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Research in Brief

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Assessing the Impact of Dade County's Felony Drug Court

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The extraordinary growth in the drug-related criminal caseload during the 1980's and the perceived impact of illicit drugs on public safety in Dade County prompted Florida's Eleventh Judicial Circuit to implement a court-based drug abuse treatment approach. The innovation was guided by the notion that an effective and flexible program of court-supervised drug treatment could reduce demand for illicit drugs and hence involvement in crime and reinvolvement in the court system by substance abusers.

Issues and Findings

Discussed in this Evaluation Bulletin. Florida's Eleventh Judicial Circuit in 1989 adopted a court-based approach to treatment for felony drug abuse in Dade County (Miami). This research study assessed the program.

Key issues: The treatment approach, helping defendants function more normally in society, can conflict with the criminal justice approach, for reducing crime and improving public safety. Measuring a program's success is thus a policy issue for public officials to decide. Establishing clear expectations and criteria for program outcomes should be done before a program is implemented and should

What has come to be known as the "Miami Drug Court model" has two principal components—a nontraditional role for officials in the courtroom and a specially adapted program of "outpatient" drug abuse treatment.¹ Other diversion approaches refer drug defendants to treatment programs, but the courtroom-based team approach—and particularly the central judicial role—distinguishes Dade County's initiative.

be modified, if necessary, on the basis of program experience.

Major findings. The researchers focused on defendants over an 18-month period and compared them to similar defendants not in the program. They found the Drug Court defendants had:

- ◆ Fewer cases dropped.
- ◆ Lower incarceration rates.
- ◆ Less frequent rearrests.
- ◆ Longer times to rearrest.
- ◆ Higher failure-to-appear rates, caused mainly by the more frequent appearances required of Drug Court defendants.

Strengths of the Dade County Drug Court system included strong support

Research questions

The empirical assessment of the Drug Court initiative had three basic purposes:

- To examine the program's impact in the Eleventh Judicial Circuit.
- To serve as a factual basis for informing the Circuit Court and participating agencies on ways to improve or reshape, if necessary, the program in its next phases.
- To share with the community of American courts lessons other court systems could draw from study of the Miami Model.

for the Drug Court from all participants in the criminal justice system, an active judicial role, specially designed treatment programs, and a flexible approach to program participants' problem behavior.

Key challenges for a drug court program identified by the researchers confront the Dade County program and have implications for other jurisdictions:

- ◆ Need for fast, accurate information about defendants.
- ◆ A clearly defined target population for the program, which should avoid net widening and help set the basis for screening criteria.
- ◆ Need for different treatment plans for different levels and types of drug abuse.

A Brief History of the Miami Drug Court

Since 1989, when the Drug Court first opened, defendants have been referred primarily to the DATP (diversion and treatment program), an outpatient program with centers in four locations in Dade County. There was also an option for defendants who lived in other jurisdictions to participate in treatment programs outside Dade County as long as regular reports were made to the court.

The Drug Court was initially designed to accept defendants charged with third-degree felony drug possession offenses and no prior convictions.

The DATP drug abuse treatment program required 1 year's participation by drug-involved felony defendants during which the defendant would proceed from detoxification (phase I), to counseling (phase II), to educational/vocational assessment and training (phase III), and then to graduation (phase IV).

Phase I was intended to require a minimum of 12 consecutive days of clinic

visits or as many days as were required to achieve 7 consecutive negative urine tests. In phase II the number of required visits was generally reduced to three or even two per week, with a urine test at each visit. During phase III, attendance requirements might continue to be the same or, given a client's progress and work schedule or school obligations, relaxed somewhat.

Three consecutive unauthorized failures to keep required clinic appointments at any time would result in the client's placement in "phase V"—informal suspension. A client returning after such an absence would be reinstated in whatever phase he or she had been in. If a client failed to appear for 30 consecutive days, DATP was required in compliance with State regulations to close that client's file. Clients were commonly readmitted after such an extended absence, but they were required to start over in phase I.

To accomplish these research aims, data collection for the assessment focused on these areas of inquiry:

- The impact of Drug Court on criminal processing, including its identification and enrollment of defendants who otherwise would have been adjudicated in the normal fashion.
- Comparison of Drug Court defendant case outcomes with those of defendants who faced charges of similar severity both before the Drug Court initiative (during the summer of 1987) and at the time of the study (August and September 1990).
- Performance of Drug Court defendants, including treatment program outcomes.
- Public safety implications of the Drug Court program.

Research design. Use of an experimental design to study the impact of the Drug Court was precluded for practical reasons.

The court had already been in operation almost 2 years, and random allocation of defendants to treatment and experimental groups would have too greatly disrupted the ongoing program. Instead, researchers designed a next best approach that focused on (nonequivalent) comparison groups of relevant felony defendants to help gauge the effect of the program. These included contemporaneous and historically antecedent samples of noneligible felony drug cases and nondrug cases.²

The initial and principal sample was a cohort of defendants admitted to the Drug Court program in August and September 1990. This group is identified as Sample I (n = 326) in exhibit 1. Selection of the sample period was guided by two concerns: a) to ensure that the study would fairly examine the program at a stage sometime after its implementation "infancy"; and b) to permit use of a sufficient

observation or followup period (18 months) for study of defendant performance from the point of admission to the program.

