Adult Drug Courts: 
A Look at Three Adult Drug Courts 
as They Move Toward Institutionalization

- FINAL REPORT -

By

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Executive Summary

The Bureau of Justice Statistics estimated that two-thirds of jail inmates (70 percent of all inmates in local facilities) had committed a drug offense or used drugs regularly. Approximately 82 percent of all inmates said they had used drugs at least once and 64 percent admitted that they had used drugs regularly, that is at least once a week for at least one month.\(^1\) One response to this problem has been the development of drug courts that involve a new paradigm for addressing the needs of substance-involved offenders. Although not a panacea, drug courts have continued to proliferate around the country for a number of reasons. They have shown the ability to achieve a number of goals: reduced substance abuse (abstinence), decreased rates of recidivism among its participants, and improved quality of life for participants, their families and communities, more effective caseload management, benefits to the public that far exceed justice system costs and relief from jail overcrowding. Much remains to be learned, however, about how drug courts most effectively meet these goals. Furthermore, the unintended effects of some legislation, a struggling economy resulting in smaller federal, state and local budgets, including allocations for drug courts, and still emerging statistical documentation of the impacts of drug courts emphasize the need to better understand drug court operations to avoid placing their continued existence at risk.

Developing the body of knowledge about drug court operations and impacts is an important, ongoing task. One method of learning about drug courts is to gather and organize detailed

information about them, including their key characteristics and structures, and the way in which they operate. Operating in complex social and political environments, it is also important to understand the context in which drug courts function and how they interact with the other components of the criminal justice system and the community. With this in mind, this report provides illustrative profiles of three adult drug courts, the Hennepin County Drug Court in Minneapolis, Minnesota, the South County Division Drug Court in San Diego, California, and the St. Mary Parish Drug in St. Mary Parish, Louisiana. These drug courts were chosen to represent different legal and socioeconomic milieus, local political arenas, and geographical locations. The profiles also highlight their individual efforts to institutionalize drug court concepts in their communities, to showcase innovative aspects of their operations, and to share challenges they currently face and obstacles they have overcome. The process of institutionalization is ongoing for most drug courts and it is apparent in the field that other drug courts can benefit from learning about each others successful efforts.

More specifically, the report has the following goals:

a. Identify some of the critical community linkages and quality partnerships that are valuable in the institutionalization process;

b. Highlight how three drug courts have leveraged scarce resources to the benefit of their programs and participants;

c. Show how the drug court movement, with its heightened accountability and standards, has raised the bar for performance outcomes for the court system in general, treatment, and supervision agencies; and

d. Demonstrate how drug courts have positively impacted the community’s trust and confidence in the judiciary and contributed to increased public safety.

This report is not meant to compare and contrast the three drug courts, nor is it designed to formally evaluate their programs. While we believe the issues highlighted and the lessons
learned in this report will have general appeal as an educational tool, we also anticipate that it will have specific instructive value to drug court practitioners who may be grappling with finding effective solutions to their comparable institutionalization problems.

Each drug court is discussed in a separate section of the report. The report ends with a summary of the general themes and challenges learned from the three drug courts’ experiences and with a list of recommendations suggested by each of the courts. Finally, the report concludes with suggestions for future research, which could contribute to the process of drug court institutionalization.

**Key Observations**

Several general observations can be made from the study of these three drug courts. All three of the programs profiled have successfully identified diversified funding streams beyond federal grants. Many acknowledged the commitment of team member agencies that is demonstrated by their reallocation of existing resources to support the drug court program. Diversifying funding sources clearly resulted from deliberate outreach strategies that were designed to educate fellow members of the judiciary, other criminal justice agencies, and the larger community about the role and efficacy of drug courts in addressing the needs of substance-involved offenders as well as public safety. As a result, their courts and communities have embraced many key drug court concepts and this support has had an undeniably positive influence on each program’s ability to be integrated into the larger criminal justice system. While these drug courts reported a diversified funding base, they emphasized the need for close monitoring of the program budget with an ever-vigilant eye to sustainability. Like most justice system entities, funding consistently remains a priority for the three drug courts profiled in this report. Common to all of
the drug courts was the recognition that local, state and federal funding is subject to elimination at any time, and therefore, team members must work to develop new and diverse funding sources.

Another major finding was the fact that these drug courts have raised the awareness of the bench and court staff, law enforcement and probation officers, other social service providers, and the community about the treatment and other needs of substance-involved offenders. One of the drug court judges interviewed stated that community outreach and education is critical, not only in the planning stages but also long after the program is operational so that the successes of the program can be shared and questions can be addressed. It is evident that the drug courts profiled understood and garnered early involvement of key stakeholders in the planning process and continue to massage existing relationships to ensure the viability of those collaborations. All three of the drug courts demonstrate the synergy derived when the power of the drug court is combined with that of the key stakeholders in their respective communities.

The synergy of building partnerships was exposed during the interviews when various drug court team members discussed the importance of involving law enforcement from the planning stage forward. Too often, either the contribution that law enforcement can make to drug courts is overlooked or the marketing and training it will take to assure its buy-in is underestimated. In jurisdictions like San Diego in which law enforcement officers are active members of the drug court team, several real benefits are derived from their involvement on the team, including enabling the drug court team to respond immediately to relapses and to provide intervention before a new drug offense can occur. Education and training of law enforcement officers should begin before the first drug court case is heard in order to promote understanding of the mission,
goals, and operating procedures of the drug court as well as promote a spirit of commitment and collaboration. Initial and continuing education creates buy-in and legitimizes the drug court, moving it beyond its initial identification with key drug court staff. Since drug courts must constantly invest time and energy into allaying some of the common fears of law enforcement (e.g., the notion that drug courts are soft on crime and coddle addicts), these collaborations might be the most challenging to establish and maintain.

Two of the scarce resources leveraged by the three drug courts are treatment and ancillary support services. Whether urban or rural, drug courts have to prioritize the development, enhancement, and refinement of treatment service delivery systems and infrastructures in order to place participants in appropriate treatment and with other services in the community while simultaneously ensuring public safety. Nevertheless, one pervasive theme among the drug courts highlighted in our case study is evident: accessing a broad continuum of primary care treatment options is a necessity. By formalizing their relationships in memoranda of understanding or agreement with stipulated treatment deliverables and explicit expectations, these drug courts are shaping the kinds of service delivery systems that they believe are effective with the populations they supervise and the public they serve.

Similarly, we found that all of the programs recognized the importance of establishing linkages with a wide variety of skill enhancement programs (e.g., vocational rehabilitation and life skills training) for participants in addition to providing substance abuse treatment. These drug courts recognize that these linkages have been, and will continue to be, a critical factor in enabling drug court participants to reach their goals of sobriety and productivity as well as reduced recidivism.
for drug court participants. More and more drug courts will need to include ancillary services as a part of their primary care treatment program designs since they are finding that their programs are increasingly treating participants with higher incidences of co-occurring disorders and a more complex array of bio-psycho-social issues. In the past existing community resources drove what services participants received, but now participant need is driving what community resources these drug courts are developing and accessing. These three drug courts have taken a proactive approach to resource development, helping to ensure that participants have access to the widest array of ancillary - medical, psychological and social - services needed for their total recovery effort.

Ascertaining and maintaining the quality of the services being delivered to drug court participants is also of paramount importance, a concept understood by the three drug courts described here. Like their drive to develop and access an array of services, these three drug courts are routinely assessing the quality of services being delivered to their participants. This approach has resulted in a heightened sense of accountability for both treatment and other ancillary service providers and ultimately will continue to raise the bar for the quality of services delivered to all participants. All three of the drug courts noted, however, that providing consistent and high quality treatment and ancillary services to meet the needs of their target audience is a constant challenge, especially in a fragile economy.

Overall, these drug courts have served as catalysts in the modification of traditional service delivery paradigms and approaches. As a result, they have successfully coordinated the integration of treatment and ancillary services into the criminal justice context while
simultaneously creating awareness of the types of interventions and modalities that show great promise with these populations. All of the drug court staff demonstrated a clear understanding of the bio-psycho-social nature of addiction and the concomitant need to have a wide array of treatment services available. Gone are the days when one size of treatment fits every drug court participant. Thus, even in areas of the country where there is a limited treatment infrastructure, there is a clear recognition that for drug courts to work effectively, the availability of a variety of treatment modalities as well as the development of necessary linkages to other organizations that can provide other levels of care is essential.

All three drug courts profiled in this report faced the common challenge of convincing new partners to become involved in the drug court program. For instance, San Diego’s South County Division has not been successful thus far in involving the local probation department in the drug court, whereas the Hennepin County Drug Court considers the probation officer a core team member. What is interesting is that the agencies or organizations that expressed reluctance to participate differed by locale. One approach that appears to have been successful in overcoming this obstacle is the development of a comprehensive plan to approach a new agency that is based on an understanding of the agency’s mission, objectives and limitations.

The three drug courts all stated the identification of effective management information systems as a common problem. There was unanimous agreement that establishing effective management information systems that linked drug court team members across agencies and within the court was one of the more persistent and vexing challenges. Even in those courts where there were systems that could track drug court-specific information, compatibility and information sharing
with other systems remained a serious problem. Apart from raising the funding issues associated with the development and maintenance of integrated case management information systems, user attitudes about having to input the same data in multiple databases continues to thwart efforts toward unified data collection and participant tracking. Luckily, this problem has not prevented these programs from being able to extract management information and use that data to guide future strategic planning.

Related to the challenge presented by management information systems is the difficulty of measuring and documenting program outcomes. Data collection, data quality and information technology systems continue to impede drug court evaluations. More specifically, problems with antiquated automated systems, missing or inconsistent data, data entry errors, or the need to merge information from a number of different agencies and data sources are a few of the problems impeding measurement of the outcome and impacts of drug courts. The experiences of the three courts suggest developing an evaluation plan from the program’s inception as a means of avoiding problems as well as elevating the importance and use of evaluation strategies. All interviewees agreed that while it is difficult to pin point during the planning stage the key data elements that will assist in management and monitoring, it is critical that drug courts be designed with the ability to gather and analyze information for monitoring daily activities, assessing the quality of services provided, evaluating the program goals and gauging its effectiveness. Evaluation studies are also useful for everyone, particularly funding agencies, policymakers, and the community who may not be involved in the daily operations of the drug court. Moreover, drug courts can use evaluation data and reports to support institutionalization efforts. An evaluator from one site commended the local team for supporting such comprehensive evaluation
efforts, noting that it allowed a more comprehensive analysis to be conducted and addressed the diverse interests of the drug court team. While some team members may be interested in criminal justice outcomes, such as recidivism rates, others may want to learn about health or educational outcomes. All interviewees agreed that it is often difficult to know in the beginning exactly what information needs to be collected and what type of evaluation to conduct. By including an evaluator on the team during the planning process these issues can be discussed and resolved at an early stage. Additionally, one coordinator noted the importance of continually asking program partners how they define success, a definition that can change overtime, as a means of reminding team members and stakeholders of the drug court’s mission. By doing so, it builds confidence that the evaluation and the ongoing program assessment is representative of everyone’s interests.

Although only three sites were examined in this study, it is possible to draw a number of recommendations out of their shared experiences. This report compiles the suggested practices that drug court team members and participants recommended as critical components of a successful drug court program. The recommendations are divided into two categories: (1) “players,” referring to drug court team members, other key representatives in the justice system, and the community; and (2) “elements,” which refers to various components of an effective drug court. The recommendations also offer suggestions for program improvement over time.

PLAYERS:

Community Members

- Drug courts should include a broad-based group, including the local community and policymakers, in the initial and ongoing planning and implementation efforts.
- Drug courts should actively educate policymakers and the community on the cost savings generated by drug court participation. Cost savings could be reported in comparison to the cost of incarceration, police overtime and other witness costs, or the comparison of the traditional adjudication process versus the drug court experience on a per participant
basis. In addition to cost savings, components of the justice system are reporting that drug courts are allowing their agencies to more efficiently allocate resources.

- Drug courts should form links between community groups in order to (a) educate the public on drug court; (b) learn about community perceptions of the drug court; and (c) to tap into available community resources to support the drug court and its goals and objectives.

- Educating and involving the public in drug court can increase their trust and confidence in not only the drug court, but also in the larger court system and criminal justice system.

**Judge**

- Drug courts should appoint judges, not hearing officers, to the drug court bench in order to demonstrate the importance of drug court programs.

- Drug courts should encourage judges to help educate community members and politicians about the importance and impact of drug courts. It is not enough for judges to do a good job on the bench because institutionalization depends on community buy-in and political support. Judges possess the political influence, the ties to government agencies, the moral authority, the perceived fairness and impartiality, and the expertise and focus to bring leadership to coordinated efforts. This means that judges must have a meaningful presence in their communities.

- Drug courts should educate judges to recognize that court is not a therapy session, but supports a therapeutic process. Drug courts place defendants in a rigorous, court supervised treatment program that carries an important message to the community regarding the seriousness of illegal drug use.

- Drug courts should appoint a substitute judge as well as prepare for the retirement of the drug court judge who might be the original champion of the court.

**Law Enforcement Officers**

- Drug courts should involve law enforcement officers in the early planning stages. This is especially important when drug courts operate in small communities in which “everyone knows everyone” and law enforcement intelligence plays an important role in the screening of eligible program participants. Partnerships between the drug court and law enforcement can build effective linkages between the court and offenders in the community.

- Drug courts should ensure that their philosophy, mission and operating procedures are included in trainings at local police academies and other law enforcement training programs. Education and training programs institutionalize the drug court, moving it beyond key players, and promoting a spirit of commitment and collaboration.

- Drug courts should carefully identify the target audience and the types of sanctions that will be imposed in order to obtain law enforcement buy-in to the drug court paradigm. To garner support from this group of players who can be skeptical about drug court, it is necessary to communicate that these programs provide intensive supervision and meaningful sanctions, treating addicts while holding them accountable in and to the community. Drug courts are not soft on crime.
Drug courts should educate law enforcement officers on the nexus between drug addiction and criminality – the nature of AOD problems and the theories and practices supporting specific treatment approaches. Drug testing arrestees is an excellent method to help the court determine the kinds of services and supervision a potential new participant will need, at the same time making the case for the large volume of offenders who need substance abuse treatment services rather than only incarceration.

Drug courts should have law enforcement officers conduct routine home surveillance and supervise participants in the community and report their findings to the drug court team. These officers can provide information to the team so that the drug court can apply appropriate sanctions and incentives that match the participant’s inappropriate and good behavior.

**Pretrial Officers**

- Drug courts should ensure that pretrial officers are trained and involved in the drug court planning process.
- Drug courts should train pre-trial officers regarding the impact of chemical dependency on criminality and the array of bio-psycho-social mitigating factors that impact treating and changing drug addicted behavior. Pre-trial officers on the front line understand the concept of the revolving door syndrome and sometimes are cynical about programs that claim to rehabilitate a population with high recidivism rates.

**Probation Officers**

- Drug courts should give as much thought to the design of their community supervision component as they do to their treatment component. Effective community supervision implies that probation officers, or the entity responsible for supervision, have the power of arrest and are empowered to respond immediately. Drug courts must maintain continuous supervision over the recovery process of each participant.
- Drug courts should ensure that officers responsible for supervision receive specialized drug addiction training and have smaller caseloads in order to provide the level of intensive supervision required by drug courts.
- Drug courts should establish a Memorandum of Understanding that clearly outlines role definitions and organizational responsibilities, especially if more than one agency is handling community supervision (e.g., the Sheriff’s Office and probation department).
- Drug courts should involve probation to conduct home surveillance and community supervision of participants. Like law enforcement officers, these officers can provide information to the drug court team so that the court can apply appropriate sanctions and incentives that match the participant’s inappropriate and good behavior.

**Prosecution and Defense Counsel**

- Drug courts should train the prosecutorial and defense counsel on drug court policy, operations and processes, treatment theories, and the relationship of the disease of addiction to criminal behavior.
- Drug courts should encourage the Public Defender’s Office and District Attorney’s Office to assign attorneys to the drug court for a sufficient period of time in order to build
a sense of teamwork and reinforce the non-adversarial atmosphere. Furthermore, drug courts should develop a process for handling turnover of team members.

ELEMENTS:

Case Management
- Drug courts should ensure that random home visits are a part of the supervision protocol. It is difficult to interrupt cycles of addiction and criminal activity if no one is monitoring the activities of participants in their home and work environments.

Communication Channels
- Drug courts should implement effective communication mechanisms to ensure that staff from different agencies is able to share updated information about participants’ status in a timely fashion.
- Drug courts should communicate and educate the public, media, and key political stakeholders to help make known the benefits of drug court and acquire community support for efforts. There must be strong community and political backing for drug courts to develop, expand, and flourish.
- Drug courts should translate all program documentation into the languages of the dominant populations in their jurisdictions.

Educational Services
- Drug courts should make sufficient linkages with the appropriate vocational and educational facilities, especially if employment or vocational involvement is a requirement for phase progression or graduation.
- Drug courts should incorporate life skills and other habilitation training as part of the treatment regimen.
- Drug courts should incorporate mentoring into the drug court.
- Drug courts should provide participants with one-on-one anger management training for men and individualized nutritional and relaxation therapy for women.
- Drug courts should build an on-site learning laboratory/school so that participants can learn in an environment where they feel comfortable.
- Drug courts should investigate the possibility of obtaining Pell Grant or other scholarship or loan opportunities for education (e.g., G.E.D. or vocational school) for convicted felons, especially if drug court phase progression or graduation is contingent upon education achievement.

Institutionalization
- Drug courts should work to get buy-in from judicial officers. When these individuals embrace the idea of drug court, there is a better chance that drug court will become institutionalized because it will have more advocates touting its importance, survival, growth, and impact.
Drug courts should find creative ways to use the principles of drug courts with other populations, such as families in dependency court.

**Programmatic**

- Drug courts should establish and maintain a positive relationship with the media. One way to achieve this is to appoint a media spokesperson or liaison. The media is a program’s link to the community for education and support. Programs should never wait until there is a crisis to develop media protocols.

- Drug courts should educate and train staff on the management information system before the court’s implementation and provide continuous training (e.g. refresher courses on specific subjects).

- Drug courts should emphasize the importance of data collection and analyses for evaluation purposes. It is essential that the drug court design a process in which it continually examines the results of ongoing process and impact evaluations, is prepared to make changes based on that analysis, and then measure the impact of those changes. Since drug courts will increasingly be asked to demonstrate tangible outcomes and cost-effectiveness, it is critical that they develop evaluation strategies. There should be a knowledgeable individual who works for the drug court that is responsible for data collection and evaluation.

- Drug courts should determine what they want their operating management information system to do from the planning phase. Drug courts will need to address issues surrounding program management and monitoring, data collection and evaluation, and information sharing (formalizing who gets what information and how that information can and cannot be used – especially regarding human subject provisions found in 42 USC Section 290dd-2 and the regulations implementing these laws in 42 CFR Part 2).

- Drug courts should try to offer night court for working participants, especially if employment is a criterion of probation, phase progression, or graduation.

- Drug courts should organize several drug-free social events in which the participants and staff can interact. Many times drug addicts do not know how to socialize with other people in a drug-free environment.

**Sanctions and Incentives**

- Drug courts should use peer councils for determining incentives and sanctions for which participants are eligible.

- Drug courts should clearly articulate the program’s policy, detailing how many chances the participant in drug court will have to succeed in treatment and consistently apply those rules consistently. Moreover, they need to update those policies as the demographic or criminogenic profiles of the populations entering drug courts change.

- Drug courts should develop a reasonable and meaningful range of sanctions that are consistently applied consistently in response to program infractions and that participants know, and can expect, a definitive response for those infractions.

- Drug courts should reward participant cooperation and recognize incremental successes, which have an important effect on their sense of accomplishment.
Drug courts should establish a coordinated strategy to enable the court to respond immediately to participant relapse and good behavior.

Specialized Services

Drug courts should strive to identify and include specialized, gender-specific services for women. Female participants have a complex set of issues and should have access to specialized services. The programs that successfully identify the following services in the community will achieve a higher success rate with female participants:
- Recreational services (to teach relaxation therapy);
- Psychiatric and psychological services (for evaluation and counseling of both mothers and children);
- Pediatric medical services (to address physical and nutritional needs of the children);
- Educational and vocational services (for aptitude assessment, referral and individualized educational planning);
- Tutoring (for both women and their children); and
- Crisis intervention services (for both mothers and their children to address any anger, grief/loss issues and physical, sexual and emotional abuse).

Drug courts should identify and include adequate mental health assessors on the drug court team and identify resources for participants who present co-occurring psychiatric disorders.

Drug court should be mindful of the shifting demographics of the jurisdiction and identify treatment providers that can deliver culturally relevant services to many, if not all, of the ethnic/racial groups.

Drug courts should provide access to necessary physicians, including an OB/GYN (to provide birth control education) and a dentist.

Drug courts should provide on-site childcare.

Drug courts should identify services and assessments for participants with learning disabilities.

Drug courts should identify at least one homeless shelter with the capacity and willingness to house drug court participants on short- and long-term bases.

Teambuilding

Drug courts should proactively attend to teambuilding. They should not view teambuilding as a planning or one-time event. It is a function that must continue throughout the program’s planning, implementation, and institutionalization stages. Establishing coalitions and developing strong working relationships is a task that requires considerable effort in order to create an effective and highly functioning operational drug court team.

Drug courts should address team transition, succession and evolution issues, which can either contribute to the success of a drug court or to its demise.

Drug courts should cultivate a commitment from stakeholders to provide staff, thus ensuring continuity. The drug court team functions more effectively when team
membership is consistent because consistency fosters trust, confidence, performance and understanding.

- Drug courts should identify back up team members to ensure continuity. Team rotation is inevitable.
- Drug courts should cross train team members on a variety of topics, including:
  - the nature of addiction and theories of recovery,
  - cultural competence,
  - conflict management,
  - legal requirements,
  - effective communication, and
  - leadership skills.
- Drug courts should find cost-effective and creative ways to provide on-going training and teambuilding sessions, such as meals together, miniature golf, bowling, and retreats at a local recreational facility.

