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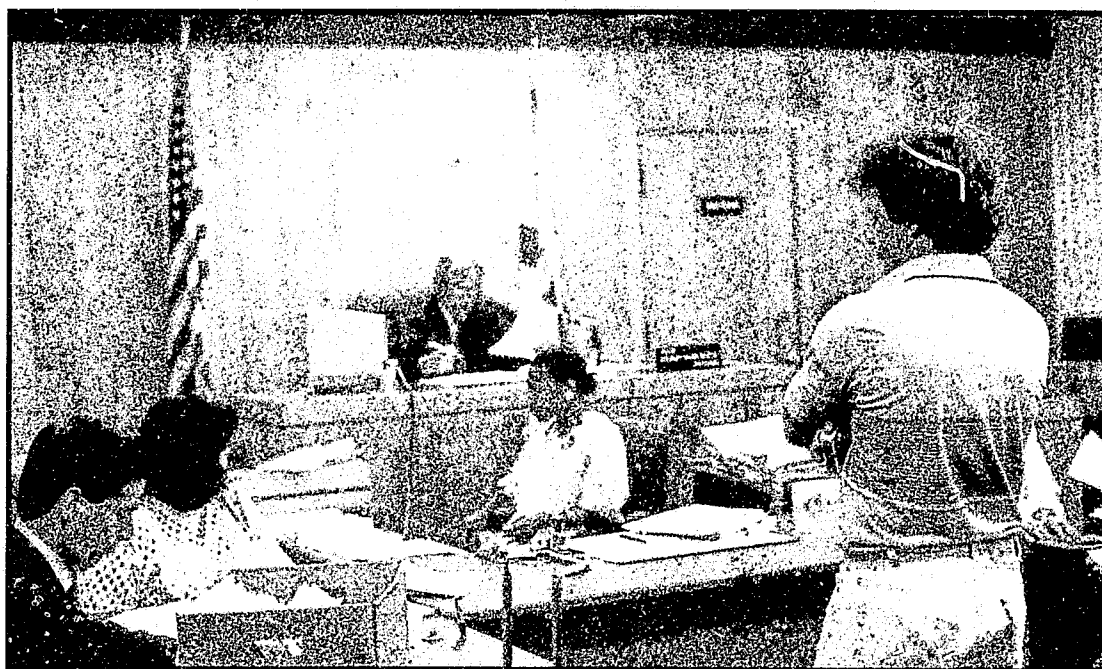
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NATIONAL INSTITUTE OF JUSTICE

Program Focus

Miami's "Drug Court" *A Different Approach*



Dade County Diverts Drug Defendants to Court-Run Rehabilitation Program

by Peter Finn and Andrea K. Newlyn

America's courts are becoming increasingly clogged with drug-related cases, and many of our jails and prisons are overflowing with drug offenders. Nationwide, there were more than one million arrests for drug offenses in 1991—a 56-percent increase since 1982. Two-thirds of those arrests were for illegal possession of drugs; one-third were for manufacturing or selling drugs.¹ Dade County (Miami), Florida, is no exception to this crisis: Police arrested 9,409 individuals for drug offenses in 1991, including 6,923 for illegal possession of drugs.²

From the Director

Dade County's "Drug Court," a program that diverts nonviolent drug users from the traditional path of streets to court to jail, is one of the first of its kind in the Nation. Created as a judicial initiative and enjoying the strong backing of State and local officials in Florida, this diversion and treatment program is supported by defense attorneys and prosecutors alike.

Since it was begun in 1989, more than 4,500 drug users have taken part in the program—which involves constant monitoring by Drug Court Judge Stanley Goldstein and a staff of trained counselors. This innovative approach to adjudicating drug users has produced

encouraging results. Of all defendants who have successfully completed the Miami program and "graduated," program officials report that only 11 percent have been rearrested for commission of any criminal offense in the year following dismissal of the original charges.

This Program Focus offers a first-hand look at the operation of Miami's Drug Court, tracing its difficulties in becoming operable, the costs involved, and its value as a model for other courts to replicate.

Michael J. Russell
Acting Director
National Institute of Justice

What makes Dade County different is its Diversion and Treatment Program, which channels almost all nonviolent defendants arrested on drug possession charges into an innovative court-operated rehabilitation program as an alternative to prosecution. Known as Miami's "Drug Court," the program expands on the traditional concept of diversion to provide a year or more of treatment and case management services that include counseling, acupuncture, fellowship meetings, education courses, and vocational services along with strict monitoring through periodic urine tests and court appearances. Defendants who succeed in the program have their criminal cases dismissed.

Program administrators acknowledge that the Diversion and Treatment Program is much more complex—and initially more costly—than prosecution. Most of these defendants, especially if they are first-time offenders, would normally receive a few minutes of court attention and go home. But the program adds a new component to business as usual: It provides defendants with the treatment and support services that can shut the revolving door that brings the majority of drug offenders back to court again and again. Additional funds and personnel are needed to provide the required long-term services. However, Miami has shown that communities can assemble the needed resources into a total package, from initial detoxification through eventual job placement.

According to Tim Murray, Director of the Metro/Dade Office of Substance Abuse Control, around 60 percent of

the defendants diverted to the program in its first 3 years successfully completed the year-long regimen of urine testing, treatment, and reporting to court, or are still in treatment. Moreover, Murray reports, the program is experiencing unusually low rates of recidivism.

Drug Court

The program's centerpiece is its Drug Court, set up in the summer of 1989 by an administrative order from Chief Judge Gerald Weatherington of Florida's eleventh judicial circuit. The Drug Court places defendants in the Diversion and Treatment Program, monitors their progress, and decides whether they have recovered sufficiently to have their cases dismissed. The result is a treatment program overseen by a court. However, not every arrestee charged with a drug offense gets the chance to participate.

Who Is Eligible for the Program?

After booking, arrestees are screened for eligibility at the Pretrial Detention Center. To qualify, the defendant must be charged with possessing or purchasing drugs, and the State Attorney must agree to diversion. Defendants who have a history of violent crime, have been arrested for drug trafficking, or have more than two previous nondrug felony convictions are ineligible.

