the impact of drug court participation on post-program substance use, but some suggest it has positive influences. (Kralstein) Most courts do not have long term monitoring systems, and are unable to track substance abuse after drug court graduation. Further, most have focused on criminal recidivism as their primary indicator of effectiveness.

### ACCESS TO TREATMENT

There is evidence to suggest that drug courts increase access to treatment for offenders, as over seventy percent of participants receiving treatment or counseling of some sort. (Gottfredson, Najaka and

Kearley; Deschenes, Turner and Greenwood) However, drug courts do not necessary increase access to inpatient drug treatment services. (Deschenes, Turner and Greenwood)

## EMPLOYMENT

Although few studies have considered the effect of drug court programming on employment, one has shown that drug court graduates are significantly more likely to be employed at time of graduation in comparison to the time of intake. (Rempel, Fox-Kralstein and Cissner)

## COST

Drug courts that are able to quantify the cost benefit of implementing and maintaining drug courts report that drug court programming can save up to \$397,114 per year. (Fluellen and Trone, Do Drug Courts Save Jail and Prison Beds?) For example, it was estimated that the state of Washington is capable of saving \$4,900 in criminal justice costs for each participant enrolled drug court. (Washington State Institute for Public Policy) This is mainly due to the decrease in pretrial detention and overall reduction in the number of necessary beds in jails and prisons.

## PSYCHOSOCIAL FUNCTIONING

One evaluation shows that participation in drug court for more than three months lowers anxiety, and the propensity to engage in risky behaviors. Participants also scored higher on social conformity scales and reported more personal progress. (Taxman, Pattavina and Bouffard) However, this has not been a primary outcome of interest in most studies of drug courts and further study is needed.

# Demographic Variables

## GENDER

Several studies have examined gender differences in success in drug courts with inconsistent results. Some studies suggest that women's addictions are more multi-faceted and require treatment that is more intensive and therefore men fare better than women do. (Saum, Scarpitti and Robbins) While at the same time, other evaluations show no difference between the genders and others show women having higher rates of graduation. (Sechrest and Shicor; Brewster) Therefore, there is no clear evidence to suggest that whether men or women fare better in drug court programs.

## RACE AND ETHNICITY

The findings on the effects of race and ethnicity on drug court outcomes are also mixed. (Saum, Scarpitti and Robbins; Sechrest and Shicor; Anspach and Ferguson; Senjo and Leip; Brewster) Some studies say African-American participants graduate at higher rates and recidivate less than their Caucasian counterparts, while others highlight the opposite. This difference is most likely caused by undocumented, unnoticed, or unintentional program adaptations to differing cultural, racial, or ethnic needs.

## AGE

Multiple studies point to the fact the older adults benefit more from drug court programming. (Saum, Scarpitti and Robbins; Rempel, Fox-Kralstein and Cissner) Age was consistently a predictor of success for participants. Evaluators have hypothesized multiple reasons for this, including maturity, drug usage, or stage of drug addiction, responsibilities, employment, education level, and transportation access.

## METHODOLOGICAL BARRIERS

### COMPARISON GROUPS

Random assignment studies (the 'gold standard' in research) are rare as identifying true comparison groups for drug court participants is difficult due to the eligibility requirements for drug court participants and the individual variables. Often, eligible offenders who opt-out of drug court participation are utilized for a comparison group; this presents comparison difficulties due to differing levels of motivation. Similarly, drug court graduates and drop-outs are sometimes compared, although we know that the two groups are inherently different.

### TIME

Drug courts were established in the early 1990s and did not receive attention from the criminal justice or substance abuse community until the early 2000s. Therefore, there are few long-term studies available for evaluation.

### SUBSTANCE ABUSE

As mentioned above, drug court evaluations lack consensus on the effect of drug courts on long-term substance abuse post-graduation. This is due to the lack of and difficulty in capturing post-program data regarding substance abuse relapses.

### LACK OF MONITORING SYSTEMS

Due to budgetary constraints and individual court variables, many drug courts lack access to appropriate information systems to record and monitor the effectiveness of their programming.

### VARIATIONS IN COURTS

There is considerable variability in approach in the courts that have been studied, which makes it more difficult to determine whether drug courts in general are effective, and more specifically, which drug court practices are effective.

# ACKNOWLEDGEMENTS

This report is the result of a tremendous amount of time, energy, and, most importantly, collaboration. The Closing the Addiction Treatment Gap team and the Arkansas Department of Human Services were the impetus for this report and provided tremendous support to ensure its completion. A special thanks goes to the Arkansas Department of Community Corrections and Arkansas Administrative Office of the Courts for collaborating with Closing the Addiction Treatment Gap to assist in information gathering. Julie Meyer of the Arkansas Department of Human Services was the main author and compiler of this report. Nikki Burrow of the University of Arkansas for Medical Sciences Department of Family and Preventive Medicine was a significant contributor to the report as an author and editor.

# APPENDIX

## ARKANSAS DRUG COURT SURVEY RESULTS

The CATG team in Arkansas has utilized an array of strategies to increase resources for Arkansans in need of treatment. In 2010, the CATG team sought to learn more about the role of drug courts in increasing access to addiction treatment services. First, a DHS Fellow of Public Service completed a comprehensive review of the national literature on drug courts for the CATG team, with a focus on summarizing drug court evaluation results and highlighting specific practices believed to make drug courts more effective. With the goal of gaining a better understanding of the current status of drug courts in Arkansas, the CATG in Arkansas team collaborated with the Arkansas Department of Community Correction (DCC) and the Arkansas Administrative Offices of the Courts (AOC) to conduct a statewide survey to identify current and applied practices in local drug courts. The results of this survey are reflected in the following document. This information has allowed the CATG Change Team and other partners and stakeholders to identify and describe successes and variations in drug court implementation across the state and highlight opportunities for growth and potential for the adoption of specific practices that have been successfully applied in other states.

## METHODOLOGY

### Design

Julie Meyer of the Arkansas Department of Human Services and Nicola Conners-Burrow of University of Arkansas for Medical Services devised a survey comprised of thirty-eight questions regarding various aspects of court and client operations to distribute to drug court staff. Multiple stakeholders, including representative of the Arkansas Department of Community Correction, Administrative Offices of the Courts, and the Arkansas Department of Human Services were consulted throughout the design process.

### Distribution

Prior to distribution, the Administrative Office of the Courts notified the judges of all forty-one drug courts that the survey was being conducted and that the survey was supported by their office. The survey was then distributed by the Arkansas Department of Community Correction to their staff members in each drug court. The survey was available to take online and available to print and mail or fax back.

This was a one-time survey and took less than thirty minutes to complete. Survey response was voluntary and there were no punitive actions taken if a drug court chose not to respond. Responses will be associated with each individual court, but will not be attached to the individual respondent. Therefore, the respondents' identities will be anonymous. The collected information will be summarized for use by the CATG in Arkansas team and will be shared with the Arkansas Department of Community Correction and Administrative Offices of the Courts for their internal use. At the request of an individual drug court, a summary of the survey results will be provided.

