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**Drug Courts:
An Overview of Operational
Characteristics and
Implementation Issues**

Volume II

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A Joint Project of
The American University
National Center for State Courts
National Consortium of TASC Programs

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A PROGRAM OF THE BUREAU OF JUSTICE ASSISTANCE, U.S. DEPARTMENT OF JUSTICE

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Drug Courts: An Overview of Operational Characteristics and Implementation Issues

Table of Contents

VOLUME ONE

PART ONE: RESPONSES FROM DRUG COURT JUDGES AND STAFF

I. GENERAL BACKGROUND INFORMATION ON THE RESPONDING DRUG COURT PROGRAMS

- A. Population Served and Date Drug Court Program Began
- B. Locus of Program in Judicial Process
- C. Program Goals
- D. Types of cases targeted
- E. Categories of Defendants Targeted
- F. Eligibility Criteria
- G. Typical Sanction for Targeted Drug Court Population Prior to Initiation of the Drug Court Program
- H. Profile of Population Served By Responding Drug Court Programs
- I. Program Capacity and Enrollment
- J. Case Screening Process and Final Determination Re Program Eligibility
- K. Judicial Assignment
- L. Resources Required for Program Implementation
- M. Cost Benefits of Drug Court Programs

II. PROGRAM PROCEDURES

- A. Time Between Arrest and Program Entry
- B. Changes in Existing Criminal Case Process Required
- C. Program Participation and Graduation Requirements
- D. Disposition of Cases of Defendants who are unsuccessfully terminated from the Drug Court Program
- E. Effect of program completion on case outcome

III. METHODS FOR MAINTAINING INFORMATION ON DRUG COURT PARTICIPANT PERFORMANCE

- A. Information System Capabilities of the Drug Court Programs
- B. Information Provided to the Drug Court Judge
- C. Program Contacts with Participants

IV. TREATMENT AND REHABILITATION SERVICES PROVIDED TO DRUG COURT PARTICIPANTS

- A. Overall Management of Treatment and Rehabilitation Services for Drug Court Program
- B. Use of Community Resources

V. PROGRAM EVALUATION/ASSESSMENT

- A. Information Used to Monitor Participant Performance
- B. Information Used to Assess Program Effectiveness
- C. Available Follow-up Information
- D. Evaluation Activities Undertaken to Date

VI. PROGRAM OPERATIONAL/PLANNING ISSUES

- A. Most serious problems encountered
- B. Unanticipated Issues Encountered
- C. Modifications/enhancements planned
- D. Advice to colleagues

APPENDICES

- A. General Caseflow Information on Responding Jurisdiction
- B. Participation Requirements of Responding Programs
- C. Graduation Requirements of Responding Programs

VOLUME TWO:

Foreword

	<u>Page</u>
PART TWO: RESPONSES FROM PROSECUTORS	
I. General Background Information on the Drug Court Programs Represented By the Responding Prosecutors	1
A. Jurisdictions Responding	1
B. Locus of Program in Case Disposition Process	1
C. Existence of a Community Prosecution Program	2
II. Program Effectiveness	2
A. Criteria Used to Assess the Effectiveness of the Drug Court Program	2
Chart II-1: Criteria Used by Prosecutors To Assess Program Effectiveness	3
B. Impact of the Drug Court Program on Capability of the Prosecutor's Office to Handle Other Criminal Cases	4
1. Impact on Capability for Handling Other Criminal Cases	4
2. Impact on Law Enforcement and Prosecution Policies	5
3. Arrest Activities in Drug Court Jurisdictions Since Drug Court Program Began	5
III. Costs to the Prosecutor's Office for the Drug Court Program	5
A. Prosecutor Staff Dedicated to the Program	5
Chart II-2: Prosecutor Office Staff Positions To Support Drug Court Program	6
B. Additional Costs Incurred to Support the Drug Court Program	6
C. Cost Savings Achieved	7
Chart II-3: Cost Savings Achieved by Prosecutors from Drug Court Program	7

IV.	Program Implementation/Operational Issues	7
A.	Problems Encountered in Implementing the Program	7
B.	Unanticipated Issues Arising and Methods for Resolving Them	8
C.	Advice to Prosecutors in Other Jurisdictions	9
D.	Suggestions for Improving the Drug Court Program	10

PART THREE: RESPONSES FROM DRUG COURT PUBLIC DEFENDERS

I.	General Background Information on the Drug Court Programs Represented by the Responding Defenders	12
A.	Jurisdictions Responding	12
B.	Locus of Program in Case Disposition Process	12
II.	Program Effectiveness	13
A.	Criteria Used to Assess Effectiveness of the Drug Court Program	13
	Chart III-1: Criteria Used by Defenders To Assess Effectiveness Of Drug Court Program	14
	Chart III-2: Defenders' Criteria for Measuring Successful Treatment of Participants	14
B.	Impact of the Program on Defender Office's Capability to Respond to the Criminal Caseload	15
C.	Benefits for Defender Offices Derived from the Drug Court Program	15
III.	Costs to Defender Offices for the Drug Court Program	16
A.	Defender Office Staff Dedicated to the Drug Court Program	16
B.	Program Costs	16
C.	Savings Achieved	16

IV.	Program Implementation/Operational Issues	17
A.	Problems Encountered in Implementing the Drug Court Program	17
B.	Unanticipated Issues Arising and Methods for Resolving them	18
C.	Advice to Defenders in Other Jurisdictions	19
D.	Suggestions for Improving the Drug Court Program	20

PART FOUR: RESPONSES FROM POLICE/LAW ENFORCEMENT OFFICIALS

I.	General Background Information on the Drug Court Programs Represented by the Responding Law Enforcement Agencies	21
A.	Jurisdictions Responding	21
B.	Locus of Drug Court Program in Case Disposition Process	21
II.	Program Effectiveness	22
A.	Criteria Used to Assess effectiveness of Drug Court Program	22
	Chart IV-1: Criteria Used by Law Enforcement Officials for Assessing Effectiveness of Drug Court Program	22
B.	Impact of Drug Court on Law Enforcement Agency's Capability to Respond to Criminal Activity in the Jurisdiction	23
	Chart IV-2: Impact of Drug Court Program on Law Enforcement Agencies	23
C.	Impact of Drug Court Program on Arrest Policies and Procedures	23
D.	Orientation and Training of Officers	23
E.	Relationships With Community Groups	24
F.	Relationship of Drug Court And Community Policing Programs	24
	1. Existence of Community Policing Activity	24
	2. Degree of Support for Community Policing Activities Provided by the Drug Court	24

G.	Arrest Activity Since Drug Court Program Began	24
	Chart IV-3: Arrest Activity in Drug Court Jurisdictions	25
III.	Costs to Implement Drug Court Program	25
A.	Staff Dedicated to the Drug Court	25
B.	Program Costs Incurred/Savings Achieved	25
IV.	Program Implementation/Operational Issues	26
A.	Problems Encountered as a result of Implementing the Drug Court	26
B.	Unanticipated Issues That Arose and Strategies for Resolving Them	26
C.	Advise to Law Enforcement Agencies in Other Jurisdictions Planning a Drug Court Program	27
D.	Suggested Improvements in the Drug Court Program	27
	PART FIVE: RESPONSES FROM CORRECTIONS AGENCY OFFICIALS	
I.	General Background of the Drug Court Programs Represented by the Responding Corrections Agencies	28
A.	Jurisdictions Responding	28
B.	Locus of Program in Case Disposition Process	28
II.	Program Effectiveness	29
A.	Criteria Used to Assess Effectiveness of the Drug Court Program	29
	Chart V-1: Criteria Used by Corrections Agencies for Assessing Drug Court Program Effectiveness	29
B.	Impact of Drug Court Program on Capability of Corrections System to Respond to Criminal Activity in the Jurisdiction	30
III.	Costs to Correctional Agency for the Drug Court Program	30
A.	Total Staff Corrections Agency Dedicates to the Drug Court Program	30
B.	Costs of the Drug Court Program for Corrections Agencies	31

C.	Savings Achieved	31
IV.	Program Implementation/Planning Issues	31
A.	Problems Encountered as a Result of Implementing the Drug Court Program	31
B.	Unanticipated Issues Arising as a Result of the Drug Court Program and Methods for Resolving Them	31
C.	Advice to Colleagues in Other Jurisdictions Planning a Drug Court Program	32
D.	Suggested Improvements in the Drug Court Program	32
 PART SIX: RESPONSES FROM TREATMENT COORDINATORS/PROVIDERS		
I.	General Background Information on the Drug Court Programs Represented by the Responding Treatment Coordinators/Providers	33
A.	Jurisdictions Responding	33
B.	Nature and Duration of Drug Court Treatment Program	33
II.	Entity(ies) Which Provide Treatment and Rehabilitation Services to the Drug Court Program	35
	Chart VI-1: Entities Providing Treatment and Rehabilitation Services to the Drug Court Program	36
III.	Screening and Assessment Activities	36
A.	Use of standard assessment instruments to diagnose addictive disorders	36
	Chart VI-2: Use of Standard Assessment Instrument to Diagnose Addictive Disorders	37
B.	Use of Assessment Process to Identify Persons with Special Needs	37
	Chart VI-3: Special Assessment Activities of the Drug Court Treatment Programs	39
C.	Preparation of Individualized Treatment Plans for Drug Court Program Participants	39

IV.	Drug Court Program Treatment and Referral Capabilities	39
A.	Treatment provider contacts with program participants	39
	Chart VI-4: Treatment and Counselling Sessions Conducted	40
	Chart VI-5: Urinalysis	41
	Chart VI-6: Acupuncture	41
B.	Capability of the Drug Court Program to Make Referrals for Inpatient Treatment	42
C.	Use of Pharmacotherapeutic Methods for Treating and stabilizing Addicts (i.e.,methadone, naltrexone, antabuse, etc.)	43
D.	Adjuncts used to Promote Rehabilitation and Prevent Relapse	43
	Chart VI-7: Use of Adjuncts to Drug Court Treatment Programs	44
E.	Other Support and Rehabilitation Services Provided to Drug Court Participants	44
	Chart VI-8: Support and Rehabilitation Services Provided to Drug Court Participants	45
	Chart VI-9: Drug Court Program Components to Address Special Participant Needs	46
F.	Urine Testing	46
1.	Drugs tested for	46
	Chart VI-10: Drugs Tested For By Reporting Drug Court Programs	47
2.	Costs per test	47
	Chart VI-11: Cost for Urinalysis for Drug Court Participants	48
3.	Agency performing urinalyses	48
	Chart VI-12: Agency Performing Urinalysis for Drug Court Participants	48

V.	Costs to Provide Treatment for the Drug Court Program	49
A.	Total Staff Dedicated to Provide Treatment Services for Drug Court Participants	49
	Chart VI-13: Treatment Staff Dedicated to Drug Court Program	49
B.	Total Program Costs and Population Service Capabilities	50
1.	Approximate additional annual cost to provide treatment services for the drug court program	50
2.	Total Program Capacity Annually	50
3.	Average Annual Cost Per Client for Treatment Service	50
	Chart VI-14: Average Annual Cost Per Client for Treatment Services	51
VI.	Comparison of Drug Court Treatment Services With Treatment Provided Previously	51
A.	Availability of Court-Ordered Treatment Prior to Drug Court	51
B.	Comparison of Drug Court Treatment Services with Services Provided Prior to the Drug Court Program	52
VII.	Criteria Used To Assess Effectiveness of the Drug Court Program	53
	Chart VI-15: Criteria Used by Treatment Professionals to Assess Effectiveness of Drug Court Program: Participant Program Performance Measures	53
VIII.	Program Follow-up and Aftercare	55
A.	Treatment Programs with an Aftercare ¹ Component	55
	Chart VI-16: Drug Court Treatment Programs With Aftercare	55

¹ By "aftercare" we refer to services provided after the individual is discharged from the formal supervision of the Drug Court program.

B.	Follow-up With Individuals Terminated from the Program	56
	Chart VI-17: Follow-Up With Individuals Terminated From the Drug Court Program	56
C.	Information Compiled During Follow-up Activities	56
	Chart VI-18: Follow-Up Information Compiled by Drug Court Programs	57
IX.	Program Implementation/Operational Issues	57
A.	Problems Encountered In Developing Treatment Component of the Drug Court Program	57
B.	Unanticipated Issues That Arose and Strategies for Addressing Them	59
C.	Advice to Colleagues in Other Jurisdictions Where Drug Courts are Being Planned	61

Foreword

Drug Courts: An Overview of Operational Characteristics and Implementation Issues provides a comparative profile of twenty Drug Court programs which had been operational for more than one year as of the Spring of 1995. The information in this *Overview* was derived from responses to a survey distributed by the Bureau of Justice Assistance (BJA) Drug Court Resource Center at The American University in early 1995 to 25 drug courts designed to elicit information on program operations and impact to date. The 1995 survey, an update and expansion of a 1993 survey of 17 drug court programs then in operation, consisted of six sections to be completed by the principal agencies involved in the drug court operation in each of the jurisdictions surveyed: (1) general program information to be completed by the court; and more specific information relating to (2) prosecution activities; (3) defense activities; (4) law enforcement activities; (5) correctional activities; and (6) the activities and services of the treatment coordinator. **Volume One** of the *Overview*, presenting general information on twenty of the twenty-five drug court programs surveyed and reflecting responses from the drug court judges, was published in June 1995. **Volume Two** presented in this report, provides responses from prosecutors; defenders; law enforcement officials; correctional agency officials; and, treatment professionals involved with the drug court programs described in **Volume One**.