The program initially accepted only first-time drug offenders, but arrestees are now accepted regardless of how many times they have been charged or convicted of possession. Because of the overwhelming preference for

Choosing a Judge To Run the Drug Court

The chief and associate chief judges of Florida's eleventh circuit court knew that the Diversion and Treatment Program would never work unless the Drug Court had the right person on the bench. However, they felt they had the ideal candidate in Judge Stanley M. Goldstein, a local criminal division judge well known to them. Judge Goldstein seemed the perfect person for the job because for several years he had on his own time done volunteer work with youth drug prevention efforts in the community.

In addition, as a former police officer, defense attorney, and prosecutor, Judge Goldstein had first-hand familiarity with the criminal justice system from every angle. Finally, Judge Goldstein seemed to have the personality that the job required—outspoken, hard-working, no-nonsense, and affable. Once he accepted the position, the county sent him to the National Judicial College in Reno, Nevada, to round out his preparation with courses in drug treatment and the courts.

“crack” over heroin in the county, the program was also originally limited to individuals arrested for possession of cocaine; currently defendants charged with possession of any controlled substance other than marijuana can join. Participants do not have to be current drug users—in fact, many arrestees maintain they are not addicts, to which the judge in Drug Court has been heard to retort, “Congratulations! Then you’ll have a real easy time with the program.”

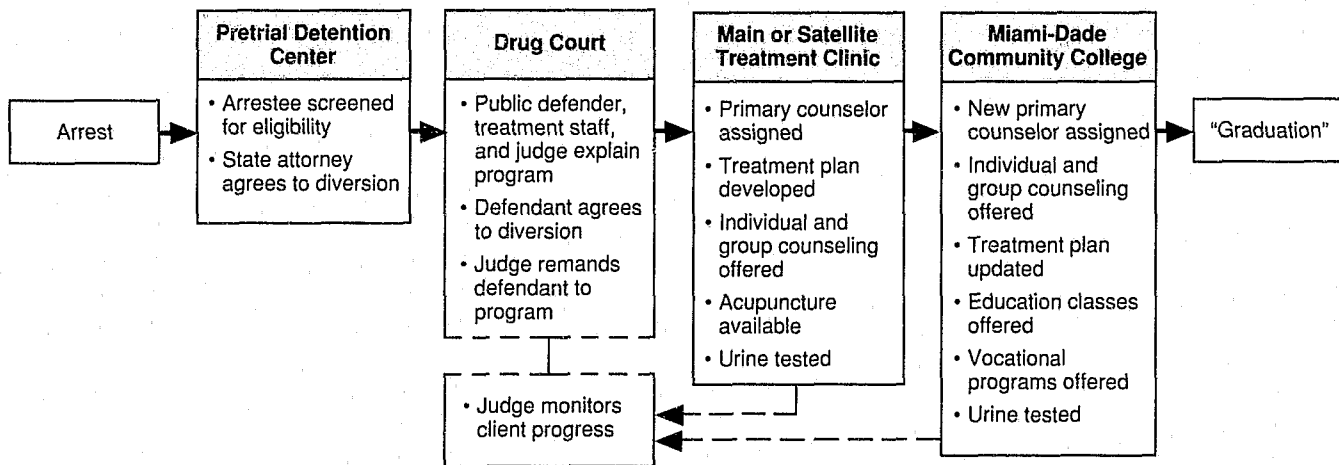
The Personal Touch. Except for when he is on vacation or ill, Judge Stanley M. Goldstein is the only Drug Court judge. Judge Goldstein explains the program to all new defendants, making clear that they should expect a year of treatment, that it will be difficult for them to succeed, but that everyone involved will provide them with all the assistance they need and keep pushing them to do better. Judge Goldstein tells defendants their urine will be tested regularly and they will have to return to court an average of once a month for a review of their progress. If their improvement is unsatisfactory, prosecution of the case may resume,

and a conviction will usually involve jail time. Judge Goldstein then remands each consenting defendant (almost all agree to participate) to the custody of the Diversion and Treatment Program for at least 365 days.

Drug Court handles a large volume of cases—an average of 80 a day—as both new arrestees and defendants already in the program appear as called. Nevertheless, Judge Goldstein makes sure he talks with every defendant, offering a few words of encouragement for an offender who is improving nicely or initiating an extended discussion with a defendant who has been turning in “dirty” urine samples. Judge Goldstein has access to every offender's treatment records on his computer, located on the bench. If a program participant appearing before him swears to have attended every clinic appointment, the judge can use his computer to verify immediately the person's actual attendance record. If a defendant's record turns out to be uneven or deteriorating, Judge Goldstein puts on his judicial hat and emphasizes the critical importance of showing up for every treatment ap-

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Figure 1. Diversion and Treatment Program Client Flow Chart



pointment. Then, on a more personal level, he asks what the problem is. Judge Goldstein can be fatherly, supportive, sarcastic, or stern as the case may require: "What are you doing with your money, Louise? You're not buying food with it. What *are* you doing with it? Put on some weight!"

Defendants Cannot Play Their Usual Games. Arrestees and program participants find they cannot manipulate the court system in the way they anticipate or may have done in the past. They cannot ask the public defender to get them off on a technicality, lie to the probation officer, or get away with feigning innocence to the judge. Defendant to judge: "I couldn't make it to the treatment center. I work odd hours and I got domestic problems. Also, I..." Judge, interrupting: "I got domestic problems, too. We *all* do! Doesn't mean you go do cocaine!"

Judge Goldstein exposes defendants and justice system personnel alike to a very different experience from most courts' traditional assembly-line processing of drug possession cases: the public defender does not speak for the accused, and the prosecutor does not speak for the States. Instead, Judge Goldstein addresses each defendant directly, and he requires each defendant to respond directly to him. (On occasion, the judge—a former motorcycle patrolman—has told a defendant whose eyes wander nervously toward the public defender looking for help, "Don't look at him; he's not gonna help you.")