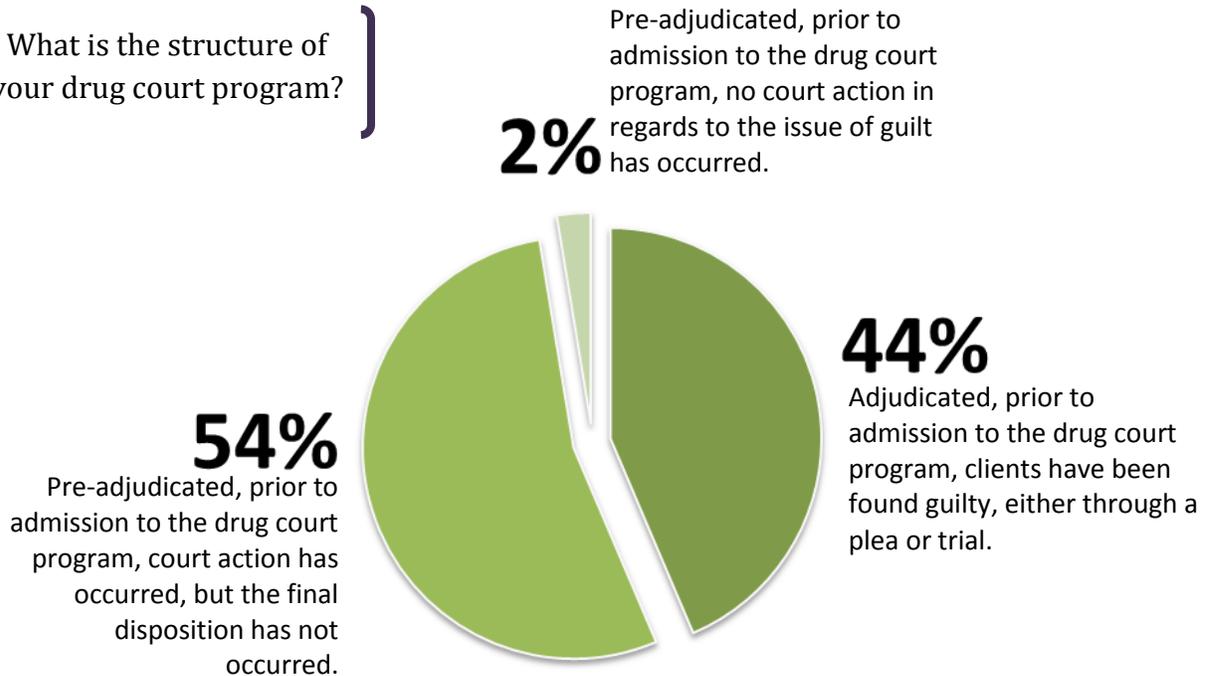
## Data Compilation

In some instances, multiple responses were received from the same court. In these instances, the survey responses were combined. Since multiple question formats were utilized, there were different protocols for combining answers for different questions. If the answer was numerical in nature, the responses were averaged. If the question allowed for multiple answers, all responses were recorded. If the answers could not be reconciled, then that question was not answered for that particular court. Therefore, some data sets do not reflect all forty-one courts or a complete data set.

## COURT CHARACTERISTICS

Drug courts across the state of Arkansas are structured in different ways, serve different populations, and operate differently. Below is a brief look at a few characteristics that vary among Arkansas drug courts.

What is the structure of your drug court program?



What is the minimum amount of time a participant must be enrolled in drug court to be eligible for graduation?

9.8 percent or 4 courts require clients to participate in drug courts more than two years

> 2 years

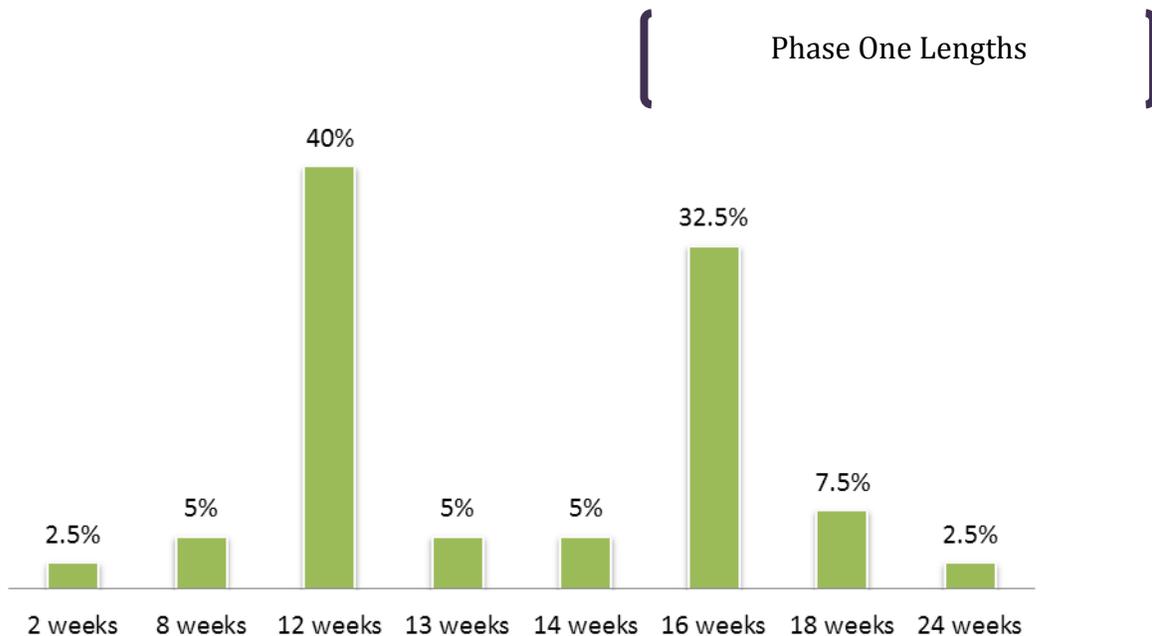
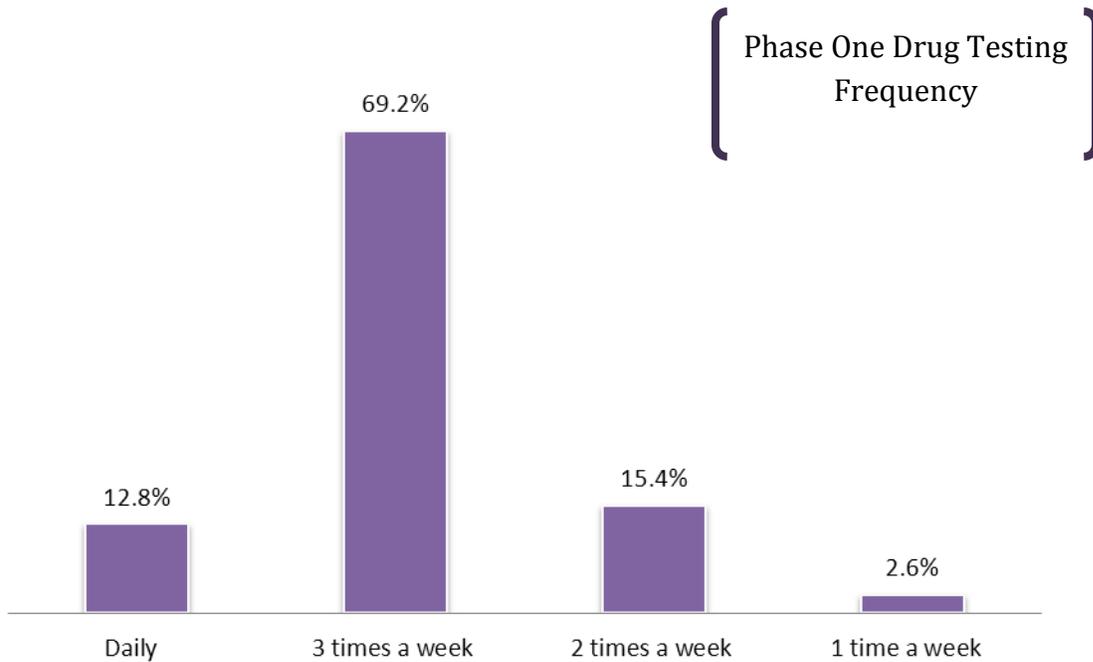


2 years  
22 percent or 9 courts require clients to participate in drug court for a minimum of two years

1 year  
34.1 percent or 14 courts require clients to participate in drug court for a minimum of one year