**Treatment**

- Drug courts should have inpatient care available before implementing their programs. Plus, they should identify at least one long-term residential treatment provider, ideally to provide care for more than 21 days. This is necessary because participants are coming to treatment more dependent than in the past and it is critical that programs have access to a continuum of care.
- Drug courts should link with universities or schools in their area, hiring tutors to work with participants who need individualized attention to achieve their educational goals. Low literacy and comprehension levels are common in rural areas. Treating addiction effectively in these areas means that participants will leave treatment with higher literacy and comprehension levels.
- Drug courts should develop a family component. Programs should start with multi-family education in earlier phases and move to individualized family therapy and counseling as clinically indicated toward the end of the participant’s treatment episode and before graduation.
- Drug court should find creative ways to decrease barriers to engagement in the program. If transportation is an issue, programs must think through how participants will get to and from treatment or the court to limit failures.
- Drug courts should contract with a variety of culturally proficient providers who can deliver services that meet the needs of specific cultural groups.

Drug courts continue to exemplify the promising practices in current jurisprudential initiatives that aim to address the needs of substance abusers. However, drug courts may not continue to be viable if they do not identify ways to be accepted and become part of the larger court system. To do this, drug courts around the country must identify what they need to do in their respective
communities to ensure that their institutionalization efforts are successful. Since many of the challenges to be faced in the institutionalization process are not unique to a specific program, one aim of these profiles is to shed some light on the issues that must be confronted and what we already have learned about what can be done.
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A Brief History of the Drug Court Movement

As the number of drug and drug-related cases began to escalate throughout the 1980s, drug offenders were continuously recycled through the justice system’s “revolving door,” further clogging court dockets and contributing to jail overcrowding. Courts sought relief and an alternative approach to addicted offenders. As one answer to the growing caseloads, courts developed expedited case management practices to speed up case processing and reduce the length of time between arrest and conviction. Although this model was more efficient in processing cases, it did not address the underlying problems related to habitual drug abuse, thereby failing to habilitate drug offenders and ultimately reduce recidivism.²

An alternative approach emerged that transformed the way courts handled drug-using offenders. The first drug court opened in Miami, Florida in 1989. Seeking to divert drug-addicted offenders from formal processing, while at the same time addressing their treatment needs, drug courts developed collaborative relationships involving the treatment community, health, human, and social service providers, the judicial and law enforcement communities, and the community at-large. It is not easy to articulate what a drug court is, but there is general agreement that drug courts are about the effective coordinated collaboration of community and justice system agencies to address the problems faced by drug addicts. Drug courts provided a collaborative and non-adversarial model, in which judicial supervision, combined with a cohesive team

approach addressed the needs of these offenders.\textsuperscript{3} Drug courts represented a major cultural shift and demonstrated the real value of early intervention, judicial supervision, coordination and collaboration, emphasizing public safety and improved quality of life. This innovative approach combined case processing, substance abuse treatment, sanctions and incentives, frequent drug testing, supervision, alcohol and drug treatment, and judicial monitoring.

The first drug courts that began operation in the late 1980s matured into the drug court movement. Not including the drug courts operating or in the planning stages abroad, the US has 1,079 drug courts in operation and another 419 being planned as of September 8, 2003.\textsuperscript{4} All 50 states plus the District of Columbia, Puerto Rico, and two Federal Districts have implemented a drug court. There is no “cookie-cutter” approach to planning and implementing a drug court. However, the Ten Key Components monograph, developed by the National Association of Drug Court Professionals (NADCP) through a cooperative agreement with the U.S. Department of Justice, outlines a general framework.\textsuperscript{5}

The drug court process has changed the justice system and the focus is moving past early innovations to sustaining drug court successes. Drug courts are changing the way certain criminal justice and treatment professionals view their roles and responsibilities, and are influencing the development of other innovative courts, known as collaborative justice courts,


\textsuperscript{4} Summary of Drug Court Activity by State and County (September 8, 2003). OJP Drug Court Clearinghouse and Technical Assistance Project at American University, Washington, DC. As of October 13, 2003 the number of total drug courts had increased by three to total 1,082 drug courts. This number breaks down to: 693 adult, 287 juvenile, 88 family, 14 combination (juvenile/family, tribal/juvenile/family). The 52 tribal drug courts in the US are included within the juvenile, family, and adult categories.

throughout the justice system. Drug courts opened the door to direct judicial involvement in participants’ lives and fostered a proactive, problem-solving model that has inspired other court and community-based justice innovations that continue to shape the justice system, such as community courts, domestic violence courts, mental health courts, and peer courts.\(^6\)

One of the primary areas of interest in this report is the efforts of the three drug courts studied that have lead to the institutionalization of their programs. Using the broadest of definitions, institutionalization includes continued and stabilized long-term funding strategies\(^7\) to support all of the operations of drug court, acceptance of drug court in the overall criminal justice system, and the integration of the drug court philosophy throughout all partnering agencies. Incorporation of the drug court program into the larger justice system demonstrates acceptance of the drug court as a credible method for dispensing justice in qualifying drug court cases. Recognizing the value of drug courts and integrating them into the broader court system increases the likelihood that they will benefit from the same long-term, stable funding that is typically afforded the larger court system. This process of institutionalization is ongoing for most drug courts, and it is apparent in the field that other drug courts can benefit from learning about promising efforts in this regard. Institutionalization is a slow process, but one in which progress is being achieved.


\(^7\) Although the federal government has embraced drug courts, the movement remains for the most part a grassroots effort that is driven by the energy of local communities, judges, prosecutors, and defense attorneys. Federal grants and other funding are meant to serve primarily as start-up monies and only cover a portion of the drug court costs. Federal funds are not meant to be a long-term solution. Drug court planners must focus, therefore, on developing sustainable alternative funding sources.
**Expected Use of the Case Study Publication**

The purpose of this publication is to provide illustrative case study reports on three different drug courts. The case studies highlight, among other things, these courts’ operation, promising practices, and the obstacles and challenges they have overcome in their efforts towards institutionalization. The report has the following goals:

- e. Identify some of the critical community linkages and quality partnerships that are valuable in the institutionalization process;
- f. Highlight how three drug courts have leveraged scarce resources to the benefit of their programs and participants;
- g. Show how the drug court movement, with its heightened accountability and standards, has raised the bar for performance outcomes for the court system, treatment, and supervision agencies; and
- h. Demonstrate how drug courts have positively impacted the community’s trust and confidence in the court and contributed to increased public safety.

This report is not meant, however, to compare and contrast the three drug courts, nor is it designed to formally evaluate their programs. While we believe the issues highlighted and the lessons learned in this report will have universal appeal as an educational tool for all of its audiences, we also anticipate that it will have specific instructive value to drug court practitioners who may be grappling with finding effective solutions to their institutionalization problems.

We hope that even for the reader who has never worked in a drug court, this publication is written in such a way that it will give the history, context, and dimension of the efficacy of therapeutic court models and thereby demonstrate their applicability in serving many different populations who might benefit from receiving social services in association with their court cases.
Finally, it is our goal that all of our readers will gain insight into what types of success therapeutic drug courts can have in changing the lives of a typically disenfranchised group of people in the criminal justice system. Irrespective of how daunting a task institutionalization may be, it is critical that we continue to forge ahead with those efforts by sharing with and learning from each other.

The Target Audience

This publication has several audiences. The target audience for these profiles is drug court practitioners, judges and court personnel. We believe that judges and court managers, specifically those in drug court, will identify with the circumstances and problems in the three drug courts described and better understand their own drug court operations as well as find ideas and techniques that can be useful in their courts.

Utilizing an entirely new approach to resolving cases, drug courts have revolutionized traditional attitudes toward criminal justice. However, not all judges, prosecutors and defense attorneys are familiar with and understand this new proactive vision of justice. By telling the story of these three courts this report can also educate the bench and bar regarding the concepts of drug courts and influence how they view their roles in the courtroom and in the larger society. Educating the judiciary is particularly important since one of the defining characteristics of the drug court approach is the leadership role of the judge. Moreover, institutionalization of drug courts is contingent upon gaining the cooperation, interest, involvement, and support of court and justice system personnel as well as the treatment community. Often, through the role of the drug court judge, judicial leadership is the foundation on which the overall drug court approach is built.
The judiciary alone cannot successfully implement and operate a drug court. The drug court is a result of a collaborative effort, a team approach between the court and many other justice system agencies. Consequently these profiles can also be useful to treatment professionals and other justice system professionals who interact routinely with substance abusing offenders. Through this report three established programs can share their experiences with existing courts as well as those in the planning stages. Practitioners can learn from one another. We hope this publication will invite you to look at the experiences and challenges of three different drug courts and validate your own experiences and challenges. As you read these profiles, we hope that you are able to identify with many of the issues raised, draw your own conclusions about how best to apply the information provided to your specific court and legal context and pose questions of yourself or your team about how to proceed with your institutionalization efforts. Often times, training involves visiting an established drug court, which can be difficult during a period of state travel restrictions and tight budgets. Thus, this publication makes information about three successful drug courts easily accessible to a wide audience.

These case studies will also benefit a wider audience. Crimes committed by drug users are very costly to communities. Since drug court programs are shown to generate cost savings (e.g., averted prison costs for offenders who would have been incarcerated if not successfully treated, the return of recovering addicts back to the community as taxpaying, productive citizens) and improved community outcomes, this publication can be used as an educational tool for policymakers and citizens to raise their awareness of the promising practices, processes, and challenges of drug courts. From some perspectives, drug courts are viewed as one powerful and innovative way to rebuild a community’s faith and trust in its courts and criminal justice system.
Local organizations can learn how to assist drug courts with resources, services, and donations. This type of collaboration not only is fundamental to establishing such courts, but also is essential to ensuring their effectiveness. Financial and political support, as well as linkages with community groups that can provide resources and boast public trust and confidence in the court system, may be one of the keys to insuring the longevity of a drug court program.

**Methodology**

JMI elected to deploy qualitative methods as a means to provide drug court practitioners and participants with their own voices and to actively contribute to the research task. Qualitative data can be valuable in painting a picture of the nature of a drug court’s impact and effectiveness where more quantitative methods might be viewed with ambivalence or a certain degree of trepidation.

A distinct qualitative research methodology is the descriptive case study, which allows the researcher to see the phenomenon of interest within its context. In an effort to expand the knowledge of the drug court field, the Justice Management Institute, in coordination with the Bureau of Justice Assistance (BJA), selected three adult treatment courts in which to conduct case studies. JMI selected the three adult drug courts so as to maximize what can be learned from a small sample of courts. In order to learn about them, we visited each court, conducted interviews with drug court practitioners and participants, and served as participant observers at meetings and drug court sessions. During our site visits, we attempted to learn as much as possible about the drug court in order to provide as detailed and comprehensive a description of each program as was possible in the time available.
As mentioned above, the goal of these case studies is to enable practitioners to learn about approaches, strategies, and techniques used by drug courts in three parts of the country. These profiles are not meant to be blueprints that must be followed exactly, but should serve as a guide that can be adapted to other adult drug courts’ specific needs and resources. Drug court practitioners seldom get to meet with their counterparts to discuss common problems and share solutions, especially with leaders from different parts of the country. This report will offer drug court practitioners practical solutions to the day-to-day operational challenges they face.

Site Selection Process

Three adult drug courts were identified for this case study from the operational drug courts in the United States. The selection process involved applying several criteria and considered other factors, all with a focus on developing a set of case studies that would be comprehensive and diverse, and therefore useful to a wide variety of courts and other professions and disciplines. A case study site selection committee was convened, representing a cross section of disciplines from across the country. The eight-person committee was responsible for recommending to the BJA three adult drug courts, which would be the focus of the case study. The committee utilized the existing National Drug Court Institute’s list of Mentor Court sites as well as information from the Drug Court Clearinghouse and Technical Assistance Project at the School of Public Affairs at American University. Six sites were initially identified and from that list the committee chose three through a voting process using the criteria discussed below. Once selected and approved by BJA, JMI contacted the courts and discussed with them the opportunity to participate.
It was determined early that the set of case studies would have the greatest impact and heuristic value if the sites chosen were demographically diverse and represented varying environments. The specific criteria that were used to select the case study sites included: (a) identifying courts which exhibit significant experience, specifically more than three years in operation, (b) those with strong leadership, (b) a varied funding strategy, (c) strong alcohol and other drug treatment linkages, and perhaps most importantly, (d) a developed plan for institutionalization. Other factors that were considered in the selection process were geographic location of the court and whether the court served a rural or urban population base.

**Interview Questions**

A standardized interview protocol for collecting information was developed that reflected 18 categories and conceptually incorporated institutionalization, comprehensive participant services and overall program efficacy. The protocol was used as the framework for the individual, face-to-face interviews in the courts conducted over a two and half to three day site visit (described further below). Questions were developed by discipline, that is, some questions were determined to be most relevant for treatment providers for instance, while others were considered most appropriate for the prosecutor and defense counsel. There were also questions that were asked of all team members, as well as some of the program participants.

The questionnaire categories are listed in Figure 1.
Figure 1

QUESTIONNAIRE CATEGORIES

| Key Components of the Program | Quality Assurance |
| Program Philosophy and Mission | Funding |
| Confidentiality | Program Outcomes |
| Community Supervision | Team Building |
| Client Case Management | Community Outreach |
| Relationship with the Justice System | Drug Testing |
| Integration into the Mainstream Court | Biopsychosocial Assessment |
| Cultural Diversity and Competence | Sanctions and Incentives |
| Treatment Protocol and Innovation | Lessons Learned and |
| Looking Toward the Future |

The questionnaire addressed the manner in which each drug court program operationalizes the Ten Key Components, and focused on extracting information that would be assistive to other courts as they develop effective program policies and procedures. The questionnaire allowed interviewers to gain an understanding of each court’s philosophy and mission, but also sought specific methods and practices to highlight in the case study.

It should be noted that although this protocol is structured in such a way as to allow comparison between the three courts, each court represents a complex organization that is differentiated by both internal and external factors. The responses to this questionnaire, and to be more precise, the strengths of these programs can be measured in both the outcomes they experience, but also in the problem-solving process they employ to resolve the challenges they face. It is this process that can be replicated by other courts, even if they are facing unique challenges.

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8 See footnote 4.
Site Visits and Interviews

JMI conducted the site visits to each of the three drug courts in May and June of 2002, with the first visit being to Hennepin County (Minneapolis), Minnesota, the second to San Diego, California, and the final visit to St. Mary’s Parish, Louisiana. JMI’s project team conducted each visit, which lasted two and a half to three days. The primary source of information was semi-structured, in-depth interviews conducted with core members of the drug court team as well as program participants.9 Across the three sites, the same agency and organizational representatives were not always interviewed due to regional differences in programmatic structure. For example, in the San Diego (CA) Drug Court, probation officers were not interviewed because they were not a part of the drug court team. However, probation officers were considered a key player in the Hennepin County (MN) Drug Court and thus were interviewed. In their agreement to participate, core team members agreed to participate and be interviewed by JMI staff. It is important to direct empirical inquiry at the social actors within the context of their community. JMI sought multiple perspectives in each drug court. The flexibility of in-depth interviews allowed us to probe initial answers, clarify or explain complicated questions, and explore responses. This relatively open-ended strategy elicited specific responses, yet encouraged respondents to speak freely and at length using their own concepts and terminology. The questionnaire served as a guide, thereby minimizing the risk of imposing a false structure and limiting interviewees’ responses. If necessary, JMI conducted follow-up interviews. In the interest of triangulation, JMI gathered written documents (e.g., Policies and Procedures Manuals) to corroborate evidence from the interviews and to ensure accuracy.

9 The drug court practitioners interviewed at each site are listed in Appendix A.
Report Organization

Each drug court is discussed in a separate section of the report, starting with the Hennepin County Drug Court, followed by San Diego’s South County Division Drug Court, and then the St. Mary Parish Drug Court. Each drug court profile begins with an overview of the program, which addresses: demographics, characteristics of the main court and drug court, procedures, program phases, treatment, drug testing, and sanction and incentives. Following the program’s overview, there is a discussion of three promising practices. Every drug court develops its program design based on local realities and local needs. The drug court team often does not realize that the policies and procedures that are developed locally are not only innovative, but also are replicable and instructive to the field. Effective practices that are considered specific to a jurisdiction can, nevertheless, provide instruction to other drug courts. Although the program designs may differ, the underlying processes may have universal applicability. After discussing the promising practices, each section addresses two current challenges facing each drug court. These are issues that have not been resolved and the drug court is in the process of resolving. While experience brings growth and expansion, it also brings challenges. It is unlikely that drug courts will thrive without making adaptations and modifications to improve their programs and addressing new challenges. The design and operation of an effective drug court program requires inherent flexibility to make modifications as necessary. There will be fresh obstacles to face; therefore, every court must continually strive to make improvements. Institutionalization should be viewed not as an end in itself, but as an on-going process replete with new challenges. It is important to present a three dimensional picture of each of the three drug courts, which entails engaging in a discussion about the challenges the court’s currently face. The final component of each section is a description of two obstacles each court has overcome. All of
these discussions can be instructive to other adult drug courts in terms of innovative practices to adopt, possible issues they could confront, and pitfalls to avoid. Drug courts will not have to reinvent the wheel if they can exchange information and share lessons learned.

The report ends with a summary of the general themes and challenges learned from the three drug courts’ experiences. Next, there is a list of recommendations suggested by each of the courts. This section is intended to provide useful guideposts to drug court practitioners in the planning, implementation, and institutionalization phases in a concise format. Finally, the report concludes with directives for future research, which will facilitate the process of drug court institutionalization.
Hennepin County, Minneapolis, Minnesota

Program Overview

Demographics

<table>
<thead>
<tr>
<th>Population from US Census 2000 Data</th>
<th>1,116,200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakdown by Race:</td>
<td></td>
</tr>
<tr>
<td><em>African-American</em></td>
<td>9%</td>
</tr>
<tr>
<td><em>Asian</em></td>
<td>5%</td>
</tr>
<tr>
<td><em>Caucasian/White</em></td>
<td>80%</td>
</tr>
<tr>
<td><em>Hispanic/Latino</em></td>
<td>4%</td>
</tr>
<tr>
<td>Percentage of Population that:</td>
<td></td>
</tr>
<tr>
<td><em>Graduated from high school</em></td>
<td>54%</td>
</tr>
<tr>
<td><em>Graduated from college</em></td>
<td>19%</td>
</tr>
<tr>
<td>Median Income</td>
<td>$48,054</td>
</tr>
<tr>
<td>Percentage Living Below the Federal Poverty Level</td>
<td>9.4%</td>
</tr>
<tr>
<td>Occupational Breakdown:</td>
<td></td>
</tr>
<tr>
<td><em>Management &amp; Professional</em></td>
<td>42%</td>
</tr>
<tr>
<td><em>Farming, Fishing, Forestry</em></td>
<td>28.6%</td>
</tr>
<tr>
<td>Drug(s) of Choice</td>
<td>Crack, Marijuana and Methamphetamine</td>
</tr>
</tbody>
</table>

US Census 2000 data shows Hennepin County’s population to be 1,116,200, almost a quarter of Minnesota’s total state population of 4,919,479. Trend analyses from the Fourth Judicial District Court Strategic Plan predict elderly people not only will increase in number rapidly after 2010, but will also account for a larger proportion of the total population. Populations of color and Hispanic origins are expected to increase much faster than the white population. However, the non-white population will still only account for about 1/7 of Minnesota’s population.

Minneapolis appears to have a relatively low level of drug abuse. According to The Drug Abuse Warning Network (DAWN), Minneapolis had 214 emergency department drug episodes per

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10 The Drug Abuse Warning Network (DAWN), provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a national surveillance system that collects data on drug-related emergency room
100,000 people, the lowest of the 21 sampled metropolitan areas. Nevertheless, this city did show an increase in drug episodes from the first half of 2000 to the first half of 2001. According to the Hennepin County Drug Court evaluation conducted in 1999, drug abuse trends show that cocaine is the main drug of choice in Minneapolis/St. Paul. From 1991 to 1997, two-thirds or more of all drug sentences were for cocaine offenses and by 1997, 87 percent of all such sentences were for crack.\textsuperscript{11} The other popular drugs of choice were marijuana and methamphetamine.\textsuperscript{12} There have been significant increases overall in the drug felony prosecutions.

\textit{Fourth Judicial District Court}

Minnesota has a single tier trial court, called the District Court. All types of cases, civil or criminal, are heard in the District Court. The court also has authority to hear cases appealed from conciliation court, which is a division of the trial court that hears civil disputes about sums less than $7,500. The 87 counties in the State of Minnesota are organized into ten judicial districts with 257 trial court judges. Counties with large populations usually comprise one district, while in less populated areas there are several counties in a district. Hennepin County is a single county district, numbered the Fourth Judicial District. The main courthouse is the Hennepin County Government Center downtown, and there are three satellite court locations within the District. The Hennepin County Drug Court sits in the downtown courthouse.

\textsuperscript{11} Felony controlled substance charges, approximately 60 percent of which are fifth degree cases, or at least serious felony drug charges. Typically these cases involve possession of a small amount of crack cocaine.

Procedures

The Hennepin County Drug Court began operations on January 6, 1997. The drug court was created in response to a growing concern regarding the impact of drugs on criminal activity within Hennepin County. The planning process was conducted over a two-year period under the auspices of the Hennepin County Drug Court Steering Committee. The committee was comprised of representatives from the criminal justice system and the treatment community as well as from the community. The implementation process was also coordinated and overseen by the steering committee.