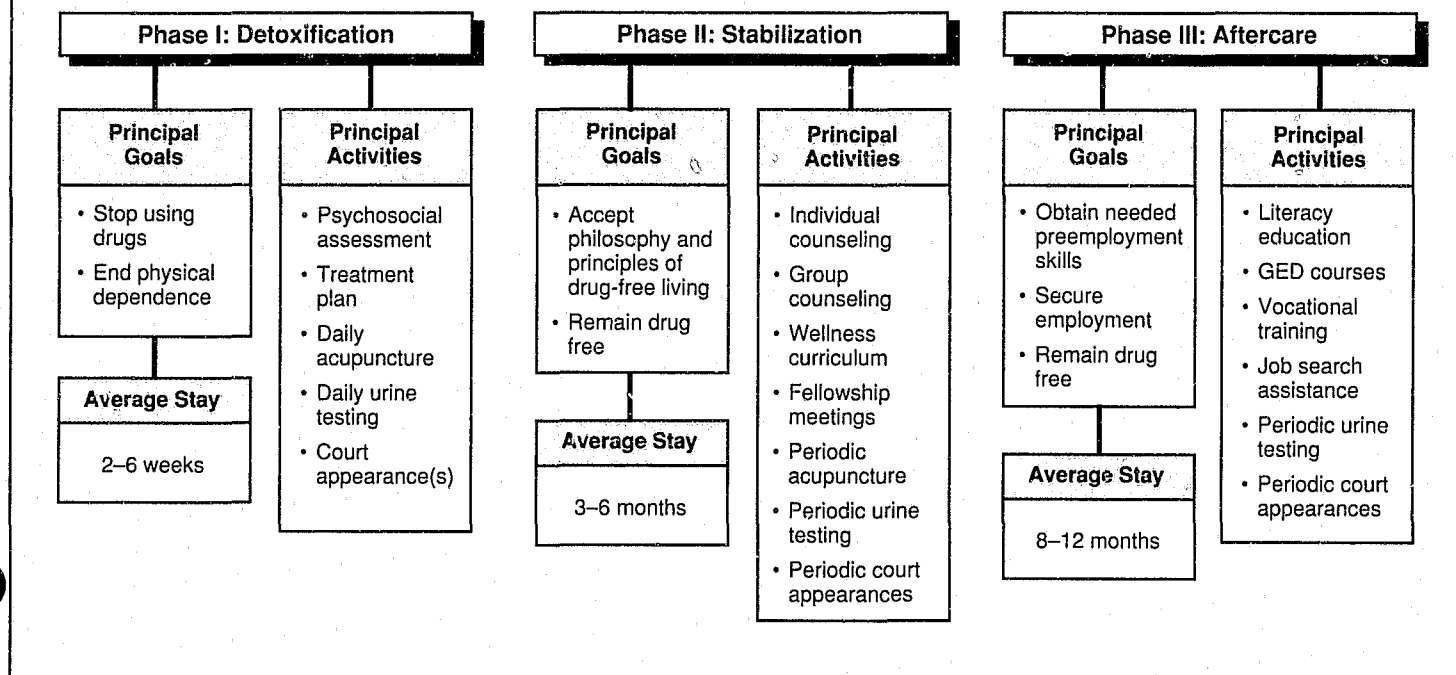
In Drug Court, all the justice system players are on the same team, making the same demands on the defendant and standing ready to impose the same penalties for noncompliance. In addition, in contrast to most courtrooms where different personnel may preside

and prosecute at every encounter, and where defendants can try to get a better deal out of each new adversary, the faces in Drug Court remain the same. Eventually, defendants come to realize that Drug Court is a paradox: Everyone there is using the courtroom to keep the defendants out of the court system—by helping them to get off and stay off drugs.

Judge Goldstein believes one reason the program works is that the justice system personnel consistently hold defendants accountable. Whether defendants are congratulated or reprimanded for not doing well, "at least they know that someone is paying attention to what's happening to them." And because all court officers work together rather than as adversaries, Judge Goldstein believes that defendants feel responsible not only to him but to the public defender and the

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Figure 2. Three Diversion and Treatment Program Phases



prosecutor as well. Drug Court becomes, in Tim Murray's words, "a very personal experience in an impersonal system."

Another reason Drug Court succeeds, in Murray's opinion, is the willingness of court personnel and treatment providers alike to take a program that appears on paper to be tightly structured and tailor it to each defendant's personality and progress (figure 1). The program has three distinct phases—detoxification, stabilization, and aftercare—with testing and monitoring continuing during all three phases (figure 2). However, while the chart makes it seem as if the Miami Diversion and Treatment Program has a fixed set of prescribed procedures, in fact, as will become clear, counselors and the court exercise a great deal of

discretion in tailoring the program to meet the needs of the "clients" (as they are often called).

Phase I: Detoxification

Once assigned to the Diversion and Treatment Program, clients are transferred to the county's main treatment clinic for intake processing. Clients receive all their phase I and phase II services at this facility unless they live in the southern part of the county, where they can go to a more convenient satellite clinic (see figure 3, showing staffing arrangements).

Role of the Counselor. The primary goal of phase I is detoxification (see figure 2). Phase I is expected to last 12 to 14 days, but frequently continues

longer if a client has trouble getting off drugs. The client's primary counselor, a licensed addiction treatment professional, makes sure the client appears every day in phase I to leave a urine specimen and then carefully tracks the test results. The counselor offers the client individual and group counseling. According to Tim Murray, many clients resist treatment for a week or two, denying they have a drug problem. On occasion, clients even try to sneak clean urine specimens into the clinic or claim they tested positive because of drugs lingering in their system. But as clients realize that program staff cannot be manipulated and are serious about helping them get off drugs, they begin to ask for treatment. If someone continues to test positive, the counselor informs the court of the client's negative attitude and strongly

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Figure 3. Diversion and Treatment Program Staff

Phases I & II

Main Treatment Clinic

- 10 full-time counselors
- 2 full-time counselors
- 3 acupuncturists
(2 part-time)
- 3 clerks
- 1 administrator

Satellite Clinic

- 3 full-time counselors
- 1 part-time acupuncturist
- 1 supervisor
- 1 clerk

Phase III

Miami-Dade Community College North Campus

- 6 full-time counselors
- 1 full-time supervisor
- 1 clerk

Miami-Dade Community College South Campus

- 3 full-time counselors
- 1 clinical counselor
- 1 clerk

encourages the person to participate in treatment.