Both volumes of the *Overview* focus on the operational elements currently deemed critical to drug court program effectiveness and the implementation issues that have emerged. Both volumes are designed to be updated, periodically, to reflect the continuing evolution of the drug court concept, as new programs emerge and existing programs fine-tune their operations.

It goes without saying that the information contained in this report was made possible by the special efforts of drug court officials in the reporting jurisdictions who offered their time and insights to provide the responses upon which this report is based. Special appreciation is extended to the following Drug Court Judges, prosecutors, defenders, treatment providers, and other agency officials who contributed to these volumes:

Jurisdiction	Judge	Prosecutor	Indigent Defense	Police/Law Enforcement	Corrections	Treatment
Mobile, AL	Judge Braxton Kitrell (205)690-8474	John Cherry D.A. Office (334)694-3301	Norman Davis (334)694-3301	Harold Johnson (334)434-1701 Lt. J. Pigott (334)690-8668	Joseph Mahoney Comm. Cor. Ctr. (334)696-3322	Emma Perryman Franklin Mem. Hospital (334)432-8860
Maricopa County (Phoenix), AZ	Judge Susan Bolton (602)506-3347	Abigail Kennedy Attorney's Office (602)506-9494	Nora Green Public Defender (602)506-3043	n/a	n/a	Julie Begona Adult Probation Dept (602)506-8093
*Little Rock, AR	Judge Jack Lessenbery (501)372-7837					
Los Angeles, CA	Judge Steven Marcus (213)680-7804 Ed Brekke (213)974-5270	Paul Stacy D.A. Office (213)893-0251	Kathy Cantella Public Def. Ofc. (213)974-2904	Capt. M. Melton Police Dept. (213)485-2547	n/a	James Stillwel IMPACT Drug & Alc. Trt. Ctr. (213)681-2575
San Bernardino, CA	n/a	Karen Bell D.A. Office (909)387-6494	n/a	n/a	n/a	n/a
Denver, CO	Judge William Meyer (303)640-2711	n/a	n/a	n/a	n/a	Lolita Curtis (303)640-3333
Wilmington, DL	Judge Richard Gebelein (302)577-2400	n/a	Edmund Hillis Public Defender (302)577-2800	n/a	n/a	Beth Peyton TASC (302)577-2711
District of Columbia	Judge Eugene Hamilton (202)879-1600 Judge Fred Weisberg (202)879-3620	n/a	n/a	n/a	n/a	Jay Carver Pretrial Services (202)727-2911
Escambia Co. (Pensacola), FL	Judge John Parnham (904)436-9244 Robin Wright (904)436-9244	L.W. Clark State Attn. Ofc. (904)436-5349	n/a	n/a	n/a	n/a
Broward Co. (Ft. Lauderdale), FL	Judge Robert Fogan (305)831-7095	n/a	H. Finkelstein Public Def. Ofc (305)831-8644	n/a	n/a	Guy Wheeler Addict. Recov. Ctr. (305)765-5105
Duval Co. (Jacksonville), FL	n/a	M. McIntyre State's Attn. Ofc. (904)630-7554	William White Public Def. Ofc. (904)630-1501	n/a	n/a	n/a
Okaloosa Co. (Crestview), FL	Judge Keith Brace (904)689-5730 Robin Wright (904)436-9244	n/a	n/a	n/a	n/a	Richard Hare Bridgeway Center (904)833-9191

Jurisdiction	Judge	Prosecutor	Indigent Defense	Poloce/Law Enforcement	Corrections	Treatment
Baltimore, MD (Circuit Court)	Judge Joseph Kaplan (410)396-5080	Alan C. Woods State's Attn. Ofc. (410)396-5527	n/a	n/a	Thomas Williams Div. Prob. & Par. (41)764-4307	Robb McFaul Correctional Options (410)333-2727
Baltimore, MD (District Court)	Judge Jamey Weitzman (410)764-8716	Alan C. Woods State's Attn. Ofc. (410)396-5527	n/a	n/a	Thomas Williams Div. Prob. & Par. (41)764-4307	Robb McFaul Correctional Options (410)333-2727
Kalamazoo, MI	Judge William Schma (616)383-8947	James Gregart Prosecutor (616)383-8900	n/a	M. Anderson Sheriff's Dept. (616)385-6173	Michael Anderson Sheriff's Dept. (616)385-6173	Tammy Woodhams Ofc. of Comm. Cor. (616)383-8747
**St. Joseph, (Berrien Co.), MI	Judge Ronald Taylor (616)983-7111	Mark Sanford/ Henry Ruis Prosecutor's Ofc. (616)983-7111	Gary Bryce, esq. (616)983-7505 Jack Banyon, esq tel. # n/a	Lt. Tom Yops Sheriff's Dept. (616)925-2877	David Dreese Probation Dept. (616)983-7111	Joseph Foster Co. Health Dept. (616)927-5607
Kansas City, MO	Judge Donald Mason (816)881-3611	Hon. Clair McKaskill - Pros. (816)881-3366 Vicki Boyd (816)881-3108	n/a	n/a	n/a	George Rentfrow Midwest Alcohol Drug Program (816)373-2224
Clark Co. (Las Vegas), NV	Judge Jack Lehman (702)455-4668	n/a	n/a	n/a	n/a	n/a
Portland, OR	Judge R. Robinson (503)248-3731 Judge Harl Haas (503)248-3052	Michael Schrunck District Attorney (503)248-3162	Robert Williams Metro. Pub. Def. (503)225-9100	Lt. Bob Kaufman Lt. D. Merrill Police Bureau (503)823-0286	n/a	Valerie Moore InAct, Inc. (503)228-9229
Jefferson Co. (Beaumont), TX	Judge Walter Sekaly (409)899-2051	n/a	n/a	n/a	n/a	Cheryl Davis (409)839-2388
Travis Co. (Austin), TX	Judge Joel Bennett (512)476-8595	Name n/a District Attorney (512)473-9400	n/a	contact: Diane Magliolo (512)476-4200	n/a	contact: Diane Magliolo (512)476-4200
King Co. (Seattle), WA	Judge Ricardo Martinez (206)296-9229	Norm Maleng Prosecutor's Ofc. (206)2969067	Michele Mihalek ACA (206)624-8105	Joe Fountain Police Dept. (206)624-8105	n/a	Joan Norton/ Elizabeth Rogers Seattle Rec. Ctr. (206)322-2970

* Little Rock, AR - Terrell Rose, Drug Court Coordinator, (501)374-7837

** St. Joseph (Berrien Co.), MI - Mark Collier, Berrien Co. Pretrial Services, (616)983-7111

PART TWO:

RESPONSES FROM PROSECUTORS

I. General Background Information on the Drug Court Programs Represented by Responding Prosecutors

A. Jurisdictions Responding

Twelve prosecutor offices in the following drug court jurisdictions provided comments to the Update:

Jurisdiction	Date Drug Court Program Began	Population Served
Austin	Aug. 23, 1993	465,577
Baltimore Circuit	Oct. 17, 1994	700,000
Baltimore District	March 2, 1994	700,000
Jacksonville		
Kalamazoo	June 1, 1992	223,411
Kansas City	Oct. 8, 1993	650,000
Los Angeles	May 1994	10,000,000
Mobile	Feb. 13, 1993	378,000
Pensacola, FL	June 1993	262,000
Portland	August 1991	605,000
St. Joseph, MI	Oct. 1, 1991 (case mgt)	
	Oct. 1, 1992 (trtmt)	175,000
San Bernardino		
Seattle	August 11, 1994	2,500,000

B. Locus of Program in Case Disposition Process

Many of the early drug court programs functioned primarily as pre-plea diversion programs for persons with minimal criminal history to provide them with the opportunity of having their charges dismissed upon successful program completion. As new drug court programs developed, many opted for other dispositional models. In addition to diversion or deferred prosecution, the most common of these models have been (a) programs which require defendants to enter a guilty plea which can be dismissed upon successful program completion, and (b) programs which target convicted defendants for whom participation in a drug court program is a condition of probation and/or suspension or reduction of a sentence of incarceration.

The following classifications reflect the judicial process locus of the reporting programs:

Drug Court	Pre-Plea Diversion	Post Plea/Plea Stricken Upon Completion	Post Conviction for Probation of Eligible Defendants
Austin	x		
Baltimore Circuit	some	some	some
Baltimore District	50%		50%
Jacksonville			
Kalamazoo	some		some
Kansas City ²	x		
Los Angeles	some	some	some
Mobile			
Pensacola ³	60%		38%
Portland	x		
San Bernardino			
St Joseph	some	some	some
Seattle	x		

C. Existence of a Community Prosecution Program

Only one of the responding prosecutors (Portland) had also instituted a community prosecution program which was coordinated with the drug court program.

II. Program Effectiveness

A. Criteria used to assess the effectiveness of the drug court program

Although some of the responding prosecutors indicated that the drug court program had not

² Prosecution of the underlying offense is stayed while the defendant is in the program. Upon successful program completion, the defendant's case is dismissed with prejudice. Cases of defendants who are terminated unsuccessfully from the program are refereed for standard prosecution.

³ deferred sentencing for 2 %

been operating for a sufficient period of time to permit them to fully respond, the most common criteria prosecutors were using to assess the effectiveness of the drug court program at the time of response were: participant attendance in treatment and at court hearings; urinalysis results; and percent of participants graduating.

Chart II-1: Criteria Used by Prosecutors to Assess Program Effectiveness

Drug Court	Partic. Att. @ Treatment	Partic. Appr. @ court status hearing	Partic. Urinalysis	Partic. Employed	Percentage of Graduates
Austin	x	x	x		x
Baltimore Circuit					
Baltimore District					
Jacksonville	x	x	x	x	
Kalamazoo	x	x		x	x
Kansas City ⁴	x	x	x		x
Los Angeles	x	x	x	x	x
Mobile	x	x	x		x
Pensacola ⁵		x	x		x
Portland	x	x	x		x
St. Joseph			x	x	
San Bernardino	x	x	x		
Seattle	x	x	x		

(chart cont.)

⁴ Prosecution of the underlying offense is stayed while the defendant is in the program. Upon successful program completion, the defendant's case is dismissed with prejudice. Cases of defendants who are terminated unsuccessfully from the program are referred for standard prosecution.

⁵ deferred sentencing for 2 %

Chart II-1: Criteria Used by Prosecutors to Assess Program Effectiveness
(chart cont.)

Drug Court	Drug Possession Charges	Other Drug Charges	Non-Drug Charges
Austin	x	x	
Baltimore Circuit	n/a	n/a	n/a
Baltimore District	n/a	n/a	n/a
Jacksonville	x		
Kalamazoo	x	x	x
Kansas City ⁶	x	x	x
Los Angeles	x	x	x
Mobile	x		x
Pensacola ⁷		x	
Portland			
St. Joseph	x	x	
San Bernardino	x		
Seattle	x	x	x

Other criteria noted were the percent of defendants on warrant status compared with the percent actively complying with the Drug Court Program attendance requirements.

B. Impact of the Drug Court Program on Capability of the Prosecutor's Office to Handle Other criminal cases

1. Impact on Capability for Handling Other Criminal Cases

The most significant reported impact drug court programs have had on prosecutors' offices has been to permit additional attorneys to be available for other cases (Jacksonville, Kalamazoo, Mobile, Pensacola, Portland and St. Joseph); and to encourage greater coordination with other criminal justice agencies (Austin, Jacksonville, Kansas City, Los Angeles, Pensacola and Seattle.) Other benefits noted have been (a) to encourage greater contact with community groups (Austin,

⁶ Prosecution of the underlying offense is stayed while the defendant is in the program. Upon successful program completion, the defendant's case is dismissed with prejudice. Cases of defendants who are terminated unsuccessfully from the program are refereed for standard prosecution.

⁷ deferred sentencing for 2 %

Kansas City, Jacksonville, and Los Angeles); and (b) to provide a more effective response to arrests of substance abusers, an additional tool for law enforcement to enforce a no tolerance policy, and, through rehabilitation, to potentially reduce future caseloads. (St. Joseph).

2. Impact on Law Enforcement and Prosecution Policies

All of the twelve responding prosecutors indicated that the drug court program permitted a more appropriate response to cases involving substance abusing defendants by them the opportunity for treatment and rehabilitation in appropriate cases. Six of the prosecutors (Austin, Mobile, Kansas City, Pensacola, San Bernardino, Seattle, also indicated that the program promoted swift sanctioning in appropriate situations. Five of the prosecutors (Austin, Jacksonville, Kalamazoo, Los Angeles, and Pensacola) noted that the program promoted more efficient use of office resources and five (Austin, Jacksonville, Kansas City, Los Angeles, and Portland) noted it promoted more efficient use of community resources. Austin, Kansas City, Los Angeles, Portland and Seattle also noted that program had generated community support.

3. Arrest Activities in Drug Court Jurisdictions Since Drug Court Program Began

Eight⁸ of the twelve responding prosecutors indicated that there had been no significant change in drug possession arrests since the program began. In St. Joseph, however, these arrests had increased; in Pensacola, they had decreased. None of the reporting prosecutors indicated an increase in drug related arrests (e.g., theft, etc.), while two (Mobile and Pensacola) indicated they thought these had decreased. Portland noted that the drug court did not appear to have any impact on arrest activity.

III. Costs to the Prosecutor's Office for the Drug Court Program

A. Prosecutor Staff Dedicated to the Program

Half of the responding offices dedicated one or more attorneys on a full-time basis to the drug court program. The remaining half dedicated one or more attorneys on a part-time basis. Half of the offices dedicate at least one full-time support staff to the program, and half dedicate at least one staff person part-time. Prosecutor office staff positions in support of the drug court program included clerks, administrators, investigators, and diversion specialists. One of the responding offices (Seattle) also utilizes volunteers.