Defining and measuring "success": a policy concern

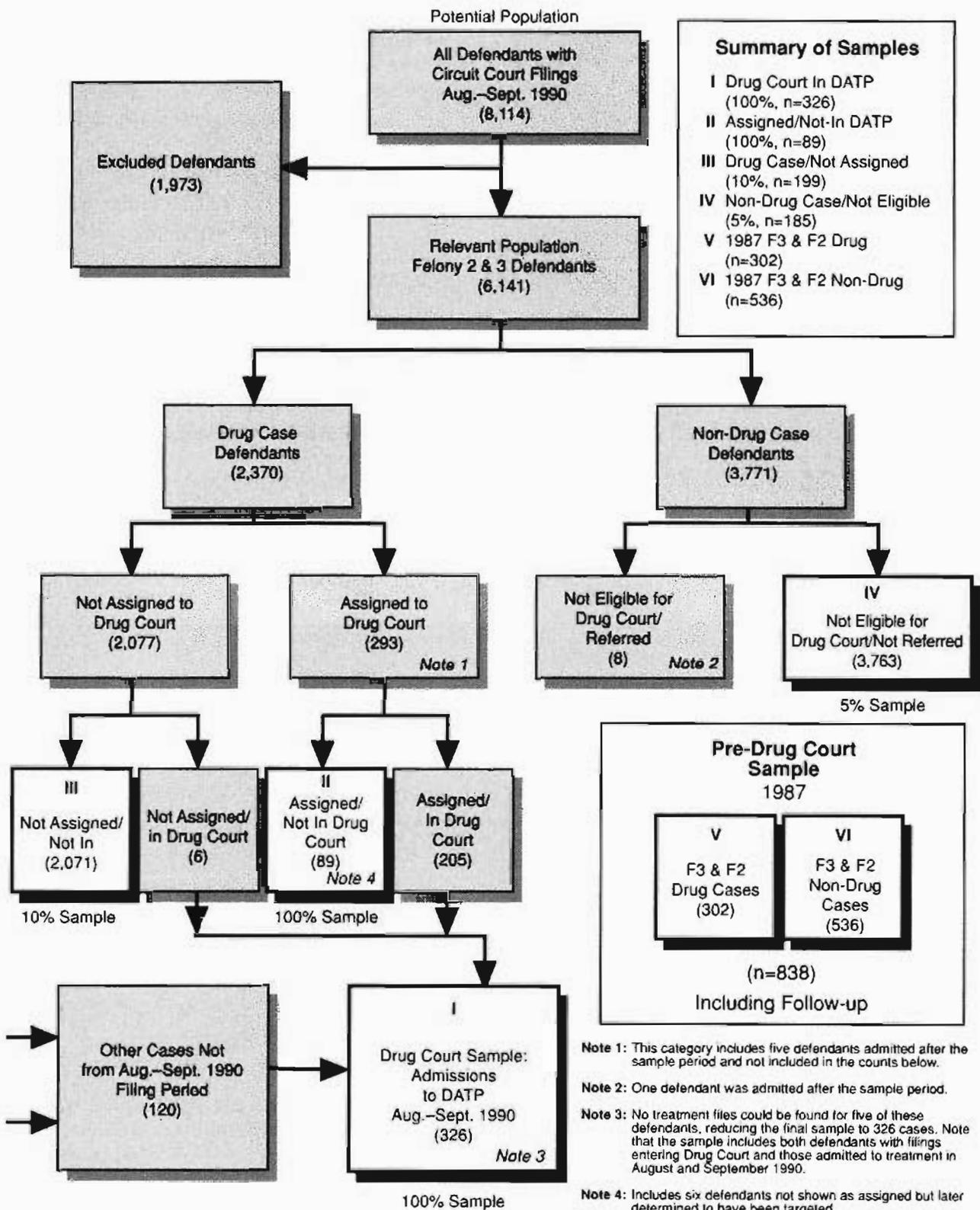
The Eleventh Circuit's Drug Court is a hybrid combining elements of both criminal justice and drug treatment approaches to address an important portion of the drug-involved population among criminal offenders (defendants in this case). Key elements include the special role for judge and criminal courtroom personnel, the fundamental treatment orientation, and the diversion-like framework.

This attempt to integrate disparate elements has meant joining two perspectives accustomed to different methods and sometimes competing aims regarding drug involvement and its reduction. The resulting uneasy marriage of criminal justice and drug treatment goals embodied in the Dade County initiative complicated design of an empirical assessment.

Adapting the courtroom setting to assist the aims of treatment is not necessarily compatible with the usually more formal and adversarial aims and procedures of criminal justice. From the viewpoint of drug abuse treatment, the drug court seeks to reduce drug abuse so that defendants can function normally in society. From the criminal court perspective, the program tries to reduce the impact of the drug caseload on case processing resources diverting the flow of cases, reducing drug crime among participants, and thus improving public safety.

In contrast, a treatment perspective would probably not view a "three strikes" approach to program compliance as realistic. Indeed, treatment staff would understand that, to the extent that serious drug abusers are encouraged to enter the program, the road to progress is likely to be very difficult, with initial failures routinely to be expected. This difference in perspectives translates into differences in expectations about the performance of drug court

Exhibit 1. Defendant-Based Sampling Strategy for Evaluation of Dade County Felony "Drug Court"



defendants and, as a result, into potentially different ways to measure outcomes.

Measurement of a drug program's outcomes is, therefore, a problem because there are a number of ways to measure "success," all of which could be valid depending on the perspective adopted. In fact, this issue—the definition and measurement of success—represents a major policy task faced by officials designing and operating drug court programs. For purposes of this study, program outcomes were defined as "favorable" or "unfavorable" after discussion and debate by members of the judicial working group guiding the research process. This approach was critical to the assessment so that the research could avoid making policy assumptions that may not have been intended by site officials.