The drug court targets all individuals arrested on felony drug charges, including those in which violence is alleged. While Hennepin County charges all felony drug charges, it has yet to include offenders charged with other crimes where drugs were a motivating factor. In Minnesota, these charges primarily consist of Controlled Substance Crimes, first through fifth degree with first degree being the most serious. Those who are not accepted into the program include (1) at the sentencing judge’s discretion defendants who are charged with a felony person crime, (2) select defendants who are already on felony probation at the time of the new felony drug arrest, or (3) those whose charges involve a gun. All drug court participants plea or are found guilty as a condition of entering the drug court program, except diversion participants that account for approximately 25 percent of the total. The drug court has handled over 9,000 cases since its inception in 1997. During the FY 2002 which runs January to December, the drug court caseload totaled 4,198, which included probation clients, diversion clients, bench warrant cases, and administrative cases.\(^\text{13}\)

\(^{13}\) In FY 2002 felony filings totaled 6,187, of which 1,728 were felony drug cases. Administrative cases during that time period totaled 1,907.
A primary feature of this drug court is rapid intervention. Individuals often appear before the
drug court judge on the same day or the day after arrest. Running concurrently with the rapid
appearance in court is a chemical health assessment, conducted by certified assessors in the
Chemical Health Unit under the Department of Adult, Children and Family Services, and a drug
test with immediate results. The Hennepin County Drug Court has a full urinalysis (UA)
laboratory on-site, thereby enabling the test results to be rapidly communicated to the drug court
team. Three case managers who also supervise the low-risk clients in drug court staff the lab. If
appropriate, the certified assessors from the Chemical Health Unit make the treatment placement
decision at this stage. The assessment and urinalysis happen immediately following the first
appearance if the participant is conditionally released into the community. Participants are
escorted from the drug court to the on-site UA laboratory, to the chemical health assessment, and
then back to the drug court for immediate transportation to the referred treatment provider.
When defendants have a history of mental health problems or if their current behavior suggests
mental health problems or requires more information, probation officers or the court will refer
drug court defendants for a psychological evaluation.

It is not uncommon for drug court participants to begin treatment the evening after their arrest.
Individuals appearing in drug court are frequently granted a conditional release without bail.
The conditions of release generally include participation in drug testing and treatment as well as
curfew and geographic restrictions. Drug court has negotiated a cooperative relationship with
the Minneapolis Police Department and suburban law enforcement agencies regarding curfew.
This participant contact, known as “Knock and Talk,” verifies individuals address and living
arrangements and curfew compliance. A second drug court appearance occurs approximately
one week after the preliminary appearance. The goal is to resolve cases at the second
appearance. While additional appearances may be granted to resolve legal issues, it is the goal of the court to bring the case to resolution.

The drug court program initially had one judge. However, at the end of the second year of operation, there was a 47 percent increase in felony drug filings, and a recognition that due to the large volume of cases and high level of judicial supervision and review hearings, additional judicial, probation, treatment and drug testing resources were needed. After adding a second full-time judge in 1999, a third judge was assigned to the drug court in 2000. By the end of 2001, the drug court added twelve probation officers providing community supervision to the original staff of three in 1997. Presently, the three full-time judges assigned to drug court handle trial requests on a rotating basis\(^\text{14}\) that depends on their schedules and other duties for the day. The trial judge is able to handle requests in an expeditious manner because he uses all of the available remedies to a sentencing judge in Hennepin County, including: diversion, continued for dismissal, 152.18 dispositions (stay of adjudication), stay of impositions, stay of executions, and commitments to the Commissioner of Corrections.

Following arrest, defendants are booked into the Adult Detention Center and held on a 36-hour probable cause hold pending their first appearance at the Drug Court calendar. Defendants are eligible to post bail or secure a bond. During Pretrial Assessment, the officers of the Pre-Trial Screening Unit conduct criminal record checks and screen defendants for public defender eligibility and suitability for pretrial release.

At the first appearance in drug court, the court will conditionally release the defendant. The defendant will also be referred for chemical health screening and baseline urinalysis at the time.

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\(^\text{14}\) The three drug court judges rotate between three courts: (1) Judicial Supervision Courtroom; (2) Pretrial Calendar and Arraignment Calendar; and (3) Trials, Evidentiary Hearings, Morriseys (probation revocation hearings).
of the first appearance. Following the first appearance, the defendant may be transported to treatment if recommended by the chemical health assessor. The defendant is scheduled to return to drug court in seven days. Defendants who meet the eligibility requirement for public defender representation are referred to the assigned attorney. Defendants who are ineligible for public defenders must obtain private attorney representation. Probation officers complete the required Minnesota Sentencing Guidelines Worksheets. After a thorough review of police reports and other information, the county attorney issues a complaint in appropriate cases. At the second drug court appearance, the defendant is arraigned and the case may be disposed of by dismissing the charge(s), drug diversion, probation/treatment or prison.

Hennepin County Drug Court provides a coordinated approach in the supervision of defendants through separate tracks based on the defendant’s needs and risks. Since the Hennepin County Drug Court handles all defendants charged with felony cases, it has devised three tracks to be able to efficiently handle participants sentenced for various classes of felonies and addiction severity. The three drug court tracks are low risk (most are diversion participants), low-moderate risk, and high risk.

DIVERSION TRACK:
The diversion track has three phases and consists of the following components:

<table>
<thead>
<tr>
<th>Phase I - Orientation</th>
<th>Days 0-90</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Monthly judicial contact</td>
<td></td>
</tr>
<tr>
<td>o Drug testing weekly</td>
<td></td>
</tr>
<tr>
<td>o Drug education class</td>
<td></td>
</tr>
<tr>
<td>o Treatment aftercare or support groups as determined</td>
<td></td>
</tr>
<tr>
<td>o Other support activities as needed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase II – Stabilization</th>
<th>Days 91-180 (Possible Extension)</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Optional judicial contact until graduation</td>
<td></td>
</tr>
<tr>
<td>o Random drug testing</td>
<td></td>
</tr>
<tr>
<td>o Treatment aftercare or support groups as determined</td>
<td></td>
</tr>
<tr>
<td>o Other support activities as needed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase III – Aftercare</th>
<th>Days 180 – 365</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Treatment, aftercare, or support groups as determined</td>
<td></td>
</tr>
<tr>
<td>o Criminal history record checks</td>
<td></td>
</tr>
</tbody>
</table>
Diversion participants have a one-year term. Most clients are placed on administrative probation after 90 days, given they are compliant. The three drug court tracks are (1) Low Risk (most diversion participants), Low-Moderate Risk, and High Risk.

POST CONVICTION – NON TREATMENT:
This track has four phases with the following components

<table>
<thead>
<tr>
<th>Phase</th>
<th>Days</th>
<th>Components</th>
</tr>
</thead>
</table>
| Phase I | 0-90 | o Twice monthly judicial contact  
| | | o Twice monthly probation officer contacts (alternating with judicial contacts)  
| | | o Twice weekly drug test  
| | | o If not employed permanently, full time (32 hrs. weekly) then development plan / assessment plus job search  
| | | o Must maintain an appropriate living arrangement  
| | | o Other support activities as determined  |
| Phase II | 91-180 | o Monthly judicial contacts  
| | | o Alternate bi-weekly monthly probation officer contacts; if not employed permanent  
| | | o Once per week drug test  
| | | o Full time, minimum 20 hours a week structured activity (volunteer community service job skills/ training school)  
| | | o Abstinence/support group (as applicable)  
| | | o Must maintain appropriate living arrangement  
| | | o Other support activities as determined  |
| Phase III | 181-365 | o Bi-monthly (every other month) judicial contacts  
| | | o By-monthly alternating probation officer contacts (every other month)  
| | | o Twice monthly drug test  
| | | o If not employed, permanent, full time, minimum of 32 hours a week structured activity  
| | | o Abstinence/support group (as applicable)  
| | | o Must maintain appropriate living arrangement  
| | | o Other support activities as determined  |
| Phase IV | 366-730 | o Administrative probation  
| | | o No judicial or probation supervision unless there is a new offense  |
POST CONVICTION – TREATMENT:
This track has four phases with the following components:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Days</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>Days 0-90</td>
<td>* Monthly judicial contacts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* No contact with probation officer until treatment/aftercare completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Twice weekly drug testing (unless treatment requires more)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* No work/training expectation until treatment/aftercare completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Must maintain appropriate living arrangement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Other support activities as determined</td>
</tr>
<tr>
<td>Phase II</td>
<td>Days 91-180</td>
<td>* Monthly judicial contacts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Monthly alternate bi-weekly probation officer contacts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Once per week drug test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Abstinence/support group (as applicable)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* If not employed permanent, full time, minimum 20 hours a week structured activity (volunteer community service job skills/training school)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Must maintain appropriate living arrangement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Other support activities as determined</td>
</tr>
<tr>
<td>Phase III</td>
<td>Days 181-365</td>
<td>* Bi-monthly (every other month) judicial contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Bi-monthly alternating with judicial contact, probation officer contacts (every other month)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Twice monthly drug test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Abstinence/support group (as applicable)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* If not employed permanent, full time, minimum 32 hours a week structured activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Must maintain appropriate living arrangement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Other support activities as determined</td>
</tr>
<tr>
<td>Phase IV</td>
<td>Days 366-730</td>
<td>* Administrative probation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* No judicial or probation supervision unless there is a new offense</td>
</tr>
</tbody>
</table>

When violations of supervision occur or treatment failures are identified, the probation officer or the treatment provider will notify the drug court judge. The probation officer will then be responsible for following the drug court’s directive for monitoring the offender’s compliance with any sanction imposed.
For drug court participants not committed to the state prison system, probation conditions often include the requirement of community service work, payment of fines and/or fees, time in the Hennepin County Adult Corrections Facility, and participation in licensed chemical dependency treatment or a cognitive behavioral group program. Once the case has been disposed, drug court participants continue to return to court for judicial supervision of their progress on a twice-monthly basis for the first ninety days and less frequently during the latter phases of involvement (except Diversion participants). Frequently, the drug court assumes the supervision of existing probation cases as part of the drug court disposition. This occurs if, after disposition, the existing probation case dates prior to the drug case.\(^\text{15}\) Also, implied in the drug court goal of rapid engagement is a rapid response to violations of court orders and conditions. The drug court promptly issues bench warrants for violations of pretrial release conditions and violations of supervision conditions. Additionally, participants under drug court supervision who are arrested for new offenses are held in detention pending review by the drug court for violation of their drug court contract or order.

**Sanctions and Incentives**

At all judicial supervision hearings, the judge is able to apply graduated sanctions and incentives. Sanctions for non-compliance might include: warnings from the bench, demotion to earlier program phases, placement in the jury box, more frequent urinalysis testing, increased treatment or supervision intensity, community service work, graduated periods of detention or jail/prison confinement, and termination from the program.

When participants are in compliance with all aspects of supervision and progress reports reflect marked improvement or successful completion of treatment, the drug court uses a system of

\(^{15}\) Some probation cases tag along with the drug case for resolution and may have separate conditions.
graduated incentives. The probation officer first notifies the drug court team, including the judge who may acknowledge the participant’s success by utilizing a variety of incentives that can include: praise, reduced or suspended fines, dismissal of criminal charges, reduction in the length or intensity of probation supervision or court appearances, recognition from other drug court team members, and awards.

Night Court

The Hennepin County Drug Court offers as an incentive the opportunity to attend night court. This specially set calendar begins at 5:30 pm and is designed to ease the burden of those participants who are employed and work during the day. Participants must earn the privilege to attend night court, and this is demonstrated through positive progress and overall compliance with program requirements. At the outset the drug court faced challenges that had to be overcome as there were no other calendars set in the courthouse after 5:00 pm. Issues such as building security were initially considered insurmountable. Through determination and a “just do it” attitude, the court made the necessary adjustments and night court meets weekly, much to the delight of many participants.

Institutionalization and Integration

Hennepin County has made significant strides towards institutionalizing their drug court program. These efforts form a comprehensive approach that focuses not only on financial sustainability but also on other factors equally as critical for long-term, successful operations. These efforts began during the implementation of the drug court, and in the words of one judge “it [institutionalization] requires strong judicial leadership and collaboration with other agencies
and within the court. Furthermore, it is often easier to sell drug court to the public than those within the criminal justice system.”

One component of institutionalization that is perhaps the most crucial is the integration of drug court and its processes and procedures into the larger court and criminal justice system. During the planning stages, Hennepin County made the decision to base their program design on identified local need rather than following specific requirements from any one funder. This decision allowed the planning team to broaden the scope of their efforts. Thus a significant initial step toward integration occurred by designing their program to include a large percentage of their criminal docket. Instead of beginning as a pilot program with 100 or 200 offenders, the drug court became the court to hear all felony drug cases,16 representing 30 percent of all felony filings. While this is not an approach that all drug courts are able to follow, at least to the same extent, it does illustrate the importance of drug court programs addressing the very real criticism espoused by some detractors, that drug courts serve only a small percentage of substance abusing offenders representing only a small percentage of total filings.

The Hennepin County Drug Court began with a strategy of diversified funding that contributed to early institutionalization. This is discussed below in detail.

**Promising Practices**

For each court, JMI identified three promising practices, which are diverse in their scope. They were selected because they are replicable strategies.

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16 To date, the Hennepin County Drug Court does not admit offenders charged with other crimes where drugs were a motivating factor.

As one participant noted, “[e]veryone in drug court really listened to me, and my probation officer was fair and really seems to care about what happens to me. I really feel like I could call on him even after I’m out of the program.”
(1) Treatment

Few drug court programs around the country can boast of having access to as wide a variety and quality of treatment providers to support its supervision and judicial functions as the Hennepin County Adult Drug Court. What is promising and innovative about the Hennepin County treatment system is how the State of Minnesota’s Chemical Dependency Division of its Department of Human Services has made treatment available for every participant seeking treatment or for whom treatment is sought. It is Minnesota’s treatment system that has allowed the Hennepin County Drug Court treatment initiative to thrive. It is important to more fully describe the context in which this drug court finds itself and how it has used the chemical dependency system to leverage and tailor the clinical services needed for its participant populations.

The Minnesota Department of Human Services is the principal state-level agency responsible for implementing policies and procedures addressing substance abuse treatment. Minnesota has a Consolidated Chemical Dependency Treatment Fund which combines a number of previously separate state and federal funding sources, each with their own eligibility, match and vendor requirements, into one fund. By combining treatment dollars, the fund enables the “dollar to follow the client” so that individuals can be assured of assessment services and level of care placements that will best meet their treatment needs. Every process is standardized and every chemical dependency program in Minnesota, whether private or public, competes on an equal basis for publicly funded participants and, therefore, must meet and adhere to the same rigorous licensing and reporting requirements. There are at least 18 such state approved programs to which participants in the Hennepin County Drug Court can be referred depending on their
addiction severity, level of care needed, and program availability and supervision requirements. As a consequence of how the drug court program is structured, all referral sources, like drug courts, have equal access to any treatment slot funded by the state. Technically the drug court can access any of the 86 treatment programs in Hennepin County.

With the exceptions of out-of-custody residents and managed care participants, every offender referred to the Hennepin County Drug Court Calendar will also be referred to the chemical health unit for screening, assessment, and placement in the appropriate level of care in one of the drug court treatment provider programs immediately after their preliminary court appearance. All placement and treatment decisions are based on statewide uniform assessments, known as a Rule 25 Evaluation (Rule 25), and referral criteria administered independently by approved treatment providers or private consultants. While there are no limitations on the number of Rule 25 Evaluations to which a participant mandated to treatment or seeking treatment is entitled, there are limitations on the number of treatment programs a participant can access based on the number of treatment dollars designated for the various levels of care.

For offenders, this means qualified staff conducts a standardized assessment and re-assessment in a language they understand. In Minnesota, offenders may request specific assessors with similar demographic or cultural orientations or they may request assessments that are written in their dominant language. Thus, African American participants can request to have their assessment done by an African American assessor or treatment provider and similarly Native American participants can request a Native American assessor or provider. Additionally, there are affectional preference assessments for participants who self-identify as being or needing gay/lesbian/bi-sexual/transgender counseling services or treatment.
Minnesota recognizes that any good treatment process starts with culturally specific assessment protocols and culturally proficient assessors. Assessors are trained in cultural sensitivity and the client’s cultural needs are identified in the assessment. Participants have a right to request a culturally specific assessment from a specific provider or assessor.

In many other jurisdictions because of the way level of care funding and treatment bed-space availability is determined, participants are not afforded multiple “bites at the treatment apple.” In the Hennepin Drug Court the opposite holds true. Participants may be given multiple opportunities to access assessment and treatment as long as they demonstrate some level of engagement and commitment to their recovery. Thus, in response to a participant whose performance or adjustment to the interventions in one level of care is poor, expulsion is not the first option. Instead, the drug court program may re-refer the participant for another Rule 25 Evaluations and explore alternative possibilities for chemical dependency treatment before making final program decisions.

With the possibility of multiple Rule 25 Evaluations the judiciary and the drug court team do not have the potential conflicts of interest that may arise when the treatment provider on the team does the assessment and refers the majority of offenders to his/her program regardless of the appropriate level of care needed. In Hennepin County an independent agency is responsible for every assessment or re-assessment and the subsequent referral to the appropriate level of care. Unlike other court systems, if public funds are to be used, judges cannot order a participant to treatment, unless the state-mandated assessment or re-assessment has been done. This assessment system essentially avoids the possibility that a judge may order treatment that is not
clinically supported by an independent assessment. Paradoxically, this practice has not made
judges feel that their judicial discretion has been curtailed. Rather, it seems to have made them
feel more empowered to make sentencing, treatment, and supervision decisions with the
confidence that the assessment and its outcome placement recommendation was in the best
interest of the participant’s recovery and was culturally relevant.

What is especially promising about the Hennepin County Drug Court treatment milieu is the fact
that it has tackled and successfully addressed the issue of “treatment matching” by implementing
a system of standardized assessments and carefully regulating which programs are approved to
deliver chemical dependency services. Most poignantly, this program’s staff, from its judges and
coordinator to its participants, recognizes that working in such a “treatment rich” environment is
fortunate. The staff seek to ensure that treatment is culturally-specific and relevant, that the
quality of its service delivery is consistently high, and that participants have more than one “bite”
at the treatment apple. There is an undeniable sense that every participant is important and that
every participant deserves more than one chance to “get it.”

The demographic profile of drug courts is dynamic and ever-changing. For that reason more
than any other, treatment must change its philosophy and tailor its strategies, interventions and
orientation to meet the needs of this changing profile. Hennepin County has done an excellent
job of keeping pace. In fact, the county prides itself on being able to identify the needs of its
emerging demographic profile and its willingness to experiment with new and different
therapeutic interventions and programming options, such as acupuncture and naturopathic
healing. For example, there has been a notable increase in the Somali population in the county’s
treatment and criminal justice system. In an effort to proactively address the specific needs of
that population, the treatment system has contracted with a provider whose particular niche is culturally specific chemical dependency services for Somalians. The drug court will be able to access these services.

The Hennepin County Drug Court has continued to recognize the importance of gender-specific services and have contracted with several providers whose niche is dealing with the needs of women. This program’s treatment component emphasizes and appreciates its relationships with its diverse complement of providers. Communication among treatment providers and the drug court staff is open, honest, and meaningful and this makes for a system willing and able to adapt to and address the needs of a racially, ethnically, and culturally-changing participant base, notwithstanding the number and quality of programs available.

One example of the continuum of ancillary services offered to the Hennepin County Drug Court participants is “Job School.” Available currently only to male participants, this service is offered through a partnership with the Training and Employment Assistance Agency and incorporates a life skills component to help participants adjust to the work culture, to which many are not accustomed. The provider emphasizes five areas over which participants have direct control,
which are: (1) attitude, (2) judicial relationships, (3) patience, (4) progressive action, and (5) urine tests.

(2) Numbers of Participants Served

The Hennepin County Drug Court program targets all individuals arrested on felony drug charges. In addition to targeting felony drug offenses, this drug court has decided to include all companion charges that a potential program participant may have. This practice has placed this drug court in a position to maximize the numbers of individuals with substance abuse problems that this program has been able to reach. In fact, since its inception the Hennepin County Drug Court has handled over 9,000 cases. This statistic provides the answer to one the most salient questions posed by state and local governments to courts seeking to institutionalize their programs: “Why should we bother to spend x amount of dollars to serve a small percentage of the population?”

As they grapple with the “how many should we serve” question, many drug courts in the planning stages aim to target a small percentage of their criminal justice population that it becomes more difficult to justify the dollars linked to the numbers served ratio when the program launches its institutionalization initiatives. Against a background of dwindling federal, state, and local funding available for drug court start-ups, it is critical that courts consider widening the net of participants they serve in planning and identify diversified funding streams to finance those initiatives. This was the vision of the Hennepin County Drug Court from the program’s inception. By recognizing that community support for institutionalization is largely dependent upon a program’s ability to serve and show success with a wide cross section of the community, Hennepin County designed its program accordingly, creating a drug court that would reach
thousands of the county’s addicted criminal justice population. Unfortunately for many start-up drug courts, this vision may be stymied because of the undue reliance on federal funding that has strict restrictions on the profile of participants that may be served.

This decision forced the Hennepin Drug Court’s planning committee to “think outside of the box” and begin the planning process by identifying funding sources or ways to leverage treatment and supervision functions needed to serve a target population much larger than which federal funding would cover. This approach inevitably portended well for this program’s institutionalization.

The sheer volume of cases that the drug court processes as a result of its commitment to target all individuals arrested for felony drug charges has minimized intra-court criticism. In many courts the drug court is criticized because the judge allegedly handles a small proportion of the caseload that the other judges receive heavier caseloads. In Hennepin, caseloads of the rest of the bench are not significantly impacted because so many cases are referred to the drug court judge. The Hennepin Court Drug Court has been able to highlight its effectiveness and value by serving at least 30 percent of the court’s total felony caseload.

“Aim to institutionalize your program in the planning process. It is easier to start with as broad a target population as possible and then to narrow the target population as funding and staffing availability materializes, than to start with a narrow target population and attempt to broaden it years later.”