Acupuncture. Clients are offered daily acupuncture as an aid in detoxification. Tim Murray estimates that about 85 percent of clients in phase I elect the treatment. China and other Far Eastern countries have used acupuncture for centuries to treat a variety of illnesses and provide anesthesia during surgery. Acupuncture has also been used for drug detoxification in these countries and, more recently, in some clinics in the United States. The treatment is said to reduce cravings, mitigate withdrawal symptoms, and ease the anxiety that clients typically experience during the first several days or weeks after they stop using drugs.

According to acupuncture theory, people have 136 pressure points that affect specific organs in the body.

During a Miami program acupuncture session, a certified acupuncturist inserts five thin, sterile, disposable needles beneath the surface of the outer part of the ear at specific sites called acupuncture points. The needles are inserted quickly, and clients report feeling at worst a slight pinch upon insertion. This procedure is said to facilitate detoxification by causing the release of endorphins, the body's pain killers. Each session lasts 45 minutes, during which the clients appear very relaxed.

Proponents of acupuncture say that the treatment is more effective than other detoxification methods (for example, use of drugs like methadone), is inexpensive, can be administered on an outpatient basis, and makes it possible for a large number of clients to be treated simultaneously by only two or three staff members. A panel of acu-

puncture researchers and drug abuse treatment experts at a 1991 National Institute on Drug Abuse technical review meeting criticized the methods used to evaluate whether acupuncture really helps addicts maintain abstinence. Many panel members believed there were enough positive reports of acupuncture's benefits to justify conducting additional studies of its value as a supplement to other drug abuse treatment, particularly in light of its low cost and ease of delivery.³

Treatment Planning. Another important component of phase I is the development of the client's treatment plan. Prepared jointly by the counselor and the client, the treatment plan lists realistic and measurable short-term and long-term goals the client wishes to achieve, identifies barriers to their attainment, and lists strategies for overcoming these obstacles. For example, a short-term goal might be to stay off drugs for 2 months; a barrier might be to accidentally run into former drug-using friends; and solutions could include going to group counseling sessions to find out how other addicts in recovery manage to cope with friends who are still using drugs. A long-term goal might be to become a legal secretary; an obstacle might be lack of a high school diploma; and a solution could be to enroll in a General Equivalency Diploma (GED) program.

In addition to acupuncture, the options for substance abuse treatment include group and individual counseling, fellowship meetings such as the 12-step meetings of Narcotics Anonymous and Alcoholics Anonymous, and, based on

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a determination of need by counseling staff and the court, inpatient treatment in one of 204 publicly funded residential treatment beds in the county. Finally, clients who realize they cannot control their craving can ask to be removed temporarily from the program and incarcerated for 2 weeks to take advantage of the jail's 146 treatment beds reserved specifically for use by the Drug Court. Once detoxification is completed, they can ask the judge to return them to the Diversion and Treatment Program.

The counselor monitors client progress against the treatment plan, reassessing and adjusting it as needed to reflect new circumstances. These may range from dirty urine tests, which indicate the need for more frequent attendance at counseling sessions, to changed economic conditions that suggest exploring alternative occupational goals.

A final element of the treatment plan is a "psychosocial assessment" that provides the counselor with information about the client's needs and history for use in developing a realistic treatment plan. Typically, the psychosocial assessment includes information about the client's history of substance abuse involvement and previous treatment; social, economic, and family background; educational and vocational achievements; mental health problems; and arrests, convictions, and sentences (based on court records). If necessary, counselors can refer clients for psychological testing.

Phase II: Stabilization

Clients are ready to move into phase II when Judge Goldstein believes they have shown enough progress to function successfully in a less structured treatment environment. Program rules require that clients attend all 12 scheduled sessions with their primary counselor and achieve at least 7 consecutive clean urine results before they can move into phase II. However, counselors base their recommendation on their *overall* impression of the client's ability to move on, even if that means ignoring the formal require-

ments for entering the next phase. Judge Goldstein, too, looks at the total picture in deciding whether he thinks a client is ready for phase II.

Clients in phase II concentrate on maintaining abstinence by attending individual and group counseling sessions and attending local fellowship meetings. Each primary counselor provides one-on-one substance abuse counseling a client may need; group therapy sessions are also conducted in the treatment clinic. Fellowship meetings are held at the clinic during the evenings as well as at many locations in the community. Clients often con-

Another aspect of Miami's anti-drug program is the distribution of posters such as the one pictured here.

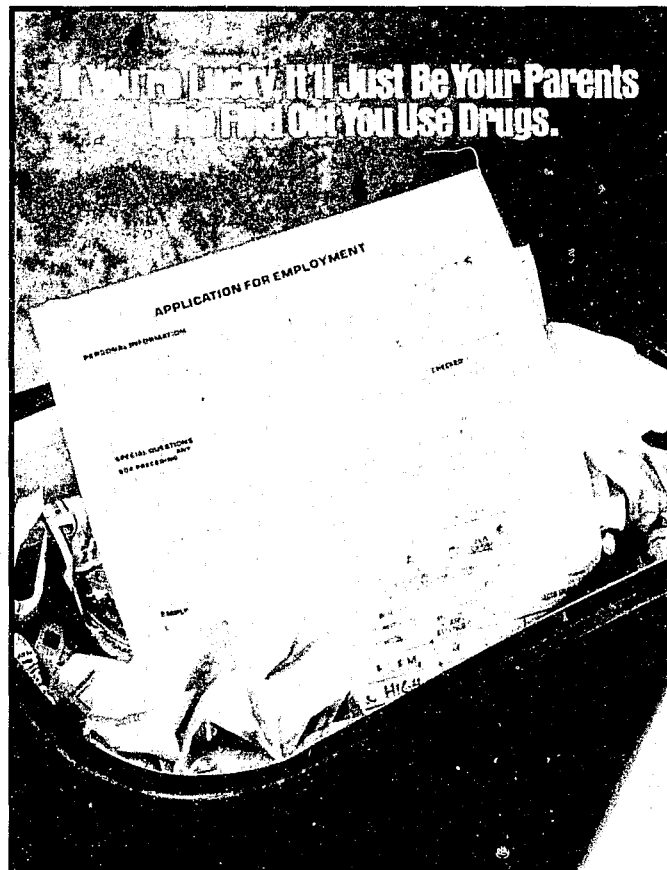


Photo by Gary Silverstein, Miami, Florida.