The Dade County Drug Court diversion and treatment program (DATP) was planned to require defendant progress through three phases to an eventual favorable outcome, graduation in about 1 year. Program outcomes were cataloged by reviewing both the treatment agency files and the criminal justice data maintained by the court system.¹ Using these sources, the specific program outcomes recorded for the Sample I group at the end of the 18-month observation period (which began at the point of entry into treatment) included the following types:

Unfavorable

- Dropped out
- Terminated

Cases still active

- With no alias capiases (bench warrants)
- With alias capiases

Transferred

- Other jurisdiction
- Other local agency

Other

- Died

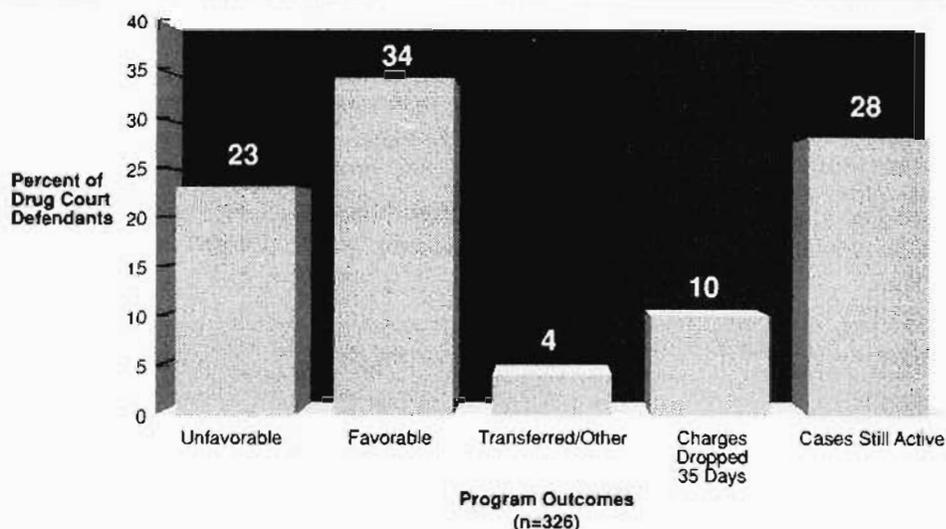
Charges dropped

- Within 35 days

Graduation implied

- Nolle prossed (ceased prosecution)
- Nolle prossed, tracking

Exhibit 2. Program Outcomes for Drug Court Defendants Admitted to Treatment, August–September 1990



Sealed
Sealed, tracking
Probation only

As a first step in organizing these program outcomes, exhibit 2 shows 34 percent of defendant outcomes as clearly "favorable," 23 percent as clearly "unfavorable," and 43 percent as falling into the other categories whose classification was not self-evident.

To illustrate the role of policy assumptions in the measurement of success, this rough grouping of favorable and unfavorable outcomes could be further collapsed into more narrowly defined categories (referred to in this report as version 2) by applying the following assumptions:

- The small number of defendants who were transferred to other jurisdictions remained the responsibility of the Drug Court. However, one could argue that they should also be excluded from evaluation of treatment program outcomes because they became the responsibility of other agencies or jurisdictions and, therefore, were not appropriate tests of the impact of the Drug Court in Dade County.
- Defendants who had active or open cases at the end of 18 months either should be counted as provisionally having recorded favorable outcomes (as long as they did not record alias capiases), or be

counted provisionally as having unfavorable outcomes, if they absconded from the program and did not return to active participation.

- Defendants who dropped out because their charges were dropped within 35 days should be excluded from the analysis of outcomes because they did not participate in the program for a meaningful period of time (i.e., they were "false starts").

Even this classification of program outcomes, however, could be further refined by adopting yet another assumption from the drug treatment perspective:

- Because some minimum period of participation should be required before it is reasonable to evaluate the impact of the program on defendant behavior, all persons dropping out within the first 3 weeks of admission (not just those with charges dropped) should be excluded from outcome measures. This is tantamount to arguing that it is inappropriate to evaluate the impact of an antibiotic if the patient does not take the medication for a sufficient period as prescribed.

Exhibit 3 excludes these "false start" categories to contrast the outcomes of only the "relevant" defendant categories: of these, 40 percent had unfavorable outcomes, and 60 percent had favorable outcomes. Other working definitions of

“favorable” and “unfavorable” outcomes could be employed; the important point is that such decisions must be determined as a policy matter by relevant court and agency officials.

Selected findings

Length of participation/retention in treatment. The median length of time spent by Drug Court defendants in the DATP program, measured from the date of the intake interview to the last day in treatment, was 331 days—almost 11 months—excluding defendants whose charges were dropped. Exhibit 4 displays the median time in the program for Drug Court defendants for each of three categories of version 2 program outcomes: unfavorable, favorable, transferred/dropped/other.

As now would be expected by definition, length of program participation (retention in treatment) and program outcomes closely corresponded. Defendants with unfavorable outcomes had median program stays (225 days) less than two-thirds the length of defendants with favorable outcomes (364 days). Defendants with the other outcomes, by definition, showed the shortest median program participation, about 19 days.

Impact on criminal processing. Monthly admissions to the DATP were equivalent to about 7 percent of third- and second-degree felony filings during the months studied.⁴

Case outcomes and duration. As expected, “diversion” types of outcomes (diverted, nolle prossed, case sealed) were much more frequently recorded for Drug Court defendants. Also as expected, Drug Court cases took longer to complete than those of other felony defendant groups. Nearly one-third of Drug Court cases were still open (unadjudicated) by the end of the 18-month observation period. Two phenomena largely explain this finding:

- Defendants who were permitted to stay in treatment much longer than originally planned.
- Defendants who absconded from the program, leaving their cases indefinitely in “active” status.

It was difficult to determine whether the Drug Court’s longer completion times contributed to greater use of court resources than normal processing would.

However, greater proportions of other felony defendant groups in 1987 and 1990 apparently moved more quickly out of the criminal justice system, in part because

many more of their cases were dropped or dismissed (including cases marked “no action”).

Lower incarceration rates. During the study period, far fewer Drug Court defendants than other felony drug and nondrug defendants were sentenced to incarceration for terms of more than a year.

Fewer rearrests. Drug Court defendants generated somewhat lower rates of re-offending, as indicated by rearrests, than non-drug felony defendants in 1990. They accounted for notably lower rates of re-offending than other felony 2 and 3 drug defendants whose cases were not handled by the Drug Court. (See exhibit 5.)