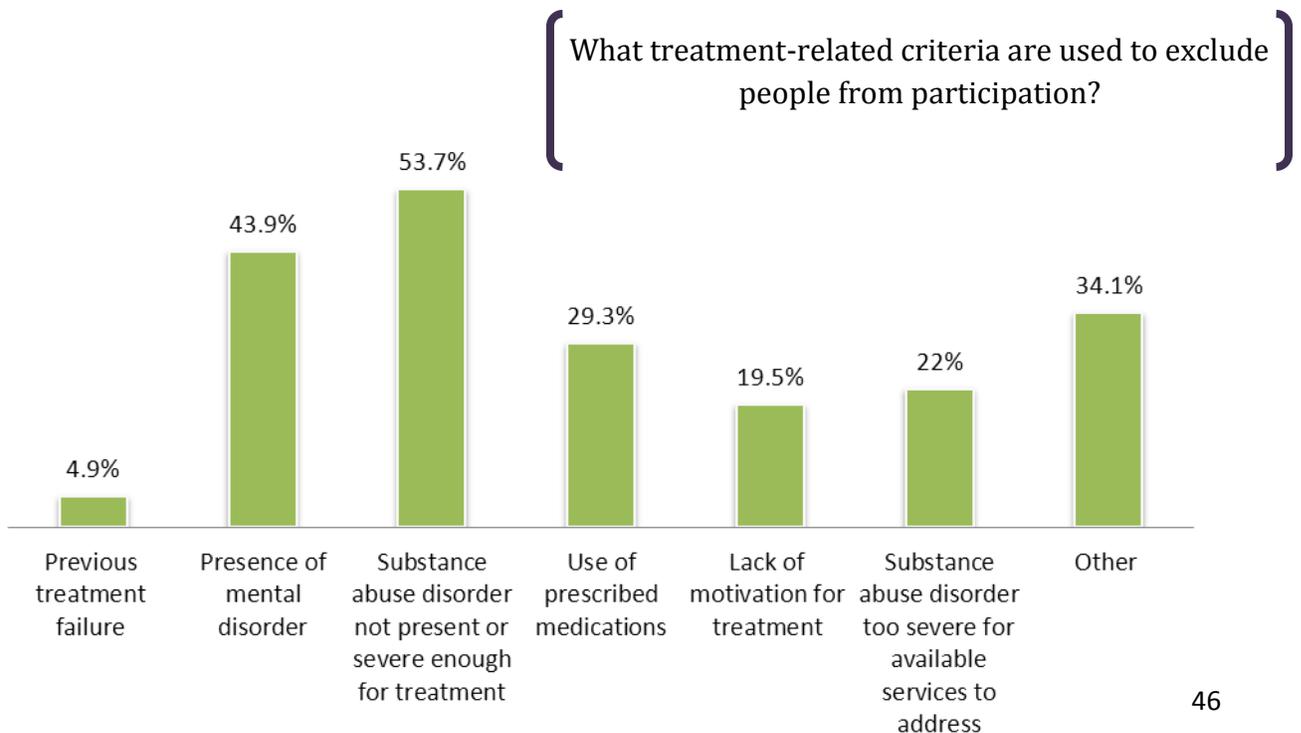
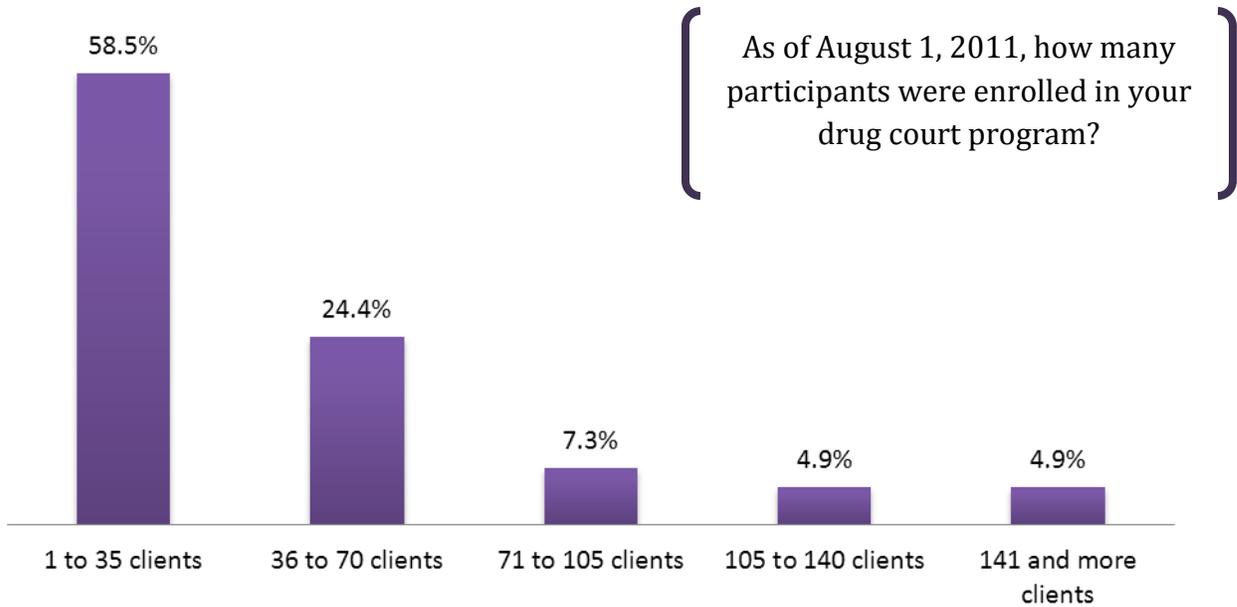
18 months  
34.1 percent or 14 courts require clients to participate in drug court for a minimum of eighteen months

All forty-one Arkansas drug courts reported that their program is divided into three to five phases that differ in terms of client requirements, treatment, and length. There was wide variation in phase lengths and frequency of drug testing in each phase. To illustrate, below is a depiction of the results for the first phase of the programs.

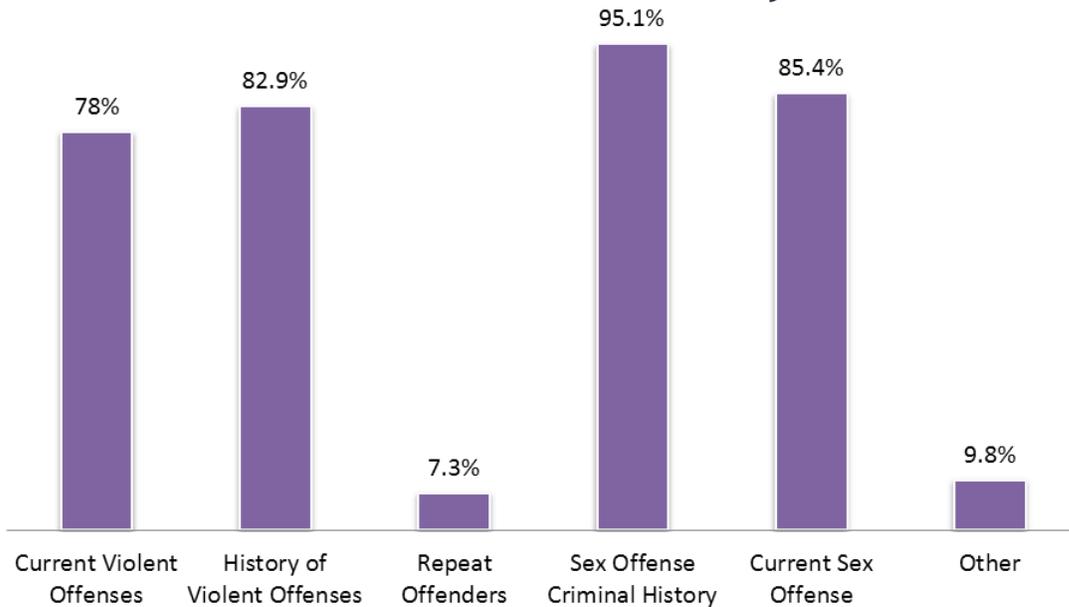


## ELIGIBILITY AND CLIENTS SERVED

Based on state laws and on the individual resources available to the court, each court must determine who and how many clients the court will serve. The capacity of drug courts around the state range from twenty to one-hundred and eighty clients with a mean of 56 clients. The capacity and actual population is affected by the number of probation officers and counselors in each court.