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Photo by Gary Silverstein, Miami, Florida.



Known for his charismatic personality, Judge Goldstein tells uncooperative clients, "You're not getting out of this program until you get better."

tinue to attend acupuncture sessions on a voluntary basis once or twice a week during phase II to help them stay off drugs.

As in every program phase, counselors permit clients to decide on the treatment modalities they prefer—as long as their urine remains clean and they show up for required treatment and court sessions. For example, one client may opt for acupuncture and group counseling, while another chooses individual counseling and fellowship meetings. Clients can also change their minds about the services they want.

Phase II is scheduled to last 14 to 16 weeks, but clients can exit in 2 months or remain over a year, depending on their progress. In addition, Judge Goldstein may collaborate with treatment staff in

recycling clients from phase II back into phase I if they have difficulty staying off drugs.

Phase III: Aftercare

Treatment staff members base their decision to move a client into phase III on their overall impression of how far the individual's recovery has progressed. Attention is paid to the client's success in staying off drugs; attending counseling sessions, fellowship meetings, and court hearings; as well as progress toward achieving the goals of the individual treatment plan. Here, too, Judge Goldstein switches clients back and forth between phases II and III, depending on their progress.

Focus on Education and Employment. Once accepted into phase III,

clients change treatment sites from the main or satellite treatment clinic to one of two campuses of Miami-Dade Community College. Here, they are assigned new counselors and shift their focus from continuing their abstinence to preparing themselves academically and occupationally for the future—hence the label *aftercare*. Clients still return to court every 30 to 60 days and still provide urine specimens during phase III. In addition, they discuss with their counselors issues of maintaining sobriety that may arise now that they are no longer in the more intensive treatment atmosphere of phase II. However, the emphasis in phase III shifts to encouraging clients to do things without the help of treatment staff and to focus on the educational and vocational services they want. According to the administrator of the main treatment clinic, by the time they reach phase III, most clients have addressed many of the social and interpersonal problems caused by their drug use—lack of stable housing, poor eating habits, petty theft, and the like—and are ready to work on becoming productive members of society again.

College faculty provide the literacy training and GED classes at the on-campus Diversion and Treatment Program buildings. Program counselors encourage qualified clients to enroll in regular day classes at the schools. School financial aid counselors are available to help clients apply for financial aid. Employability skills training and job development classes are also provided to clients, along with access to current job listings, appren-

ticeship programs, and training programs.

If a client's urine tests start to come back positive, but the client denies using drugs, the counselor may increase the number of individual and group sessions and require more frequent testing. The counselor may also request an immediate court appearance for a client who is showing signs of trouble. First, of course, the counselor initiates a discussion about what happened and what can be done to prevent a recurrence. Whether they are having problems staying clean or not, many clients attend fellowship meetings at this stage of their recovery in addition to ongoing formal drug abuse counseling and urinalysis monitoring.

Graduation. Phase III is slated to last 36 weeks, rounding out the anticipated year of program participation. However, some clients cycle back and forth between the final phase and phase II, while others remain in phase III well beyond the expected 8 or 9 months.

When a client no longer seems to need further monitoring or case management services, the counselor recommends discharge to the Drug Court judge, who has the final say before the prosecutor dismisses the charges. In making their decision, the counselor and judge examine the client's overall recovery, including progress in academic and vocational activities according to the treatment plan. At a final court appearance, the client is released from the program and court supervision. Diversion and Treatment Program staff then complete a discharge summary with reasons for leav-

The Judge's Personal Touch

"John! Looking good, John! Come over here!" (Judge Goldstein leans over his bench, shakes the man's hand warmly.) You going to school still? Get your GED yet? All right, seven out of seven clean, good attendance. You in phase III now? Okay. See me back here in 30 days." Such praise from Judge Goldstein does not always occur. Another defendant in front of the judge complains of odd work hours, his wife leaving him, not being able to get to the treatment clinic, and being generally

overwhelmed. "What are you doing here? You've got two out of five dirty, and you've missed your last five sessions. What are you spending your money on, anyway? It ain't food." After extensive inquiries surrounding the client's work schedules, clinic hours, and the possibility of babysitters, the judge sternly commands the client to go to the center when he's scheduled. He also orders the client back in 2 weeks to monitor his progress more closely.

ing the program, progress notes, clinical assessments, and referrals.

Twelve months later, the court seals the arrest record of any client with no previous felony conviction who has not been rearrested and has paid the program fee (see below). First-time offenders can then legally report on any job application that they have never been arrested. However, police and fire departments can examine the record if the client ever applies for a job in public safety.

A Second Chance— and More

Like other substance abusers in the early stages of recovery, many Diversion and Treatment Program clients have lapses involving occasional drug use without necessarily reverting to regular daily use. Program staff members estimate that at least one-third of all clients in phase I have these slips at least once. Court personnel and treat-

ment staff do not consider these lapses to be signs of failure or inevitable precursors to a full-blown return to substance abuse. Instead, when a client's urine tests positive or a client volunteers information about slips, the counselor reviews the events that preceded the lapse to help the person recognize the feelings or events that seem to trigger renewed drug use and think of ways to cope with these warning signals. The counselor is also likely to insist that the phase I client who has a lapse begin going to individual and group counseling sessions.

When a lapse occurs during phase II or phase III, the counselor may adjust the client's treatment plan to require more frequent urine testing and move up the date of the client's next scheduled court appearance. The counselor may also insist on increased counseling or attendance at fellowship meetings. If positive test results become too frequent, the judge may reassign the client to an earlier program phase. Even

Do You Want To Go to My Hotel?