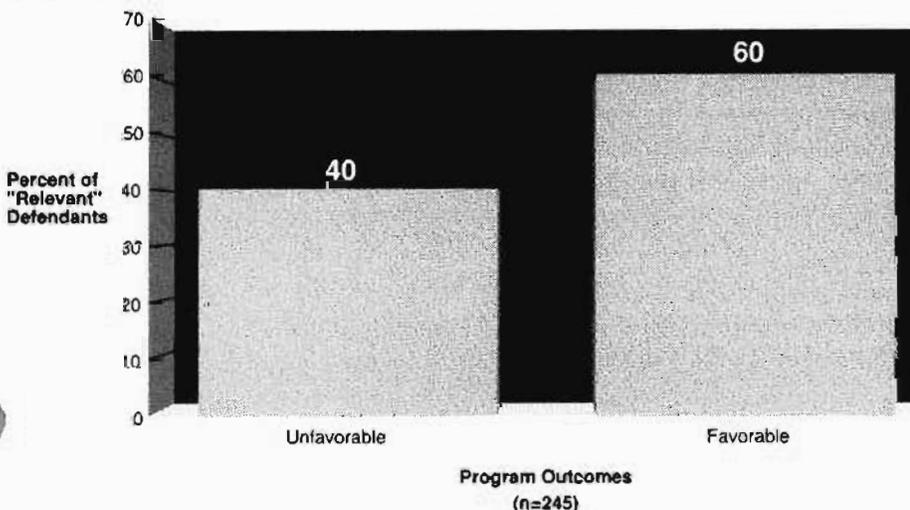
At the same time, when compared to felony drug defendants in 1987, 2 years before the Drug Court was implemented, the 1990 Drug Court defendants showed much lower rates of rearrest, even after researchers controlled for possible differences in sample composition.

Longer times to rearrest. When Drug Court defendants were rearrested, the lengths of time to their first rearrests averaged from two to three times longer than those of comparison groups (exhibit 6). If this is generalized across the more than 3,000 Drug Court defendants admitted since the program began, this finding has important implications for the criminal caseload of the circuit court as a whole: Drug Court defendants not only appear to re-offend less often, but those who did re-offend did so only after considerable time had elapsed.

High failure-to-appear rate. All of the Drug Court defendants are required periodically to appear in court throughout their treatment, and more than half of them recorded failures to appear (FTA’s), compared with from 2 to 11 percent of other felony defendants. The high rate clearly results from the requirement for so many more court appearances than associated with normal processing of criminal charges.

This phenomenon is similar to that experienced by many programs granting provisional liberty to defendants and suggests that approaches should be devised to

Exhibit 3. Program Outcomes (Version 2) for Drug Court Defendants Admitted to Treatment, August–September 1990: Relevant Defendants Only



monitor appearances more closely to prevent FTA's.

Themes emerging from the Drug Court assessment

The empirical assessment of Dade County's Drug Court revealed a number

of key themes that may be of interest not only to the jurisdiction itself, as Dade County plans further efforts to address the challenge posed by its drug-involved caseload, but also to other jurisdictions undertaking or considering similar drug court initiatives.

Strong system support. A key to the functioning of the Drug Court is the strong joint support shown for the program by the judiciary, the prosecutor, and the defender. Drug Court depends on this support to transact its business in a "team" fashion. The prosecutor's and defender's roles are unorthodox and team oriented; both appear more supportive than adversarial in encouraging a defendant's pursuit of treatment.

Active judicial role. Teamwork notwithstanding, the leadership role of an actively involved judge who is familiar with drug-influenced behaviors is an essential element in the court's capacity to function as well as it does.

The judge can be encouraging and supportive in the many brief hearings he orders on admission of a defendant or to review a defendant's progress. He also is called upon to impose sanctions, however, when the defendant shows poor performance or has to be returned to the Drug Court on an alias capias.

Exhibit 4. Length of Participation of Drug Court Defendants Admitted to Treatment, August–September 1990, by Version 2 Program Outcomes