Judge Kevin S. Burke
Presiding Drug Court Judge
(3) Public/Private Partnerships: African American Men Project

“Rosa Parks did not wait for church leaders, social activists, politicians, or the President of the United States to do the right thing. She stood up, stepped forward, took the risk, and ignited a series of changes that touched the core of American society. It’s time for the undiscovered Rosa Parks - Black and White, male and female – to step up and start the next phase...its time of get moving.”

Joseph White and James H. Cones, III

No other statement better encapsulates what was the catalyst for the African American Men Project, which was implemented in 2000. Against a backdrop of statistics that is a dismal reminder of the status of African American men both nationally and in Hennepin County, County Commissioner Mark Strenglein co-authored the Hennepin County Board Resolution 99-3-561, which authorized a study to examine the demographics and other information, such as participation in the labor force, of African American males in Hennepin County aged 18 to 30. The study developed a socioeconomic profile of young African American men, highlight the social and economic forces that create unfavorable outcomes for young African American men, identify current service providers and the gaps in service delivery, and develop recommendations that the Board of Commissioners can use to better and more cost-effectively influence the outcomes for African American men (See Appendix B). To accomplish the mandates of this study and help these men transcend their socio-economic realities, a broad-based community coalition of faith-based organizations, corporations, state and local government entities, and interested African American men was called to action.

As is the case in many other jurisdictions around United States, a disproportionate percentage of African American men are under criminal justice supervision. Hennepin County is no exception.

The drug court provides a pool of participants who can be referred for mentoring and the other services that the African American Men Project offers. Overall, this program works closely with the drug court to ensure improved outcomes for its 18 to 30 year old African American men by such activities as:

1. Creating partnerships to provide training and employment opportunities for African American men;
2. Assisting African American men to enroll in and complete post-secondary educational programs;
3. Coordinating adult and community education with job training programs;
4. Developing and promoting public policy that ensures that all African American men have access to health care; and,
5. Coordinating efforts focused on affordable housing to target 18 to 30 year old African American men.

“So many drug court programs around the country understand the importance of linking with or accessing public and private partnerships designed to augment the services delivered by the substance abuse treatment providers in their rehabilitation network. Few of these programs can clearly articulate what those partnerships can do for specific drug court populations. The potential for the solidification of a meaningful partnership between the American Men Project (AAMP) and the Hennepin County Drug Court is tremendous because it builds momentum for addressing the needs of this population with a sense of urgency, not just for the young African American men in Hennepin County’s criminal justice system, but for all Hennepin County residents. To accomplish this agenda, one of the first calls to action was to engage and train 1,000 men to be mentors to African American men who will participate in the project. This

“What is good for young African American men is good for the county, and vice versa. What is good for young African American men is good for families because fathers who are employed and financially stable are much more likely to get married, stay married, and fulfill their roles as fathers.”

Herman J. Miller, Ph.D.
Steering Committee Chair
African American Men Project
included judges, lawyers, members of the faith community, and others who have a direct stake in
the success of these men. This partnership underscores one simple truth, which is addressing
substance abuse issues is only one small part of holistically improving the social, political, and
economic will of a traditionally underserved population.

Current Challenges

(1) Law Enforcement and Prosecution Buy-In

More than a few prosecutorial and law enforcement stakeholders nationwide continue to grapple
with the apparent philosophical contradiction of addressing chemical dependency with
accountability and maintaining public safety. One of the most prominent impediments to
obtaining and maintaining the buy-in of the prosecutorial and law enforcement stakeholders is
the perception (whether real or supported by fact) that the drug courts divert dealers not users.
This perception has its roots in the targeting, screening, and placement goals of the drug court
program. Many programs fail to modify their program’s eligibility criteria and adapt screening
protocols to profile users who sell more than they use over the years. This oversight causes, or
exacerbates, the latent fears of prosecution and law enforcement that offenders in specialty
programs, like drug courts, will not be held accountable for all their activities and get off easily
with their placement in drug court. Changing attitudes and perceptions is difficult, but there are
certain steps that drug court teams can take to allay fears and change skeptical attitudes. One
step is for the team to continually re-visit its intended target population to determine if the drug
court program’s current mission, structure, and services are adequately addressing the target
population’s needs. Another step is to educate prosecutorial and law enforcement stakeholders
about drug court, which can be accomplished by collecting and sharing statistical evidence that
demonstrates the positive results of intervention and support the fact that drug courts are effective in reducing addictive behavior and associated criminal activity and are not “soft on crime.” Law enforcement officers and prosecutors might not understand drug court concepts and the information they know about drug court might be anecdotal.

The Hennepin County Drug Court Highlights, a publication related to the Hennepin County drug court, presented the following statistics in support of the drug court’s efficacy and impact to the Joint Bench and Board Committee in April 2002:

- Revocations reduced by almost ten percent in the first two years of drug court;
- In 2000, 608 cases, representing 60 percent of the drug court docket, were sent to local incarceration under drug court; and
- Drug testing per defendant on probation increased from nine times in three years to two times per week.

The Hennepin County Drug Court has worked to educate and get buy-in from the prosecutor and law enforcement officers. From the site visit, it is apparent that these two stakeholder groups are committed to continue the drug court partnership, and strive to work through differences in philosophy.

(2) Surmounting the Boutique Court Syndrome

No one judge can preside over drug court forever. It is clear that institutionalization of specialty or boutique courts, like drug courts, will depend heavily on their ability to convince the rest of the judiciary that drug courts are not the “flavor of the month,” not a way to do “quasi-judging,” and often not easier than presiding over a regular criminal or civil calendar. This is not an easy task. In the Hennepin County’s Drug Court significant progress has been made addressing these concerns for several reasons. First, the drug court program has continued to grow and impact participants. Second, the collaboration of the three judges that now preside in the drug court and the interdependent relationships among team members has enhanced the exercise of judicial
discretion. Team members accept that the drug court will exercise judicial discretion; however, there is also a basic assumption that the team will consider multiple perspectives before making a final decision. Third, the bench recognizes that judging in a drug court is the same as judging in criminal and civil cases with more input from the other stakeholders. Finally, providing continued education for the rest of the judiciary and exposing other judges to the role of the presiding drug court judges in their absence has made a significant difference. After nearly seven years of operation, the bench has come to view the drug court as being institutionalized.

Obstacles Overcome

(1) Effectively Servicing the African American Participant: African American Family Services

While the US 2000 census data showed that nine percent of Hennepin County’s population was African American, in the first quarter of 2002 alone, almost 70 percent of the drug court participants assessed, that is receiving Rule 25 Evaluations, were African American. In a criminal justice system heavily populated with African Americans it behooves a drug court to be able to identify providers who can service their needs in a culturally proficient manner, which in Hennepin County is the African American Family Services (AAFS) organization whose exclusive focus is on treating and remedying the needs of African Americans addicted to drugs or alcohol.

AAFS uses an Afro-centric model of treatment that incorporates several techniques and communication styles that have proven to be effective with this population. These techniques include cognitive therapies with modules focusing on cognitive restructuring and errors in
thinking and empowerment modules such as ones that focus on ethnic contributions to civilization. The program’s therapeutic techniques lean heavily on delivering habilitation and social skills development training and coping skills, such as anger management and self-esteem enhancement. Expressive therapies, like art therapy, are also used in the program. Mentoring is also a very important therapeutic technique used by the AAFS. The AAFS envisions working closely with the African American Men Project to identify appropriate mentors for participants in its program.

What makes this program unique is its commitment to the on-going training and mentoring of its staff. The staff members at AAFS are racially, educationally, and experientially diverse. In addition, 80 percent of the staff has been in recovery for at least three years. The program requires all staff to attend a structured training on working with African Americans to ensure that they understand and are sensitive to the cultural idiosyncrasies of working with African American populations. The Hennepin County Board that certifies addiction counselors requires these trainings. In an effort to preserve the integrity of this program, the manager screens all potential counseling staff carefully to ensure that their treatment philosophy fits into the program’s Afro-centric model of treatment.

The evidence that a treatment program works is more often gauged by the impressions of the participants who attend the program. Oftentimes, staff members tend to give an intellectual perception of the treatment program’s efficacy and operational efficiency, while participants tend to give a more experiential one. In this case, the participant we interviewed spoke highly of the program’s Afro-centric orientation and the program’s positive impact on his recovery. He gave the impression that the African American value of community was very important to the program
and each participant was given the sense that the program’s therapeutic community, which includes its staff, was one big family.

(2) Diversifying the Funding Streams

The Hennepin County Drug Court has developed a diverse funding strategy that incorporates federal, state, county, and city funding. The City of Minneapolis shares Local Law Enforcement Block Grant (LLEBG) funds with Hennepin County with some of the funds being earmarked for drug court. Local tax dollars support the core team positions\textsuperscript{18} – the permanent county-funded employees - while four additional positions\textsuperscript{19} are funded through LLEBG monies. Many of the team agencies have reallocated existing funds within their county general fund budgets in support of drug court. As noted earlier, treatment is provided through a state legal mandate and is funded through a blend of state and federal funding, matched by Hennepin County general funds. To clarify, subsidized treatment is available to all offenders who are residents of Hennepin County and who are assessed as chemically dependent. The drug court utilizes this mandated service level to provide comprehensive substance abuse treatment to its participants.

Beyond funding the drug court team and treatment, Hennepin County partners with a local foundation to increase affordable housing opportunities for drug court participants. The Minneapolis St. Paul Family Housing Fund, a private foundation, has offered subsidized housing

\textsuperscript{18} Core drug court team members refer to the permanent county-funded employees. We have ten probation officers and two case management assistants. Currently the drug court has one vacant probation officer position and one empty case management assistant position. The core drug court team is comprised of three judges, four court clerks, three courtroom security deputies, one coordinator, one assistant coordinator, eight public defenders, eight county attorneys, twelve probation officers, three case management assistants, one training and employment specialist, and five part-time chemical health assessors. In addition, 21 community treatment programs provide primary chemical dependency treatment and aftercare services to drug court participants.

\textsuperscript{19} The additional four positions funded by LLEBG monies are one probation officer who is responsible for managing the Female Offender Program, two probation officers, one case management assistant who is responsible for helping to coordinate the affairs of the drug court. The drug court also has one probation officer trainee position that is funded through the county, although this position lacks permanent status.
services to drug court participants. In addition to financial resources, Hennepin County Drug Court has accessed many in-kind services, such as mentoring, that have enhanced the level of care provided to drug court participants.
San Diego County, California, South County Division

Program Overview:

Demographics

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<th>Percentage of Population that:</th>
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<tr>
<td>Management &amp; Professional</td>
<td>37%</td>
</tr>
<tr>
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| Drug(s) of Choice              | Methamphetamine/Speed |

San Diego County is bordered by the Pacific Ocean, Mexico, Imperial County to the east and Riverside and Orange Counties to the north. According to the US Census 2000 data, during the period between 1998 and 2020, Latino and Asian populations are expected to have the highest growth rates, with increases in both populations equaling 23.0 percent. The Caucasian and African-American populations will grow during this same period, but less rapidly (seven and ten percent respectively). Between 2005 and 2020, the aging population, residents over the age of 65, will increase by 60 percent.

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According to the Drug Abuse Warning Network (DAWN) Report, methamphetamine use is concentrated in five western cities in the US and includes San Diego, where significant increases occurred from 1999 to 2000. The City of San Diego ranked second in methamphetamine/speed use (31 mentions per 100,000 in the population) out of 21 metropolitan cities across the country. The South County Division drug court team noted that the drug of choice among participants overwhelmingly was methamphetamine. San Diego had one of the lowest rates of cocaine and heroin mentions in the city in 2000.²¹

**Superior Court**

The San Diego Superior Court is a unified trial court with jurisdiction over all types of civil, criminal, traffic, family, juvenile, probate and mental health cases. There are no other state trial courts in the county. The San Diego Superior Court has 128 judges, 21 commissioners and four referees, and approximately 1,500 employees. The court is divided into four geographic divisions. Approximately 42 percent of San Diegans live in the Central Division, 26 percent in the North County Division, 18 percent in the East County Division, and 14 percent in the South County Division. The court operates in 11 major and satellite facilities that are spread out across the four divisions.²²

**Drug Courts**

There are four adult drug court programs in San Diego County. The focus of this case study is on one of the four divisions, the South County Division. It is the smallest division, with ten percent of courtroom support employees (excluding administrative personnel) working in South

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²² San Diego Superior Court, Long-Range Strategic Plan, FY1999/00 to FY 2003/04, Revised December 2000.
The South County Division encompasses the southern part of the county and includes the communities of Chula Vista, Coronado, Imperial Beach and southern portions of San Diego County. In 1996, several representatives met to plan a drug court in the South Bay Municipal Judicial District, including representatives from the District Attorney and Public Defender’s Offices, Probation Department, Marshal, Health Services/Alcohol and Drug Services, and other community organizations. On October 2, 1997, the South County Drug Court became operational.

San Diego County has four drug court locations/divisions that operate as a unified Superior Court system, meaning that policies are standardized and funding efforts are regional in approach. The Superior Court Drug Court program operates primarily with federal and state grant money, although the court receives funding from a few local, non-profit, and civic organizations and in-kind contributions. Additionally, local law enforcement agencies have contributed funding from drug asset forfeiture money and through Local Law Enforcement Block Grant (LLEBG). In accordance with the local agreement the county has the right to automatically allocate 20 percent of its LLEBG funds to drug court. The San Diego Municipal Court created a 501(c)(3), a non-profit organization, prior to Superior Court unification in late 1998 for the purpose of accepting and monitoring donations to support a variety of justice system

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23 The South County Division employees about ten percent of the total courtwide positions (1,500 positions). San Diego Superior Court, Long-Range Strategic Plan, FY1999/00 to FY 2003/04, Revised December 2000.
24 In-kind contributions consist of donations such as bikes from the local police department that are loaned to drug court participants, food for holiday baskets, clothing, and money for AA/NA books.
25 According to LLEBG policy, jurisdictions certified as disparate, like San Diego County, must agree on whether to share funds and the proportion to be shared. If an agreement cannot be reached, then none of the jurisdictions involved in that particular disparate situation may apply for funding. For the past two years, the agreement reached in San Diego County has been that a portion of the funding will support drug courts, which is Purpose Area #3 – to establish or support drug courts – of the LLEBG Program. Additionally, San Diego County receives an allocation that is based solely upon Part I- Violent Crimes for the unincorporated areas of the County. The San Diego County Sheriff’s Department provides law enforcement services to these unincorporated areas of the County.
programs, such as drug courts. Under the judicial canon of ethics, judges are prohibited from directly soliciting, actively campaigning for, or accepting funds, thus an impetus to create a 501(c)(3).

Although not formalized as of May, 2002, the mission of the South County Adult Drug Court is twofold:

To improve lives that have been impacted by drug addiction, and to increase public safety by reducing the amount and frequency of drug related crimes. These goals are accomplished by assisting the participants in leading clean, sober, independent and productive lives. The tools used to provide this assistance are mandated treatment, rigorous court supervision, sanctions and the dedication of caring and knowledgeable collaborative team members.

This drug court division serves adult female and male offenders, excluding the following types of crimes: those charged with crimes of violence, those charged with sex crimes or other serious offenses, and those charged with manufacturing illegal substances. It is a voluntary, post-conviction program that emphasizes offender accountability and treatment engagement. All

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26 At the time of our interviews and site visit, the mission has been drafted, although it had not been formally adopted or distributed to drug court team members, the bench, or the superior court personnel. As of July, 2002, the mission statement was adopted by the drug court judges and distributed to all team members and appropriate superior court personnel.

27 San Diego County Drug Court qualifying charges include: HS11350 (simple possession of narcotics - felony); HS11351 (possession or purchase for sale – felony); HS11351.5 (possession or purchase of cocaine for sale – felony); HS11352 (transportation, sale, distribution; transportation to noncontiguous county – felony); HS11352.5 (possession for sale of heroin – felony); HS11357 (simple possession of marijuana – misdemeanor); HS11358 (cultivation of marijuana – felony); HS11360 (transportation, distribution, or importation – felony); HS11364 (possession of paraphernalia – misdemeanor); HS11365 (presence during unlawful use – misdemeanor); HS11368 (forged prescription – misdemeanor); HS11377 (simple possession of controlled substances – can be charged as either a misdemeanor or felony); HS11378 (possession for sale); HS11378.5 (possession for sale of phencyclidine (PCP) – felony); HS11379 (importation, sale, distribution, transportation to noncontiguous county – felony); HS11379.5 (importation, sale, distribution, of Phencyclidine (PCP); transportation to noncontiguous county – felony); HS11550 (under the influence of drugs – misdemeanor); BP4140 (possession of needle or syringe – misdemeanor).

Exception to eligibility criteria: charges involving sale or transportation of drugs, manufacturing of controlled substances, currently enrolled in drug court, eligible for diversion (PC1000), violent offenses, sex crimes/child molestation, weapons conviction, strike conviction, active informant, documented or suspected gang member, holds from other jurisdictions, illegal with no legal resident status, not capable of actively participating, cannot be treated locally.
eligible defendants are considered for the program. Since its implementation in 1997 and as of May 15, 2002, this drug court has enrolled 518 participants, graduated 219 participants, and terminated 212 participants. From the start of the program through November 10, 2000, 64 percent of the participants were charged with a misdemeanor offense, while 36 percent were charged with a felony.\textsuperscript{28} The program is on average 18 months long and has the capacity for 100 participants in the active program phases, plus additional participants in Phase V, Continuing Care.

\textit{Procedures}

The district attorney screens and identifies cases for legal eligibility for drug court. Defense counsel will discuss the drug court option with the participant. If he or she would like to enter the program, the district attorney gives the case file to a substance abuse assessor (e.g., the court referral officer) who speaks with the defendant about the program and determines if the defendant is serious about committing to the program. After the district attorney, defense attorney, and court referral officer agree upon eligibility and suitability, the defendant pleads guilty, a 4\textsuperscript{th} Amendment Waiver is taken, and the court enters a deferred entry of judgment or orders the defendant to be placed on probation with drug court as a condition of probation, and calendars a drug court hearing as the next court date.\textsuperscript{29} If the defendant is in custody at the time of arraignment or change of plea, the court referral officer interviews the defendant at the jail. The sheriff will transport the defendant to the holding or detention facility for release to

\textsuperscript{28} Totals obtained from Phases\textsuperscript{®} database on June 7, 2002
\textsuperscript{29} Since the program’s inception, the drug court has not had to turn down a potential participant who volunteered for the program because it was at maximum capacity, which in the South County Division was 100 participants. As of July 1, 2003, due to a reduction in funding, the maximum capacity was reduced to 95.
treatment, where the treatment provider will pick up the defendant at the assigned time. If the defendant is not in custody, the court referral officer interviews the defendant in the courthouse.

Upon acceptance into the program, defendants complete the standard Adult Drug Court Participant Contract with the help of defense counsel. After the case is set for the initial appearance in drug court, the case file is routed to the calendar/data processing section so the case management information system, JURIS, can be updated. The drug court clerk will hold onto the case file until completion of or expulsion from drug court. If defendants are out of custody, they are to report to the treatment provider within two hours of arraignment, where they receive an orientation to drug court and enter treatment immediately. In custody defendants are released to the treatment provider the day after arraignment.

There are five active phases to the drug court program. Participant fees are $10.00 per week throughout the entire program, which offset treatment costs, not court costs. There are two acceptable reasons to waive the participant fee, which include: (1) work program in lieu of fees; and (2) payment to another program if its fee is at least $10.00 per week. Each phase lasts approximately 13 weeks, except the final phase (Phase V, Continuing Care) that lasts at a minimum of six months.

The court organizes a “Stepping Up” ceremony for participants moving to a higher phase. The treatment provider sponsors one mandatory clean and sober activity per month. Activities can include bowling, beach barbecues, trips to aquariums and museums, local theaters or a movie theatre, and potluck dinners.
### Phase I

**Program Focus:** Detoxification

- Court appearances once per week.
- Random urinalysis testing three times per week.
- Three self-help (NA/AA) meetings per week.
- Group meetings, education sessions, or individual counseling (referred to as classes) four times per week.
- Assess employment and education needs.

### Phase II

**Program Focus:** Relapse Prevention

- Court appearances twice per month.
- Random urinalysis testing two times per week.
- Three self-help (NA/AA) meetings per week.
- Classes three times per week.
- Legally employed or enrolled in school.

### Phase III

**Program Focus:** Education & Employment

- Court appearances once every three weeks.
- Random urinalysis testing one time per week.
- Three self-help (NA/AA) meetings per week.
- Classes at least two times per week.
- Maintain employment or schooling.

### Phase IV

**Program Focus:** Aftercare Services & Graduation

- Court appearances once per month.
- Random urinalysis testing one time per week.
- Three self-help (NA/AA) meetings per week.
- Classes at least two times per week.
- 120 days is the minimum standards for continuous sobriety before graduation.
- Maintain employment or schooling.

### Phase V

**Program Focus:** Continuing Care

- Court appearances once every three months
- Random urinalysis at least one time per week.
- Two self-help (NA/AA) meetings per week.
- Group meetings and individual counseling.
- Minimum standard for continuous sobriety is six months.
- Maintain employment or schooling.

When defendants complete Phase IV, they will graduate from drug court. The court holds a graduation ceremony each quarter and graduates can join the alumni group to support future participants if they desire. In October of 2001, the Judges’ Executive Committee approved Phase V, a continuing care phase, which was implemented countywide in the adult drug court programs on July 1, 2002. The San Diego County Health and Human Services Agency, Alcohol and Drug Services (ADS) tracks data on participants during this final phase, including basic demographic and treatment information as well as criminal justice recidivism statistics. This data is kept on participants as long as they remain in the program. The District Attorney’s Office
tracks criminal justice recidivism for three years following a participant’s successful completion of the drug court program. After successful completion of this final phase (Phase V), the legal disposition of the court case will depend on how the participant entered the program. If, as a condition of the plea agreement, the participant entered as a deferred entry of judgment, he will be eligible to have his case dismissed. If the participant entered the drug court program as a condition of formal or summary probation, he or she may be eligible to have his probation terminated or continued, depending on the agreement of the prosecutor, public defender, and judge. Participants that have successfully completed the terms and conditions of probation will be eligible to apply for relief under PC1203.4 (felonies) and PC1203.4a (misdemeanors). The only opportunity for an expungement of record of conviction would be through a dismissal of the case based on an original deferred entry of judgment. The record of arrest would not be expunged either through a dismissal or relief under PC1203.4 or PC1203.4a.