⁸ Austin, Baltimore, Jacksonville, Kansas City, Los Angeles, Mobile, San Bernardino and Seattle.

**Chart II-2: Prosecutor Office Staff Positions To Support
Drug Court Program**

Drug Court	Attorney Full-time	Attorney Part-time	Staff Full-time	Staff Part-time	Volunteers
Austin		x		x	
Baltimore Circuit	x		x		
Baltimore District	x		x		
Jacksonville		x		x	
Kalamazoo		x		x	
Kansas City	x		x		
Los Angeles	x		n/a	n/a	
Mobile		x		x	
Portland		x		x	
Pensacola		x		x	
St. Joseph	x		n/a	n/a	
San Bernardino	x		x		
Seattle	x		x		

In five jurisdictions⁹, staff were hired specifically for the Drug Court program; in others, existing staff were reassigned.

B. Additional Costs Incurred to Support the Drug Court Program

Four of the responding offices (Baltimore, Jacksonville, Pensacola, and Seattle) incurred additional annual costs ranging from \$ 2,500 to \$ 40,000 to implement the program. These costs generally entailed the cost of a new position, matching funds, or for operational expenses. The remaining eight offices indicated they had incurred no additional costs to implement the program.

⁹ Baltimore, Jacksonville, Kansas City, Mobile, and Seattle

C. Cost Savings Achieved

As Chart II-3 below indicates, half of the responding offices indicated they had achieved some cost savings as a result of the drug court program, primarily in terms of case preparation and court appearance time for attorneys; police overtime costs; and other witness costs.

Chart II-3: Cost Savings Achieved by Prosecutors from Drug Court Program

Drug Court	Case Prep. Time	Court Appearc. Time	Police Over- time Costs	Other Witness Costs
Austin				
Baltimore Circuit				
Baltimore District				
Jacksonville	x		x	x
Kalamazoo	x	x		x
Kansas City	x	x		x
Los Angeles			x	x
Mobile	x			x
Pensacola	x	x		x
Portland	x	x	x	
St. Joseph	n/a	n/a	n/a	n/a
San Bernardino	n/a	n/a	n/a	n/a
Seattle	n/a	n/a	n/a	n/a

IV. Program Implementation/Operational Issues

A. Problems Encountered in Implementing the Program

Implementation problems encountered by the responding prosecutor offices focussed on five areas: (1) need for public information and training of prosecutor office attorneys and staff regarding respective role and philosophy of the drug court program, including overcoming the public perception that the drug court was a "social welfare" program; (2) coordination with court, other justice system and treatment agencies, particularly relating to procedures for screening and

referrals; (3) developing consensus among court and other agencies participating in the drug court program regarding requirements for program entry and termination; (4) need for adequate information/tracking systems; and (5) lack of adequate and/or long-term funding.

B. Unanticipated Issues Arising and Methods for Resolving Them

As with most new programs, implementation of most drug court programs has brought about unanticipated problems for prosecutors' offices as well as other agencies involved in the implementation of the drug court program. Below is a summary of the unanticipated issues identified by the responding prosecutors offices and a synopsis of how they were resolved.

Austin

Problem: Tracking of cases in drug court and with our office.

Resolution: Drug court staff reviews our file cabinet monthly to keep our cases updated.

Baltimore

Problem: Procedures for identifying and screening defendants; this slowed down selection, made us the bottleneck in the referral process.

Resolution: We cannibalized another program to provide a prosecutor, but are still a bottleneck because the need is for two.

Jacksonville

Problem: Several program participants relapsed in Phase III.

Resolution: Added sanctions; Probation Restitution Center (residential program/halfway house) Problem participants required to attend court weekly and required to attend AA/NA Meetings daily.

Kalamazoo

Problem: There was initial resistance to requiring restitution to victims from participants for their criminal acts.

Resolution: (1) The frequency of Assistant Prosecutors "forgetting" to refer a case been sharply reduced by having the screening Assistant Prosecutor process the paperwork when errors surface.
(2) In order to assure our continued participation, restitution was required.

Kansas City

Problem: Need for special tracks to deal with special needs, i.e. pregnant women, women with children, homeless, dual diagnosis, and Spanish speaking.

Resolution: Using existing community resources.

Los Angeles

Problem: Proliferation of drug court to other judicial districts within our county.

Resolution: Minimal planning - not same as at "model project" level.

Pensacola

- Problem: (1) Expanding criteria for eligibility
(2) Responding to absconder apprehension.
- Resolution: Drug Court prosecutor given authority to look at defendants on case by case basis.

Portland

- Problem: The increasing elasticity of the court's interpretation of the eligibility criteria
- Resolution: There has not been a general satisfactory resolution. They are handled on a case by case basis.

San Bernardino

- Problem: initially small numbers of defendants who fit the criteria for diversion into Drug Court Rehabilitation Program.
- Resolution: Reassessment of whom to accept into the Drug Court Rehabilitation Program.

St. Joseph

- Problem: Legal issues concerning diversions/scheduling problems.
- Resolution: trial/error

Seattle

- Problem: None, since inception in August, 1993.

C. Advice to Prosecutors in Other Jurisdictions

In response to a request for advice to prosecutors in other jurisdictions contemplating the establishment of drug court programs, responding prosecutors commented as follows:

- Austin** Cooperative effort among partners of the drug court team, i.e., D.A., District judges, police, sheriff, pre-trial, probation, and community members, county commissioners.
- Baltimore** Overestimate needed funding before starting. The job quickly mushrooms.
- Kalamazoo** The funding source for our program requires that the candidates be prison bound. This can result in the exclusion of worthy candidates because although drug dependant, this is their first offense and they are unlikely to receive a prison sentence (or rehabilitative assistance).
- Kansas City** Be prepared for a lot of mistrust and territoriality as the players come together. The process of evolving into a team is slow and often painful.
- Los Angeles** Develop a sound infrastructure first - as we did.

- Portland** (1) As a condition of entering the program the defendant should either plead guilty up front or agree to a stipulated facts trial should he/she ever be terminated from the program.
(2) All parties involved need to have realistic expectations about successful completion rates.
- San Bernardino** Need for both prosecution and defense to change philosophy and focus on rehabilitation.
- St. Joseph** Prosecutors should contact other courts that have established a drug court and obtain their policies and directives. Do not reinvent the wheel when other jurisdictions have established programs.

D. Suggestions for Improving the Drug Court Program

Suggestions offered by the responding prosecutors for improving the drug court program in their respective jurisdictions focussed generally upon developing adequate resources to address the treatment and rehabilitation needs of participants; assuring consistency of procedures; developing adequate information and tracking systems; and providing addiction training for staff. Below is a synopsis of the suggestions of each of the responding prosecutors:

- Austin**
- ▶ Develop sound funding resources;
 - ▶ Need additional treatment services: family counseling, job training, cognitive behavioral skills class, client leisure time activities, vocational counseling.
- Baltimore**
- ▶ None yet (program too new)
- Kalamazoo**
- ▶ Restitution to the crime victim should be a part of the rehabilitation of the defendant.¹⁰
- Los Angeles**
- ▶ Clean, safe, drug-free housing and adequate residential services are essential to the long term success of the individual participants. Jail-based treatment should also be available as a viable sanction.
- Mobile**
- ▶ Addictions training would certainly be useful to build skills in dealing with the kinds of problems Criminal Justice Personnel encounter in Drug Court. Specialized training for the whole Drug Court team.
 - ▶ Allow time and funding for follow-up tracking.

¹⁰ Most of the drug court programs reflected in this survey involve drug possession or related charges, without citizen-victims.

- Portland** ▶ Ensure that the court and treatment provider are working together in offering a consistent therapeutic program. Otherwise, it hampers the provider's ability to give good treatment and puts the Judge in an advocacy role that gives the clients an opportunity to engage in "splitting". Plan for an after program follow-up study; and way for clients to stay involved (perhaps an alumni program). Plan for these kinds of things in the funding - they are important to the program but hard to accomplish when just the bare necessities are covered. Provide for more assistance to the court for overall program coordination and operation.
- San Bernardino** ▶ None yet (program too new).
- St. Joseph** ▶ Rather than having "rotating" judges, assign one judge to the drug court program to ensure "consistency" in procedures, pleas, and sentencing;
- ▶ Getting the treatment program access to criminal justice system computer information and records would be a great improvement (we are about 12-18 months away from this presently.) Conversely, getting the judge immediate access via computer to treatment participation of the offender is very important also.

PART III: RESPONSES FROM DEFENDERS

I. General Background Information On the Drug Court Programs Represented by the Responding Defenders

A. Jurisdictions Responding

Defender offices in the following seven of the twenty jurisdictions responding to the Program Update provided comments on the drug court program in their respective jurisdictions:

Jurisdiction	Program Start Date	Population
Fort Lauderdale		
Los Angeles	May 1994	10,000,000
Phoenix		
Portland	August 1991	605,000
St. Joseph ¹¹	Oct. 1, 1991 (case mgt)	175,000
	Oct. 1, 1992 (trtmt)	
Seattle	Aug. 11, 1994	12,500,000
Wilmington		

Austin indicated that contract attorneys, with no formal "defender" office, are used to provide defense services for participants.

B. Locus of Program in Case Disposition Process

The following classifications reflect the judicial process locus of the reporting programs:

¹¹ Indigent defense services in St. Joseph are provided under a contract with a local law firm .

Drug Court	Pre-Plea Diversion	Post Plea/Plea Stricken Upon Completion	Post Conviction for Probation of Eligible Defendants
Fort Lauderdale	x		
Los Angeles	some	some	some
Mobile	some	some	some
Phoenix			x
Portland	x		
St. Joseph	n/a	n/a	n/a
Seattle	x		
Wilmington	some	some	

II. Program Effectiveness

A. Criteria Used to Assess Effectiveness of the Drug Court Program

In assessing the effectiveness of the drug court program, defenders looked primarily (a) to the program's operational framework to support their ability to provide effective legal assistance to eligible defendants; (b) the degree of participation of eligible defendants; and (c) various indicia of the defendants' rehabilitation. The specific comments of the responding defendants are presented in Charts III-1 and III-2 on the following page.

Chart III-1: Criteria Used by Defenders To Assess Effectiveness of Drug Court Program

Drug Court	Permits Effective Assistance to Defs.	Permits Defs. to Make Informed Decs. Re: Program Entry	Does Not Jeopardize Defs. Rights
Fort Lauderdale	x	x	
Los Angeles	x	x	x
Mobile	n/a	n/a	n/a
Phoenix	x		x
Portland	x	x	x
St. Joseph	n/a	n/a	n/a
Seattle	x	x	x
Wilmington	x	x	x

Chart III-2: Defenders' Criteria for Measuring Successful Treatment of Participants

Drug Courts	Attendance in Treatment Program	Attendance at Court Status Hearings	Participants Urinalysis Results
Fort Lauderdale	x	x	x
Los Angeles	x	x	x
Mobile	n/a	n/a	n/a
Phoenix	x	x	x
Portland	x	x	x
St. Joseph	x	x	x
Seattle	x	x	x
Wilmington	x	x	x

(chart cont.)

Chart III-2: Defenders' Criteria for Measuring Successful Treatment of Participants

(chart cont.)

Drug Court	Drug Possession Charges	New Arrests Other Drug Charges	New Arrests Non-Drug Charges
Fort Lauderdale	x	x	
Los Angeles	x	x	x
Mobile	n/a	n/a	n/a
Phoenix	x	x	x
Portland	x	x	x
St. Joseph			
Seattle	x	x	
Wilmington	x	x	x

Four of the defenders (Los Angeles, Portland, Seattle and Wilmington) also cited the employment status of the participants as indicative of the effectiveness of the program.

B. Impact of the Program on Defender Office's Capability to Respond to the Criminal Caseload

The most significant impact drug court programs have had on defender offices has been the increased contact and coordination they have promoted between the defender offices and other criminal justice agencies¹². Four defenders also cited greater contact and coordination with community groups (Fort Lauderdale; Los Angeles, Mobile and Portland). Fort Lauderdale, Los Angeles, and Portland also noted that the program permitted additional attorneys to be available for other criminal clients.

C. Benefits for Defender Offices Derived from the Drug Court Program

The most common benefit of drug court programs cited by defenders was that it permitted a more appropriate response to cases involving substance abusing defendants by permitting an opportunity for treatment and rehabilitation in appropriate cases. Cited by six of the seven reporting

¹² Fort Lauderdale, Los Angeles, Mobile, Phoenix, Portland and Seattle.

programs.¹³Six of the responding defenders¹⁴ also commented that the program promotes more efficient use of office resources, although Los Angeles noted this increased efficiency was only marginal and more efficient use of community resources. Three of the responding defenders (Fort Lauderdale, Los Angeles and Portland) noted that the program had generated community support.

III. Costs to Defender Offices for the Drug Court Program

A. Defender Office Staff Dedicated to the Drug Court Program

Six of the responding programs reported that they assign at least one full-time attorney to the program daily. Four defenders¹⁵ indicated they assigned at least one attorney part-time to the program. Two programs assign at least one support staff member full-time. The remaining defenders assign staff and/or attorneys on a part-time basis. Two of the defenders (Fort Lauderdale and Portland) also use volunteers.

B. Program Costs

Four of the responding defenders (Fort Lauderdale; Mobile; Phoenix; and Portland.) indicated that the drug court had imposed no additional costs on their office operations. The three defenders who encountered costs were: Mobile (\$ 34,000); Phoenix (\$ 2,820); and Portland (\$ 279,725). The most significant items which generated these additional costs were: attorney salaries (Mobile and Los Angeles); clerical staff (Mobile, Phoenix and Portland).