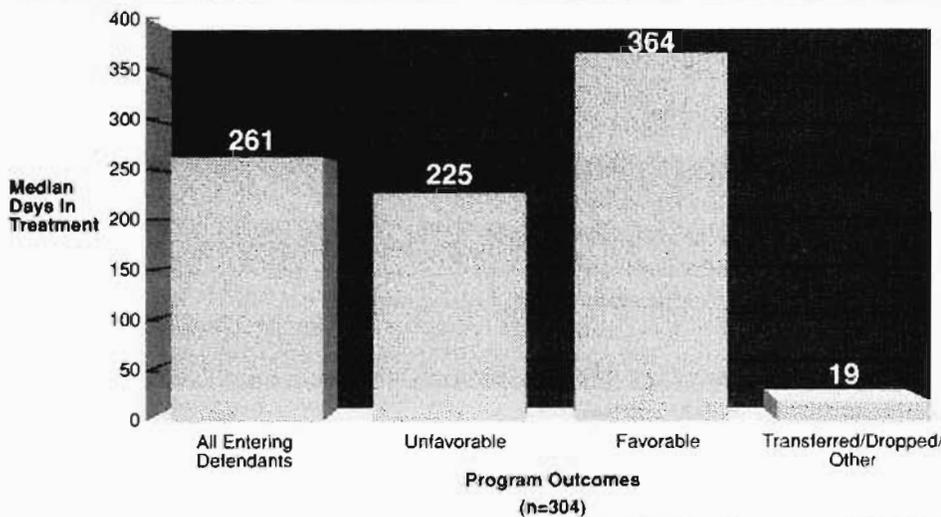
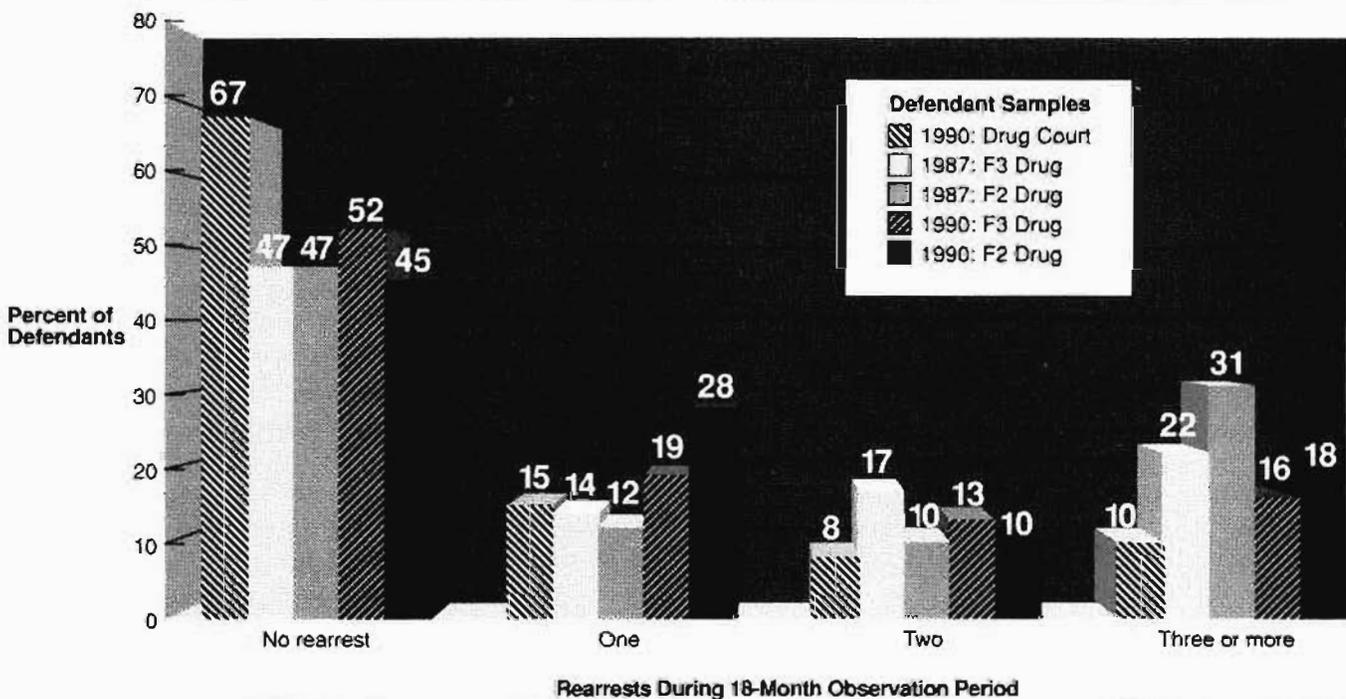


Exhibit 5. Rearrests During 18-Month Observation Period: 1990 Drug Court Defendants Compared to 1987 and 1990 Felony 2 & 3 Drug Defendants



Specially designed treatment resources.

One of the critical elements of the Drug Court in Dade County was development of a custom-designed substance abuse treatment program for the programmatic needs of the Drug Court specifically. The approach focused notably on community-based outpatient treatment, while making provision for residential placements for a very limited number of individuals.

There was not in Dade County (and often may not be in other jurisdictions) a preexisting treatment program. Instead, the treatment program was tailor-made to address the target population identified by court officials. Just as the criminal court adapted to the treatment goals of the Drug Court program, the treatment program had to modify practices to respond to the procedures of the Drug Court, particularly in the areas of program eligibility and termination criteria.

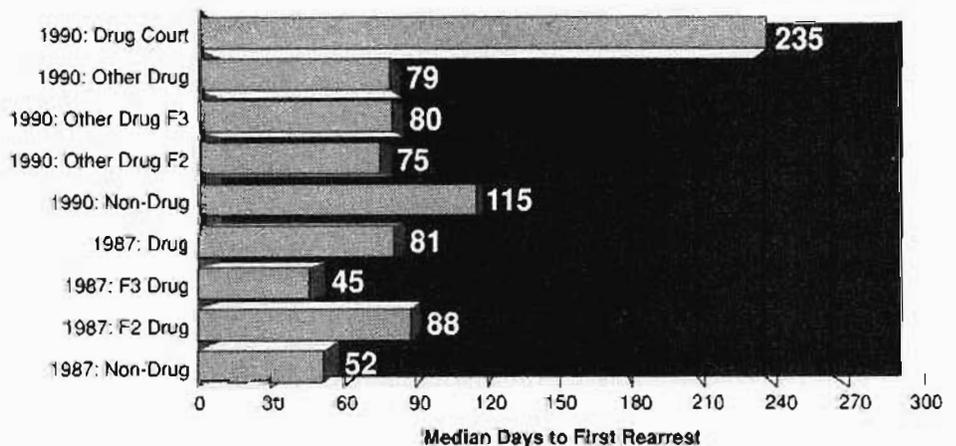
Tolerance for addicts' behaviors. Planning for the Drug Court sought to recognize realistically the sorts of behavior likely to be associated with drug-involved individuals. Within clearly defined public safety boundaries (defendants would be transferred out of the program if they were arrested for new offenses more serious than those specified by the eligibility criteria), the Drug Court has implemented a flexible or partly tolerant approach to problem behaviors within treatment. This approach contrasts clearly with approaches that specify punishments for program missteps (such as the days-in-jail ordered for positive drug test results proposed in the District of Columbia's new program).

Needs for fast, accurate information.

The drug court concept and the linking of drug treatment and criminal justice goals relies heavily on the need for up-to-date, accurate, and immediately accessible data about defendants, their treatment progress, and their criminal justice related problems and developments.

In Dade County, this capacity at first developed at a slower rate than the program's ability to handle cases; it clearly represents one of the major operational challenges of the Miami model in trying to bridge the information gap between drug treatment programs and the criminal court.

Exhibit 6. Median Time to First Rearrest During 18-Month Observation Period: 1990 Drug Court Defendants Compared to 1987 Felony Comparison Samples



Defining (and redefining) the target population.