"Show me what you can do." So instructs Judge Stanley M. Goldstein of Criminal Division 51, more commonly referred to as the "Drug Court," as he leans over his bench, pen in hand, pointing to the young man before him. "Do you want to go to my hotel?" The defendant shifts nervously on his feet. He knows that "hotel" is Judge Goldstein's euphemism for jail. "No, your

honor, no sir." Judge Goldstein nods, saying "What's going on, Victor? You've missed 5 out of 12 counseling sessions? You're clean every time you go, but you're just not goin' regularly. Go to the program, Victor. All right. Come back in 2 weeks. I want to see some progress."

if a client's urine tests are consistently or almost always negative, the counselor or the judge may impose these restrictions if there are other indications that the person's recovery is shaky or deteriorating—for example, if the client is extremely agitated, talks compulsively about drugs, reports acute tension with a family member, or misses court appearances.

Only as a last resort—and very rarely—does Judge Goldstein remove a client from the program; only he has the authority to do so. Despite repeated client lapses, failures to show up in court, and excuses for lack of progress, the judge makes every effort to find a way for treatment to work and to avert prosecution—sometimes against the treatment recommendation to discharge the person to criminal prosecution. Judge Goldstein tells these clients, "You're not getting out of this program until you get better!" Rather than expel them from the program, he often sends uncooperative clients to jail for 2 weeks if he feels they are capable of recovery but are simply not trying hard enough. For example, a middle-aged woman appeared in court with her two daughters—an 18-year-old and an infant.

She had missed most of her treatment appointments and had positive urine tests on the few occasions she did show up. Judge Goldstein had her tested during the court session, and the results were positive again. The judge sent her to jail for 2 weeks for a bond violation, and the older daughter took her baby sister home.

Tim Murray estimates that about 6 out of 10 clients who eventually graduate from the program spend at least 2 weeks in jail for failing to cooperate—more time than they would have spent in jail if they had plea bargained the case. As many as 3 in 10 successful clients spend 4 or more weeks in jail where they receive continuing treatment and voluntary acupuncture designed to support the Drug Court's therapeutic objectives.

This approach recognizes that some drug users experience many ups and downs before they finally recover and that criminal prosecution is not the answer to their problems. However, a number of defendants have become virtually perpetual clients in the program, shuttling back and forth be-

tween phases or simply remaining in phase I. Some clients who entered the program in 1989 are still participating. As a result, treatment staff and court personnel have begun conducting case reviews of long-time clients who are failing to make progress to determine whether anything else can be done to hasten their recovery, such as placing them in residential treatment, or whether the case should be referred for traditional prosecution.

In a few cases (immediately for anyone who is rearrested), the judge removes a client if he is convinced the person cannot stop using drugs. These clients are sent to another court for disposition that usually includes jail time. Clients who fail the program may rejoin it at a later date if they can convince Judge Goldstein that they are now ready to make the effort to stay clean.

The Diversion and Treatment Program has thus resulted in comprehensive, long-range, and sometimes unexpected outcomes for Miami's drug-using offenders. Yet the program did not spring up overnight.

How the Program Was Developed

Dade's uncommon approach to dealing with drug offenders originated with a circuit court judge's creative thinking and the collaborative effort of many public agencies. In 1989, deeply troubled by the paralyzing effect that drug offenses were having on the Dade County court system, the Florida Supreme Court gave Judge Herbert M. Klein, associate chief judge of the

eleventh circuit court, a 1-year leave of absence to come up with a comprehensive solution to the problem. After intensive study, Klein concluded that the answer lay not in finding better ways of handling more and more offenders in the criminal justice system, but in "determining how to solve the problem of larger numbers of people on drugs."

Bringing Accountability to the System. Klein knew that offenders arrested for simple possession of narcotics were seldom held accountable for their crime. An arrestee might be locked up overnight, but the next day, after a 5-minute bond hearing before a judge, that person would typically be released pending arraignment. Three weeks later, the defendant would return to court where the public defender assigned to the case would work out a plea bargain that allowed the person to plead guilty with credit for time served (the night in jail after arrest) and go free.

Although this typical case cost the criminal justice system only a few hours in terms of police services, booking time, and recordkeeping, there was a better than even chance the offender would be rearrested and recycle through the system—eventually going to jail or prison as the felony convictions mounted or the offender began dealing drugs in order to pay for the drugs. Judge Klein developed the premise that investing a year of comprehensive treatment coupled with close surveillance in these typical cases—instead of a few hours—would pay off in the long run with reduced costs to the police, courts, and jail as

more and more drug users kicked the habit.

Involving Everyone in the Solution. Realizing that providing this level of treatment for drug offenders would require a major collaborative effort among a number of public agencies, Klein gathered together representatives from the State attorney and public defender offices, the corrections and public safety departments, the department of human services, the county manager's office and the clerk's office, and community colleges and community organizations. Within this group, a core team was formed to design and monitor the program.

From the outset, the team agreed with Klein that to keep the criminal justice system from being inundated with drug cases, the demand for drugs had to be reduced; strategies had to extend beyond the police, courts, and jails. Following extensive discussion and testimony, the group also concluded that diverting drug arrestees into treatment could be an effective means of rehabilitation that would eventually reduce recidivism. The team reached a consensus that treatment had to include:

- A choice of several treatment modalities, including individual and group counseling, attendance at fellowship meetings, and acupuncture.
- Ancillary services, including literacy testing and education, vocational assessment and counseling, job placement services, and assistance in finding housing.

- Close monitoring of defendant progress through urine testing, adherence to an individualized treatment plan, and regular court appearances.

- The option of sentencing uncooperative defendants to jail.

In short, drug offenders would be treated as addicts, not criminals, for as long as they made a sincere effort to get off and stay off drugs.