C. Savings Achieved

Like prosecutors, approximately half of the responding defenders indicated they had achieved some cost savings as a result of the drug court program, primarily in terms of case preparation time for attorneys (Fort Lauderdale; Los Angeles; Portland and Wilmington). Two defenders (Fort Lauderdale and Portland) noted savings in witness costs as well. The Phoenix defender noted some possible savings in probation violation coverage. The Seattle defender noted that, although the office had not achieved savings in terms of full time attorneys, one drug court attorney is able to handle an increased caseload.

¹³ Fort Lauderdale, Los Angeles, Phoenix, Portland, Seattle, Wilmington

¹⁴ Fort Lauderdale, Los Angeles, Mobile, Portland, Seattle, Wilmington

¹⁵ Los Angeles, Mobile, Phoenix and St. Joseph.

IV. Program Implementation/Operational Issues

A. Problems Encountered in Implementing the Drug Court Program

Although no defenders cited serious continuing problems with the drug court program, a variety of issues had arisen for defenders in some of the jurisdictions during the course of the program implementation which required resolution. The most serious problems defenders encountered in implementing the drug court program appeared to relate (a) to the impact of the pressure to have defendants enter the program very early in the process with the need to provide adequate counsel; and (b) defining admissibility requirements of clients. A synopsis of the responding defenders comments is provided below:

Ft. Lauderdale none

Mobile The only major problem is communication with participants basically when they first enter the program, since they are drug addicts and very few have permanent addresses or phone numbers which are valid for any length of time. This causes problems in the defense attorney's initial contact and interview to explain the program and the legal requirements to enter it. It can be extremely time consuming locating and getting the participants into the office. This however, has improved over a period of time as more support personnel have come into the program and time constraints have been put in place giving the participants a certain time to contact my office and get signed up for the program. The only other problems are that in dealing with such a large group of people that various personal problems, such as jobs, other criminal charges pending are very time consuming, but is expected when dealing with mostly crack cocaine addicts who for a period of time have done nothing but figure out ways to get drugs, many times through petty and major theft or the writing of bad checks. There can be a multiplicity of problems, but most are solvable, but time consuming.

Phoenix Finding a person to cover. Because we have a volunteer attorney, I can cover drug court. Everyone in our program is post conviction. They do not have a right to representation by a public defender. People in drug court are not being violated on probation. This office participates because Drug Court benefits our clients. The system probably violates A2 Pub. Def. statute.

Portland (1) Defining admissibility requirements of clients; and
(2) Defining roles of each agency participant in the STOP Program. Both of these issues have been satisfactorily resolved.

Seattle This program has just begun. There was a test period the last few months of '94 involving all agencies. We began as sole provider 1/1/95. However, we have begun to see signs that police are submitting weak (search/arrest) cases where they know it will be referred to drug court and the person may give up his/her right to contest the case in order to get treatment.

St. Joseph Scheduling court appearances for non-drug court cases.

Wilmington Insuring that "expedited" management of cases by the court did not adversely affect our clients.

B. Unanticipated Issues Arising and Methods for Resolving them

The most frequent unanticipated issues encountered by the responding defenders implementing drug court programs entailed accommodating the various resource, procedural and communication tasks resulting from larger than anticipated caseloads; developing policies and procedures for responding to bench warrants and new charges; assuring that defendants' rights are protected; and, like their counterpart agencies, developing adequate mechanisms for coordinating with the other agencies involved in the drug court program. Below is a synopsis of the unanticipated issues cited by the reporting defenders and, where applicable, the strategies used to address them.

Ft. Lauderdale

Problem: encouraging unwilling defendants to participate
Resolution: appeal hearing considered as well as change in administrative provisions for the program, making it a pretrial diversion one rather than solely a post-adjudication option.

Mobile

Problem: The unanticipated issues were the amount of time that the program consumes in its inception. This has become somewhat more manageable over a period of time. Also, I have elaborated earlier the communication problems that still exist in a lesser form. Although there are still some periodic surprises, most problems that were originally with us have been faced and solved.

Portland

Problem: The amount of time involved in responding to a large chemical dependency caseload.
Resolution: We continue to educate ourselves with regard to the economic, political, social and personal issues surrounding chemical dependency issues and drug addiction.

St. Joseph

Problem: (1) The caseload has increased far more than anticipated; and
 (2) Scheduling problems on PV's with other judges. Our Wednesday drug court session is too long unless pleas are taken on Tuesday.
Resolution: Some problems have been resolved through compromise; others are still not resolved.

Seattle

Problem: Bench warrants - issue and return with new charge; therefore SR goes up. (i.e. more "residue" cases filed.)
Resolution: Not yet resolved.

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Wilmington

- Problem: tracking diverted cases, potential conflict of interest arising out of diverted clients in multiple defendant cases
- Resolution: still working on these issues

C. Advice to Defenders in Other Jurisdictions

In response to a request for advice to defenders in other jurisdictions contemplating the establishment of drug court programs, responding defenders commented as follows:

- Phoenix** ▶ Urge pre-trial diversion. Get court approval or ruling if post conviction.

[Note: The Phoenix program operates as a probation program, with defendants beginning participation only after adjudication. Therefore, special pre-trial or adjudication screening or procedures have been implemented for the drug court program.]

- Fort Lauderdale** ▶ Do It

- Los Angeles** ▶ Complete buy-in at the top of each agency and strong missions directive to staff;
- ▶ Maintain regular and frequent communication between all agencies involved in Drug Court process.
- ▶ Visit and become familiar with existing Drug Court programs in operation.
- ▶ Get going ASAP.

- Mobile** ▶ Any counterpart where a drug court program is being planned should plan a seminar with our program and talk with their counterparts and be forewarned of problems that were met and their various solutions. This would give them a tremendous advantage and hopefully help them avoid the pitfalls that we've had and through hard work have found solutions.

- Portland** ▶ Define the policies of the program and the roles of each program participant early. Reach consensus! Ongoing effort.
- ▶ Identify the data element which need to be captured in order to report on the progress of program.

- St. Joseph** ▶ Provide more resources to defense counsel. Don't sacrifice justice for speed in the scheduling of cases; From a defense standpoint it would be beneficial to get enough money to be adequately staffed from the onset of the defense contract. The caseload has seemed to increase, but the money hasn't.

- Seattle** ▶ Do your best to implement a "true" diversion program rather than one requiring plea or stipulation. You will be able to handle far more cases. You will be in a much better position to really (cont.)

- Seattle** ▶ (cont.)encourage people to get treatment through this program. You will be far less likely to encounter the problem spoken of in IIIA where the police see an advantage in filing cases where they know they are violating or have violated a person's constitutional rights. Under our system, if the person seeks treatment and fails, he/she will be convicted (by stipulation) and unable to contest the violation. In true diversion, the police have no such incentive.
- Wilmington** ▶ Don't reinvent the wheel; look to other jurisdictions that have experienced the drug-court development and build on their experience; participate to the extent you can in the planning and administration of the drug court.

D. Suggestions for Improving the Drug Court Program

Defenders' suggestions for improving the drug court program in their respective jurisdictions focussed generally upon compiling more useful and accessible information; developing more efficient procedures; and increasing treatment and rehabilitation resources to serve the potentially eligible population. Below are specific comments the responding defenders provided:

- Los Angeles** ▶ Expansion of Drug Court legal eligibility criteria to encompass greater client population. Expansion of Drug Court to accommodate additional jurisdictional areas.
- Mobile** ▶ I believe that our program is running as smoothly as possible considering all the factors. It has been difficult at times, but there is tremendous cooperation with all persons in all facets of this program which has facilitated implementation and furtherance of our goals and rehabilitation, education, and further crime prevention.
- Phoenix** ▶ These people don't need a lawyer. *[see note in C above]*
- Portland** ▶ Establish a centralized data processing system which has all the program information. This system should be accessible, via network, to all other agencies for internal use.
- St. Joseph** ▶ Have one judge handle the entire drug court process. Dispositions would probably be much more consistent with one judge.
- Seattle** ▶ On expedited cases the plea and sentencing should be on the same day.

PART FOUR:

RESPONSES FROM POLICE/LAW ENFORCEMENT OFFICIALS

I. General Background Information on the Drug Court Programs Represented by the Responding Law Enforcement Agencies

A. Jurisdiction Responding

Jurisdiction	Program Start Date	Population
Austin	Aug. 23, 1993	465,577
Kalamazoo	June 1, 1992	700,000
Los Angeles	May 1994	10,000,000
Mobile	Feb. 13, 1993	378,000
Portland	Aug. 1991	605,000
St. Joseph	Oct. 1, 1991 (case mgt)	175,000
	Oct. 1, 1992 (trtmt)	
Seattle	Aug. 11, 1994	2,500,000

B. Locus of Drug Court Program in Case Disposition Process

Drug Court	Pre-Plea Diversion	Post PleaPlea Stricken Upon Completion	Post Conviction for Probation of Eligible Defendants
Austin	x		
Kalamazoo	some		some
Los Angeles	some	some	some
Mobile			
Portland	x		
St. Joseph	some	some	some
Seattle	x		

II. Program Effectiveness

A. Criteria Used to Assess Effectiveness of Drug Court Program

As Chart IV-1 below depicts, law enforcement officials involved in drug court programs appear to rely primarily upon the occurrence of new drug charges, participant attendance in court, and the percent of participants graduating from the program as the most significant measures of the program's effectiveness.

**Chart IV-1: Criteria Used by Law Enforcement Officials
for Assessing Effectiveness of Drug Court Program**

Drug Court	Participant Attendance in Treatment	Participant Attendance in Court	Urine Test	Participant Employment	% of Participant Grad. From Program
Austin	x	x	x		x
Kalamazoo		x	x	x	x
Los Angeles	n/a	n/a	n/a	n/a	n/a
Mobile	n/a	n/a	n/a	n/a	n/a
Portland					
St. Joseph		x			
Seattle	x	x			x

Drug Court	Drug Possession	New Arrests Other Drug Charges	New Arrests Non-Drug Charges
Austin	x		
Kalamazoo	x	x	x
Los Angeles	n/a	n/a	n/a
Mobile	n/a	n/a	n/a
Portland	x	x	x
St. Joseph	x	x	
Seattle	x	x	

B. Impact of Drug Court on Law Enforcement Agency's Capability to Respond to Criminal Activity in the Jurisdiction

The most frequently cited impact of the drug court program on law enforcement activities in the responding jurisdiction was the promotion of greater coordination with criminal justice agencies and new relationships with the community. They also noted that the drug court program provided law enforcement agencies with a more effective response to arrests for substance abusers.

Chart IV-2: Impact of Drug Court Program on Law Enforcement Agencies

Drug Court	Additional Offices Available	Increase Coordination w/Criminal Justice Agencies	More Effective Response to Arrests of Substance Abusers	New Releases w/Justice System & Community	Additional Law Enforcement Tool to Enforce o-tol.
Austin		x		x	
Kalamazoo		x		x	
Los Angeles		x	x	x	
Mobile					
Portland		x		x	x
St. Joseph	x		x		x
Seattle		x	x	x	x

Portland also noted that the drug court program promoted a differentiation between sellers and users not involved in sales or manufacturing.

C. Impact of Drug Court Program on Arrest Policies and Procedures

All of the responding law enforcement agencies indicated that the drug court program had no impact on arrest policies in their respective jurisdictions and most indicated that the program had no effect on arrest procedures. Seattle noted, however, that the drug court program required law enforcement officers to field test suspected drugs in possession cases and required a 72-hour rush filing process.

D. Orientation and Training of Officers

Two of the responding agencies (Los Angeles and Seattle) indicated that they had instituted special training programs for law enforcement officers to address relevant aspects of their involvement in the drug court program. Los Angeles was in the process of developing a videotape on the Drug Court. Seattle was in the process of developing a training program on drug court

operations for patrol officers. The course is designed to also educate officers and advocate the Drug Court as a valuable tool in their response to drug activity. The other five responding law enforcement agencies (Austin, Kalamazoo, Mobile, Portland and St. Joseph) indicated that no special training programs had been undertaken at the time of the survey response.

E. Relationships With Community Groups

Three of the responding agencies (Austin, Portland and Seattle) indicated they had developed special relationships with community groups as a result of the drug court program. Portland noted that the community wants to deal with users and "customers" but sees the need to deal with them in a different manner than sellers and manufacturers. Seattle law enforcement agency officials noted that community groups understand that the Drug Court program provides a long-term solution to drug trafficking, abuse and attendant crimes. They are tired of "bandaid" responses and view the Drug Court as a fresh tack.

F. Relationship of Drug Court And Community Policing Programs

1. Existence of Community Policing Activity

Five of the reporting law enforcement agencies (Austin, Los Angeles, Mobile Portland and Seattle) indicated that they conduct community policing activities. Only two (Kalamazoo and St. Joseph) of the responding agencies, both located in Michigan, indicated that they did not.

2. Degree of Support for Community Policing Activities Provided by the Drug Court

Three of the five jurisdictions with community policing activities indicated that the drug court and the community policing programs are coordinated. Portland law enforcement officials noted that there exists excellent cooperation between the Gang Enforcement Team and the Drug Court Staff and Judge on a case by case basis. In Los Angeles and Seattle, law enforcement officials noted that the coordination of the programs is still in the developmental stages. In Mobile, the two programs are not coordinated.