The drug court team consists of the judge, deputy district attorney, public defender, court division representative, drug court clerk, deputy sheriff, treatment providers, court referral officer, and a full-time San Diego Police Department law enforcement liaison officer and other law enforcement agency representatives. The team meets every Friday before drug court to discuss the progress of each participant who is on the calendar and to make treatment decisions based on the participant’s progress. The counselors report on the progress and problems encountered by each participant. The team often defers to the counselors regarding treatment decisions. Supervising participants in the community, the police liaison supplies information

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30 The District Attorney’s Office defines criminal justice recidivism as (a) local, state, and federal criminal history; and (b) any misdemeanor or felony conviction, excluding infractions.

31 The district attorney rotates every six months onto the drug court team. When a new DA is rotating onto the team, his or her term will overlap for about two weeks with the departing DA so that the departing DA can train the new DA on drug court and the team. There is no formal orientation process for new drug court team members.

32 Other law enforcement agencies are represented at the staffings, including: California Highway Patrol, San Diego County Sheriff’s Department, the Chula Vista Police Department, and the National City Police Department.
Regarding participants’ activities, on home visits and other community supervision activity, and the results of random drug tests. The officer and treatment providers are in contact every day. Although the team’s leadership style is based on the majority rule principle, it works to obtain consensus on decisions, encouraging everyone’s participation. The judge serves as a mediator and tiebreaker.

The minimum required information on weekly progress reported to the drug court team includes:

- Participant’s name and demographic information;
- Phase status;
- List of sanctions;
- Significant events highlighted;
- Drug test results;
- Recommendations from treatment provider;
- Information from police liaison regarding home visits and drug tests;
- Fee balance; and
- Milestones and goals met.

After the team meetings, drug court is held. During this time, the drug court team, mainly the judge, offers participants encouragement for continuing growth, and sanctions or rewards them for attitude and behavioral changes. At the first hearing for a defendant, the judge explains the program. If a defendant subsequently fails to appear, the judge orders a bench warrant for $55,555, an amount that signals the case belongs to drug court. Recognizing the importance of immediate intervention, the police liaison will try to arrest the defendant on the warrant as soon as possible after the missed drug court hearing, often within 24 hours.

**Treatment**

ADS administers grant funds for drug courts to provide assessment, treatment, drug testing and case management. ADS selects and contracts with the treatment provider through a competitive Request for Proposal process, currently Mental Health Systems, Inc., and monitors the provision
of services and contract compliance. Mental Health Systems, Inc. counselors, in conjunction with the South County Division’s drug court team, designed the drug intervention program.

Treatment counselors serve as participant case managers. The treatment provider uses the Addiction Severity Index (ASI)\(^{33}\) as the assessment tool to determine participants’ treatment and other needs. The provider conducts the clinical assessments after the initial intake or at the participant’s first or second visit to treatment. This formal assessment is not repeated. In addition to the ASI, counselors use clinical observation to determine the level of addiction and placement in treatment. The assigned counselor is responsible for developing and managing a participant’s treatment plan, which may slightly differ from the drug court’s Phases program (described in the table above) based on the need of each participant. The treatment plan is evaluated every 90 days. Although separate, the treatment plan co-exists with the Phases plan of the drug court program. Counselors and participants co-develop treatment plans. Counselors may also consider input from the drug court team in the development of the treatment plan. The treatment provider uses cognitive and relapse prevention techniques to reach and engage the participants.

**Drug Testing**

During the interview the judge stated that “drug testing is a necessity.” The treatment provider is responsible for drug testing and also bears the initial cost. Treatment providers use a presumptive test and send any positive results to an offsite laboratory for confirmation where the sample is processed in one or two days. ADS must approve the testing collection protocol. There is no alternative screening method. Testing is routine and randomized. Participants are

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\(^{33}\) Mental Health Systems, Inc. uses the ASI to conduct assessments because San Diego County mandates its use. The treatment counselors think the tool is effective and would not change if they had the option.
assigned a color, car, or animal when admitted to the program and must call the test line every morning to see if their symbol is to be tested that day. If a participant wants to confirm a positive result, then he or she must pay for the test ($55.00). If the test is confirmed positive, then the judge doubles the sanction. If it is negative, the treatment provider pays for the confirmatory test. A missed test is considered a positive test. The police officer liaison conducts home visits, during which time the officer randomly tests participants, and immediately informs the entire drug court team of positive results via telephone or e-mail. The treatment provider’s budget provides for drug testing in the field. In addition, the police liaison occasionally conducts drug tests during court when a team member requests it. Depending on how long a participant has been in the program, the drug court team responds differently to positive drug tests.

**Incentives and Sanctions**

There are written guidelines, although no bright-line policies, for incentives and sanctions. Participants learn about the incentives and sanctions in the participant handbook, through treatment, and from other participants. Participants can be sanctioned to serve additional jail time or to work with the park ranger or volunteer at a detoxification center. Sanctions are immediate in order to be effective; consequently, sanctions are imposed for every non-compliant act, but graduated sanctions are used that depend on the situation and the participant. Honesty is a factor in the severity of the sanction. The judge explains to each participant that relapse is often a part of the addiction process; however, lying to cover new drug use is not tolerated and results in a more serious sanction, especially in the latter phases of the program.
Incentives are structured into the phases of the program (e.g., fewer meetings, fewer drug tests). One important incentive is to move to the next phase of the program because with each phase, there are fewer requirements. Participants who meet the pre-determined criteria (e.g., complete a milestone for a phase) are eligible to enter their name into a monthly drawing to win a prize, such as movie tickets. The judge admits that he is surprised by how excited participants get over receiving a fairly inexpensive reward like movie tickets. If a participant is ahead on payments, they may be allowed to be the first drug-tested, called on the calendar first, excused first, and are verbally acknowledged in group meetings. An area of improvement recognized by several team members is to offer better and more incentives to encourage and reward compliant/positive behavior.

The treatment provider has the liberty to sanction certain non-compliant behavior without the team’s approval and can also modify the treatment plan if necessary. For example, treatment can require the participant to attend more therapy sessions. More specifically, if participants fail to call or appear for a group meeting and fail to show proof of an emergency, the treatment provider can require that they schedule a one-on-one with a counselor within 24 to 48 hours and request that they be added to the next court calendar. Likewise, the police officer liaison has the discretion to deliver sanctions and incentives in the field. For example, the police liaison can arrest participants if they abscond or violate the law. During routine house checks, the police liaison will motivate participants by recognizing good behavior, such as cleaning up their house or taking down objectionable posters on the wall. While drug court team members cannot always wait to get the team’s approval because of the need for immediacy when positive and negative behavior is discovered, every effort is made to obtain team consensus before delivering
an incentive or sanction, and the team has developed an understanding of how much discretion each team member has.

**Integration and Institutionalization**

The South County Division’s adult drug court has become “part of the system,” according to the drug court coordinator and several team members. The coordinator knows it is institutionalized because “drug court is part of the vocabulary of justice system players.” This division has a drug court coordinator in various justice system offices, including the District Attorney and Public Defender’s Offices. Its comprehensive linkage to law enforcement further illustrates its institutionalization. In order to develop these partnerships that are critical steps to institutionalize, key players must be involved from the initial planning stages, and maintained throughout the implementation of the drug court. As a result of its unique position in the criminal justice system, a drug treatment court plays a pivotal role in developing coalitions, which contributes to program effectiveness and can help foster public trust and confidence in the justice system.34

The South County Division’s drug court is part of the mainstream court’s procedures and processes, which is essential for institutionalization efforts. From the drug court’s inception, its procedures have been integrated into the main court’s process. The drug court has taken several steps to educate the entire bench and court, including the drug court judge providing information verbally to colleagues, the cross-training of judges and commissioners, educational workshops sponsored by the Judicial College, and Proposition 36 trainings. Being integrated into the mainstream court promotes the institutionalization of the drug court.

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34 This idea reflects Key Component #10: “Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectives.”
The judge stressed that a drug court cannot be reliant for survival on a single individual, in particular the judge. Even though the judge may be the main impetus in starting the drug treatment court, the court cannot remain personality-driven. To integrate drug courts into the broader court arena, the judge must move the drug court beyond personalities through his authority and leadership position and perceived fairness and impartiality. While there are many positive attributes to a personality-driven drug court, when team transitions happen or judges rotate, it is easier if the next staff member or judge has some knowledge of drug court, its processes and procedures, and his role on the drug court team. To entice other judges to drug court, he suggests highlighting the benefits of drug court work, such as the opportunity to participate in community education and the chance to make a difference. San Diego’s drug court judge also spreads the message of drug court from judge to judge since it is sometimes best to hear the message directly from a peer.
Promising Practices

(I) Visitor Confidentiality Waiver

San Diego’s South County Division Drug Court has developed a confidentiality waiver that all visitors attending team meetings are required to sign (see Appendix C). This waiver recognizes the importance of confidentiality, seeks to inform visitors of confidentiality laws, and protects the rights of participants. Visitors must sign the form prior to attending team meeting, where they will hear specific and detailed treatment progress information that by law cannot be publicly disclosed.

As a National Association of Drug Court Professionals Mentor Court, San Diego has the frequent opportunity to host visits from other drug courts in the planning and implementation stages. JMI selected to highlight this practice because the waiver was developed and in place from the program’s inception and it has aided the court in maintaining confidentiality with the numerous visitors coming through every year. Specifically aimed at increasing the awareness of all visitors to the issue and requirements of confidentiality, this form serves as a reminder for visitors and for some it may be the first introduction to confidentiality laws.

The entire drug court team developed and approved the confidentiality waiver through a process that reflects a great deal of collaboration. While developing the waiver, all team members were educated throughout the process on federal and state confidentiality laws, crafting and implementing drug court procedures in accordance with the laws, and how practices and laws effectuate the team members’ need to share information.

35 42 C.F.R. et seq.
(2) Involvement of Court Referral Officers

At least since January 1992 the courts have statutory authority to assess DUI offenders up to a $100 fee for a substance abuse assessment. The South County Division chose to use the funds to hire two court referral officers (assessors) for DUI assessments and monitoring prior to the implementation of the drug court program. These court referral officers also became part of the onsite team in the drug court program. The court referral officers’ main focus during their brief interaction with the drug court participant is suitability. Following legal eligibility screening by the district attorney, and the defense attorney confirming that the potential participant is interested, a court referral officer screens potential participants and reports to the court whether or not they are suitable to enter drug court. If defendants are deemed unsuitable for the drug court program, they will be returned to court for further proceedings. Only a small fraction of the court referral officers’ time is allotted to drug courts, with their primary focus being assessing and monitoring DUI offenders. The treatment provider conducts a more thorough substance abuse assessment.

The brief screening that is conducted by the court referral officers is done at the courthouse at the time of arraignment upon request of the judge, and is completed at the jail for those who are in custody. This initial screening offers early identification of drug court participants, providing the earliest possible referral to treatment (Key Component #337). The screening tool is a questionnaire that was developed by the court referral officers, and covers bio-psycho-social domains. Taking less than thirty minutes to complete, the screening questionnaire allows the court referral officers to gather basic information that begins the intake and assessment process.

37 Key Component #3 states that “[e]ligible participants are identified early and promptly placed into the drug court program.” It is one of the ten key components listed in Defining Drug Courts: The Key Components (1997, January). US Department of Justice, Office of Justice Program, Drug Courts Program Office.
of participant candidates. This screening also provides the court referral officers, and therefore the judge and other drug court team members, with information that can lead to a more immediate referral to specialized services, such as literacy or mental health services.

Court referral officers at the South County Division Courthouse provide screening that in most jurisdictions would be completed by staff of the treatment agency. In South County Division, however, they are employees of the Superior Court. In this capacity, the court referral officers allow the court to avoid the possible conflict of interest that might occur if treatment providers were conducting the initial screening along with subsequent treatment services.

Another benefit of having court-employed substance abuse assessors is the expanded image that is experienced by participants and the court itself. Participants see the court in a broader context than they might have previously because it is not a common practice for defendants to promptly interact with court staff that specializes in substance abuse, a non-legal specialization. Through the court referral officers, participants see the court as (1) taking a more holistic interest in their well-being as well as (2) taking rapid and effective action on their case, which can ultimately increase their confidence in the criminal justice process.

**(3) Law Enforcement Linkage**

The South County Division Drug Court from its inception has included law enforcement in its program. This linkage, which might constitute a core component of the program, provides intensive community supervision of participants and shares some case management responsibilities with treatment providers. Recognizing the very real need to monitor participants
in their home, the South County Division made this linkage a priority in its initial program design.

The drug court program has an officer from the San Diego Police Department assigned full time to supervise participants. This officer conducts drug court activities such as home visits and residence searches. This officer is familiar with each drug court participant and, in addition to his field activities, attends every drug court staffing and hearing. In his capacity as a drug court officer, he also coordinates expedited arrest warrant service, often locating drug court participants who have failed to appear for court within hours following their missed hearing and issuing of an arrest warrant.

Recognizing the importance and value of monitoring participants in their home environment, this officer makes regular and frequent unannounced home visits. The information that is gained during these visits is communicated to the drug court team and assists in developing the participant case plan and identifying potential relapse indicators. Participants may be facing additional barriers to success that are not easily discernable in the court setting. Similarly, office visits with case managers, while useful, do not reveal the entire life circumstance of the participant. Through this community supervision component, the police officer learns of obstacles, such as domestic violence or unsafe living conditions, and can intervene, offering referrals and working with other team members to address these challenges.

These visits also serve to measure and track protective factors present in the home such as positive parenting and observable social/family support. Regular contact with participants in their home environment offers the officer the opportunity to “catch the participant doing
something right,” in other words, to note behaviors that are supportive of their recovery, such as finding the participant home watching movies on a Saturday night rather than being out at a party or on the street. These positive behaviors provide a wealth of information that is communicated back to the drug court team, providing the judge an opportunity to recognize the participant for his or her actions at the next hearing.

The law enforcement linkage in the South County Division Drug Court not only includes the designated officer from the San Diego Police Department, but coordinated services from other law enforcement agencies as well. A representative from each law enforcement agency attends drug court staffing sessions and court hearings, and information about participant contact is shared with the rest of the drug court team. This information may be brought by the officers based on contact their agencies have had since the last hearing.

As part of his assigned duties, the designated police officer in San Diego also acts as a liaison with the drug court treatment agencies. The police officer liaison is dedicated to drug court on a full-time basis, and has daily contact with the primary treatment provider either by telephone or frequently in person. These contacts allow the officer to provide timely feedback to the treatment provider about home visits and also let the provider share “real time” information with the officer about treatment progress. Information provided by treatment providers can often include concerns or potential concerns that the provider is seeing in treatment group, which can help the officer look for specific relapse cues in a participant’s home. Ultimately, this law enforcement linkage allows for the most immediate response to participant relapse and in many cases provides intervention before new drug use occurs.
The drug court has taken several steps to encourage the continued support of law enforcement agencies. Every effort is made to provide information to new police liaison officers, either through one-on-one training with another officer, the distribution of drug court procedures, invitations to officers to observe drug court team meetings and sessions, and the opportunity to attend formal training, such as the annual National Association of Drug Court Professionals (NADCP) Conference. Furthermore, the drug court has invited arresting officers, law enforcement liaison officers, and commanding officers to graduations and special events involving the drug court program. At these ceremonies and events, officers can witness the impact of drug court on participants’ lives, their families, and the community. Another step the drug court takes to boost support is to write the Chief of Police and City Manager thank you letters each year to acknowledge their monetary and staff support of the drug court programs. All these actions taken to include and educate police officers on the drug court promote buy-in and a spirit of commitment and collaboration as well as create a cadre of supporters within the law enforcement community that can advocate for the drug court. Ultimately the drug court recognizes that the decision to support the drug court program rests upon the individual law enforcement agencies and is based on many factors, such as budget and staff availability.

Current Challenges

(1) Proposition 36

As of July 1, 2001, Proposition 36 substantially changed the way some drug offenders are treated by the courts in California. This initiative diverts certain non-violent adult offenders who use or possess illegal drugs from incarceration into community-based substance abuse treatment programs and community supervision. State and local government agencies and treatment
providers throughout the State of California have had to address a range of issues in implementing Proposition 36, including organizational structure (e.g., collaboration between the state and local levels, the designation of a lead state or county agency), the determination of the types and levels of treatment and supervision services needed for the eligible population, and funding (e.g., distribution strategies, identification of supplemental funds). Likewise, drug treatment courts throughout California have had to address the potential impacts this initiative will have on them.

Due to statutory eligibility, funding requirements and limited funding levels, Proposition 36 calendars are not integrated into existing drug courts programs in San Diego County. They operate on a parallel track. The drug court programs are offered as another opportunity for treatment for some participants that fail to complete the Proposition 36 program, as well as those who are ineligible for Proposition 36. Since the implementation of Proposition 36 in July 2001, every county in California has adopted their own approach to this issue, including the elimination of drug court.38

Under Proposition 36, the court can impose short-term jail time as a condition of probation only after a defendant is found to have committed a third drug-related violation (a first non-drug related violation is also grounds for termination from Proposition 36). According to South County Division’s drug court practitioners and participants alike, jail is an effective means to keep participants in treatment and ensure their adherence to the drug court plan, but it is not the only effective sanction. Drug courts reward cooperation and respond to noncompliance with

38 For more information on other California counties’ plans, please refer to the Proposition 36 page of the California Department of Alcohol and Drug Program’s website at: www.adp.cahwnet.gov.
varying degrees of intensity that match the participant’s treatment progress. During the regular status hearings in drug court, the judge has the opportunity to encourage appropriate behavior and discourage or penalize noncompliant behavior. The San Diego Superior Court drug court program includes a series of graduated rewards and sanctions (including jail time) that depend upon the situation and the participant. Proposition 36 primarily relies on jail as a final sanction or termination, which might not be appropriate for certain circumstances, and lacks the frequent judicial intervention that signals to participants that “someone in authority cares about them and is closely watching what they do” (Key Component #7).39

Furthermore, this initiative did not earmark funds for drug testing. In a drug court, drug testing is a key component (Key Component #540) that is used for accountability and to gauge participants’ progress and compliance. Proposition 36 funding cannot be used for drug testing. According to South County Division’s law enforcement liaison officer, “drug testing is the most important aspect of a successful drug court since it is an effective method for holding participants’ accountable.” In light of the importance of drug testing in substance abuse treatment, funds for drug testing the Proposition 36 population was provided for in Senate Bill 223, which became effective October 11, 2001.

In San Diego’s South County Division, several members of the drug court team suggested that Proposition 36 could be having an unintended consequence of reducing their program’s enrollment. The drug court program is a voluntary, post-conviction program for eligible, non-

40 Key Component #5 states that “[a]bstinence is monitored by frequent alcohol and other drug testing.” It is one of the ten key components listed in Defining Drug Courts: The Key Components (1997, January). US Department of Justice, Office of Justice Program, Drug Courts Program Office.
violent defendants who plead guilty at arraignment or upon change of plea. It is an 18-month program that focuses on treatment and supervision and has stringent requirements. The drug court is experiencing a decrease in referrals and participation, which might be due to the fact that offenders are opting to enter treatment programs under Proposition 36. While the maximum capacity is 100 (plus continuing care participants in Phase V), the South County Division’s last graduating class was 68 and the current participation level was 87 as of May 15, 2002.\footnote{Totals obtained from Phases® database. The number of participants has risen recently due to Proposition 36 failures that often transfer to drug court for a more stringent level of court supervision and drug treatment.} Drug court officials suspect that some offenders are refusing to plead guilty and instead are going to trial. Although Proposition 36 has decreased participation in drug court in the South County Division, it does not appear to be impacting enrollment in some of the other divisions in San Diego, and the impact in counties throughout the State has been mixed.

Furthermore, Proposition 36 is “draining resources from the drug court” according to the district attorney. For example, the availability of credible residential treatment programs is limited. Given the current waiting lists for residential treatment in most counties in California, it might not be possible to expand capacity quickly enough to accommodate the increase in demand that will result from the initiative. However, it is important to point out that if the South County Division Drug Court’s capacity and participation increased, then residential treatment resources in the community would be just as scarce. In order to meet both Proposition 36 and drug court’s residential treatment requirements, San Diego County will have to identify gaps in their continuum of services and make more linkages with residential treatment and sober living environment providers in order to fill those gaps and serve the drug abusing population.\footnote{Treatment capacity in San Diego County was expanded to meet the treatment needs of the Proposition 36 population. Per the initiative all alcohol and drug treatment providers are state licensed and/or state certified. The}
While a few states have some kind of law that provides treatment options to drug offenders, California is only the second state to pass such an initiative by voter referendum. Arizona’s Proposition 200 was the first approved on the 1996 ballot. Other states have passed or are working toward the passage of similar legislation, including Massachusetts, Minnesota, New York, North Carolina, Ohio, Oregon, Pennsylvania, and Washington. Therefore, it is important to consider the impacts of legislation patterned after California’s Proposition 36 on drug courts because these types of initiatives may raise challenges. While many drug court practitioners think treatment for drug users is the answer for those with drug problems, they do not think these propositions are a complete answer because they do not provide structure (e.g., a coordinated strategy) and accountability mechanisms like a drug court (Key Component #6), which are necessary with the addicted population who, on their own, lacks the motivation to comply with laws and remain sober and drug free. Furthermore, Proposition 36 and other similar pieces of legislation deny the court the power to recognize incremental progress, reward compliance, and use graduated sanctions, such as jail, as a consequence of non-compliance with program conditions. This type of legislation runs contrary to research findings that indicate that a short-term incarceration is effective towards ensuring long-term program compliancy.