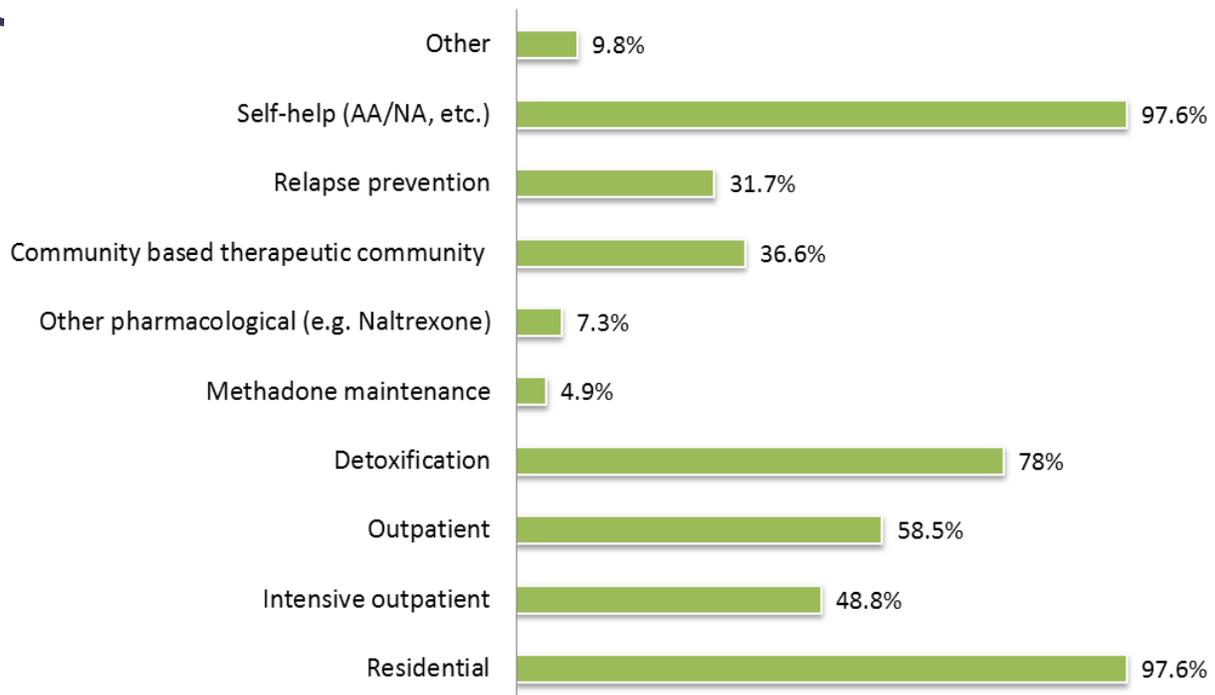
What criminal justice related criteria are used to exclude people from participation?



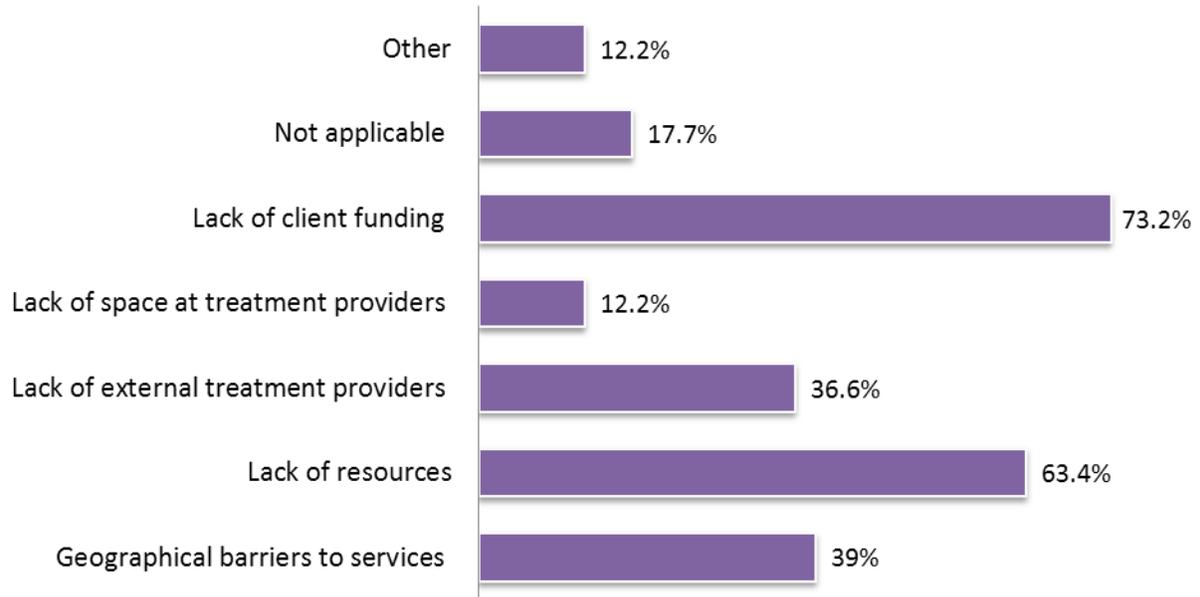
## TREATMENT SERVICES

*Drug courts differ from traditional criminal courts due to the availability of substance abuse treatment services. Below is a depiction of the availability of a variety of services and barriers to these services in drug courts.*

What substance abuse treatment services are currently available to drug court participants through external treatment providers?



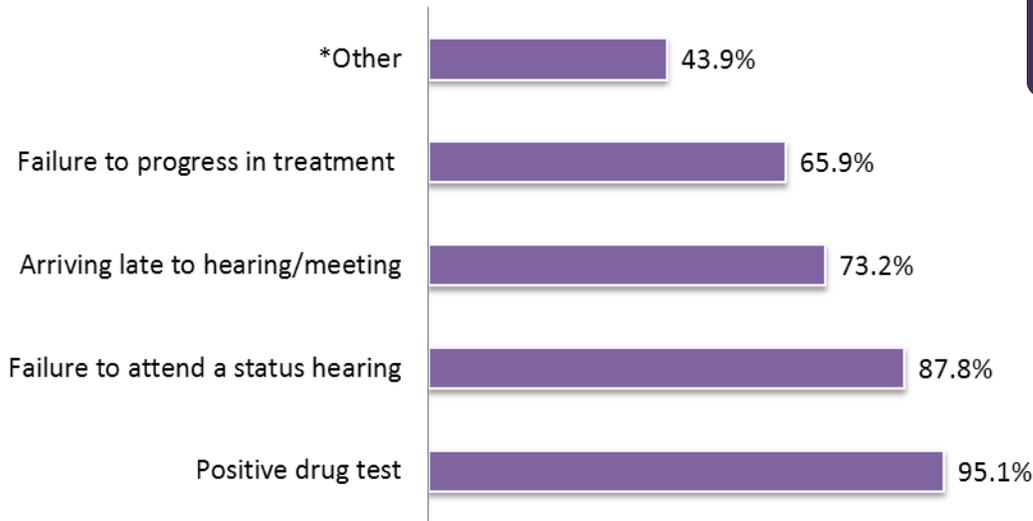
What are the barriers to participants receiving substance abuse services from external providers?