G. Arrest Activity Since Drug Court Program Began

Chart IV-3 on the following page depicts arrest activity in the responding jurisdictions since the drug court program began:

Chart IV-3: Arrest Activity in Drug Court Jurisdictions

Drug Court	Drug Possession Arrests			Drug-Related Arrests		
	Increase	Decrease	No Change	Increase	Decrease	No Change
Austin			x			x
Ft. Lauderdale			x**			x (16.4%)**
Kalamazoo	x					x
Los Angeles			n/a*			n/a*
Mobile			x			x
Portland	x			x		x
St. Joseph			x			x
Seattle	x					n/a*

* *not sufficient time to measure*

** *based on information provided by court*

III. Costs to Implement Drug Court Program

A. Staff Dedicated to the Drug Court

None of the reporting law enforcement agencies dedicate full-time staff and no staff were hired specifically for the drug court program. Several agencies, however, dedicate part-time staff. In Los Angeles, two staff are dedicated: a detective and a captain; In Portland, a Gang Enforcement Team/Tactical Operations Division concentrate on drug houses and related street dealing. In Seattle, one community police officer dedicates part of his caseload to drug court work. This staff complement may increase in the future.

B. Program Costs Incurred/Savings Achieved

None of the responding agencies incurred any additional costs to support the drug court program. Several noted savings achieved in terms of staff resources. Seattle officials noted that they expected the amount of time spent in case preparation and arresting officer court testimony will decrease as a result of the Drug Court. Agreed regarding stipulated trials and court-prosecutor defense coordination unique to the drug court system obviates detailed trial preparation.

IV. Program Implementation/Operational Issues

A. Problems Encountered as a Result of Implementing the Drug Court

Four of the responding programs (Kalamazoo, St. Joseph, Seattle and Los Angeles) noted that the program was working well in their respective jurisdictions and that no significant problems had been encountered. Three of the responding agencies (Austin, Mobile and Portland) noted the following problems:

- | | |
|-----------------|--|
| Austin | Not enough treatment resources |
| Mobile | Serious violators try to use this program to minimize criminal sanctions relating to controlled substance violations |
| Portland | Due to a lack of timely communication between the police and the Court, some dealers have been diverted. In particular, gang affiliates and undocumented suspects. |

B. Unanticipated Issues That Arose and Strategies for Resolving Them

Three of the programs (Austin, Kalamazoo and Seattle) noted no unanticipated problems had arisen. Those law enforcement agencies that had encountered problems noted the following:

Mobile

- | | |
|-------------|---|
| Problem: | Serious violators try to use this program to minimize criminal sanctions relating to controlled substance violations |
| Resolution: | Still unresolved because the department has no input into who enters the drug court program or receives feed-back from the participation of violators |

Los Angeles

- | | |
|-------------|--|
| Problem: | need for a minor adjustment for officers' subpoena times |
| Resolution: | adjustment made |

St. Joseph

- | | |
|-------------|--|
| Problem: | Cultivation of informants; defendants go through the justice system so quickly, we find it hard to develop an individual |
| Resolution: | presently being worked on |

Portland:

- | | |
|-------------|--|
| Problem: | coordination between police and the court; diversion of targeted gang affiliate; |
| Resolution: | we talk a lot now and share more information among police, DA and the Courts |

C. Advice to Law Enforcement Agencies in Other Jurisdictions Planning a Drug Court Program

- Kalamazoo** ▶ Law enforcement should be involve din the planning process
- Los Angeles** ▶ This alternative for treatment is valuable
- Mobile** ▶ try to gain representation on drug court committee for purposes of input and feed-back
- Portland** ▶ Officers need to be trained on the program and its intent; DA's office needs to revisit policies regarding charging/reducing drug arrests/indictments to possession from selling/manufacturing
- St. Joseph** ▶ The Drug Court has worked well in our area and would recommend it to other communities
- Seattle** ▶ Participate in the planning and implementation of your drug court before it begins operations. Enforcement and street follow-up are key components of the program. Ensure that the law enforcement voice is heard. You will find it easier to help design the program than to change it to fits your role after it is running.
- Austin** ▶ The treatment component must be "intensive treatment". This program impacts the demand side of the drug problem in this country.

D. Suggested Improvements in the Drug Court Program

Apart from the issues noted in Section C above ("Advice"), three of the responding law enforcement agencies noted the following suggested improvements in the drug court programs operating in their jurisdictions:

- Austin** ▶ Funding issues for treatment need to be worked out.
- Portland** ▶ Provide police with lists of subjects who have been diverted so that officers can help the court monitor behavior while the suspect is in treatment;
- Seattle** ▶ We have encouraged, and received, communication between the court and our agency to include defendant treatment status, warrants for noncompliance, and court operational information. This liaison information is the key to our success.

PART FIVE:

RESPONSES FROM CORRECTIONS AGENCY OFFICIALS

I. General Background of the Drug Court Programs Represented by the Responding Corrections Agencies

A. Jurisdictions Responding

Corrections Agency Officials in the following four of the twenty responding jurisdictions provided comments regarding the drug court program:

Jurisdiction	Program Start Date	Population
Baltimore	Oct. 17, 1994	700,000
Kalamazoo	June 1, 1992	223,411
Mobile	Feb. 13, 1993	378,410
St. Joseph	Oct. 1, 1991 (case mgt) Oct. 1, 1992 (trmt)	175,000

B. Locus of Program in Case Disposition Process

In all of the responding jurisdictions, the drug court program targets defendants in both the pretrial and post-adjudication stages.

Drug Court	Pre-Plea Diversion	Post Plea/Stricken Upon Conviction	Post Plea for Eligible Defendants
Baltimore	some	some	some
Kalamazoo	some	some	some
Mobile	some	some	some
St. Joseph	some	some	some

It should be noted that the functional responsibilities of the various corrections agencies responding to the *Update* varied, with some providing inmate detention services only, while others were involved in community and other offender supervision programs. The various functional responsibilities of the responding agency necessarily influenced their comments on the issues which follow.

II. Program Effectiveness

A. Criteria Used to Assess Effectiveness of the Drug Court Program

The most common criteria the responding correctional agencies are using to assess the effectiveness of the drug court program entails (a) the degree of defendant participation in the treatment program; and (b) subsequent arrests of defendants. All looked to urinalysis results as a gauge of defendant progress. Three of the reporting corrections agencies (Baltimore, Kalamazoo, and Mobile) also cited participant employment status as a measure of program effectiveness and corrections officials in Baltimore also noted participant participation in educational and employment training as a measure of program effectiveness.

Chart V-1 summarizes the criteria reporting corrections agency officials used to assess the effectiveness of the drug court program:

Chart V-1: Criteria Used by Corrections Agencies for Assessing Drug Court Program Effectiveness

Drug Court	% of Defendants Remaining in Program	% of Defendants Graduate from Program	Frequency of Contact w/Court	Frequency of Contact w/Treatment	Urinalysis Results
Baltimore	x	x	x	x	x
Kalamazoo	x	x	x	x	x
Mobile	x	x			x
St. Joseph		x		x	x

Drug Court	Arrest Involved Drug Possession	Arrest Involved Other Drug Charges	Arrest Involved Non-Drug Charges
Baltimore	x	x	x
Kalamazoo	x	x	x
Mobile	x	x	x
St. Joseph	x	x	

B. Impact of Drug Court Program on Capability of Corrections System to Respond to Criminal Activity in the Jurisdiction

Three (Baltimore, Kalamazoo, and St. Joseph) of the four reporting corrections agencies commented that the drug court program resulted in more bedspace being available for pretrial defendants as well as sentenced offenders, with Baltimore noting an impact particularly on violent offenders. Baltimore and Kalamazoo officials noted that the drug court program appeared to have reduced the number of substance dependent detainees and Kalamazoo officials also noted that the program appeared to potentially reduce the number of early releases as well. Mobile officials noted that the program has allowed those with drug addictions "to be properly treated, giving our agency [the Community Corrections Center] the needed space [and capability to deal with] those who have more serious convictions."

<p>III. Costs to Correctional Agency for the Drug Court Program</p>
--

A. Total Staff Corrections Agency Dedicates to the Drug Court Program

The extent of correctional agency staff involvement in the local drug court program is generally a function of the locus of responsibility assigned for screening, referral and monitoring of the drug court participants. Only one of the responding corrections agencies (Kalamazoo) did not dedicate staff to the drug court program -- undoubtedly because the Drug Court Program is coordinated by the local community corrections department. The remaining three responding corrections agencies dedicate the following staff:

Baltimore

- ▶ full-time: A Program Director; a Field Sup.II (Program Coordinator), Probation Staff- Immediate Supervisor; 2 Clerical Employees F/T; and 5 Parole and Probation agents full-time
- ▶ Assessment Staff: 1 full time supervisor; 6 full time assessors; 1 full time clerical; Gate Keeper - tracking scheduling treatment appointments.
- ▶ Diversion Staff: 1 full time supervisor; 8 full time case managers; 1 clerical; Part-time: one manager

Mobile

- ▶ full-time: two court security personnel
- ▶ Part-time: accountant and two accounting assistants; One warrant officer.

St. Joseph

- ▶ Full-time: one probation agent is dedicated solely to the Drug Court;
- ▶ Part-time: 14 probation agents supervise some Drug Court cases; 2.5 tether agents monitor Drug Court cases as a part of their caseload.

B. Costs of the Drug Court Program for Corrections Agencies

All of the responding corrections agency officials indicated that they had incurred no additional costs incident to their participation in the drug court program had

C. Savings Achieved

Two of the responding corrections agencies indicated that the drug court program had resulted in cost savings by increasing the availability of correctional bedspace. St. Joseph officials also indicated that cases had been diverted from the state prison as well.

IV. Program Implementation/Planning Issues

A. Problems Encountered as a Result of Implementing the Drug Court Program

Responding corrections agencies identified the following implementation problems

- | | |
|-------------------|--|
| Baltimore | <ul style="list-style-type: none">▶ Moving the identified population into Drug Court within targeted time frame.▶ Motivating offender population into recovery. |
| Kalamazoo | <ul style="list-style-type: none">▶ Accommodating the increased workload presented by week-end detainees |
| St. Joseph | <ul style="list-style-type: none">▶ Having adequate staff to properly supervise the specialized needs of Drug Court participants |

B. Unanticipated Issues Arising as a Result of the Drug Court Program and Methods for Resolving Them

One of the responding corrections agencies (St. Joseph) indicated that implementation of the drug court had brought about no unanticipated problems. Officials in the three other responding corrections agencies noted the following unanticipated problems:

Mobile

- | | |
|-------------|--|
| Problem: | Some defendants have been participants in two programs simultaneously. |
| Resolution: | The defendant was terminated from one of the programs. |

Kalamazoo

- | | |
|-------------|--|
| Problem: | Additional demands on transport personnel. |
| Resolution: | Needs were absorbed within current staff. |

Baltimore

- Problem: (1) Need for specialized training in specialized case management, substance abuse, treatment.
(2) Uncoordinated attempts to solve the population issue.
- Resolution: (1) Started to provide training;
(2) Still trying to work together on issues central to the program.

C. Advice to Colleagues in Other Jurisdictions Planning a Drug Court Program

The responding corrections agency officials offered the following advice to counterparts in other jurisdictions involved in planning a drug court program:

- | | | |
|-------------------|---|--|
| Baltimore | ▶ | Start slow, expect relapse. Train the Court in substance abuse issues. Plan evaluation design in the beginning of the program. |
| Kalamazoo | ▶ | Ensure that alternative sanctions are available, i.e. together, community work program, etc. |
| Mobile | ▶ | Provide for coordination among various programs to better serve the community. |
| St. Joseph | ▶ | Have enough staff to provide supervision, etc., at the time Drug Court is started. |

D. Suggested Improvements in the Drug Court Program

None of the responding corrections agencies suggested any improvements in the drug court programs operating in their respective jurisdictions. Officials in Mobile, however, noted the need for a residential treatment program to augment existing resources.

PART SIX:

RESPONSES FROM TREATMENT COORDINATORS/PROVIDERS

I. General Background Information on the Drug Court Programs Represented by the Responding Treatment Coordinator/Provider
--

A. Jurisdictions Responding

The following twelve of the twenty responding drug court programs submitted specific responses from the participating treatment coordinators/case managers serving the program:

Jurisdiction	Program Start Date	Population
Austin	Aug. 23, 1993	465,577
Crestview	Oct. 1993	140,000
Denver	July 1, 1994	503,000
Fort Lauderdale	July 1, 1991	1,300,000
Kalamazoo	June 1, 1992	223,411
Los Angeles	May 1994	10,000,000
Mobile	Feb. 13, 1993	378,000
Phoenix	n/a	n/a
Portland	Aug. 1991	605,000
St. Joseph	Oct. 1, 1991 (case mgt) Oct. 1, 1992 (trmt)	175,000
Seattle	Aug. 11, 1994	2,500,000
Wilmington	April 1, 1994	340,000

B. Nature and Duration of Drug Court Treatment Program

Most of the drug court treatment programs entail three or more phases, including an initial intensive phase of detox, counselling and therapy (generally two - three months, depending upon the participant's progress) and subsequent phases entailing additional counseling, therapy, education, and an array of rehabilitation and other support services. An essential component of the treatment programs is the frequent status hearings conducted by the drug court judge at which he/she reviews the progress (or lack thereof) of each participant, modifies each participant's treatment program, as needed, based on each participant's performance and the treatment provider's recommendations, and imposes sanctions for noncompliance if appropriate.

Although, from a criminal justice system perspective, most drug court programs contain fairly homogeneous populations in terms of current charges, criminal history profiles, and other characteristics relative to program eligibility, from a treatment and rehabilitation perspective, they

display a wide range of needs. The treatment component of drug court programs is reflecting increasing differentiation to address the diversity of needs presented by the drug court population; some programs are developing treatment tracks along the lines of the St. Joseph/Berrien County program which was the first drug court to systematically develop differentiated treatment needs to address the diversity of treatment and rehabilitation needs of drug court program participants. This trend is continually evolving, with many programs introducing specialized components to address special needs

A summary description of the responding drug court programs is provided below:

Austin

This is an outpatient treatment model with extensive coordination with the treatment community and the Drug Court team.