Proponents of Proposition 36 argue that this initiative will have several benefits. First, it provides opportunities for counties to use a different approach to handling criminal offenders with drug problems, consistent with the direction of voters. Second, it will reduce the costs of state prison or county jail costs by diverting certain offenders to treatment. Third, courts’ caseloads will be reduced by not requiring regular court reviews as part of the drug treatment County of San Diego viewed these as minimal requirements and established additional treatment standards for Proposition 36 clients.
progress review process, thereby saving court time and resources. Fourth, many drug courts serve only a small percentage of the drug offending population. Proposition 36 will reach more offenders because it is less resource intensive as the drug court (e.g., no regular status hearing like those required by drug courts). Highlights from the first 18 months of operation indicate that 4,575 people have been sentenced in San Diego Superior Court and the Board of Prison Terms under Proposition 36 since its inception. Of those sentenced, 79 percent were referred to treatment and 94 percent of those referred were admitted to treatment. Forty-six percent of those admitted to treatment have either successfully completed or are still in treatment.

Drug court practitioners must champion sufficient support and funding for drug courts in order to assure institutionalization. Education of the leadership infrastructure, policymakers, and the public is a critical step towards institutionalization (Key Component #9\(^\text{43}\)). Drug court practitioners should proactively educate policymakers and voters – the public - on drug court. Drug court programs cannot obtain support unless key stakeholders and the community-at-large understand the drug court’s mission, its rules and techniques to ensure the success of participants. Part of the education process includes marketing the drug court to policymakers, key stakeholders, and the community. At the same time, policymakers and voters must be educated on whether proposed initiatives present a more realistic and economically feasible means for changing the behavior of non-violent drug abusing offenders.

(2) Management Information System

A second obstacle faced by San Diego’s South County Division is the development of an effective drug court management information system (MIS) for data collection, access, and retrieval. Drug courts are information-driven to a very significant extent and utilize data to make operational decisions in individual cases, manage the overall caseload and monitor and evaluate the program. A current obstacle in San Diego’s South County Division is the need for linkage - integration – that would enable one-time data entry and the rapid retrieval and exchange of information between and among the drug court team members, the courts and justice system, and other agencies.

With a grant from the US Department of Justice, ADS hired an independent evaluator to both fully develop and implement a comprehensive automated MIS for use in the adult drug court system in San Diego County and to use the information from the MIS to evaluate the impact and outcomes of the drug court programs on both the community and program participants.\textsuperscript{44} The evaluator developed MIS software, know as Phases®, that was installed at the Mental Health Systems, Inc. facility. A module of Phases® was also installed at the Office of the District Attorney so that the designated drug court team member can input data.\textsuperscript{45} The court does not yet have access directly into Phases® because the County’s contract outsourcing the information technology function does not permit the court to install software developed by another company onto its computers. This means the drug court cannot access the information in the Phases® program and must rely on the treatment provider and ADS to provide information to the court. At meetings, the treatment provider distributes case management information to the team via

\textsuperscript{44} The first final evaluation report was in the process of being completed during our site visit in May 2002.

\textsuperscript{45} The District Attorney’s Office does not share the information (e.g., success rates and failures, re-arrest, attrition, failures to appear) it collects with team members.
reports generated by Phases® because it is responsible for the organization and maintenance of participant records and reporting to the drug court. To maintain confidentiality, however, team members are not allowed to keep hard copies of the report for their files.

During our interviews, the majority of drug court team members identified the inadequate MIS as a problem, both in terms of electronically linking the team and sharing the data. One team member emphasized that MIS must be a priority for drug courts in the initial planning stages because it can save the court time and resources in the long run by working through MIS obstacles at the start. Another team member offered the tip that before setting up a MIS, it is imperative to explain the purpose, benefits, and constraints of the system to key players, as well as ensure they understand how to use the system. Therefore, relevant stakeholders need to be involved and remain engaged in the system’s developmental process from initiation through full development and implementation.

**Obstacles Overcome**

**(1) Court Consolidation**

On June 2, 1998, California voters passed Proposition 220, amending the State’s Constitution to permit the superior and municipal court judges within a county to elect to unify the separate courts into a single superior court, eliminating the municipal jurisdictions. In August 1998, San Diego’s judges voted to create a unified Superior Court and consolidated all court operations under one governance and management structure, thereby eliminating the four separate Municipal Court districts. The new structure took effect on December 1, 1998. Initially, this

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46 The four Municipal Court districts were North County Municipal Court, El Cajon Municipal Court, South Bay Municipal Court, and San Diego Municipal Court.
vote presented the challenge of unifying the four separate adult drug courts operating in the county, a process that could have been fraught with turf battles and procedural questions.

Before unification, the county had four unique drug courts with different sets of procedures and forms. The drug court coordinator stated that since unification, these four locations/divisions are considered one program and have one drug court coordinator, thereby making the administration, collaboration, and oversight less complex. She said that the adult drug courts did not dramatically change operationally, as funding continued uninterrupted and contracts with treatment providers did not change.

The drug court coordinator highlighted the advantages of unification, which were that the four drug court divisions collaborated on funding requests and awards, drug court judges and staff were cross-trained, and significant efforts were made to standardize forms and procedures. The development of impromptu procedures in individual divisions is limited because there is an approval process that must be followed. These advantages did not exist when the courts were separate entities. From the participants’ perspective, a drug court with four divisions allows them to enroll in a program that is geographically convenient even if their offense occurred in another part of the county. For instance, a drug offender arrested in North County, but who lives and works in South County, can elect to attend drug court in the South County Division rather than having to travel to the North County Division’s drug court.

Several committees exist and meet regularly to discuss and plan issues surrounding the continuation and expansion of the San Diego County Superior Court Drug Court System. These committees work to foster unity, collaboration, and coordination and include:
Drug Court Planning Committee looks at significant drug court-related issues and events, such as program challenges, funding opportunities, and local training seminars.

Substance Abuse Policy Advisory Committee works together to develop procedural and policy consistency with the drug court and other related programs within the purview of the Superior Court, including drug court, PC1000\textsuperscript{47} and Proposition 36.

Drug Court Steering Committees in each division provide suggestions to the various policy-making entities, such as Alcohol and Drug Services.

San Diego County Drug Offender Accountability and Treatment Project “Tiger Team” was tasked with developing a system-wide drug court program in order to accomplish the drug court’s mission.\textsuperscript{48}

Overall, unification has strengthened the drug court system. In the beginning, it appeared as an obstacle to the effective functioning of the drug courts in San Diego County, but the four independent drug courts consolidated and are better because of it. In fact, there are now six operational models of the drug court within the San Diego Superior Court: four adult drug court programs, a juvenile delinquency drug court, and a juvenile dependency drug court. In April 2001, the San Diego Superior Court applied to the National Drug Court Institute and was awarded the honor of becoming the first unified mentor drug court site in the network. The recognition was announced at the National Association for Drug Court Professionals in June 2002.

(2) Creative Resource Development: Expanded Treatment Options

Differences in treatment options and in participants will affect outcomes. Success is likely to vary with the treatment available. The State of California conducted a study to evaluate recovery

\footnote{\textsuperscript{47} PC1000 stands for Section 1000 of the California Penal Code. It refers to the statutory right to deferred entry of judgment, which is a form of diversion where the defendant must enter a guilty plea. It only applies to minor drug charges. It is a mandatory period of 18-months to three years of court supervision and some counties use this population for their drug court. If defendants complete PC1000 successfully (the requirements are determined individually by each county), then they get to withdraw their plea and the charge is dismissed. If they fail, then they are sentenced.}

\footnote{\textsuperscript{48} County of San Diego, California, \textit{Comprehensive Drug Court Implementation Program Request for Application}, November 17, 2000.}
services and found that outpatient treatment is the most cost-effective approach. Many offenders need, however, more costly inpatient treatment or special components of treatment that deal with specific ethnic and cultural groups (e.g., Pan Asian) or other special populations (e.g., women) in order to succeed.

San Diego’s South County Division Drug Court is a structured outpatient rehabilitation program. It is an 18-month program that focuses on treatment and supervision, and involves random urinalysis testing, AA/NA meetings, frequent court appearances, and individual and group counseling sessions. The court utilizes a single treatment provider, Mental Health Systems, Inc., to provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services, including random drug testing.

In theory, all adult drug court participants in San Diego will benefit from outpatient treatment. Despite the fact that the program subscribes to a non-residential treatment model, the treatment provider has successfully diversified the services being provided in order to address the multitude of needs and backgrounds of participants. ADS encourages the contracted provider to develop coalitions or Memorandums of Agreement/Memorandums of Understanding with alternative AOD treatment delivery systems and other community resources because it recognizes that grant funds will not be able to support the multitude of services the target population requires to become clean and sober. Through Mental Health Systems, Inc., the South County Division Drug Court is linked to a constellation of social services and resources and is able to coordinate referrals to services in addition to primary treatment. Effectively, the

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treatment provider recognizes that collaboration and partnerships are hallmarks of effective treatment and drug courts at the operational level.

It is the treatment provider’s responsibility to determine and broker services for participants and it has developed an extensive network of ancillary services. Treatment makes a recommendation for level of care for each participant and the drug court team discusses the recommendation. The drug court team utilizes the range of treatment options available in the community to best meet the needs of drug court participants. The team frequently decides to place participants in a detoxification facility, residential care program, and certified sober living environments because strong linkages exist with these programs. If the team determines that a participant would benefit from residential treatment, he or she is referred to an available facility; however, the treatment provider retains case management responsibilities. If participants cannot afford to pay for these additional services, treatment places them in the appropriate county subsidized program as a county participant, which means that there is no charge to the participant for the services rendered.\textsuperscript{50}

\textsuperscript{50} Unfortunately, this was changed, effective July 1, 2003, due to budget cuts in the Health and Human Services Agency. The drug court treatment provider must use funds from their budget for residential treatment services and can no longer use county subsidized beds.
Despite the design of the program’s treatment component, the drug court has found a way to expand recovery and support services without having to increase funding\(^{51}\) by forging strong partnerships in the community. The treatment provider has increased treatment options and enriched the availability of support services. This does not imply, however, that any defendant is accepted into the drug court program. The drug court recognizes that it does not have the resources to treat certain addicted individuals, such as those suffering from co-occurring disorders, and thus limits its eligibility accordingly. Overall, with limited resources, the drug court has devised a creative way to provide access to a broader continuum of treatment services for its target population.

\(^{51}\) We are not suggesting that ADS, the drug court coordinator, or team members have not sought additional funding for the drug court program. The drug court is always looking for new grants and has several different funding streams. However, the reality is that there could always be more money for treatment.
St. Mary Parish, Louisiana

Program Overview

Demographics

<table>
<thead>
<tr>
<th>Population from US Census 2000 Data</th>
<th>52,833</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakdown by Race:</td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>32%</td>
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<tr>
<td>Caucasian/White</td>
<td>64%</td>
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<tr>
<td>Other</td>
<td>4%</td>
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<tr>
<td>Percentage of Population that:</td>
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<tr>
<td>Graduated from high school</td>
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<tr>
<td>Graduated from college</td>
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<tr>
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<tr>
<td>Percentage Living Below the Federal Poverty Level</td>
<td>20%</td>
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<tr>
<td>Occupational Breakdown:</td>
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<tr>
<td>Management &amp; Professional</td>
<td>22%</td>
</tr>
<tr>
<td>Sales &amp; Office</td>
<td>26%</td>
</tr>
<tr>
<td>Production, Transportation &amp; Material Moving</td>
<td>21%</td>
</tr>
<tr>
<td>Farming, Fishing, Forestry, Construction, Extraction, &amp; Maintenance</td>
<td>14%</td>
</tr>
<tr>
<td>Drug(s) of Choice</td>
<td>Cocaine &amp; Cannabis</td>
</tr>
</tbody>
</table>

US Census 2000 data shows the St. Mary Parish population of 52,833 living in approximately 613 square miles. Drug court statistics show that cocaine and cannabis are the major drugs of choice in St. Mary Parish. The average age of drug court participants is 29 years old, with an average education of 11th grade. Forty-nine percent of the program’s participants are Caucasian and forty eight percent are African-American. Seventy-six percent of the drug court population is male. Ninety-seven percent of them are on probation.

16th Judicial District Court

The trial court of general jurisdiction in Louisiana is the district court. District courts generally have authority to handle to all civil and criminal cases. The 16th Judicial District encompasses
the parishes of St. Mary, St. Martin, and Iberia. St. Mary has both an adult and a family-focused juvenile drug court. Iberia has an adult drug court and a family-focused juvenile drug court. The court in which drug court hearings are held is located in Franklin, LA, approximately 20 miles from Bayou Vista. The inpatient and outpatient treatment facilities are also located in Franklin.

**Drug Court**

Led by a district judge and the drug court coordinator, a planning team was formed, and included members from the District Attorney (DA)’s office, Indigent Defense, Probation, community police agencies, Louisiana Supreme Court, and the Office for Addictive Disorders for the Louisiana Department of Health and Hospitals. The St. Mary Parish Drug Court began operations on January 6, 1997. Codified in their Policy and Procedures manual, its mission is to provide substance abuse treatment with the objective of reducing the rate of incarceration with the goal of enabling participants to free themselves of addictive disorders. One team member said that time has helped the mission to have a very realistic meaning, which is that drug courts are not a panacea and do not save the world, but they can save lives.

The program accepts adults over the age of 17 years old who show a history of chemical dependence. The drug court targets individuals charged with misdemeanor or felony charges. The charge may or may not be a drug charge but the program excludes those who have a history of violence or who are charged with drug sales. If defendants are on probation or parole from previous criminal activity, they will not be eligible. Nevertheless, defendants on probation in other jurisdictions may have the supervision of their cases transferred to St. Mary Parish. All admissions must have prior screening and approval by the District Attorney’s Office.
**Procedures**

Within 48 hours of arrest, a probation officer assigned by the District Attorney’s Office conducts a legal eligibility screening on defendants. If the probation officer and assistant district attorney determine that the offender is legally eligible, a drug court case manager screens for treatment suitability. The treatment suitability protocol includes the Substance Abuse Subtle Screening Inventory (SASSI) and other questionnaires on such issues as substance abuse, mental health, compulsive gambling, and medical history. Every person arrested in St. Mary Parish is drug tested at the time of arrest/booking by an independent drug screening company. The program director determines the placement in the appropriate level of care, that is, inpatient, outpatient or medical detoxification, after reviewing the information gathered from the test results and the battery of screening tools. Most eligible defendants are placed in the least intensive level of care at the drug court’s outpatient treatment program within 24 to 48 hours from pleading.

Defendants’ attorneys meet with prospective participants to inform them of their rights and options. The probation officer informs defendants of the expectations and requirements of the drug court program. If defendants decide to enter the drug court, they must plead guilty. The drug court judge suspends the sentence. Typically, defendants sentenced to drug court are given a five-year probationary period for felonies and a two-year period for misdemeanors. If defendants successfully graduate from drug court, have paid all applicable fines and have met all other pertinent probation conditions, their probationary period will be officially ended. For those defendants who are first-time offenders, successful drug court completion affords them the added incentive of an expungement and a chance to have their voting rights restored.
Defendants who are admitted to drug court are expected to appear in St. Mary Parish drug court administrative and treatment facility located in Bayou Vista that same day. Both formal program intake and treatment begin within one to two weeks of arrest. During intake and continuously throughout treatment, a counselor determines the ancillary services needed, such as health care, education, job training and placement, and notifies the case manager who schedules appropriate referrals for those services. Participants will then be assigned to a treatment counselor who will give them a program handbook and administer a comprehensive battery of addiction severity assessments as well as other assessment tools. These assessments are done to determine appropriate level of care and type of treatment recommended. Since both inpatient and outpatient services are available at the St. Mary Parish Drug Court Clinic, referrals to other levels of care will only be made in circumstances where some specialized service is available that cannot be offered there. Since the program believes in the efficacy of self-help groups, attendance at NA or AA is required.

There are four phases, plus an aftercare component, to drug court. The critical activities in each are described below:
### Phases of Drug Court

<table>
<thead>
<tr>
<th>Phase</th>
<th>Minimum</th>
<th>Activities</th>
</tr>
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</table>
| **Phase I** | Minimum of 2 months | - Referrals to detox or inpatient if necessary  
- Weekly status hearings  
- Random drug testing 2-3 times per week  
- Attend 3 AA/NA meeting per week  
- 8 weeks of education and experiential work: 4 times a week, Monday-Thursday  
- Find approved sponsor  
- Individual and group counseling 4 times per week  
- Group counseling sessions  
- Family individuals/collaterals as needed  
- Remain drug and sanction free for one month  
- Must get a full time job or enroll in an educational program |
| **Phase II** | Minimum of 4 months | - Status hearings every 2 weeks  
- Random drug testing 2-3 times per week  
- Individual counseling at least 2 times per month  
- Group counseling at least 2 times per week  
- Weekly family group at least once per month  
- Family individuals/collaterals as needed  
- Remain drug and sanction free for two months  
- Must keep a full time job or be enrolled in an educational program |
| **Phase III** | Minimum of 3 months | - Status hearings once a month  
- Random drug testing 1-2 times per week  
- Individual counseling at least once per month  
- Group counseling at least once per week  
- Weekly family groups at least once per month  
- Family individuals/collaterals as needed  
- Remain drug and sanction free for two months  
- Must keep a full time job or be enrolled in an educational program |
| **Phase IV** | Minimum of 6 months | - Random drug testing 1-3 times per month  
- Individual counseling at least once per month  
- Attend Phase IV Therapy Group  
- Remain drug and sanction free for 3 months  
- Educational/vocational and employment monitoring every 2 weeks |
| **Aftercare** | | - Probation dismissal and dismissal of charges  
- Participation in aftercare is voluntary  
- Meets weekly with a counselor in group setting  
- Individual sessions are available if requested |
Participants are also required to pay for all drug screens, at a cost of $10.00 in Phase I, $7.50 in Phase II, and $5.00 in Phase III and IV. All participants must have paid down the balance accrued on the minimum testing fee of $50.00 before advancing to the next phase. Program fees are assessed on a sliding scale based on the client’s ability to pay, and all fees must be paid in full by graduation.

The drug court team consists of the judge, district attorney, public defender, probation officer, police liaison, the administrator, program director, primary counselor, case manager, licensed professional counselors, ancillary service providers, licensed social workers, lab technicians, clerical staff, and others. The purpose of the drug court team is to design and review the policies and procedures and handle promotions. This team meets quarterly. Consisting of the judge, the counselors, case managers, probation, the district attorney and public defender, the core drug team meets once a week on Mondays before court to cover the therapeutic recommendations or sanctions for participants on the day’s docket. The core drug court team handles much of the day-to-day work with participants, including reviewing participants’ progress and addressing their issues in group and individual settings. The judge leads the discussion by asking questions about the client’s performance issues about which he specifically wants clarification or guidance. His leadership style is collaborative and it is clear that he respects the decisions of the team and this enables the staffing to go relatively quickly. Consisting of counselors, case managers, the case specialist, compliance officer, and the program director and administrator, the treatment team meets once a week before court to cover the therapeutic recommendations or sanctions for participants on the day’s docket.
The minimum required information for weekly progress reports to the drug court team is:

- The client’s name, current phase in treatment, admission date, counselor name and docket number;
- The drug testing/treatment fee outstanding;
- The client’s current employer;
- A summary of the last court report;
- Any program infraction since the last court appearance;
- Team recommendations based on prior and current performance in treatment;
- Next status date; and
- A summary of court activity on each status hearing date.

Immediately after staffing, drug court is convened. What is immediately striking about this court hearing is the relationship the judge has with the every single program participant. Often the exchange between the judge and the client is no more than a few sentences but it is very clear that he has a very influential role in their lives. He not only remembers each client’s name, he also remembers to ask about their children, spouses, and other family members.

**Treatment**

A multi-disciplinary team provides substance abuse treatment services. Treatment complies with the Louisiana Department of Health and Hospitals licensing standards. Assessments are done to determine appropriate level of care and type of treatment recommended. Both inpatient and outpatient services are available at the St. Mary Parish Drug Court Clinic, with referrals to programs outside of the parish made if necessary. Additionally, drug court participants are required to attend both NA and AA. The Clinic has a capacity for 200 participants over any contract period. Treatment details are described later in this case study.
Sanctions and Incentives

When violations of supervision occur or treatment failures are identified, the Probation Officer or the treatment team or both will notify the drug court judge and follow the Court’s directive for monitoring the offender’s compliance with any sanction imposed. Sanctions for non-compliance range from verbal reprimand to termination from the program and jail sanctions and fines.

Incentives or rewards for responsible and positive behavior range from public praise to advancement to the next treatment phases. The Judge acknowledges the defendant’s success utilizing a variety of incentives. Program incentives include praise and encouragement from the judge, movie tickets, bowling passes, passes to health club, free lunches and dinners, extension of curfew hours and travel out of state for special occasions, baseball caps, medallions, phase advancement, reduction in status hearings, and graduation from the program.

Promising Practices

(1) Treatment

The St. Mary Parish Adult Drug Court’s (SMPADC) S.T.R.A.I.G.H.T. program for drug court participants in St. Mary Parish, Louisiana is an exemplary program for more rural jurisdictions, or for that matter, urban jurisdictions in which there is a dearth of substance abuse treatment services. It is a testament to those who believe that we should not implement a drug court if there is no chemical dependency treatment infrastructure with the capacity and ability to service the criminal justice client. The SMPADC set up its referral process for its own in-house

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treatment program for participants referred for treatment in the 16th Judicial District Court in January 1997.

The remarkable fact about this drug court’s treatment program is the tenacity with which it has held on to the belief that treatment service delivery in a rural town does not mean that the client should be entitled to anything less than that which he/she would receive at a treatment program in a resource-rich jurisdiction. From its treatment philosophy, its choice of assessments, its choice of assessments and evidence-based interventions it uses, to its ancillary services that support treatment and supervision, the 16th Judicial District’s Drug Court’s treatment component is exemplary.