## SANCTIONS AND INCENTIVES

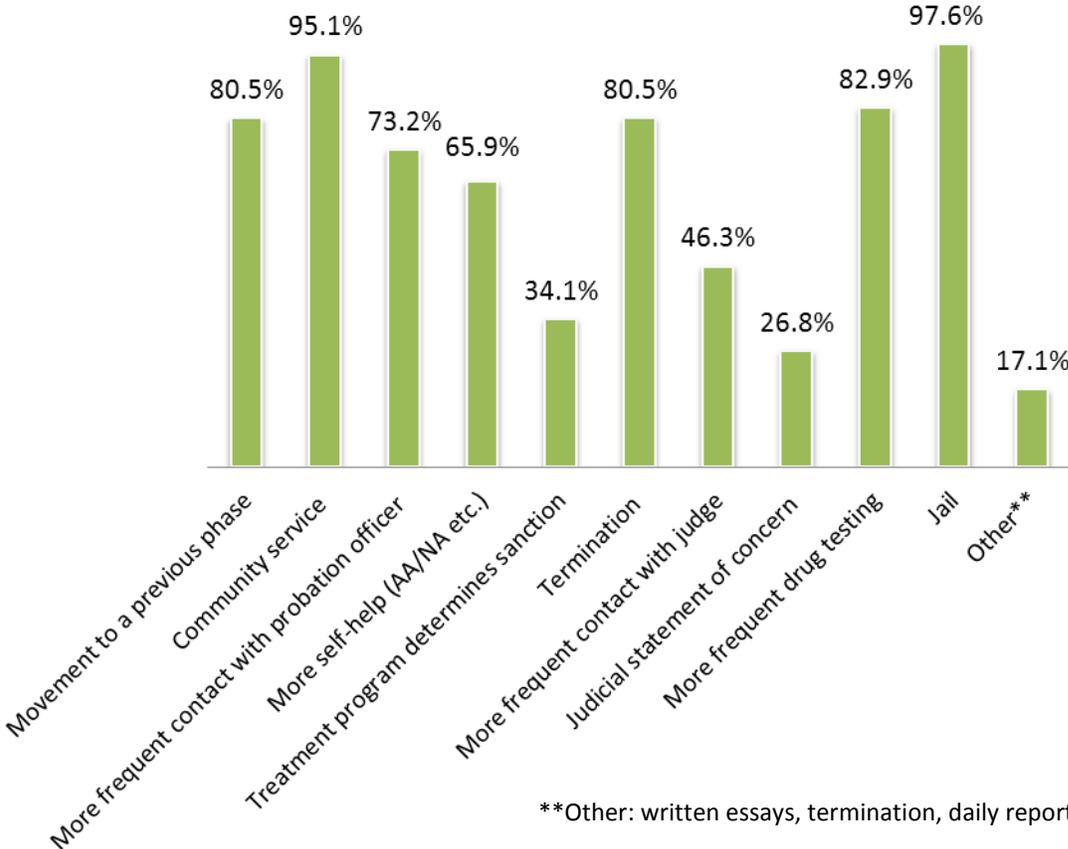
Drug courts utilize a variety of tools to incentivize positive behavior and to discourage negative behavior.

What actions warrant a sanction to be issued?



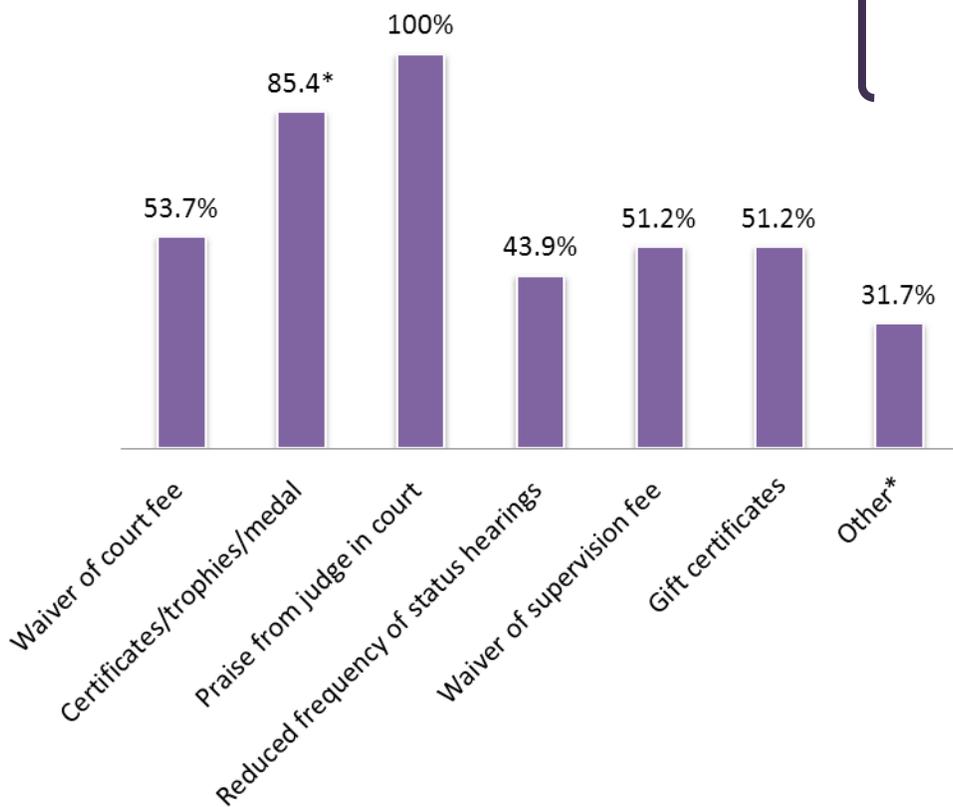
\*Other: failure to appear, violation of rules, curfew violation, failure to meet requirements, missing group, new charges, etc.

What types of sanctions are utilized?

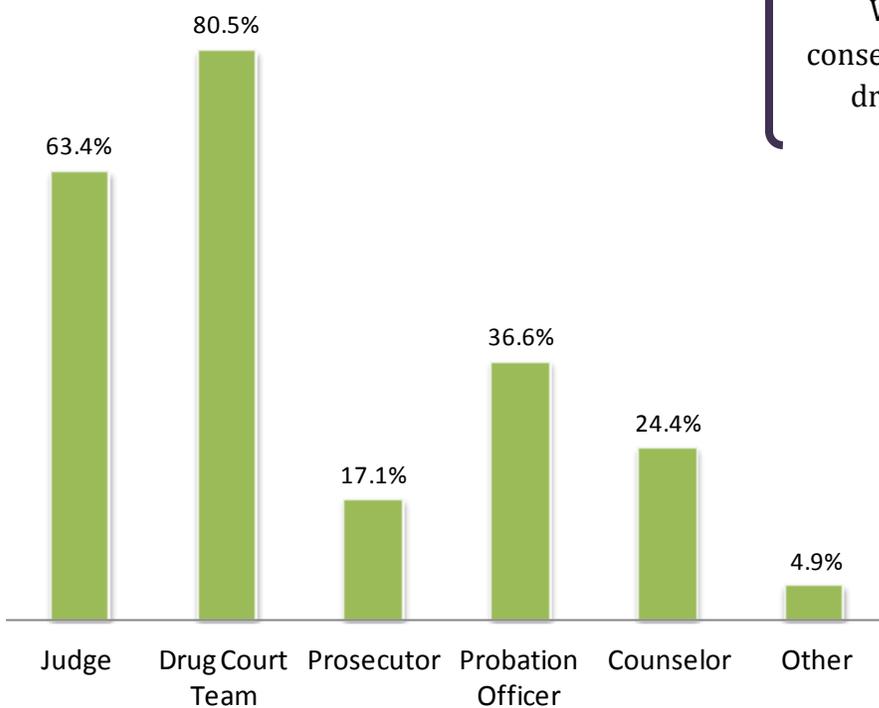


\*\*Other: written essays, termination, daily reporting, increased group meetings

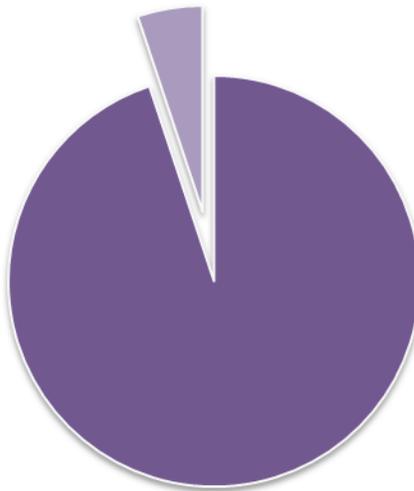
What types of incentives are utilized?



Who determines consequences for positive drug/alcohol tests?