A major policy step in implementing the Drug Court program was defining the initial target population. Careful targeting can ensure that the treatment resources will be deployed efficiently to process a sufficiently challenging group of defendants with no adverse impact on public safety. By setting sights too low (for example, to deal with very minor offenders), program resources could easily have been overwhelmed by a large volume of cases, thus preventing benefit from accruing to efforts to address the criminal caseload processing or problems associated with jail capacity. On the other hand, assessment findings suggest that the criteria for eligibility might be broadened to include other types of drug-involved felony-level defendants who may not be charged with drug offenses.

Targeting to avoid net widening. Some Drug Court defendants self-reported that they engaged in no or very minor levels of drug abuse, while some others tested negatively for drugs upon entering the treatment program. Setting aside questions about the reliability of such data, the possibility that some in the treatment program did not appear to have "serious" drug abuse problems raises important questions about targeting and screening procedures.

Similarly, the finding that Drug Court defendants had their criminal charges dropped or dismissed much less frequently than other types of felony defendants raises the possibility that some would not have ventured very far into criminal processing had they been processed in other criminal courts or during an earlier period.

Although the assessment found no evidence that the Miami Drug Court noticeably "widened the net," particularly given its selective felony-level focus, the possibility of net widening as an inadvertent side effect should be kept in mind by the Dade County program itself and by other jurisdictions considering similar efforts.

By setting sights too low, the Drug Court may "sweep" into its "net" persons who ordinarily would not require many or any of its scarce resources. By targeting categories not usually fully processed by the criminal courts, such a program might unwittingly add to the court workload and the jail population as well as intervene when intervention is not necessary.

Screening for eligible candidates and "hitting" the target population. Given a suitable target population policy, a separate element critical to effective implementation of a Drug Court is establishment of a rigorous screening mechanism that identifies persons eligible for the program at the

earliest stages of processing. Mechanisms that “miss” large portions of the target population or that carelessly include individuals not meeting the eligibility criteria can adversely affect the Drug Court’s ability to meet its objectives.

Defining “success” in outcomes as a matter of policy. Defining “success”—what will constitute favorable and unfavorable outcomes—is an important policy matter to be resolved by debate and consensus among key officials. This policy debate is best carried out in advance of implementation and evaluation. Such a policy should clearly detail the behaviors of participants that are acceptable, that are tolerated but sanctioned in some specified fashion, or that somehow cross the boundary into unacceptable, program-terminating actions. The implications of enforcement of such a policy approach would most helpfully be analyzed in advance of implementation, and modifications may be necessary periodically and be made on the basis of program experience.

Strengthening reliability of information relating to defendant drug abuse. A key to effective early classification and efficient subsequent treatment of drug-involved felony defendants may be closer coordination and computer information exchange between Pretrial Services (or other early processing agency) at the postarrest interview stage and treatment intake staff. A combination of carefully structured self-report questions about drug use at the Pretrial Services and treatment intake stages and selective initial drug testing, for example, may contribute to improved targeting and programming of Drug Court candidates.

Development of defendant classifications for risk and treatment planning. Classification of defendants at the earliest stages based on estimated drug involvement and risk to public safety can be developed to assist in the targeting of appropriate candidates for Drug Court and in planning for treatment and supervision in the community during Drug Court involvement.

Need for different treatment programs. In differentiating entering defendants according to estimated drug-involvement and public safety risk, an improved initial stage classification approach can help target Drug Court defendants efficiently to treatment regimens of possibly different substance and length, while still ensuring equitable treatment of defendants overall.

Such a classification could maximize efficient use of resources by assigning lower-risk and less drug-involved defendants to somewhat shorter programs of treatment to be complemented by other nonincarcerative options while channeling medium-risk and more seriously drug-involved defendants into longer and more intensive programs. For equity, an aim would be to provide equivalent diversionary programs so that defendants are treated similarly overall, even given their different content.

The role of drug testing. The use of this technology should be carefully reexamined as a matter of policy: either it should be deployed more effectively and selectively, limited to initial tests, used more systematically with self-reported drug use information, or even eliminated, if necessary, to save costs. Inconsistent use of drug testing contributes little to the information requirements of the Drug Court program.

The role of acupuncture. Acupuncture is employed in the Dade County Drug Court’s treatment program on a voluntary basis as an adjunct to treatment for defendants attending the outpatient treatment program. As such, acupuncture has not been viewed by the program as a specific treatment modality. Instead it is employed as a resource for stabilizing defendants, particularly during the early phases of treatment, and for increasing amenability for treatment.

The failure-to-appear problem. A clear implication of the court-based, judge-supervised model of Drug Court is that the much more frequent scheduling of defendants before the judge ultimately translates into many more failed appearances (alias capias issued) when the experiences of Drug Court defendants are compared to

those of “normal” defendants. (This may be true even if the ratio of absences-to-scheduled- hearings may not be worse among Drug Court defendants.) Thus, strategies to address this Drug Court “side-effect” without overwhelming court or jail resources should be made early in the planning stages of Drug Court efforts.

The resource implications of the Drug Court program. Court systems have a practical interest in learning about the “cost-effectiveness” of the Drug Court approach. Because this assessment was not designed as a cost-effectiveness study, clear conclusions about the resource implications of this approach are not offered. Nevertheless, cost considerations are critical to an overall appraisal of the Drug Court’s promise. Such an analysis is complicated, and its outcomes would depend heavily on the assumptions made about costs and savings in a variety of areas. Principal focuses for such an analysis would need to consider the costs associated with, for example, a) operating one or more courtrooms dedicated strictly or largely to Drug Court transactions, b) the costs of treatment, and c) the costs of missed appearances and program misstarts, as well as possible savings in d) case processing, e) confinement, and f) reduced or slowed rates of reoffending.