*Treatment: Philosophy*

SMPADC’s treatment philosophy is anchored in the disease model of addiction in that it views alcohol and drug dependency as diseases with multiple causes and involving many emotional, physiological, environmental, and maladaptive factors. The goal of the treatment program’s philosophy is realized when each client’s social functioning, coping, and communication skills are demonstrably enhanced. The promising practice is how the St. Mary Parish treatment program utilizes a special mix of group and individual therapy, family therapy, psychiatric and medical evaluations, life skills coaching and counseling, drug testing and case management to ensure that each client’s physical, psychiatric, emotional and socioeconomic needs are addressed. It is the synergistic effect of several factors that allows the program to “operationalize” this philosophy.

First, the St. Mary Parish Drug Court Program recognized that the needs of the chronically addicted could not always be best served in an outpatient level of care. Therefore, the SMPADC
made the strategic decision to co-locate its outpatient program in the same facility that houses an in-patient program. The Fairview in-patient facility, a state agency that provides treatment without regard to income, has a total of 55 bed spaces. Drug court participants who need to be placed in a more structured level of care are placed on a waiting list for admission to the program “upstairs.” The arrangement allows the St. Mary Parish Drug Court program to ensure a continuum of care that is better able to match the addiction severity of participants to the services they require to address those needs. Second, the program’s curricula, exercises, and interventions are developed taking into consideration the literacy and comprehension levels and culture of the participants (almost all of whom come from in a rural jurisdiction). Third, the SMPADC firmly believes that removing barriers to participation in treatment, no matter how trivial they may appear, is pivotal in achieving success outcomes. Since drug court hearings are held in Franklin, a town 20 miles away from the town of Bayou Vista where the treatment facilities are, the drug court purchased a van to ensure that its participants had access to reliable transportation to take them to the treatment facility.

This program has capitalized on a characteristic that is common in rural jurisdictions: a strong sense of community. This characteristic can be seen in participants’ close relationships with each other and with the program’s counseling and case management staff. Since the majority of the counselors are long-time residents of the area, they often have gone to school with the participants or know their families personally, counselors say they feel a greater need to “look out for” these participants are invested in their recovery. There are several planned activities in which staff and participants compete and build relationships, such as volleyball games. Furthermore, in addition to giving program participants the telephone numbers to a variety of
“hotlines” for emergencies, one staff member is on call 24-hours a day once a week to ensure that participants have a familiar voice to talk to in an emergency.

The emphasis on community in treatment is played out poignantly in the drug court status hearings in court and is a meaningful extension of the program’s treatment philosophy. In court the judge asks each participant personal questions about significant others, children, siblings, parents and employers. It is clear from his interactions with the client that the judge is not only interested in the client’s personal recovery, but also on how that recovery is impacting the client’s immediate circle of family, friends, employers and others. Since this is a small community, the judge has been known to have the drug court team and other participants in the program in the courtroom to verify the veracity of what the defendant before him is saying.

(2) Promising Therapeutic Interventions

Promising Therapeutic Interventions: Gender-Specific Counseling and Services

Unlike many other drug court treatment programs, women are being retained in the SMPADC at rates higher than the national averages of 10 to 20 percent. In June 2002, female participants represented 30 percent of the entire program’s participant population. Upon admission all female participants are assigned to a female counselor. They are required to participate in the Women’s Group that uses an empirically-based mix of group and individual therapy, as well as expressive therapies, such as art and journaling, experiential and recreational activities, and life skills development.
According to the counselor who runs this group, women in rural towns, like Bayou Vista in St. Mary Parish, have unique issues that cannot be ignored in the recovery process. In her opinion, the incidences and impact of domestic violence, lower educational achievement, high birth rates at younger ages, and a pervasive sense of subservience are difficult, compounding factors that perpetuate addiction. As such, the program’s curricula focuses on appropriate boundary setting, assertiveness skill training, parenting and bonding activities with children, teaching the value of higher educational achievement and goal setting, and time management. Group sessions are co-facilitated by a licensed social worker who works at the residential program for women with children, Claire House, which is also located on the grounds of the treatment facility. The development of a similar gender-specific men’s group is underway.

In addition to all the other care provided, the SMPADC offers prenatal education to female participants who are pregnant. During program intake, all women are encouraged to voluntarily take a pregnancy test. For those participants who consent to the testing and subsequent post-test counseling, a consent form is signed. If the test is positive, women are immediately referred to public health clinics or their personal physician for immediate prenatal care.

Promising Therapeutic Interventions: Culture Group

This drug court program also recognizes the importance of dealing with the cultural issues and tensions that arise among the parish’s ethnic and racial groups and, more importantly, it understands how those tensions can negatively impact personal recovery. Thus, instead of including cursory conversations about culture into regular group therapy, the SMPADC has
created a designated group to openly discuss culture issues, such as the establishment of trust among and between various racial and ethnic groups, cultural pain and pride, cultural differences in defining success and failure, cultural survival skills, verbal and symbolic cultural languages, and the culture of addiction and recovery. According to one staff member, this group has “done wonders to open the doors that facilitate discussions about issues that can be painful and incendiary” and has made it easier for participants to learn to embrace their own culture and that of others.

Promising Therapeutic Interventions: Family Therapy

Few drug court treatment programs include structured family education and therapy components, in spite of the fact that many programs recognize that family support and participation in a client’s recovery can greatly enhance his/her success in obtaining and maintaining sobriety. Several years ago St. Mary Parish integrated a structured family education and therapy component in the drug court. Participation in family education and therapy is mandatory. Participants must elect one significant other53 to represent them in the family program that occurs once a week for the first eight weeks and once a month thereafter. Oftentimes, the implementation of family components is difficult because addicts tend to disrupt family life and destroy relationships with significant others such that they do not want to participate in the participant’s recovery. In this program, phase progression is contingent upon participation in family programming. Since family is such an important ingredient in the cultural fabric of this community, re-building families by giving them effective strategies for dealing with loved ones in recovery and general alcohol and other drugs education is invaluable. As the first jurisdiction

53 Significant other is defined broadly and may include a spouse, parent, sibling, child, live-in boyfriend or girlfriend, or common law spouse that is over 18 years old.
to integrate this component into its program, St. Mary Parish has served as a model for other jurisdictions seeking to implement a similar component into their drug court programs.

**Promising Therapeutic Interventions: Ancillary Service Providers that Support Treatment**

There are two providers that are noteworthy for delivering services that are often under-funded, underutilized or non-existent in rural areas: women-specific treatment and housing and employment services. In St. Mary Parish, the problems that exist finding affordable drug free housing and specialized substance abuse treatment services for addicted women with children are serious. To address the unique needs of chronically addicted women with children and the unemployed, the St. Mary Parish team established direct linkages with two programs: Claire House and the ARCH Network of Recovery Homes.

**Promising Therapeutic Interventions: Claire House**

Women have traditionally failed in treatment at astounding rates. One of major reasons is the care of their children, especially when an out-of-home placement is necessary for treating their addictions to drugs and/or alcohol. Claire House is a long-term residential treatment program for women with children and its philosophy, like that of the SMPADC, emphasizes holistic recovery. Initially funded as a Center for Substance Treatment Demonstration Project, it is now funded by the Louisiana Department of Health and Hospitals/Office for Addictive Disorders, and the United Way of South Louisiana.
Claire House targets chronically addicted women with dependent children from birth to twelve years old. They are often women who have an average of at least two prior treatment episodes, receive at least one Temporary Aid to Needy Families benefit, are addicted to crack cocaine or alcohol and do not have their high school diploma. The unique quality about Claire House is that, unlike so many other women with children programs, it focuses equally on the child and the mother. All children are developmentally assessed upon entry and their treatment plans include specific developmentally appropriate learning opportunities, counseling, and therapy.

Since Claire House staff sometimes contracts with the drug court treatment program to provide specialized services for its gender-specific group, when drug court participants are referred to Claire House, the participants are often already familiar with staff there. This provides a sense of continuity for the women who are referred there. Today, the program is integrated into the overall continuum of care for women in Louisiana. Negotiations were completed to price residential care at Claire House at rates that make the program accessible to the women in St. Mary Parish drug court.

Promising Therapeutic Interventions: The Addiction Recovery Community Homes Network

Currently funded by the Center for Substance Abuse Treatment to support the drug court, the mission of the Addiction Recovery Community Homes (ARCH) Network is to provide drug-free
living environments and life management skills for its program participants. Participants in this program must participate for an average of three to nine months in life and independent living skills classes that prepare them to reintegrate themselves into the community. Program Case Managers assess participants with a living skills evaluation to determine their housing and other personal deficits and assets and develop their individualized life management plan. Participants are referred to classes that include, but are not limited to: shopping, goal or time management, budget and debt reduction planning, medication management, housekeeping skills, nutrition, public speaking, family counseling, employment readiness, and anger and anxiety management. In addition to assessments and care plan development, ARCH Case Managers also visit with each participant in his/her home once a week to observe the living arrangements and the participant’s adjustment, role and functioning there.

Since the program was designed as an adjunct to the SMPADC, its curriculum and class offerings complements and builds on the habilitation skills taught there. In the coming months, ARCH staff will facilitate a lecture series that focuses on some of the life skill areas such as budget planning, employment readiness, parenting, boundaries, decision-making, leisure time, conflict resolution, stress management and anger management. These lectures will be offered for all drug court participants in Phase I, whether or not they are participants in ARCH. It is clear that this program is meeting a very important gap in service delivery. More programs are recognizing the need for ancillary services, yet many treatment program curricula do not include lesson plans on the most basic habilitation skills. St. Mary’s experience suggests that absent a grant to implement a program devoted to life skills, more treatment providers should dedicate time to the development of community re-integration skills.
(2) Drug Court Funding

Drug court programs that have made the most significant strides toward institutionalization are those that have not placed exclusive or long-term focus on funding from one source. According to the program’s director, a funding strategy that involves multiple funding sources is one of the most critical ways to ensure longevity of a drug court. Consequently, the St. Mary Parish drug court has diversified its funding sources.

For several years, the St. Mary Parish Adult Drug Court has received funding from CSAT and the Local Law Enforcement Block Grant (LLEGB) through the St. Mary Parish Sheriff’s Office. Since 1997, the SMPADC has accessed LLEBG funding through the St. Mary Parish Council. More recently, the Sheriff of St. Mary Parish has also helped the SMPADC to access LLEBG funds. In 2000, the ARCH program received funding to implement its innovative program from CSAT.

There is no doubt that institutionalization is largely dependent upon early and sustained funding. During the regular legislative session in 2001, Senator John Hainkel from New Orleans successfully advocated for removing statewide funding for drug court treatment initiatives from the Department of Health and Hospitals/Office for Addictive Disorders to the Louisiana Supreme Court. In July 2001, the legislature passed a bill that authorized the Supreme Court of Louisiana to create the Supreme Court Drug Court Office (SCDCO) that would take over the disbursement of $15 million\(^5\) to be shared among all of the drug courts in Louisiana. Similar to Minnesota’s Consolidated Chemical Dependency Treatment Fund that combines a number of previously

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\(^5\) Of the $15 million to be disbursed to the 34 existing drug courts in the 64 parishes of Louisiana, $5 million was set aside from Temporary Aid to Needy Families funds.
separate state and federal funding sources, this fund allows all drug courts in Louisiana to have a state-mandated allocation set aside to finance their treatment initiatives. Each year the SCDCO will make drug court appropriations according to a formula based on the number of treatment slots utilized and the average cost of those treatment slots statewide.

While the SCDCO has provided drug courts in Louisiana with the assurance that their treatment initiatives will be funded at certain levels, the amount of the legislative appropriation is not guaranteed. In fact, the SCDCO encourages drug courts to seek and utilize other funding sources to supplement their appropriation by assuring that, drug courts will not be penalized for developing local community and other support.

**Drug Court Funding: Native American Gaming Revenue**

Drug courts, in particular, the St. Mary Parish Drug Court, have benefited directly from the revenue realized from the gaming industry in Louisiana. Gaming is legal on Indian reservations and is quickly replacing agriculture as the state’s most prolific employer and revenue generator. In exchange for access to drug court services that address gambling and other AOD addictions, the Chitimacha Tribe of Louisiana has agreed to give the SMPADC through the St. Mary Parish Sheriff’s Office, a certain percentage of their gaming revenues to be used for funding drug court services.

**Drug Court Funding: In-kind Donations**

Since neither treatment nor justice system resources are unlimited, in-kind donations are critical to support drug court operations.

- The rent paid to the Hospital Service District for the St. Mary Parish Adult Drug Court site is substantially reduced.
• Not all donations need be monetary. Since finding employment is mandatory, the program has established linkages with the following industries. Employers in these industries have made commitments to hire drug court participants and graduates:
  1. Oil field service industry;
  2. Hospitality and hotel/motel industry;
  3. Health care and hospitals; and
  4. Ship building industry.

The program also has several corporate sponsors who provide funding and incentives, such as tokens, tee shirts, and coupons to restaurants.

Current Challenges

(1) Creating a Multi-Disciplinary Team

While participants in treatment in rural drug courts have many of the same needs and deficits, as those in treatment in urban/suburban drug courts, rural drug courts often do not have access to the same pool of licensed and certified staff to address those needs and deficits. There is often not a budget that will support the hiring of full-time social service professionals to constitute a truly multi-disciplinary team. Additionally, staff attrition can tend to be high in rural areas, especially when staff persons are recruited by neighboring cities and towns who can offer better salaries. The SMPADC has refused to compromise the quality of its treatment delivery because of a lack of a multidisciplinary team. Therefore, it employs a creative mix of contract employees to augment its existing full-time staff. The program has three full-time substance abuse counselors, six part-time counselors on contract, three case managers, a clinical supervisor, a physician and psychiatrist on contract, licensed social workers on staff and on contract, a phlebotomist, and support staff. Recognizing that attracting and retaining qualified
staff in a rural jurisdiction is a challenge, the program has worked diligently to offer additional training and clinical supervision for counselors-in-training and to foster employee commitment and loyalty.

Building and sustaining a multi-disciplinary team is a daunting undertaking, even in resource-rich jurisdictions. The SMPADC has addressed this by creating a sense of family in which “each one teaches one” and by making communication critical. The treatment staff meets formally and informally on a frequent basis. This has created an environment where every team member feels empowered to share his or her issues and experiences, receive feedback and participate in peer mentoring. According to several of the counselors, the most important reasons why they have stayed at SMPADC are a sense of family and the desire to help an underserved population in a program that really cares about changing lives.

(2) Management Information System

The second major challenge that the St. Mary Parish Adult Drug Court currently faces is the development of an effective drug court management information system that allows team members to share information across agencies and systems. While the data needed for program monitoring and management can be obtained from compilations of entries into the AccuCare © system, this information cannot be shared between and among drug court team members, the courts and the justice system and other agencies.

The SCDCO is currently working on a statewide MIS. In the meantime, SMPADC, and every other drug court treatment provider in Louisiana, has been given a template of a data collection form that must be submitted monthly. Statistics are compiled from the aggregates data captured
in AccuCare©. Each drug court in the state then sends the statistics to the SCDCO. The statistics become the basis for monitoring expenditures to each parish with a drug court program, and overseeing the number treatment slots used and needed. This, in turn, influences the level of funding to be allocated for the following year.

**Obstacles Overcome**

*(1) Quality Assurance*

*Quality Assurance: Statewide Drug Court Standards*

Louisiana is one of a few states that have promulgated standards for drug court treatment. The standards are based on the Ten Key Components. They are modified for use within the Louisiana system with the goal of coordinating and standardizing treatment delivery with judicial oversight. The standards are designed to emphasize the orientation toward treatment and judicial supervision so as to distinguish from other programs treatment-based, multi-disciplinary, full-service drug courts. They ensure that all programs being compared in a particular category (that is, drug court programs) have similar characteristics.

Specifically, the standards have provided guidance on several key components that have tended to be very loosely interpreted and implemented: case flow and intake processing, the treatment protocols, drug testing and judicial supervision protocols, and the monitoring and evaluation components. The standards are used to establish baseline requirements to be met by each drug court regarding efficacy, cost-efficiency and quality. In turn, this will facilitate meaningful comparisons of drug court programs with the same characteristics in Louisiana.

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In the face of a shortage of treatment services available in their continuum, many drug courts choose to contract for clinical treatment services because of the labor-intensive process of monitoring the quality of service delivery, which is necessary to ensure that treatment consistently meets program goals and is in compliance with state, local and federal regulations and any other standards such as those set forth by state drug court associations. The St. Mary Parish Adult Drug Court has chosen to model its quality assurance guidelines upon the statewide standards utilized by the Louisiana Department of Health and Hospitals to improve treatment consistency. In order to comply with those guidelines and not burden the program’s clinical director with extensive chart reviews, the program’s administrator contracted with a Quality Assurance (QA) Reviewer to provide detailed daily clinical chart auditing. The QA reviewer selects participants’ charts randomly in each phase of treatment and from each counselor’s caseload and performs extensive reviews of the progress notes, medical documentation, treatment planning, and intake and social history documentation. All counselors are required to use the standardized format provided for treatment documentation, specifically progress notes and treatment plans in the AccuCare© software system.

To maintain the integrity and quality of the program’s design, heavy emphasis is placed on in-service and peer training on various topics such as anger and anxiety management and dual diagnosis. The goal of these types of training is for improved quality control. Drug court

56 The driving force behind the development of statewide standards was to improve the consistency of treatment services. The standards were adopted in 2001. The Supreme Court of Louisiana uses the standards for funding compliance. As a result of their adoption, drug courts are becoming more consistent with the standards.
professionals from across the country conduct most of the training, including those from the Louisiana Association of Drug Court Professionals (LADCP). Funding for these trainings is provided by the LADCP and the Supreme Court.

**Quality Assurance: Clinical Supervision**

Similarly to ensure the integrity of clinical service delivery and ensure that the program is in compliance with state requirements for clinical supervision of the treatment counseling staff, the program administrator, a contracted Licensed Professional Counselor, and the clinical supervisor provide a total of ten hours per month of individual and group clinical supervision to the entire staff of the treatment facility, including counselors.

**Quality Assurance: Manageable Caseload and Group Size**

SMPADC is committed to making a good faith effort to ensure that counselors have no more than 25 active participants on their caseloads where “active” is defined as any participant being treated within the last thirty days. Groups, especially therapy groups, usually do not exceed 12 participants. Compliance with these two state requirements for treatment programs ensures that participants at SMPADC receive individualized attention.

**Quality Assurance: Ongoing Monitoring of Program Performance**

A program’s ability to monitor performance against stated goals and objectives is an important element of monitoring the quality of services delivered. Too many programs concentrate on the development of concrete and measurable program goals and objectives solely for the purpose of obtaining funding. By so doing, they treat goal and objective development as a one-time event,
not an on-going process. The St. Mary Parish Adult Drug Court program understands the need to continually review performance measures and has institutionalized its process of gathering and analyzing data to measure the accomplishment of its operational and administrative goals, to help with budgeting and drug court planning, and to determine staff promotions.

Each year the program administrator develops or adopts quality indicators that are intended to predict the desired operational, administrative, fiscal, treatment, personnel and community outreach outcomes. He states all of the goals in measurable and concrete terms for the upcoming year. The goals for each year are included along with any other updates to the program’s Policy and Procedure Manual. The drug court conducts an annual review of its progress towards stated goals and reports its progress to all drug court stakeholders and an advisory board. The program administrator believes that progress toward institutionalization cannot be made unless program administrators commit to taking proactive steps toward establishing the objectives for overall program and treatment efficacy before, during, and after independent process and outcome evaluations are conducted.

Too often, drug court programs collect useful data that highlight areas of strength and areas needing improvement, but do nothing substantive with that information. What is worse is that much of the information collected is not compared to the program’s goals, objectives or mission to determine whether the program is still meeting the needs of its target population or criminal justice system/and judicial stakeholders. Without a formalized process of internal review of the past period’s accomplishments and failures, whether done quarterly, bi-annually or annually, programs become too heavily reliant on others to determine efficacy (via process or outcome evaluations) and too slow to take corrective actions.
(2) Marketing the Economic Impact of Drug Court

Success in marketing the efficacy of drug court treatment frequently requires a program to demonstrate how public dollars allocated to it have impacted the community. The St. Mary Parish Drug Court programs have created a brochure that states their positive economic impact. An economist estimates that the return on every dollar invested in the drug courts and substance abuse programs\(^{57}\) in St. Mary Parish generates an estimated six dollars of community benefits. For example, it is estimated that on a budget of $1,126,019, the economic benefit of the adult drug court is $6,756,114. For Claire House, on a budget of under a million dollars, this program has been able to show economic benefits of over five million dollars. Combined, the adult drug court, Claire House, and ARCH programs are responsible for a total community economic impact that approaches approximately $15 million dollars. These numbers provide persuasive evidence that drug courts work and should be more widely produced to obtain and maintain the funding needed to support their operations.

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\(^{57}\) The drug court and related substance abuse programs here refer to the SMPADC, the Fairview In-patient program, the Juvenile Drug Court, Claire House for Women and Children, the 16\(^{th}\) Judicial District Re-entry Court (for parolees) and the ARCH Network of Recovery Homes.
Conclusion

The description of the three drug courts allows us to identify several attributes and characteristics of successful drug court programs. This section of the report summarizes the common themes and the challenges facing each of these three drug courts and suggests practices and processes that drug court team members and participants recommended as critical components of successful drug court programs. Finally, the report suggests topics for future research section about the operation of drug courts. Additional research is needed on drug court operations and substance abusing offenders involved in the criminal justice system.

General Themes

While this publication provides descriptions of three very different drug courts, there are important commonalities or themes present among all them. The themes derive from the recognition that to operationalize therapeutic jurisprudence and then to institutionalize their programs, these courts can no longer just adjudicate cases in a vacuum; they must also humanely address the underlying causes of criminality and addiction. All three of the drug courts described demonstrate the synergy derived when the power of the court is combined with the expertise of treatment providers, law enforcement and other ancillary and social service agencies in their respective communities. This is attributable, in large part, to the way these drug courts have leveraged scarce resources in order to impact the numbers of lives that they have and in the ways they have. In doing so, they have demonstrated their value, thereby increasing the likelihood that their institutionalization efforts will continue to be successful. While each theme discussed below may not apply to each drug court described in our report, all of the themes
discussed appear to have universal applicability to courts at varying stages of planning, implementation, and institutionalization.