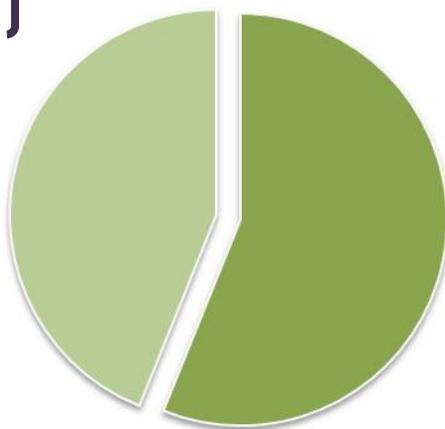
Are potential consequences for negative behaviors or violations standardized, written down, and shared with participants?



**95%**

of courts report utilizing “standardized” sanctions that are “written down and shared” with clients as potential consequences for negative behaviors or violations.

Is a strikes system utilized?



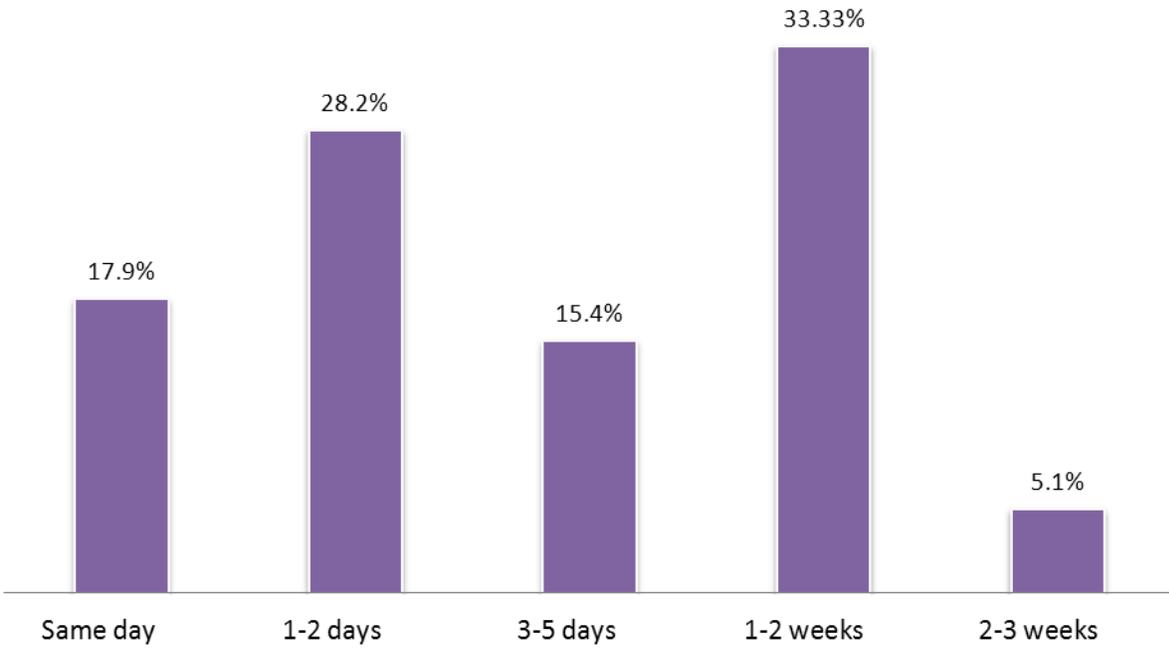
**56%**

of courts report utilizing a strikes system for sanctions and program termination.

*Strikes systems within the criminal justice system are utilized as a means of providing graduated sanctions to participants with the final strike resulting in the most punitive of available sanctions. Arkansas courts utilizing strikes were asked to describe the system. The following are common themes that emerged:*

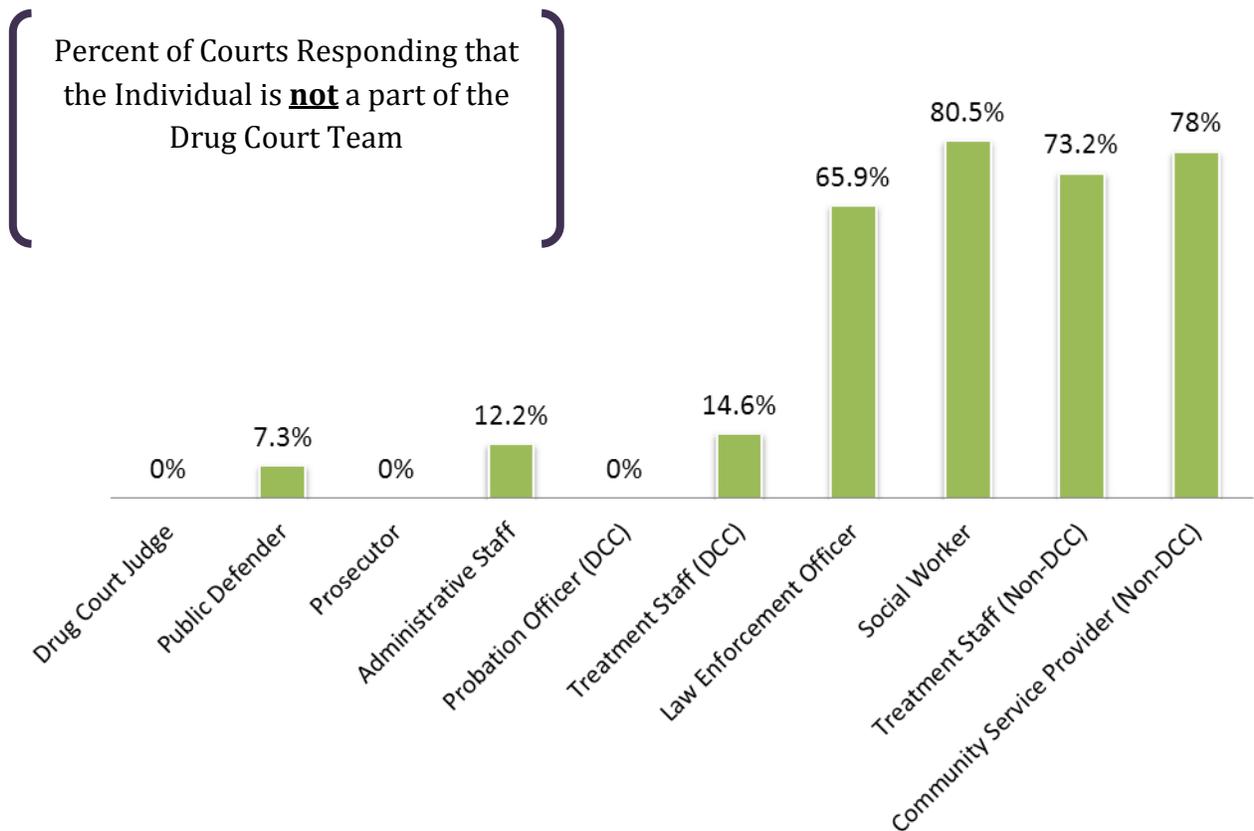
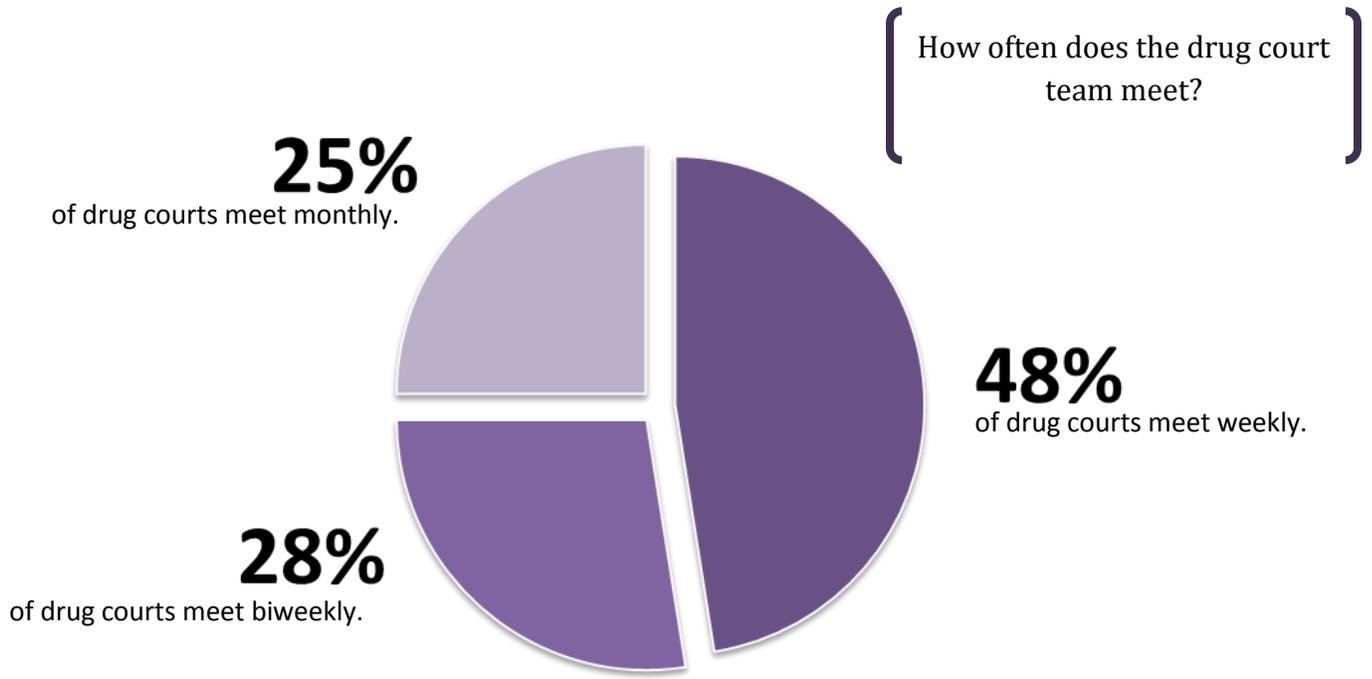
- *Three to five strikes are allowed before revocation from drug court program*
- *Jail time ranging from twenty-four hours to fourteen days for first strike*
- *Jail time ranging from 7 to 30 days or placement in residential treatment is a common sanction for a client’s final strike prior to removal from program*
- *Actions warranting strikes range from positive drug tests, arriving late for hearings or meetings, being untruthful, unexcused absence, or not completing assigned homework*
- *Some courts reported that the strike system is at the judge’s discretion*