Berrien County

The Drug Court intensive treatment regimen is a combination of daily urine screening, acupuncture, and three-days-per-week group therapy, lasting for four weeks. Acupuncture frequency diminishes over the four weeks, per client request and/or counselor recommendation. Follow-up after the four weeks is tailored to the clients needs; it may include continued acupuncture/urine screening/counseling as recommended.

Denver

Intensive and individualized treatment program utilizing multiple treatment providers, coordinated by Court's drug court coordinator

Crestview (Okaloosa County), Florida

The Okaloosa County Drug Program is an intensive outpatient program in which clients participate in a twelve month, time-phased treatment program. The program uses a cognitive-behavioral model during the treatment phases. Each participant is exposed to the addictive disease model, criminal personality theory, phases of recovery, self-help recovery support groups, and other psychoeducational material prior to the application of treatment. Participants are required to attend self-help recovery support groups as part of treatment.

Ft. Lauderdale

Intensive, individualized outpatient treatment program for a one year period, through the local public health department, to defendants mandated to treatment by the Drug Court Judge. The program includes therapy and individual counselling, urinalysis and a broad array of rehabilitative services

Kalamazoo

There is a continuum of treatment available to SADP participants from didactic to long term residential. The primary treatment provider, Gateway Services, provides outpatient to short term residential. The minimum which typically lasts 3-4 months, with continuing care as aftercare. Someone can actually be placed in local treatment and transferred to long term for up to an additional 18 months.

Los Angeles

The treatment program consists of three phases (stabilization, intensive treatment, and transition/independence) with an overall duration of 9-12 months. Both residential inpatient and in-custody treatment are available for participants needing a more structured environment. As individuals progress through the program, they are required to appear in court less frequently, and other program requirements are also lessened.

Mobile

The Diversion and Treatment Program is a twelve-month, three-phase comprehensive substance abuse intervention strategy designed to intervene at the earliest stage with offenders charged with drug related offenses.

Phoenix

The program is an educational/treatment program for primarily first-offenders on probation for a drug possession offense, with a projected duration of seven months.

Portland

Intensive outpatient and outpatient and aftercare drug and alcohol treatment services for court mandated substance abuse clients, whose criminal history is often extensive.

Seattle

The outpatient program is designed to be one year in duration and consists of intensive group therapy and individual counseling, scheduled UA's, acupuncture, involvement in community based 12-step meetings, and referral to ancillary services as needed.

Wilmington

Wilmington uses a range of treatment modalities tied together through TASC for both the pretrial diversion and post adjudication populations: residential, intensive outpatient, regular outpatient, and urine monitoring only for the probation violation track. Outpatient treatment, education and urinalysis are provided for defendants in the diversion track. Persons who need more intensive treatment are referred from diversion to TASC. Individuals are in treatment anywhere from 3 months to 18 months, depending on treatment needs.

II. Entity(ies) Which Provide Treatment and Rehabilitation Services to the Drug Court Program
--

Eight of the eleven responding programs provide treatment services to drug court participants through the services of private treatment providers under contract. Three of these programs (Los Angeles, Mobile and Portland) use one provider; one program (Kalamazoo) uses two providers; Wilmington uses three providers; and Austin, Denver and Seattle use more than three providers. The Crestview program uses the services of a not-for-profit community mental health center, under contract for the drug court program. Kalamazoo uses the county department of community

corrections for case management services and utilizes agencies throughout the state which provide long-term treatment services. Two of the programs (Berrien County and Fort Lauderdale) use the county health department. The Maricopa County program uses staff supervised by the court system.

Chart VI-1: Entities Providing Treatment and Rehabilitation Services to the Drug Court Program

Drug Court	Private Treatment Provider/ 1 provider	Private Treatment Provider/Multiple Providers	Not-for profit Community Health Center	County Health Department	Court Staff
Austin		x			
Crestview					
Denver		x			
Ft. Lauderdale				x	
Kalamazoo		x*			
Los Angeles	x				
Mobile	x				
Phoenix					x
Portland	x				
St. Joseph				x	
Seattle		x			
Wilmington		x			

* *Local Community Corrections Department provides case management*

III. Screening and Assessment Activities

A. Use of Standard Assessment Instruments to Diagnose Addictive Disorders

As Chart VI-2 indicates, nine of the twelve reporting programs use standard assessment instruments to diagnose addictive disorders of persons referred to the drug court treatment program while three do not.

Chart VI-2: Use of Standard Assessment Instrument to Diagnose Addictive Disorders

<u>Drug Court</u>	<u>Standard Assessment Instrument Used</u>	
	No	Yes
Austin	x	
Berrien County	x	
Crestview		x
Denver		x
Fort Lauderdale		x
Kalamazoo		x
Los Angeles		x
Mobile		x
Phoenix	x	
Portland		x
Seattle		x
Wilmington		x

Addictions Severity Index and Initial Psychosocial Assessment
 SUHM, ASUS, LSI, ADS, DAST
 Addiction Severity Index
 assessment instrument is based on the requirements of the Oregon Department of Alcohol & Drug Abuse Programs and modified for this program. All diagnoses based on DSM-IV criteria.
 SASSI (Substance Abuse Subtle Screening Inventory)
 Offender Profile Index

B. Use of Assessment Process to Identify Persons with Special Needs

Most of the reporting programs undertake special assessment processes to identify individuals with special needs, including:

- ◆ persons who are dually diagnosed¹⁶ or have other psychological disorders¹⁷
- ◆ persons who have HIV/AIDS¹⁸

¹⁶ We are using "dually diagnosed" to refer to persons who are suffering, concurrently, from a mental health disorder as well as a psychoactive substance abuse disorder.

¹⁷ Austin; Berrien County; Crestview; Ft. Lauderdale; Kalamazoo; Los Angeles; Mobile; Portland; Seattle; Wilmington

¹⁸ Austin; Berrien County; Crestview; Ft. Lauderdale; Los Angeles; Mobile; Seattle; and Wilmington

- ◆ persons who have Tuberculosis¹⁹
- ◆ persons who have Hepatitis²⁰
- ◆ who have sexually transmitted diseases²¹
- ◆ who have been sexually abused²²
- ◆ persons who have other special problems²³

A summary of the special assessment activities undertaken by the reporting drug court treatment programs is provided in Chart VI-3 on the following page:

¹⁹ Austin; Berrien County; Ft. Lauderdale; Los Angeles; Mobile; Seattle; and Wilmington

²⁰ Berrien County; Los Angeles; Mobile; Seattle; and Wilmington

²¹ Austin; Berrien County; Crestview; Ft. Lauderdale; Kalamazoo; Los Angeles; Mobile; Seattle; and Wilmington

²² Berrien County; Crestview; Ft. Lauderdale; Kalamazoo; Los Angeles; Mobile; Seattle; and Wilmington

²³ Berrien County: needs identified through A-Biopsychosocial Assessment; Kalamazoo: eating disorders, domestic violence/living situations; Portland: if any of the special needs identified earlier are identified, either in the assessment or brief medical exam, a referral is made to publicly funded health organizations. Presently we do not do blood exams/screening. By law, we can't ask if someone has been HIV tested and what the results were; Seattle: medical problems.

**Chart VI-3: Special Assessment Activities of the
Drug Court Treatment Programs**

Drug Court	Dually Diagnosed	HIV/ AIDS	Tuberculosis	Hepatitis	STD's	Sexual Abuse
Austin	x	x	x		x	
Berrien Co.	x	x	x	x	x	x
Crestview	x	x			x	
Ft. Lauderdale	x	x	x		x	x
Kalamazoo	x				x	x
Los Angeles	x	x	x	x	x	x
Mobile	x	x	x	x	x	x
Portland	x					
Seattle	x	x	x	x	x	x
Wilmington	x	x	x	x	x	x

C. Preparation of Individualized Treatment Plans for Drug Court Program Participants

Almost all of the reporting programs develop individualized treatment plans for participants in the drug court program.²⁴ Only Phoenix does not but will refer persons needing individualized treatment to outside agencies. Berrien County also noted that, because of state licensing and accreditation (CARF) criteria, all clients have an individualized treatment plan. Portland indicated that staff are currently refining the assessment process and the process used to address specific individual treatment needs and issues.

IV. Drug Court Program Treatment and Referral Capabilities

A. Treatment Provider Contacts With Program Participants

Charts VI-4 - VI-6 below provide a synopsis of the nature and frequency of treatment services provided to drug court participants during the three phases common to most drug court programs.

²⁴ Austin; Berrien County; Crestview; Denver; Ft. Lauderdale; Kalamazoo; Los Angeles; Mobile; Portland; Seattle; and Wilmington

Chart VI-4: Treatment and Counselling Sessions Conducted

TREATMENT/ COUNSELING SESSIONS	PHASE I	PHASE II	PHASE III
weekly	Austin Seattle-indiv:1x/wk. Phoenix Wilmington	Seattle-indiv:2x/mo. Phoenix	Mobile Seattle-indiv:1x/ mo;group: 4x/mo. Portland-(current) Ft. Laud. Phoenix
2 times per week	Portland-(current)	Berrien C. Mobile Portland- (current) Ft. Laud.	Mobile L.A. Austin Portland- (future) Okaloosa C.
3 - 4 times per week	Berrien County Kalamazoo Seattle- groups:4x/wk(1.5 hrs) Portland-(future)	Mobile L.A. Austin Seattle- groups:4x /wk(1.5 hrs.) Okaloosa C.	
more than 4 sessions per week	Mobile Los Angeles Austin Ft. Lauderdale Okaloosa C.	Austin Portland- (future)	

Denver ▶ again, depends on prescribed level of tx. See attached.

Portland ▶ We plan to have group sessions for Phase IV in the future and offer a combination of life skills, relaxation, and other special topics.

Chart VI-5: Frequency of Urinalysis

URINALYSIS	PHASE I	PHASE II	PHASE III
at least weekly	Austin Seattle:2x/wk Portland Ft. Laud. Okaloosa C.	Mobile Austin Seattle:1x/wk. Ft. Laud. Okaloosa C.	Austin Ft. Laud. Okaloosa C.
every other week	Phoenix	Mobile Portland Phoenix	Mobile Portland Phoenix
monthly	Wilmington	Berrien C. Kalamazoo- monthly/as needed	Mobile Seattle-1x/mo.
other	Berrien C- Daily Mobile-5x weekly L.A.-3xweekly Denver-2xweekly Kalamazoo3-7x/wk	L.A.-3xweekly Denver - weekly	L.A.-3xweekly Denver-2x per mo.

Chart VI-6: Acupuncture Services

ACUPUNCTURE	PHASE I	PHASE II	PHASE III
not provided	Phoenix Okaloosa Co. Wilmington	Phoenix Okaloosa Co.	Phoenix Okaloosa Co.
daily	Berrien C Mobile Austin Portland Ft. Laud.	Mobile	
2 - 5 times per week	Seattle - 5x/wk.	Austin Seattle - 2x/wk. Portland	Mobile Austin Seattle-optional Portland
other: Mobile-Phase II & III may vary depending upon need by client. L.A.-available up to 10x weekly, Phases I, II, III. Kalamazoo - only when client is having chronic difficulty with relapse. Portland - In-house detox prescribed for clients who have relapsed.		Berrien County 1-2x/week Ft. Lauderdale	Ft. Lauderdale

Seattle - note: 12-Step or other Self-Help groups are also required throughout the Drug Court treatment program.

B. Capability of the Drug Court Program to Make Referrals for inpatient treatment

Almost all of the reporting programs have the capability to make referrals for inpatient treatment if necessary²⁵. Phoenix does not but refers persons with inpatient treatment needs to outside agencies. The length and frequency with which inpatient treatment services can be utilized by the reporting programs is as follows:

- | | | |
|-----------------------|---|--|
| Austin | ▶ | 30-day inpatient treatment programs are available. |
| Berrien County | ▶ | inpatient/residential treatment is available only as clients have coverage or regional indigent funding is available. It usually runs out around April/May each fiscal year. |
| Crestview | ▶ | two slots (one male and one female) in a 28-day inpatient treatment program are available for drug court program participant referral; Provider will increase slot availability upon request from the Drug Court judge. |
| Ft. Lauderdale | ▶ | 28-day, 6 month, and one year in-patient programs are used. |
| Kalamazoo | ▶ | inpatient treatment is available from 7-14 days to 18 months. |
| Los Angeles | ▶ | in-patient (residential) treatment is available, with the approval of the Drug Court Judge. The average length of stay is 45 days. In-custody (jail facility) treatment services are also available. |
| Mobile | ▶ | several residential programs have been utilized, ranging from 28 days to 90 days. Approximately 10% of the clients served have been referred to residential treatment. |
| Portland | ▶ | the frequency with which inpatient services is based upon the clinical needs of the client. The length of treatment varies between hospital settings of 7-10 days; 6-8 months and up to 12 months at various public service non-profit agencies. |
| Seattle | ▶ | the length of inpatient stays range from three weeks to six months. Inpatient programs are utilized when publicly-funded beds are available. There is no set limit on the number of participants who can be referred for inpatient services. |

²⁵

Austin; Berrien County; Crestview; Denver; Ft. Lauderdale; Kalamazoo; Los Angeles; Mobile; Portland; Seattle; Wilmington

Wilmington ▶ residential treatment is available through an 18-month in-prison treatment program and 28-day community based residential placements

C. Use of Pharmacotherapeutic methods for treating and stabilizing addicts (i.e., methadone, naltrexone, antabuse, etc.)

Eight of the responding programs indicated that they use pharmacotherapeutic methods for treating and stabilizing drug court participants.²⁶ Four of the programs do not use such methods²⁷.