The need for routine experimental evaluation. This assessment has revealed but not resolved a number of themes and issues relating to the use of the Dade County Drug Court. As other jurisdictions proceed with their plans to implement Drug Courts or continue with efforts already underway, serious consideration should be given to simultaneous implementation of more rigorous, experimental evaluations. Fuller evaluation can point to the strengths and weakness of the Miami Drug Court model, and the advantages and disadvantages of the variety of initiatives now underway in other court systems. Failure to incorporate plans for rigorous evaluation at the in the initial stages of planning and implementation preordains the use of less than optimal evaluation methods at a later stage when questions of program impact may become critical.

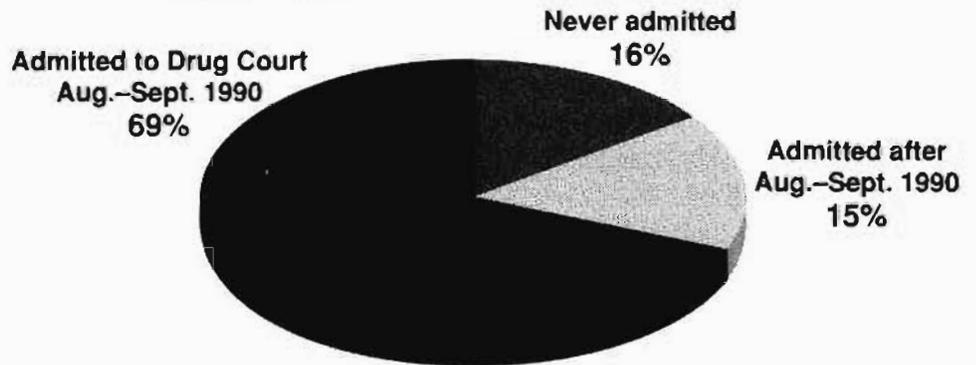
Character of defendant progress through Dade's Drug Court

For practical reasons, the assessment adopted a framework that sought to record defendant program, case and public safety outcomes, as of an arbitrary point in time 18 months after defendants were admitted to the treatment program. Some officials have argued that this could result in a very "flat" or "one-dimensional" accounting of the performance of defendants in the program. They have pointed out, in fact, that the Drug Court's overall approach was based in part on the operating assumption that the behavior of drug-involved individuals would be, almost by definition, erratic and generally irresponsible—at least in the earliest stages of treatment. Thus, these officials reasoned, a simple, quantitative measure of program outcomes would fail to convey the "ups and downs," "zig-zags," and other kinds of "real-life" behavior actually involved in treatment program progress.

In addition, great concern was expressed by Dade officials that some defendants who had great initial difficulty in the program might be viewed as "failures" under this approach, when, had the observation period extended farther, ultimate success would have instead been recorded as the final result. Although it is perhaps common for officials responsible for programs undergoing assessment to feel that quantitative approaches somehow miss capturing the character of the program experience, their point seems well supported in the Dade County study by selected case history illustrations. Several drawn from the full research report are presented here.

Case 1. R. was in her mid-30's when admitted to the treatment program. She was arrested in September 1990 on cocaine possession charges and assigned immediately to Drug Court. She had a substantial history of criminal justice involvement, with 13 prior arrests (but only 1 within the past 3 years) and 9 convictions, 5 for felony property offenses. She had no prior arrests for drug offenses. She was single, a high school graduate, living alone and

Exhibit 7. Felony 2 and 3 Drug Defendants Entering Circuit Court In August–September 1990, Assigned to Drug Court, by Actual Admission to Drug Court



Target Population of Felony Drug Defendants Identified for Drug Court (n=305)

working full-time. In her intake interview, R. said she had been using drugs since age 17. She admitted current use of heroin, marijuana, alcohol, and cocaine. Admitted to treatment during the study period on September 17, 1990, she had poor attendance initially and consistently tested positive for drugs, showing little motivation for treatment.

In early November, after a 2-week absence, she returned to treatment citing the demands of her work as the reason for missing appointments. She was not then seen again until the end of December. From this point on, she showed slight improvement. Although her attendance continued to be poor, her drug tests, when she did come, were usually negative. In February 1991, her attendance improved, but in April she once again stopped attending treatment.

In May, the defendant returned once more to DATP, although the length of her absence is not specified. Her attendance improved somewhat, and her urine tests were generally clean during the next months. In mid-July, after 10 months of participation, she was finally transferred to phase III aftercare. At the end of the 18-month observation period, the defendant's case was still open and she was still active in treatment.

Interestingly, her records further showed that as late as September 1992, or nearly 2 years after her initial admission, she did in fact complete treatment successfully with the result that her criminal charges were nolle prossed.

Case 2. C., a man about 20, was arrested in early July on cocaine possession charges. He entered DATP on September 26, 1990, after his case was transferred to Drug Court. He had two prior arrests, both for misdemeanors. Although he was charged with possession of cocaine, at his intake interview he admitted only to using marijuana/hashish. He reported being a drug user since age 18, but this was his first time in treatment. Although he initially appeared motivated for treatment, on November 19, 1990, he stopped attending.

On April 22, 1991, C. was once again referred to DATP following another arrest for possession. After a month, he was again responding poorly and testing positively for drugs. One month later he was again reported to have stopped coming to treatment. In January of 1992, the defendant was once more readmitted by the Drug Court judge. Although he was still active in treatment at the close of the 18-month observation period, he dropped out again shortly after. Records show his pattern of behavior continued. He was readmitted in

late September of 1992 and again discontinued treatment just over a month later.

Case 3. Y., 42 and an immigrant, was married but living apart from her husband at the time of her arrest in a sting for cocaine purchase and possession. She was college educated but unemployed and was earning a living as a freelance translator and teacher. Admitted to DATP on September 6, 1990, she admitted at her intake interview infrequent cocaine use (less than once per week), as well as alcohol use. She reported also that she had been using alcohol since 1967 and cocaine since 1983. At admission she tested positive for both cocaine and amphetamines.