What is the average length of time between a participant's positive drug testing result and the issuance of a sanction as a consequence?



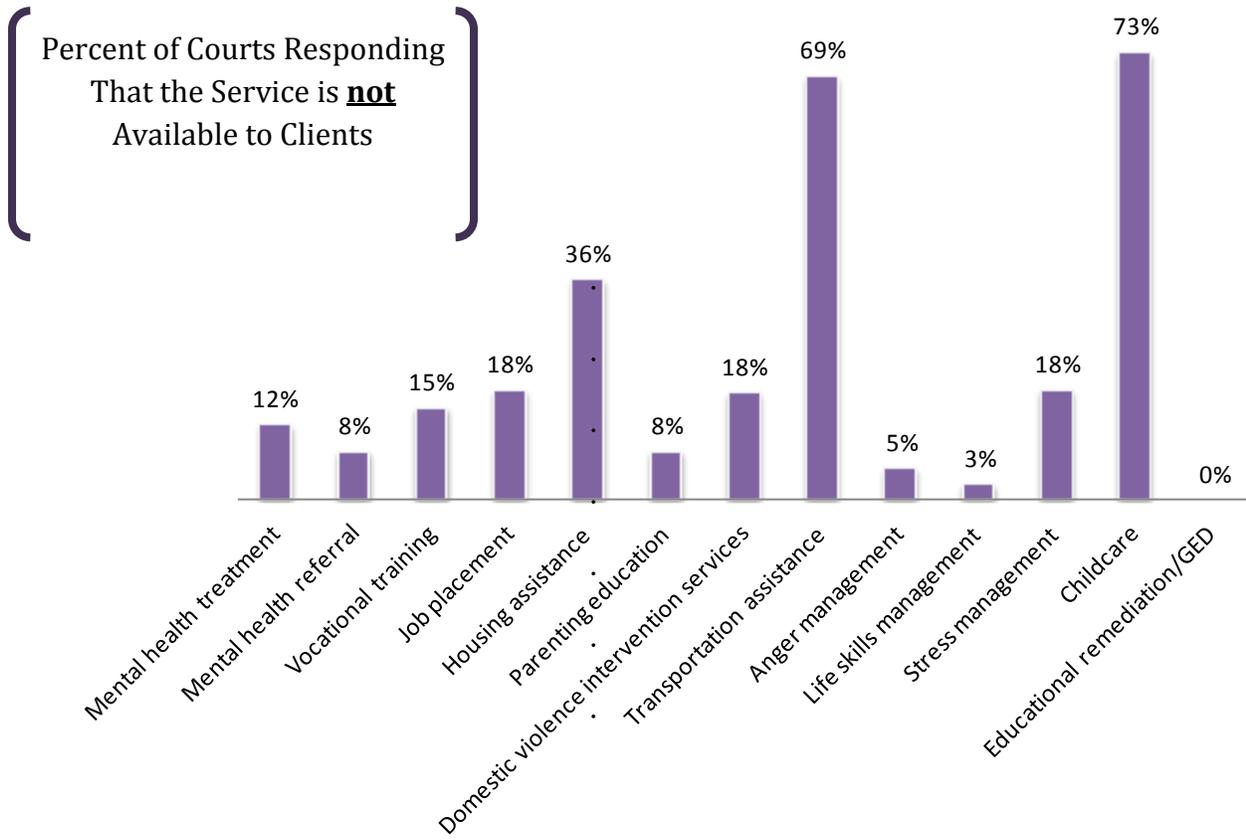
## DRUG COURT TEAM

Teams of drug court staff and stakeholders are formed to assist in decision making and case management. Yet there is a strong variety in how different courts utilize and form the teams.



## SUPPORT SERVICES

Below is a representation of the percentage of courts that reported a particular service was not accessible to clients either due to lack of availability (financially, geographically, etc.) or due to the costs incurred by the client to receive the service.



Please describe support services not available to drug court participants that you believe are essential to their success\*

- Dental care
- Child care
- Job training
- Employment
- Transportation
- Housing
- Mental health
- Parenting education

\*Identified as common themes

In what ways would  
you like to see  
the drug court  
program improve?  
(Courts were given the  
opportunity  
to select three ways)

#### MOST FREQUENT SELECTIONS:

46.3 percent - Improve budgeting and fiscal management

46.3 percent - Increase grant writing capabilities

43.9 percent - Reduce costs of services

34.1 percent - Improve team communication and  
processing

34.1 percent - Provide more information and education on  
substance abuse and treatment to the drug  
court staff

#### LEAST FREQUENT SELECTIONS:

14.6 percent - Other (Be fully staffed, overhaul of program,  
funding, training, etc.)

14.6 percent - Increase staff skills at engaging participants  
in treatment

9.8 percent - Increase staff skills at retaining participants  
in treatment

7.3 percent - Management of information systems  
development

4.9 percent - Increase staff's knowledge of and sensitivity  
toward justice system

2.4 percent - Improve report writing/delivery skill

## ANNOTATED BIBLIOGRAPHY

The following evaluations were specifically cited in the preceding analysis of drug court outcomes.

### ***An Evaluation of Chester County (PA) Drug Court Program***

*Mary P. Brewster*

“The Chester County (PA) Drug Court Program was implemented in October 1997. By the end of January of 1999, 184 drug offenders had participated in the program. This evaluation of the Chester County Drug Court Program compares the 184 drug court participants to 51 comparable offenders who were placed on probation at some point between December 1996 and September 1997. These comparison subjects were selected based upon the drug court program eligibility criteria (i.e., offenders charged with non-mandatory drug offenses; offenders not under probation or parole supervision when charged with drug offenses; and no prior record for violent offenses). Drug court and comparison samples were compared in terms of current status, new arrests, revocation/removal from program, and drug testing results.”