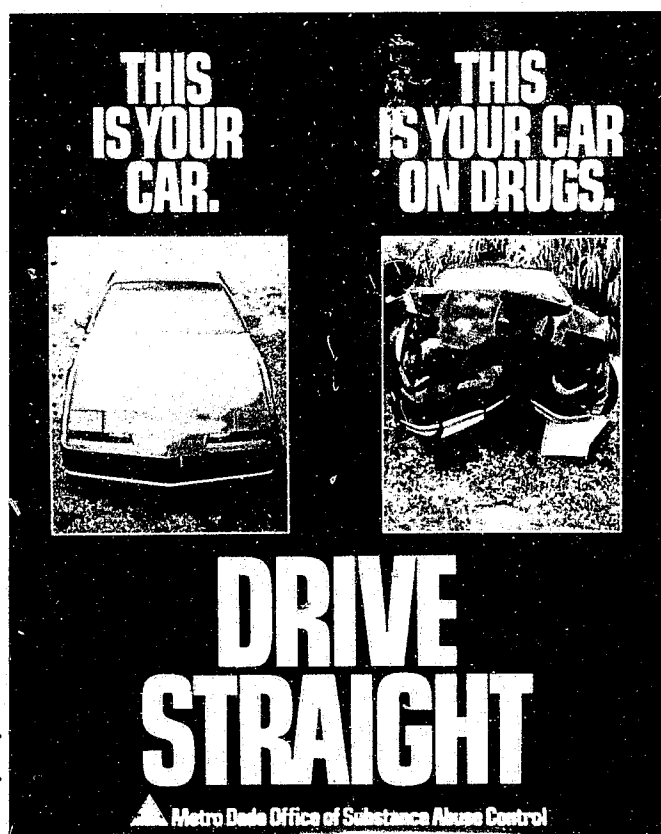
Overcoming Concerns and Objections. Hammering out this unusual master plan with such a wide range of agencies did not, of course, come easily or quickly. Klein was asking the criminal justice system to abandon its adversarial mode of doing business, treatment providers to increase their caseloads, and public colleges to educate recovering cocaine users. Klein ran into numerous roadblocks.

- The public defender pointed out that whereas in the past his assistants could finish a case in short order by recommending that the defendant plead to time served, under the proposed diversion-to-treatment plan they would have to carry each client for an entire year in a program in which this type of offender usually fails.

- Faculty of the two community colleges were concerned about providing services to this population on campus because students—and their parents—would not feel comfortable mingling with criminals and drug users. Some school administrators were apprehensive that drugs would be used or sold around the program buildings.

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Photo by Gary Silverstein, Miami, Florida.



The consequences of substance abuse, such as the one illustrated in this poster, was one of the motivating factors in Dade County's search for new solutions to the continuing drug problem.

Klein emphasized to defense attorneys that treatment, not another plea bargain, was in the best long-term interests of their clients, and he pointed out that the court, not they, would have the headache of monitoring defendants' progress. Klein and Chief Judge Weatherington personally presented to the community college cabinet the case for locating phase III activities on campus. The judges explained that clients would go through extensive screening before being allowed on campus and that only clients who volunteered to take courses would be on the grounds. No one was going to be "sentenced" to campus activities. The judges received support from the deans at the community colleges, who

pointed out to skeptical faculty members that the schools already had students who used drugs. Besides, it was time the colleges demonstrated their social commitment to the surrounding community by helping to solve this countywide problem. (Three years into the program, one dean reported he had yet to receive a negative comment from faculty or students about the program.)

According to Murray, one key official who did not have reservations about Klein's community strategy for handling drug offenders was U.S. Attorney General Janet Reno, then State Attorney for Dade County. Indeed, it was Reno, picking up on Klein's idea of a special court to handle drug ar-

restees, who proposed that the court apply a carrot and stick approach to drug users: Accept and complete treatment, and your case will be dismissed and your record sealed; refuse or fail, and you will be prosecuted. Reno also pushed for expanding the program to include more than just first-time offenders and to enlarge its treatment capability. Murray noted that Reno's chief complaint for the first 3 years was that the program didn't reach enough offenders.

It took 6 months of meetings and debates before Klein could overcome the team's doubts and before the members could agree on a specific program structure. The team was eventually able to reach a consensus because of a number of factors: respect for Klein's authority as a circuit court judge, his decision to charge team members with developing a mutually acceptable solution, and his appeals to the group's sense of community. A powerful contributing factor was the strong sense of urgency most team members felt about the failure of the current system in dealing with drug offenders and the conviction that a cosmetic or public relations gesture would not solve the problem.

Program Accomplishments

Several sets of data suggest the range of the Diversion and Treatment Program's achievement.

Participation. Tim Murray estimates that between June 1989, when the program began, and March 1993, around 4,500 defendants entered the

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Diversion and Treatment Program, representing about 20 percent of all arrestees in the county charged with a drug-related offense. Approximately 60 percent of all those diverted have graduated or are still in treatment, Murray reckons.

Recidivism. Murray reports that whereas typical recidivism rates range up to 60 percent, only 11 percent of defendants who completed the program have been rearrested in Dade County on any criminal charges in the year after graduation. No followup information is available on participants who failed to complete the program.⁴

Costs. The Diversion and Treatment Program's budget (including the cost of constructing the North Campus building) was \$1.3 million in fiscal year 1990 (June 1, 1989, to May 31, 1990) and \$1.8 million in fiscal years 1991 and 1992 after the county added \$500,000 for expanded services. According to Murray, this translates into about \$800 per client per year—or roughly the cost of jailing an offender for 9 days. (Of course, as noted, a majority of clients do spend at least 2 weeks in jail before they graduate.)

Most funding for the program has come from the Dade County General Fund. Acting on a suggestion from Judge Klein, Dade County commissioners developed a new method of redistributing income from traffic offense fees, thus generating some \$1 million annually for the Diversion and Treatment Program. No taxes were increased, nor were funds from any

county operations diverted to the program.

Startup costs to pay for urinalysis during the first program year were partially funded by a one-time contribution from the Law Enforcement Trust Fund (money realized from seized assets which, by State law, cannot be used to fund recurring expenses). The program also collects a client fee according to a sliding scale based on the defendant's ability to pay. For example, clients with gross annual incomes between \$5,000 and \$12,000 are assessed \$500, while clients who earn \$50,000 or more pay \$2,500. The program has collected between \$11,000 and \$23,000 per month in client fees, depending on caseload levels. While fees go directly into the county general fund to be spent as the commissioners see fit, in effect the revenues make the program partially self-supporting.