Y. was reported motivated and cooperative throughout treatment. She transferred to phase II on October 2, 1990, and continued good progress, attending treatment and having negative drug tests until her transfer to phase III on December 3, 1990, when she recorded a positive drug test. Acupuncture and individual counseling helped her through this period. Her attendance and attitude continued good, and the "binge" did very little to slow her completion of the program. She was recommended for graduation on August 28, 1991, slightly less than a year after admission, and her case was later nolle prossed. File notes state that in addition to helping her with her drug problem, counselors tried to help her address problems related to employment and her marital situation.

Case 4. C., 38 at the time of her admission, entered the Drug Court program after arrest for cocaine possession on August 24, 1990, despite a long criminal justice history under a number of aliases. This was reportedly her first time in drug treatment. She was admitted on September 14, failed to attend the program, and admitted again on October 9, 1990. On December 12 she was reported to have discontinued treatment. On March 15, 1991, the defendant was again ordered readmitted by the court. On April 26, 1991, she was reported to have failed to return. No further notes were found after that date.

Case 5. S., 24, was single and had a high school education. He should have been a success story. He was arrested in Decem-

ber 1989 on charges of cocaine possession, 6 months before Drug Court was established. His case was assigned to Drug Court more than a year and a half later, on August 28, 1990. At his intake interview, he denied any drug use and case notes indicated that counselors were inclined to believe him, based on his consistently negative drug test results, his cooperative manner, and his physical appearance. On September 14, 1990, he was transferred to phase II and on October 22, 1990, after clean urine tests and good progress in treatment, to phase III. During the program, he obtained full-time employment and made plans to further his education. Treatment records show he continued to do well, his attitude was good, and he was drug free. He was working long hours and was required to attend only weekly.

In March 1991, he was placed in phase V for "tracking" due to unexcused nonattendance, but he returned several days later and explained that his absence had been due to a family emergency. In July he was briefly jailed after being involved in a fight at a flea market. On August 29, 1991, he was to have been recommended for graduation. S. failed to appear for his scheduled court date and an alias *capias* was issued. He also failed to keep a clinic appointment. On August 30, his father informed the counselor that his son had been robbed and killed.

Reaching the target population

Exhibit 7 portrays all felony defendants charged during August and September 1990 who were assigned to Drug Court. About one in three (31 percent) of defendants identified as meeting the charge/priors criteria and assigned to be processed in Drug Court appeared not to be admitted to treatment by the program immediately, for any number of reasons. Although this proportion suggests that Drug Court was processing fully two-thirds of the identified population of eligible defendants as they entered court processing, it raises questions about why some eligible/assigned defendants were "missed" or did not participate in the voluntary diversion and treatment

program once identified. Several phenomena may explain the "miss" rate.

- Some may merely have decided to decline, preferring to take their chances with traditional criminal processing.
- Others may have chosen to post bond immediately after arrest, thus eliminating their opportunity for coming in contact with Drug Court.
- Pretrial services staff might on occasion have missed some defendants. A few may have simply walked away without an intake interview.
- Drug Court officials pointed out that initially, a small number of defendants agreed to report to the Model Cities Clinic for intake procedures, but never made their appointments after they were given pretrial release.

A sizable majority of those eligible appeared to have been "enrolled," however, and careful empirical examination casts doubt on the initial finding of a 31-percent miss rate. As many as 40 of the 83 defendants in this group (Sample II, as shown in exhibit 1) may have entered treatment through Drug Court at some time during the 18-month observation period, just not in the August–September sample period.

These findings suggest that, in fact, the Drug Court may have had a fairly effective reach. The researchers estimate that the miss rate ultimately may have been as small as 17 percent. This finding of delayed enrollment complements the earlier finding that about one-third of admissions to Drug Court were of defendants whose charges had been filed during an earlier period.

Conclusion

This research has focused on the innovative efforts of one jurisdiction, the Eleventh Judicial Circuit in Dade County, as it shifted from the then prevailing paradigm guiding criminal courts in the response to the drug-related caseload toward a court-based approach to the treatment of felony drug defendants. Throughout this research, and particularly as this report was reaching completion, word of interest in and efforts to develop Miami-type drug courts in many other criminal court

systems in the United States grew increasingly frequent. Anecdotal reports of initiatives in other sites pointed to the possibility that a variety of interesting and potentially effective variations on the Miami model may be underway in locations across the nation.

As other jurisdictions proceed with plans to implement drug court programs, serious consideration should be given to conducting simultaneous, rigorous evaluations. Such evaluations can point to strengths and weaknesses of the Miami Drug Court model as well as those of other initiatives around the Nation. Failure to incorporate plans for experimental evaluations in the initial planning and implementation stages preordains the use of less than optimal evaluation methods at a later stage when questions of program impact may become critical.

Notes

1. The Drug Court's treatment emphasis is primarily on outpatient modalities. However, in 1991, the Drug Court arranged through the Florida system for prioritized access to more than 200 residential placements for selected defendants with particularly difficult drug abuse problems. As of spring 1993, an average of about 40 such placements were in use at a given moment.
2. The objective of this multisample, comparative approach was to be able to view processing of Drug Court defendants in the context of felony defendants overall. One limitation of this approach—shared by an experimental approach as well—is that prior or subsequent cohorts could have recorded different outcomes than those described in this report. Nevertheless, the rationale for this approach assumes that defendants entering during the study period were fairly typical.
3. When information about a defendant's status was uncertain or conflicting, priority was given to criminal justice information sources.
4. Although the Drug Court initially only targeted third-degree felony drug possession cases with no prior convictions, by 1990, persons with initial charges

involving selected second-degree drug felonies (purchase of drugs) were considered for the program as well as some defendants with prior convictions. One way of estimating the impact of the DATP is, therefore, to determine the proportion of relevant cases that would have been eligible for DATP and the proportion actually entering the program. Given that monthly admissions include some cases filed during previous months, the researchers determined the comparative figures.

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Findings and conclusions of the research reported here are those of the researchers and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

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