D. Adjuncts used to Promote Rehabilitation and Prevent Relapse

Most of the drug court programs use various adjuncts to their treatment programs to promote rehabilitation and prevent relapse. As Chart VI-7 indicates, nine of the reporting programs indicated that acupuncture is used as an adjunct to treatment.²⁸ (Miami) also uses acupuncture. All of the reporting programs incorporate 12-step programs in their treatment programs.²⁹

The use of these adjuncts to treatment is reported in Chart VI-4 on the following page:

²⁶ Austin; Crestview; Denver; Fort Lauderdale; Mobile; Portland (if a client is on methadone, treatment will take place at a local facility that specializes in that type of treatment); and Wilmington (meltrexone).

²⁷ Berrien County; Kalamazoo; Los Angeles; and Phoenix

²⁸ Austin; Berrien County; Denver; Fort Lauderdale; Kalamazoo (with chronic relapse situations); Los Angeles; Mobile; Portland; and Seattle.

²⁹ Austin; Berrien County; Crestview; Denver; Fort Lauderdale; Kalamazoo; Los Angeles; Mobile; Phoenix; Portland; Seattle; and Wilmington.

Chart VI-7: Use of Adjuncts to Drug Court Treatment Programs

Drug Court	acupuncture	12 Step (AA/NA, etc.)
Austin	x	x
Berrien County	x	x
Crestview		x
Denver	x	x
(Dist. of Columbia)	x	n/a
Fort Lauderdale	x	x
Kalamazoo	x ³⁰	x
Los Angeles	x	x
(Miami)	x	n/a
Mobile	x	x
Phoenix		x
Portland	x	x
Seattle	x	x
Wilmington	x	x

Other adjuncts to the drug court treatment program used by the reporting drug courts include:

- Crestview** ▶ Cue extinction; Recovery Training and Self-Help (RTSH): Relapse Prevention for Drug Addicts (NIDA).
- Fort Lauderdale** ▶ development of the G.E.D. certificate
- Portland** ▶ offers Relapse Prevention Therapy and developing a Family Services component
- Seattle** ▶ some participants use their church or religious organization as a support system.

E. Other Support and Rehabilitation Services Provided to Drug Court Participants

Increasingly, drug court programs are incorporating in their service delivery capability a range of support services to assist participants in addressing a variety of personal, vocational, medical, education and other needs. Chart VI-8 summarizes the range of services provided by the reporting programs.

³⁰ with chronic relapse situations

Chart VI-8: Support and Rehabilitation Services Provided to Drug Court Participants

Drug Court	Public Health	Educ.	Prim. Hlth Care	Voc. Train	Job dev. Placement	Fam. Counsl.	Housing	Food/Clothing	Life Skills
Austin	x	x	x	x		x	x	x	x
Berrien County	x	x		x	x	x		x	x
Crestview	x	x			x	x		x	x
Denver		x			x	x			x
Ft. Lauderdale	x	x		x	x	x		x	x
Kalamazoo	x	x			x	x			x
Los Angeles	x	x		x	x	x			x
Mobile	x	x		x	x				x
Phoenix	x	x						x	
Portland	x			x ³¹					
Seattle				x					x ³²
Wilmington		x	x	x		x	x	x	

Many of the programs have also developed special components to address the diversity of needs and backgrounds of the participants, including programs to deal with dually diagnosed individuals³³; segments for special ethnic or other special populations³⁴; segments to deal with culturally sensitive issues³⁵; and special components for women, parents, persons who are HIV positive, or other

³¹ brief examination only

³² must meet eligibility guidelines

³³ Austin; Berrien County; Denver; Fort Lauderdale; Kalamazoo; Mobile; Portland and Wilmington

³⁴ Austin; Denver; Fort Lauderdale; Kalamazoo; Los Angeles; Mobile; Portland; and Wilmington

³⁵ Austin; Denver; Fort Lauderdale; Los Angeles; Mobile; Portland; and Wilmington

population groups with special needs/interests.³⁶ Chart VI-9 provides a summary of the special program components the reporting drug courts provide.

Chart VI-9: Drug Court Program Components to Address Special Participant Needs

Drug Court	Dually Diagnosed	Ethnic/ Special Pops.	Cultural Sensitivity Issues for Special Populations	Specific Components
Austin	x	x	x	x
Berrien Co.	x			
Denver	x	x	x	x
Ft. Lauderdale	x	x	x	x
Kalamazoo	x	x		
Los Angeles		x	x	
Mobile	x	x	x	x
Portland	x	x	x	
Wilmington	x	x	x	x

F. Urine Testing

1. Drugs Tested

Most of the reporting drug court programs test initially for marijuana; cocaine; and heroin; with many of them also testing for PCP and methamphetamine. Although few test initially for alcohol, many of them test for alcohol during routine follow-up. Chart VI-10 below provides a comparative summary of the drugs tested for initially and during follow-up monitoring by the reporting programs

³⁶

Austin; Berrien County; Denver; Fort Lauderdale; Mobile; and Wilmington

Chart VI-10: Drugs Tested For By Reporting Drug Court Programs

Drug Court	Alcohol		Marijuana		Crack/Cocaine		Heroin		PCP		Metham.	
	Initial	F-up	Initial	F-up	Initial	F-up	Initial	F-up	Initial	F-up	Initial	F-up
Austin	x	x	x	x	x	x	x	x	x			x
Crestview			x	x	x	x	x		x		x	
Denver	x	x	x	x	x	x	x					
Ft. Ldrdl.		x	x	x	x	x	x	x				
Kalamazoo	x	x	x	x	x	x		x	x	x	x	x
Los Angel.	x	x	x	x	x	x	x	x	x	x	x	x
Mobile	x	x	x	x	x	x	x		x			
Phoenix			x	x	x	x	x	x	x	x	x	x
Portland		x	x	x	x	x	x	x			x	x
St. Joseph			x	x	x	x	x	x				
Seattle	x	x	x	x	x	x	x	x	x	x	x	x
Wilmington			x	x	x	x	x	x	x	x	x	x

Treatment officials in St. Joseph indicated that the range of drugs for which defendants will be tested initially will depend upon the court's request. In Denver, the range of drugs tested for will depend upon the defendant's drug(s) of choice and the outcome of assessments that are conducted. In Kalamazoo, defendants will also be tested for barbiturates and may also be tested for other drugs, depending upon their drugs of choice. In Seattle, defendants are also tested initially for Benzodiazepine and barbiturates. In Fort Lauderdale, they are tested for all opiates. In Crestview, they are tested for barbiturates, benzodiazepines, methadone, methaqualone, and propoxyphene. In Wilmington, they are also tested for benzodrazepines.

2. Costs per test

Costs for urinalyses conducted for drug court participants ranged from a low of \$ 1.00 - \$ 3.00 per test to over \$ 9.00 per test, as summarized in Chart VI-11 on the following page:

Chart VI-11: Cost for Urinalysis for Drug Court Participants

Drug Court	\$1-3/test	\$3-5/test	\$5-7/test	\$7-9/test	Over \$9/test
Austin	x				
Crestview	x				
Denver				x	
Ft. Lauderdale			x		
Kalamazoo					x
Los Angeles	x				
Mobile		x			
Phoenix		x			
Portland	x		x		
St. Joseph			x		
Seattle					
Wilmington					x

3. Agency Performing Urinalyses

Chart VI-12: Agency Performing Urinalysis for Drug Court Participants

Drug Court	Pret. Serv.	TASC Priv. Trt. Prov.	Crim. Just. Lab.	Priv. Lab.	Publ. Lab.
Austin		x			
Crestview		x		x	
Ft. Lauderdale	x		x	x	
Kalamazoo		x	x		
Los Angeles ³⁷					
Mobile				x	
Phoenix	x				
Portland	x				
St. Joseph					x
Seattle				x	
Wilmington	x		x		

³⁷ Syva ETS Plus(Emit Instrument) located on site, operated by treatment provider staff, trained and certified by Syva ETS Plus (Emit Instrument)

V. Costs to Provide Treatment for the Drug Court Program

A. Total Staff Dedicated to Provide Treatment Services for Drug Court Participants

Chart VI-13 below summarizes the number and type of treatment staff dedicated to serving the drug courts in the reporting jurisdictions. It should be noted that the populations served by these various drug courts vary significantly, both in terms of volume as well as treatment needs, as well as the organizational relationships (i.e., services using in-house vs. contracted staff, etc.) developed to implement the treatment component of the drug court program. Staffing comparisons among programs should therefore be made with great caution.

Chart VI-13: Treatment Staff Dedicated to Drug Court Program

Drug Court	Counsellors		Court Liaison Case Mngmt.		Other Support		Acupuncture	Volunteers
	F/T	P/T	F/T	P/T	F/T	P/T		
Austin	4		1		2			
Crestview	2	4	1		1			
Denver ³⁸			1					
Ft. Lauderdale	15				5			
Los Angeles	6				2			
Mobile	3	2			1	1	1pt	
Phoenix	2					1		
Portland	7	2	2		2		5pt	2
St. Joseph	1.8				1.1			
Seattle	3		1		1			1

The two programs using volunteers indicated they are used to assist with telephoning and tracking activities (Seattle) and to provide nursing assistance to the part-time physician who services the program.

Other positions supporting drug court treatment programs include: a treatment director (Mobile); security and medical staff (Portland).

³⁸ Uses public and private treatment agencies

B. Total Program Costs and Population Service Capabilities

1. Approximate additional annual cost to provide treatment services for the drug court program

Based on data available in early 1995, responding treatment officials noted the following annual costs to provide treatment services for the drug court program. As noted above, comparisons among programs regarding annual costs should be made with great caution in light of the tremendous variation in services, population needs and numbers of program participants.

Austin	\$300,000
Crestview	\$102,686
Ft. Lauderdale	\$1.1 million
Los Angeles	\$500,000
Mobile	\$316,358
Phoenix	\$75,000
Portland	\$750,000
St. Joseph:	\$143,700
Seattle	\$291,200 (8/1 - 12/31/94 budget)

2. Total Program Capacity Annually

The total annual program capacity (i.e., the number of participants who can be served annually) by the reporting treatment programs was as follows:

Crestview	55
Ft. Lauderdale	1,200
Kalamazoo	115
Mobile	450
Phoenix	120
Portland	1,000
St. Joseph	120-150
Seattle	140
Wilmington	500

3. Average Annual Cost Per Client for Treatment Service

Chart VI-14 indicates the average annual cost per drug court client for treatment services, based on early 1995 data:

Chart VI-14: Average Annual Cost Per Client for Treatment Services

	under \$500	\$ 500 - \$ 900	\$ 901 - \$1,200	\$1,201 - \$1,500	\$1,501- \$1,800	\$1,801- \$2,100	\$2,100- \$3,000	over \$3,000
Austin			x					
Crestview						x		
Denver ³⁹								
Ft. Lauderdale			x					
Kalamazoo					x			
Los Angeles							x	
Mobile			x					
Phoenix		x						
Portland			x					
St. Joseph				x				
Seattle					x			
Wilmington			x (outpat.)					x ⁴⁰

VI. Comparison of Drug Court Treatment Services With Treatment Provided Previously

A. Availability of Court-Ordered Treatment Prior to Drug Court

Treatment agency officials were asked whether the typical drug court participant would have received court-ordered treatment through existing agencies prior to the institution of the drug court. Their responses were as follows:

³⁹ varies, depending on the prescribed level of treatment

⁴⁰ Costs vary, depending upon level of treatment/supervision required. Applicable costs entail \$ 400 for urine only; \$ 1,200 for outpatient services; \$ 4,800 for intensive outpatient/outpatient services; and \$ 7,680 for residential/intensive outpatient/outpatient services.

	No	Yes	If yes, agency providing treatment services	
			<u>Priv. Prov.</u>	<u>Pub. Agency</u>
Austin		x		
Crestview		x		x
Denver		x	x	x
Ft. Lauderdale		x	x	
Kalamazoo	x			
Los Angeles	x			
Mobile	x			
Phoenix		x	x	
Portland	x			
St. Joseph		x		x
Seattle	x			
Wilmington		x	x	

B. Comparison of Drug Court Treatment Services with Services Provided Prior to the Drug Court Program

With the exception of the Phoenix program⁴¹, all of the reporting treatment agency officials indicated that the treatment services provided under the drug court program were more extensive than those available previously.

Below are specific comments from the drug court treatment providers regarding their respective treatment programs and areas in which they differ from prior treatment programs:

- Crestview** ▶ a specifically designed program has been implemented for the Drug Court Program which utilizes strategies to reduce the likelihood for relapse in those individuals who are cocaine dependant.
- St. Joseph** ▶ Treatment intensity and duration would be much less than what is now available; it would consist of once-a-week group and individual/family counseling, with no urine screening or acupuncture.
- Denver** ▶ Less follow-up, intervention supervision, coordination, continuity of care, communication.
- Portland** ▶ Treatment at other agencies is generally not for a one-year period of time. Corrections runs a Day Reporting Center for probationers who are in danger of a probation violation and facing prison time. We also offer tracks that include relapse prevention therapy, family services, and women's treatment.

⁴¹ As noted above, the Phoenix program was designed primarily as a probation supervision program for first offenders who had already been adjudicated. A principal goal of the program was to measure the effect of urine testing, with court supervision.