Promising Evidence. Although insufficient time has elapsed to examine long-term results, available data suggest that a majority of clients remain in the program for at least a year and are discharged on the basis of a record of negative urine tests and a behavioral profile consistent with a promise of recovery. Furthermore, the rate of rearrest 1 year after graduation is low.

According to Judge Klein, the crime reduction potential of the program is substantial. Considering that a crack addict can commit between 25 and 600 crimes a year, the decline in crimes could be significant, he points out, if these persons are drug free and employed. Research supports Klein's

logic. A study of 573 substance abusers in Miami found that in a 1-year period they committed 6,000 robberies and assaults, 6,700 burglaries, 900 auto thefts, 25,000 acts of shoplifting, and 46,000 other larcenies or frauds.⁵

Two other sets of research findings also provide optimism for concluding that the program reduces drug abuse. First, several studies have shown that offenders referred to treatment by the courts have a powerful incentive to remain in treatment in order to avoid being jailed again.⁶ Other research, in turn, suggests that the longer an addict remains in treatment, the better his or her chances for long-term recovery.⁷ Miami's Diversion and Treatment Program seems to meet these preconditions for effectiveness. It makes use of legal coercion to motivate defendants to accept treatment, and a substantial number of diverted defendants remain in treatment a considerable length of time.

Despite these program features, many clients either fail to make progress or hang on to a precarious recovery only as long as they continue to receive services. However, for many other defendants, the combination of comprehensive services, regular monitoring, and personal attention appears to enable them to stay off drugs and avoid further entanglement with the law.

An evaluation of the program by the National Institute of Justice and the State Justice Institute is looking at whether it is possible to draw more definitive conclusions about the program's effectiveness. The evalua-

Sources of Program Strength

Program administrators point to four reasons why the Diversion and Treatment Program is a thriving operation:

Comprehensive services are made available. The program addresses the problem areas that can prevent drug users from staying clean, including illiteracy, lack of academic credentials, unemployment, lack of work experience, need for job search skills, and inadequate housing. Counselors in phase III function much like case managers, encouraging clients to exercise independence but intervening when necessary to line up the resources clients cannot seem to secure on their own. As one treatment administrator put it, acupuncture would not work without counseling, counseling would not work without job development, and job development would not work without education.

A range of public agencies participate. Counselors cannot provide effective case management unless there are programs with which they can link clients in need. The involvement of the community colleges is especially critical for making educational

and vocational services available to clients. The County Department of Human Resources furnishes the needed treatment resources for individual and group counseling sessions. Residential care is funded by the State Department of Health and Rehabilitative Services. And all branches of the criminal justice system, from the prosecutor to the defense attorney, cooperate to make client recovery their primary goal.

The judge provides personal attention. Multiagency participation in the program explains why program personnel report that Judge Goldstein is not solely responsible for the flourishing operation of the program or the Drug Court. Indeed, the docket runs as efficiently in Judge Goldstein's absence as when he presides. Nonetheless, staff believe that the personal—even charismatic—element he brings to the proceedings each time the client reports to court is an essential element in motivating many clients to remain in treatment and get better.

Defendants want treatment. Finally, it appears that many offenders truly want help

in getting off drugs. Once they realize the Diversion and Treatment Program is sincere about wanting to assist them, many clients exert tremendous effort to succeed. Some clients even ask to be jailed so they will be in a completely controlled environment that will force them to detoxify. Other clients, whom the judge locks up because he feels they are not trying hard enough to get better, agree to go to jail for 2 weeks when they could ask their defense attorneys to plea bargain the cases, receive time served, and then go home. Tim Murray reports that about 200 defendants diverted to the program whose charges were subsequently dismissed (because test results showed that they were not in possession of a controlled substance, or because they were subjected to an illegal search and seizure) have chosen to remain in the program even though there is no further legal coercion to motivate them to remain. Every week, two or three former graduates come back to the treatment clinic asking to be readmitted to the program for help because their craving to take drugs again is becoming unmanageable.

tion is examining whether the Diversion and Treatment Program diverts cases that ordinarily would be formally adjudicated (with resulting savings in court and jail resources), and whether diverted defendants reduce their use of drugs, comply with other program conditions, and are rearrested less often compared with offenders who are not diverted.

Notes

1. Federal Bureau of Investigation. *Uniform Crime Reports for the United States, 1991*. Washington, D.C.: U.S. Department of Justice, Federal Bureau of Investigation, 1992: pp. 212–213.
2. Computed by Abt Associates, Inc., from the 1991 Uniform Crime Reports data tape.
3. Swan, N. "Experts Divided on Effectiveness of Acupuncture as a

Drug Abuse Treatment." *NIDA Notes* (September–October 1992): 8–9.

4. It is difficult to determine whether the low recidivism rate among program graduates indicates the program is more effective than traditional criminal processing, however, because there are no data available on the arrest rate of participants who fail to complete the program.

5. Inciardi, J.A. *The War on Drugs*. Palo Alto, California: Mayfield Press, 1986.

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6. Anglin, D.M. "Treatment of Drug Abuse." *Criminology*, vol. 25: 359-397; Dunham, R.G. and A.L. Mauss. "Reluctant Referrals: The Effectiveness of Legal Coercion in Outpatient Treatment for Problem Drinkers." *Journal of Drug Issues*, vol. 12: 5-20; Hubbard, Robert, M.E. Marsden, J.V. Rachal, H.J. Harwood, E.R. Cavanaugh, and H.M. Ginzburg. *Drug Abuse Treatment: A National Study of Effectiveness*. Chapel Hill: The University of North Carolina Press, 1989.

7. Office of National Drug Control Policy. *Understanding Drug Treatment*. Washington, D.C.: The White House, 1990.

About This Study

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For further information on Miami's Drug Court or to arrange for a site visit, contact Timothy Murray, Director, Metro/Dade Office of Substance Abuse Control, 305-375-2676.

Cover Photo by Gary Silverstein, Miami, Florida

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