### ***The New York State Adult Drug Court Evaluation: Policies, Participants and Impacts***

*Michael Rempel, Dana Fox-Kralstein, Amanda Cissner, Robyn Cohen, Melissa Labriola, Donald Farole, Ann Bader and Michael Magnan*

“This report evaluates adult drug courts in New York State, one of a handful of states that is engaged in a coordinated effort to institutionalize drug courts statewide. With funding from the Bureau of Justice Assistance of the U.S. Department of Justice, the Center for Court Innovation, in collaboration with the New York State Unified Court System, has spent the past three years documenting the policies, participant characteristics, and performance of participants in eleven of the state’s oldest and largest drug courts. Among other analyses, this report evaluates the impact of six drug courts on recidivism and identifies the participant characteristics and programmatic features that increase the likelihood of successful drug court outcomes.”

### ***The effect of the Tarrant County drug court project on recidivism***

*Al Bavon*

“The purpose of this study is to examine the impact of a drug court program on the criminal recidivism of its clients. The study uses the nonequivalent comparison group evaluation design to measure program impact by examining differences in outcomes between program participants and a comparison group. The results show program retention and completion rates increased steadily over the 3-year study period. Also, program participants performed better on a number of the indicators of recidivism than the participant group. However, while small substantive project effect sizes can be identified, the study finds no statistically significant difference in recidivism between program participants and the comparison group.”

### ***Findings from the Evaluation of the D.C. Superior Court Drug Intervention Program***

*Adele Harrell, Shannon Cavanagh, and John Roman*

“An evaluation of the impact of two D.C. Superior Court experimental interventions on drug-involved defendants in Washington. During the experiment, all drug felony defendants were randomly assigned to one of three dockets established to expedite the handling of drug cases. One drug-case docket intervened in the standard manner. Another docket intervened through a new comprehensive

treatment program. The third offered an experimental program mandating a graduated schedule of sanctions if the defendant failed compulsory drug tests.”

***Drug Court or Probation?: An Experimental Evaluation of Maricopa County's Drug Court***

*Elizabeth Deschenes, Susan Turner, and Peter W. Greenwood*

“The nationwide drug court movement represents one of the most recent innovations in our criminal justice system aimed at decreasing the number of drug-involved offenders by providing drug treatment and intensive court supervision. Although the majority of drug courts are diversion programs, the Maricopa County (Arizona) Drug Court is a post adjudication program for probationers with a first-time felony conviction for drug possession. Probationers are required to participate in an outpatient comprehensive drug treatment program, and their progress is monitored by the judge. The drug court emphasizes individual accountability through a system of rewards and sanctions. A total of 630 offenders sentenced in 1992 or 1993 were randomly assigned to the drug court or routine probation for RAND's experimental evaluation and tracked for a period of twelve months. Results show that 40 percent of drug court participants successfully completed the program within twelve months. Although there was no statistically significant difference between participants in the drug court program and those on routine probation in terms of new arrests, drug court participants had a lower overall rate of technical violations with fewer drug violations in particular. The Maricopa County Adult Probation Department has continued the drug court program, with slight modifications, and hopes to increase the number of clients served within the next year.”

***An Evaluation of Treatment in the Maine Adult Drug Courts***

*Faye S. Taxman, April Pattavina, and Jeffrey Bouffard*

“Drug courts are a critical component of the treatment system for offenders in Maine. Treatment is provided by local community providers and funded by the Office of Substance Abuse (OSA) while the drug court is run by the courts with cooperation from probation and pretrial services. Maine undertook the treatment component in the drug courts through the design and implementation of a treatment process that has: 1) screening for substance abuse; 2) engaging the offender in multi-phase treatment programs that begins with motivation enhancements and ends with maintenance; and 3) ensuring quality by providing staff with training in the use of the treatment protocol and then monitoring through quality control mechanisms. The manualized DSAT curriculum provides the treatment staff with a tool that guides the offender through the recovery process. The questions raised are whether the DSAT curriculum advances the recovery of offenders and the ways in which the drug court affects outcomes from treatment. This study examined these issues.”

***Long-term Effects of Participation in the Baltimore City Drug Treatment Court: Results from an Experimental Study***

*Denise C. Gottfredson, Stacy S. Najaka, Brook W. Kearley and Carlos M. Rocha*

“This study uses an experimental design comparing 235 offenders assigned either to drug treatment court or treatment as usual. It extends prior analyses of this study sample to examine whether differences observed between drug treatment court subjects and control subjects at one and two years after the start of the program persist after three years, when many of the subjects had ceased active treatment. Further, it extends earlier analyses that showed that the quantity of drug treatment court services received was related to lower recidivism rates by using an instrumental variables approach to

handle the endogeneity problem that sometimes arises when subjects self-select into different levels of service. Results show a sustained treatment effect on recidivism, controlling for time at risk. This effect is not limited to the period during which services are delivered. Rather, it persists even after participation in the drug court program ceases. Results also show that the recidivism is lowest among subjects who participate at higher levels in certified drug treatment, status hearings, and drug testing. These positive findings are tempered with findings that more than three-fourths of clients are re-arrested within three years, regardless of participation in the drug treatment court, and that drug treatment court cases spend approximately the same number of days incarcerated as do control cases. Implications for strengthening drug treatment courts are discussed.”

***Examining the Differential Impact of Drug Court Services by Court Type: Findings from Ohio***

*Deborah K. Shaffer, Shelley J. Listwan, Edward J. Latessa, and Christopher T. Lowenkamp*

“The overall evaluation results are promising. The findings indicate that clients who receive drug court services, regardless of type of court, fare significantly better as a group than individuals who do not receive drug court services. Drug court clients were rearrested less than their respective comparison groups regardless of court type. Drug courts have played a significant role in the treatment of drug-abusing offenders over the last 15 years. The drug court model developed out of an organizational need for a community-based alternative to incarceration. Drug courts attempt to reduce substance abuse and recidivism through techniques such as monitoring, alternative sanctions, and treatment. Evaluations of drug courts around the country are encouraging; however, not all of the research shows a reduction in rearrest rates. This study attempted to add to the existing literature by providing a multisite impact study of both adult and juvenile drug courts in Ohio. The study examined the differences between drug court and comparison group members along a variety of measures. It assessed whether drug courts were effective in reducing recidivism and identified the factors associated with failure.”

## GLOSSARY

<b>Term</b>	<b>Definition</b>	<b>Example(s)</b>
Drug-defined offenses	Violations of laws prohibiting or regulating the possession, use, distribution, or manufacture of illegal drugs	Drug possession or use, marijuana cultivation, methamphetamine production, cocaine, heroin, or marijuana sales
Drug-related offenses	Offenses to which a drug's pharmacologic effects contribute, offenses motivated by the user's need for money to support continued use, offenses connected to drug distribution itself	Violent behavior resulting from drug effects, stealing to get money to buy drugs, violence against rival drug dealers
Drug-using lifestyle	A lifestyle in which the likelihood and frequency of involvement in illegal activity are increased because drug users may not participate in the legitimate economy and are exposed to situations that encourage crime.	A life orientation with an emphasis on short-term goals supported by illegal activities, opportunities to offend resulting from contacts with offenders and illegal markets, criminal skills learned from other offenders
Adjudication	A legal process that consists of an arbiter reviewing evidence and argumentation to determine a decision regarding the rights and obligations between the involved parties	A criminal trial, regarding a drug-defined or drug-related offense that determines the defendant's guilt.
Pre-Adjudication	Prior to the adjudication process, meaning the defendant has not been found guilty or not guilty	Drug courts that enroll individuals before they have been found guilty or plead guilty to a crime
Post-Adjudication	An action taken after the adjudication process, meaning a verdict was handed down or a plea was agreed upon	Drug courts that enroll individuals after they have been found guilty or plead guilty to a crime

Definitions were assembled from multiple sources including the Bureau of Justice Statistics

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