- Ft. Lauderdale** ▶ Intensive outpatient treatment for a period of one year.
- Los Angeles** ▶ The typical drug court participant would have either 1) pled guilty and been prosecuted through the criminal justice system; or(2) entered into a plea agreement and bargained for a county jail sentence as a condition of probation.
- Wilmington** ▶ More treatment has been made available as a result of drug court project; offenders are held accountable for participating

VII. Criteria Used To Assess Effectiveness of the Drug Court Program

As Chart VI- 15 below indicates, treatment officials, like their counterparts in the courts and criminal justice agencies, look to measures of defendant participation in the treatment program, urinalysis results, employment status; percentage of participants graduating; and arrest activity as key indicators of the effectiveness of the drug court program.

**Chart VI-15: Criteria Used by Treatment Professionals to Assess Effectiveness of Drug Court Program:
Participant Program Performance Measures**

Jurisdiction	Attendance @ Treatment	Appearance @ Court	Urinalysis	Participants' Employment	% of Graduates
Austin	x	x	x	x	x
Crestview	x	x	x	x	x
Denver	x	x	x		x
Ft. Laudle.	x	x	x	x	x
Kalamazoo	x	x	x	x	x
Los Angeles	x	x	x	x	x
Mobile	x	x	x	x	x
Phoenix	x	x	x	x	x
Portland	x	x	x	x	x
St. Joseph	x	x	x		x
Seattle	x		x	x	x
Wilmington	x	x	x	x	x

(chart cont.)

**Chart VI-15: Criteria Used by Treatment Professionals to Assess
Effectiveness of Drug Court Program:
Participant Program Performance Measures**

(chart cont.)

Drug Court	Drug Possession Charges	Other Drug Charges	Non-Drug Charges
Austin	x	x	x
Crestview	x	x	x
Denver	x	x	x
Ft. Lauderdale	x	x	x
Kalamazoo	x	x	x
Los Angeles	x	x	x
Mobile	x	x	x
Phoenix	x	x	x
Portland	x	x	x
St. Joseph	x	x	
Seattle	x	x	
Wilmington	x	x	x

Additional measures used by the reporting treatment programs included the following:

- Crestview** ▶ Pre- and Post-Test measurement utilizing the Addictions Severity Index problem profile which measures severity on the following spheres: Medical, Employment, alcohol, drugs, legal, family/social, and psychiatric status.
- Los Angeles** ▶ 12 Step fellowship involvement; academic or vocational training.
- Portland** ▶ Percent of drug-free babies born to program participants.
- St. Joseph** ▶ To date, measurement of program effectiveness has been quite simplistic: follow-up of court records, client self-report, counselor feedback. No formal, scientific, reliable methodology has been developed or implemented; the program would appreciate knowing of any such models that can be done relatively inexpensively.

VIII. Program Follow-Up and Aftercare

A. Treatment Programs with an Aftercare⁴² Component

Chart VI-16: Drug Court Treatment Programs With Aftercare

Jurisdiction	Aftercare	No Aftercare
Austin	in process of developing	
Crestview	x	
Denver		x
Ft. Lauderdale	x	
Kalamazoo	x	
Los Angeles		x
Mobile	x	
Phoenix	x	
Portland	x	
St. Joseph	Only as requested by the client or recommended by the treatment counselor; it too would be completely individualized.	
Seattle ⁴³	see note	
Wilmington	use AA/NA	

⁴² By "aftercare" we refer to services provided after the individual is discharged from the formal supervision of the Drug Court program.

⁴³ Aftercare is not specific to Drug Court participants, but services are available on sliding fee scale or through other funding sources.

B. Follow-up With Individuals Terminated from the Program

Chart 17: Follow-Up With Individuals Terminated From the Drug Court Program

Drug Court	No F-up	F-up w/Grad.	F-up w/ all Part.	F-up all part. up to 6 mos.	F-up w/all part. Upto 12 mos.	F-up w/all oart. Up to 24 mos/
Austin		x		x		
Crestview		x		x		
Denver		x			x	
Kalamazoo		x				x
Mobile		x			x	
St. Joseph			x	x		
Portland			x			
Seattle	x					
Ft. Lauderdale	x					
Phoenix	x					
Wilmington	x					

St. Joseph indicated that follow-up is conducted at three, six, and nine months after treatment is completed. At the time of completing the survey, Portland indicated that a 12 month follow-up was conducted. Follow-up activities were planned to follow clients at 6 and 12 month intervals.

In terms of the numbers of former program participants with whom follow-up had been conducted, the responding treatment officials indicated the following:

For programs following up with graduates, Portland had followed up with 43% (150)

For programs following up all terminated participants, St. Joseph had followed up with all terminated participants, St. Joseph had followed up with ten percent (12-15); and Portland had followed up with 57% (150)

C. Information Compiled During Follow-up Activities

Chart VI-18 summarizes the follow-up information routinely compiled by the drug court programs represented by the reporting treatment officials:

Chart VI-18: Follow-Up Information Compiled by Drug Court Programs

Drug Court	Recidivism	Drug Use	Family/Household Employment Status	Public Assistance	Physical Education	Physical Health
Austin	x	x	x	x	x	x
Kalamazoo	x					
Mobile	x	x	x		x	x
Portland	x					
St. Joseph	x	x				x

IX. Program Implementation/Operational Issues

A. Problems Encountered In Developing Treatment Component of the Drug Court Program

Like their counterparts in the court and criminal justice agencies involved in drug court program implementation, treatment officials noted the need to develop consistency in program policy and procedures; the difficulty in addressing the sometimes fluctuating volume of referrals and the need for interagency coordination and cooperation as the most serious implementation problems encountered. Below is a summary of the specific comments of the responding treatment officials:

Austin (1) Staff turnover; (2) Funding reductions; (3) Space limitations

Crestview Treatment personnel developing an understanding of judicial system.

Denver Coordinating the receipt of accurate data. The Denver Drug Court makes referrals to over 30 treatment providers⁴⁴. Albeit, we have an automated MIS, we have encountered some problems with technology and accuracy of information.

Ft. Lauderdale (1) Political opposition; (2) Lack of ability to control the treatment program.

Kalamazoo Establishing a communication linkage between treatment agencies - (Office of Community Corrections).

⁴⁴

Other drug courts use a maximum of three primary treatment providers, with most programs using one or two.

Los Angeles	Eliciting support from all County Departments involved. Getting all of those Departments to forgo any special interests for the benefit of the whole project.
Mobile	<p>(1) Strained, and sometimes poor communication between Criminal Justice personnel and Treatment Staff;</p> <p>(2) Complying with state certification requirements that do not take into account the high volume of clients.</p> <p>(3) Lack of addiction knowledge by some Criminal Justice Personnel.</p>
Phoenix	Initially we had problems maintaining the quality of the treatment program. In managing the counselors more closely the program objectives are being met.
Portland	Lack of planning before implementation to discuss protocol, policies, follow-up studies, etc.; Differing philosophies between court and clinicians; Accessing community resources.
St. Joseph	<p>(1) Getting consistency in communications and methodology between the treatment program and the probation office has been a difficult task, but is improving with experience. Many legal issues either conflict with or compound treatment issues and vice-versa. Interface of information systems (or lack of such) has also been a serious problem:</p> <p>(2) dealing with the number of clients that come into drug court ; one week may be extremely busy (several drug raids by narcotics unit); then the arrests may clack up. basically, a feast or famine situation; the difficulty arises when you "crunch" many clients into a quick timeframe.</p>
Seattle	<p>(1) The amount and variety of supportive services needed by Drug Court participants, i.e., housing, ongoing health care and mental health services, financial assistance, and legal assistance related to such issues as domestic violence, exceed resources available in the community. Such services often are difficult to access in a timely manner and require a great deal of coordination and follow-up;</p> <p>(2)The opt in/out period allows participants to "evade" treatment or make a less-than-total commitment during the crucial 2-4 weeks immediately following their initial appearance in Drug Court; yet "pre-opt" participants utilize a disproportionate amount of staff time for "motivational" counseling and tracking.</p>
Wilmington	Getting enough treatment dollars, configuring to meet needs of target population; treatment providers maintaining standards; treatment staff turnover; treatment program fiscal management; treatment providers developing skills and engage/retain offenders in treatment; some tension between treatment and program goals

B. Unanticipated Issues That Arose and Strategies for Addressing Them

Responding treatment agency officials identified the following unanticipated problems arising during the drug court implementation process and the strategies noted for addressing them:

Austin

Problem: Funding reduction and interruption of taking new clients.

Crestview

Problem: Need to fine-tune procedures and expectations of everyone involved:
Resolution: Continual open dialogue between treatment personnel and Drug Court judge and Court Administrator. Planned meetings between judicial and treatment providers which focused on these issues and specific problems that came up regularly

Ft. Lauderdale

Problem: Lack of an effective computer programming system for tracking/monitoring and client information.

Kalamazoo

Problem: Identified a need to establish a person to perform intakes to serve as ongoing liaison between treatment agency and Office of Community Corrections
Resolution: See above comments re: Release of Information.

Los Angeles

Problem: Number of participants admitted who were homeless at time of arrest. Also, the number of individuals requiring medical detox and suitable housing.
Resolution: Still attempting to secure funding for these needs.

Mobile

Problems: (1) Assessment of client after program entry.
(2) The loss of control by treatment over entry and exit of clients.
(3) Inadequate staff/high volume of clients.
Resolution: Regular meetings of participants to address some of these issues

Phoenix

Problem: The cost of financing the program with the likelihood of no government funding. If the participants can pay their fee the program is bound to remain; should collection fall well below self-subsistence, the program may be suspended.
Resolution: Pending problems surrounding money are ongoing. Possible outside and private sector money may help.

Portland

Problem: Lack of stabilized local funding support.
Resolution: To date, unresolved.

St. Joseph

Problems: court docketing and scheduling were a problem when the program first started; getting clients/attorneys/drug test results/defense attorneys/ all on the same wave length as far as expediting cases through the system; adjusted by trial and error;; compromises by everyone regarding their specific schedules to meet the drug court requirements; all involved participants had faith in the drug court concept; all involved participants helped to promote the program

Resolution: Our program started with the idea that this would be a constantly evolving process involving extensive communication between the treatment program, the probation officers, and the judge. As such, we have worked at issues as they arose and tried to be as flexible as possible when making adjustments. We always knew that the success of the program would depend on communication, and the evolution of drug court has proven it.

We have now gone to monthly drug court meetings involving all players; this seems to keep our communication open and helps us deal with problems as they arise, rather than having them on-going and institutionalized before we deal with them.

Seattle

Problem: (1) The need for a secure detox facility, inpatient treatment beds and methadone or naltrexone therapy is significantly greater than we anticipated. Participants who enter the program in a toxic state are much less likely to participate in treatment during "pre-opt" or to opt in;
(2) Although we expected a heavy volume of tracking activity and paperwork, experience has shown that these components of the program are considerably higher than we anticipated and take much more staff time.

Resolution: (1) We are working with community resources and service providers to increase the availability of inpatient beds and methadone or naltrexone therapy.
(2) Only the extraordinary efforts of Drug Court and other agency staff have enabled us to deal with the tracking and paperwork requirements.

Wilmington

Problem: treatment programming dollars/contracts administered by DOC; inadequate program/fiscal monitoring by DOC; not enough TASC infrastructure to perform program

Resolution: By having TASC hire additional program management staff; programming has been shifted to accommodate populations; some are not resolved; still have waiting lists and all systems are full.

C. Advice to Colleagues in Other Jurisdictions Where Drug Courts are Being Planned

- Austin** ▶ Secure your funding.
- Crestview** ▶ Establish a good working relationship with the Drug Court judge, the Court Administrator, and other judicial personnel is essential for the smooth operation of the treatment component. Open dialogue between both parties is critical.
- Denver** ▶ Allow sufficient time for planning stage;
▶ Make sure tx. agency or agencies are quality.
▶ Implement MIS if have financial resources.
▶ Assemble team of players who are willing to work hard.
- Ft. Lauderdale** ▶ Don't allow your treatment program to be totally dictated by the Criminal Justice System. You must have control over treatment.
- Kalamazoo** ▶ Prepare for increased need for communication between treatment agency, court, and Office of Community Corrections staff which coordinates the program. Have a release of information policy established.
- Los Angeles** ▶ Seek as much input as possible from other jurisdictions that have existing Drug Courts and learn from those who have gone before you.
- Mobile** ▶ Be sure that there is assertive communication between all parties involved and that information is shared by all. Team approach is necessary.
- Phoenix** ▶ Have a good screening procedure;
▶ Work closely with the court and district attorney.
- Portland** ▶ Write down policies and procedures and develop systematic plan for update. Find out how the jurisdiction plans to stabilize and continue funding. Plan specific outcomes to be achieved and studied.

- St. Joseph** ▶ Develop a good communication and shared information system before implementing drug court; it will save a lot of problems later. Also, build a program evaluation system into drug court at the beginning, even if it's relatively simple. Build your information system with evaluation in mind.
- ▶ seek out other drug courts for their policies and procedures; don't just "copy" another program and expect it to work within your system. programs must be designed to meet your specific target populations
- Seattle** ▶ Be flexible; expect the unexpected;
- ▶ Have computerized tracking systems-preferably networked with the Drug Court itself and other treatment agencies - up, running and tested before the program starts;
- ▶ Overestimate the volume of tracking and paperwork activity and staff time required - then double it;
- ▶ Be aware that the client population may turn out to be older with more years of drug use, "harder core", more indigent and more disconnected from the system than originally envisioned. Such clients will need a multiplicity of supportive services in the community in addition to more treatment staff time.
- Wilmington** ▶ Realize that the more criminally involved your drug involved target population is, the more expensive treatment is and the more case management infrastructure is needed; for diversion cases, perform assessments prior to diversion to ensure that outpatient treatment is adequate; assure adequate urine monitoring for diversion cases.