**Treatment Continuum**

There is no doubt that those drug courts that have the greatest success in meeting their targeting, retention and graduation goals are the ones that focus intensively on treatment service delivery. Whether urban or rural, drug courts have to prioritize the development, enhancement, and refinement of treatment service delivery systems and infrastructures in order to place an offender in appropriate treatment in the community while simultaneously ensuring public safety. To achieve this, the drug court judge and all drug court team members must have the confidence that when referring a participant to treatment, the referring agency (whether probation, treatment or some independent assessment agency) will have access to the kinds of treatment services that most closely meet the addiction severity needs and supervision requirements of that participant. Herein lays the challenge.

In the face of federal and state budget restraints and the concomitant lower social service appropriations, treatment services are becoming a scarce commodity, even in relatively resource-rich jurisdictions. As a result, treatment matching, the process by which the addict is carefully matched to appropriate services in the community, is becoming increasingly difficult. Nevertheless, one pervasive theme among the drug courts highlighted in our case study is evident: accessing a broad continuum of primary care treatment is a necessity. This is consistent with a survey conducted in 1999 of similar to the drug courts, which found that 92 percent of the drug courts in that survey reported having access to residential, 93 percent to intensive outpatient, 85 percent to regular outpatient and 93 percent encourage or require participation in
self-help activities such as Narcotics Anonymous.\textsuperscript{58} Successful drug courts need a range of treatment alternatives that address the needs of the range of participants they are serving.

Unfortunately no one modality of treatment or level of care is the panacea for the rehabilitation of each and every addict. To be successful in demonstrating the efficacy of a drug court model with long-term outcomes that are substantive and meaningful, drug courts have moved beyond using only external service providers. They now recognize that they will have to develop formalized relationships with a range of community providers to gain access to needed treatment services (e.g., by designing in-house treatment programs, hiring their own staff to work in community programs or having drug court-specific treatment tracks in various programs) as we demonstrated specifically in St. Mary Parish and Hennepin County. By formalizing their relationships in memoranda of understanding or agreement, contracts or qualified service organization agreements with stipulated treatment deliverables and expectations, these courts have are shaping the kinds of service delivery systems that they believe are effective with the populations they serve and supervise. Moreover, the results of the national survey referenced earlier show clearly that treatment services designed for and used by drug courts comport with scientifically established principles of treatment effectiveness. The same theme holds true for the drug courts in our case study.

**Ancillary Support Services**

Recognizing that treatment services alone cannot rehabilitate addicted criminal justice populations, the profiled drug courts have all done exemplary jobs of augmenting primary care treatment services by identifying and establishing linkages with several types of ancillary

services. They have established linkages with, or have dedicated services for, at least the following: outpatient and residential treatment, life skills management, educational remediation, vocational training and housing assistance. According to one drug court team member, “[s]ince there is never enough of these services out there [in the community] to meet the demand, we must be creative about ensuring that our participants have access to those services.” This suggests that more and more drug court programs will need to include ancillary services as a part of their primary care treatment program designs since drug courts are finding that they are increasingly treating participants with higher incidences of co-occurring disorders and a more complex array of bio-psycho-social issues.

More importantly, drug court are no longer accepting the fact that there is no service provider in their area to address their participants’ needs (e.g., vocational assessment and training) to deter them from finding ways to offer that service to their participants. Like the Job Assistance Program in Minneapolis and the ARCH Recovery Network in St. Mary Parish, it is clear that today participant need is driving what community resources drug courts are developing or accessing, whereas in the past existing community resources drove what services participants received. This trend to proactive resource development will ensure that participants have access to the widest array of ancillary medical, psychological and social services needed for their total recovery effort. This will significantly enhance participants’ long-term ability to stay sober and out of the criminal justice system. Drug courts must develop skills and experience in finding or developing programs and services that meet the full range of needs of their participants.
Quality Assurance

Having a more complete set of services is not enough by itself. Ascertaining and maintaining the quality of the services being delivered to drug court participants is also of paramount importance. The drug courts in our study understand this concept. As these drug court practitioners have become savvy about what addicted criminal justice populations need for their long-term recovery, they have also become more discerning about the quality of those services. Whereas in the past, quality assurance was often taken for granted, the current trend is to aggressively and actively find ways to review quality of ancillary and treatment services.

For drug courts like the one in St. Mary Parish, where there is an in-house treatment program, the approach was to hire a quality assurance reviewer whose sole responsibility is to review and address issues regarding effective and efficient service delivery and to ensure that the program is compliant with state and federal licensing requirements. In the typical program where drug courts contract for treatment services, we found that all three sites were not delegating the quality assurance responsibility to the treatment services. Instead they are taking a hands-on approach to assessing the quality of services being delivered to their participants. No site is allowing treatment to have “carte blanche” to do whatever they wish with drug court participants. This proactive approach has resulted in a heightened sense of accountability for both treatment and other ancillary service providers and ultimately will continue to raise the bar for the quality of services delivered to all participants.

Law Enforcement Involvement

In all of our case study interviews, various drug court team members discussed the importance of involving law enforcement from the planning stage forward. Too often, either the contribution that law enforcement can make to drug courts is overlooked or the marketing and training it will
take to assure its buy-in is underestimated. Philosophies of therapeutic jurisprudence tend to be antithetical to those of law enforcement, whose primary mandate is public safety and the assumption that public safety is best accomplished by keeping defendants in custody. In jurisdictions like San Diego in which law enforcement officers are active members of the drug court team, several real benefits are derived from their role on the team, not the least of which is a growing mutual trust between a community of addicts formerly suspicious and distrusting of police and a community of police formerly suspicious of addicts. Among the three drug courts, their participation is tenuous, requiring that law enforcement continually be educated about the realities of addiction and addiction treatment. Education and training of law enforcement officers should begin before the first case is heard in order to promote understanding of the mission, goals, and operating procedures of the court as well as promote a spirit of commitment and collaboration. Initial and continuing education creates buy-in and institutionalizes the drug court and moves it beyond its initial identification with key court staff. Since drug courts must commit to investing time and energy into allaying some of the common fears of law enforcement (e.g., the notion that drug courts are soft on crime and coddle addicts), these collaborations might be the most challenging to establish and maintain.

**General Challenges**

While drug courts across the United States vary in size, in target population served, and in the environment in which they operate, this report points out some common challenges most drug courts may face. The challenges faced by the three courts may be unique in their detail, but the method by which those challenges are met is not. The drug court model requires a great deal of on-going collaboration, among team members and with the community, in order to effectively address the challenges that invariably will arise. What this report suggests is that it is not so
much the specifics of a problem facing a drug court team that matters, but the approach taken to resolve it. While responses have differed, the collaborative effort behind the problem solving efforts has not. It is also important to note that none of the challenges faced by these jurisdictions were so insurmountable that team members gave up on the effort, or chose to withdraw from the collaboration. Even in the face of serious detractors in some cases, team members continued to work together to address the barriers before them.

Each of the case study sites expressed a level of frustration with the management information systems utilized by their programs. In Hennepin County it is the inability of all databases to share data electronically. In San Diego the primary drug court case management system is not allowed on the court’s computer network. In St. Mary Parish the information collected by each agency and program cannot be shared among team members electronically. Data collection, management of information, and ultimately, the program evaluation process must be constantly monitored in order for the drug court to be effective. All three sites would agree that these issues cannot be ignored. Some challenges can be met with persistence to change the current practice, while other times it requires developing a strategy that works around the problem. For example, in San Diego it is unlikely that the courts will change their policy of no outside software on their network, so the drug court program must work with existing capabilities, making certain that information is being disseminated to team members in the most efficient manner possible.

Related to the challenge presented by management information systems is the difficulty of measuring and documenting program outcomes. Data collection, data quality and information technology systems continue to affect drug court evaluations. More specifically, problems with antiquated systems, extensive missing or inconsistent data, data entry errors, or the need to
merge information from a number of different agencies and data sources are a few problems with data quality and information systems. The three courts suggested developing an evaluation plan from the program’s inception as a means of avoiding problems as well as elevating the importance and use of evaluation strategies. All interviewees agreed that while it is difficult to pin point during the planning stage the useful data elements that will assist in management and monitoring, it is critical that drug courts be designed with the ability to gather and manage information for monitoring daily activities, assessing the quality of services provided, and evaluating the program goals and gauging effectiveness. Evaluation studies are useful for everyone, including funding agencies, policymakers, and the community who may not be involved in the daily operations of the drug court. Moreover, drug courts can use evaluation data and reports to provide support for institutionalization efforts. An evaluator from one site commended the local team for supporting such comprehensive evaluation efforts, noting that it allowed a more comprehensive analysis to be conducted and addressed the diverse interests of the drug court team. While some team members may be interested in criminal justice outcomes, such as recidivism rates, others may want to learn about health or educational outcomes. All interviewees agreed that it is often difficult to know in the beginning exactly what information needs to be collected and what type of evaluation to conduct. By including an evaluator on the team during the planning process these issues can be discussed and resolved at an early stage. Additionally, one coordinator noted the importance of continually asking program partners how they define success, a definition that can change overtime, as a means of reminding team members and stakeholders of the drug court’s mission. By doing so, it builds confidence that the evaluation and the ongoing program assessment is representative of everyone’s interests.
Convincing new treatment and service partners to become involved in the drug court program was a common challenge faced by all three courts. What is interesting is that the agencies or organizations that expressed reluctance to participate differed by locale. San Diego has not been successful thus far in involving the local probation department, whereas St. Mary Parish works with probation directly and Hennepin County considers the probation officer a core team member. Developing a comprehensive plan to approach each new agency that is based on an understanding of the agency’s mission, objectives and limitations appears to be one successful approach.

Many interviewees from all three sites observed the challenge of securing judicial support from non-drug court judges within each jurisdiction. The drug court model requires a great deal of resources to operate, in particular court resources, which some judges would argue that the resource intensiveness of the drug court outweighs the benefit. Drug courts typically serve a small number of participants compared to the vast number of defendants and litigants to be served by the court system. Hennepin County addressed this issue by selecting a target population that represented all non-gun related felony drug cases, and San Diego has implemented four drug courts to serve offenders regionally within a unified drug court system. Still, many judges object to the amount of resources being dedicated to drug court that might otherwise be allocated to other case types or courts.

Gaining community support is another area that was noted by all three sites as an ongoing challenge. One of the drug court judges interviewed stated that community outreach and education is critical, not only in the planning stages but also long after the program is operational so that the successes of the program can be shared and questions can be addressed. In Hennepin
County the drug court judges take advantage of existing community forums to present information about the program. All three sites mentioned the importance of developing a speakers bureau of drug court graduates who are willing to speak publicly about their experiences, noting that community members can learn a significant amount about the program through a first hand account.

Continued funding remains a challenge for the drug courts involved in this study. They reported a diversified funding base, but emphasized the need for close monitoring of the program budget with an ever-vigilant eye to sustainability. Common to all the drug courts was the recognition that local, state and federal funding is subject to elimination at any time, and therefore, team members must work to develop new and diverse funding sources. Additionally, many acknowledged the commitment of team member agencies that is demonstrated by their reallocation of existing resources to support the drug court program. For instance, in most programs the prosecutor and defense counsel do not receive additional funding for positions assigned to drug court. Similarly, in some drug courts the courtroom clerk’s activities may be more complex than for other types of hearings and are certainly frequent; however, the court is not typically provided additional resources for this.

All of the drug courts studied noted challenges with providing specific treatment and ancillary services that met all the needs of the often-changing participant base. Even Hennepin County, which might be considered treatment rich by any standard, faces challenges as new populations emerge, such as Somali participants whose drug of choice is something new to the criminal justice system in Minnesota. Similarly, St. Mary Parish offers comprehensive treatment options for all participants, but finds itself struggling to hire a diverse provider pool, in part due to the
rurality of the jurisdiction. While the San Diego drug court expressly seeks to serve a participant base that does not require in-patient treatment, the reality has been that many participants are in need of residential treatment at some point and the drug court team makes the necessary arrangements to meet that need.

The drug courts described in this study are not unique in their problem-solving abilities, nor are they facing insurmountable or unusual challenges. What they do represent is a dedicated collective of professionals supporting in every way possible the very extraordinary effort being made by their participants to change their lives. The responses to these three drug courts to common challenges may offer comfort to newly operational drug courts facing similar obstacles to be diligent in using a collaborative problem-solving process that these three courts exhibit.

**Recommendations**

Although only three sites were examined in this study, it is possible to draw a number of recommendations out of their shared experiences. What follows is a compilation of suggested practices that drug court team members and participants recommended as critical components of a successful drug court program. Drug court team members at the three sites made most of the recommendations, adding to their significance and universality. Given the current economic climate, characterized by shrinking resources and budget cutbacks, implementing many of these recommendations may be difficult or even unrealistic, but hopefully the recommendations can offer suggestions for program improvement over time.

The recommendations are divided into two categories: (1) “players,” referring to drug court team members, other key representatives in the justice system, and the community; and (2) “elements,” referring to various components of an effective drug court.
Players:

Law Enforcement Officers
- Drug courts should involve law enforcement officers in the early planning stages. This is especially important when drug courts operate in small communities in which “everyone knows everyone” and law enforcement intelligence plays an important role in the screening of eligible program participants. Partnerships between drug court and law enforcement can build effective linkages between the court and offenders in the community.
- Drug courts should ensure that their philosophy, mission and operating procedures are included in trainings at local police academies and other law enforcement training. Education and training programs institutionalize the drug court, moving it beyond key players, and promote a spirit of commitment and collaboration.
- Drug courts should carefully identify the target audience and the types of sanctions that will be imposed in order to obtain law enforcement buy-in to the drug court paradigm. To garner support from this group of players (who can be skeptical about drug court), it is necessary to communicate that drug court provides intensive supervision and meaningful sanctions, treating addicts while holding them accountable in the community.
- Drug courts should educate law enforcement officers on the nexus between drug addiction and criminality – the nature of AOD problems and the theories and practices supporting specific treatment approaches. Drug testing arrestees is an excellent method to help the court determine the kinds of services and supervision a potential new participant will need, at the same time making the case for the large volume of offenders who need substance abuse treatment services rather than only incarceration.
- Drug courts should have law enforcement officers conduct routine home surveillance and supervise participants in the community and report their findings to the drug court team. These officers can provide information to the drug court team so that the court can apply appropriate sanctions and incentives that match the participant’s inappropriate as well as good behavior.

Community Members
- Drug courts should include a broad-based group, including local community and policymakers, in the initial and ongoing planning efforts.
- Drug courts should actively educate policymakers and the community on the cost savings generated by drug court participation in comparison to the cost of incarceration. Drug courts can have a positive impact on jail overcrowding by diverting offenders to treatment in lieu of incarceration.
- Drug courts should form links between community groups in order (a) educate the public on drug court; (b) learn about community perceptions of the drug court; and (c) to tap into available community resources to support the drug court.

Judge
- Drug court should appoint judges, not hearing officers, to the drug court bench in order to demonstrate the importance of drug court.
Drug courts should encourage judges to educate community members and politicians about the importance and impact of drug courts. It is not enough for judges to do a good job on the bench because institutionalization depends on community buy-in and political support. Judges possess the political influence, the ties to government agencies, the moral authority, the perceived fairness and impartiality, and the expertise and focus to bring leadership to coordinated efforts. This means that judges must have a meaningful presence in their communities.

Drug courts should educate judges to recognize that court is not a therapy session, but supports a therapeutic process.

Drug courts should appoint a substitute judge as well as prepare for the retirement of the drug court judge who might be the original champion of the court.

Pretrial Officers

Drug courts should ensure that pretrial officers are trained and involved in the drug court planning process.

Drug courts should train pre-trial officers regarding the impact of chemical dependency on criminality and the array of bio-psycho-social mitigating factors that impact treating and changing drug addicted behavior. Pre-trial officers on the “front line” understand the concept of the revolving door and sometimes are cynical about programs that claim to rehabilitate a population with high recidivism rates.

Probation Officers

Drug courts should give as much thought to the design of their community supervision component as they do to their treatment component. Effective community supervision implies that probation officers, or the entity responsible for supervision, have the power of arrest and are empowered to respond immediately.

Drug courts should ensure that officers responsible for supervision receive specialized drug addiction training and have smaller caseloads in order to provide the level of intensive supervision required by drug courts.

Drug courts should establish a Memorandum of Understanding that clearly outlines role definitions and organizational responsibilities, especially if more than one agency is handling community supervision (e.g., the Sheriff’s Office or probation department).

Drug courts should involve probation to conduct home surveillance and community supervision. Like law enforcement officers, these officers can provide information to the drug court team so that the court can apply appropriate sanctions and incentives that match the participant’s inappropriate as well as good behavior.

Prosecution and Defense Counsel

Drug courts should train the prosecutorial and defense counsel on drug court policy, operations and processes, treatment theories, and the disease of addiction.

Drug courts should encourage the Public Defender’s Office and District Attorney’s Office to assign attorneys to the drug court for a sufficient period of time to build a sense of teamwork, reinforce the non-adversarial atmosphere. Furthermore, drug courts should develop a process for handling turnover.
ELEMENTS:

Case Management
- Drug courts should ensure that random home visits are a part of the supervision protocol. It is difficult to interrupt cycles of addiction and criminal activity if no one is monitoring the activities of participants in their home and work environments.

Communication Channels
- Drug courts should implement effective communication mechanisms to ensure that staff from different agencies is able to share updated information about participants’ status in a timely fashion.
- Drug courts should communicate and educate the public, media, and key political stakeholders to help relay the benefits of drug court and acquire community support for efforts. There must be strong community and political backing for drug courts to develop, expand, and flourish.
- Drug courts should translate all program documentation into the languages of the dominant populations in their jurisdictions.

Educational Services
- Drug courts should make sufficient linkages with the appropriate vocational and educational facilities, especially if employment or vocational involvement is a requirement for phase progression or graduation.
- Drug courts should incorporate life skills and other habilitation training as part of the treatment regimen.
- Drug courts should incorporate mentoring into the drug court.
- Drug courts should provide participants with one-on-one anger management training for men and individualized nutritional and relaxation therapy for women.
- Drug courts should build an on-site learning laboratory/school so that participants can learn in an environment where they feel comfortable.
- Drug courts should investigate the possibility of obtaining Pell Grant or other scholarship or loan opportunities for education (e.g., G.E.D. or vocational school) for convicted felons, especially if phase progression or graduation is contingent upon education achievement.

Institutionalization
- Drug courts should work to get buy-in from judicial officers. When these individuals embrace the idea of drug court, there is a better chance that drug court will become institutionalized because it will have more advocates touting its importance, survival, growth, and impact.
- Drug courts should find creative ways to use the principles of drug courts with other populations, such as families in dependency court.
Programmatic

- Drug courts should establish and maintain a positive relationship with the media. One way to achieve this is to appoint a media spokesperson or liaison. The media is a program’s link to the community for education and support. Programs should never wait until there is a crisis to develop media protocols.

- Drug courts should educate and train staff on the MIS before the court’s implementation and provide continuous training (e.g. refresher courses on specific subjects).

- Drug courts should emphasize the importance of data collection and analyses for evaluation purposes. It is essential that the drug court design a process in which it continually examines the results of ongoing process and impact evaluations, is prepared to apply changes based on that analysis, and then measure the impact of those changes. Since drug courts will increasingly be asked to demonstrate tangible outcomes and cost-effectiveness, it is critical that they design evaluation strategies. There should be a knowledgeable individual who works for the drug court that is responsible for data collection and evaluation.

- Drug courts should determine what they want their operating management information system to do from the planning phase. Drug courts will need to address issues surrounding program management and monitoring, data collection and evaluation, and information sharing (formalizing who gets what information and how that information can and cannot be used – 42 USC Section 290dd-2 and the regulations implementing these laws in 42 CFR Part 2).

- Drug courts should try to offer night court for working participants, especially if employment is a criterion of probation, phase progression, or graduation.

- Drug courts should organize several drug-free social events in which the participants and staff can interact. Many times drug addicts do not know how to socialize with other people in a drug-free environment.

Sanctions and Incentives

- Drug courts should use peer councils for determining incentives and sanctions for which participants are eligible.

- Drug courts should clearly articulate the program’s policy, detailing how many chances the participant in drug court will have to succeed in treatment and consistently apply those rules. Moreover, they need to update those policies as the demographic or criminogenic profiles of the populations entering drug courts change.

- Drug courts should develop a reasonable and meaningful range of sanctions that are consistently applied in response to program infractions and that participants know, and can expect, a definitive response for those infractions.

- Drug courts should reward participant cooperation and recognize incremental successes, which have an important effect on their sense of accomplishment.

- Drug courts should establish a coordinated strategy to enable the court to respond immediately to participant relapse and good behavior.
Specialized Services

- Drug courts should strive to identify and include specialized, gender-specific services for women. Female participants have a complex set of issues and should have access to specialized services. The programs that successfully identify the following services in the community will achieve a higher success rate with female participants:
  - Recreational services (to teach relaxation therapy);
  - Psychiatric and psychological services (for evaluation and counseling of both mothers and children);
  - Pediatric medical services (to address physical and nutritional needs of the children);
  - Educational and vocational services (for aptitude assessment, referral and individualized educational planning);
  - Tutoring (for both women and children); and
  - Crisis intervention services (for both mothers and children to address any anger, grief/loss issues and physical, sexual and emotional abuse).

- Drug courts should identify and include adequate mental health assessors on the drug court team and identify resources for participants who present co-occurring psychiatric disorders.

- Drug court should be mindful of the shifting demographics of the jurisdiction and identify treatment providers that can deliver culturally relevant services to many, if not all, of the ethnic/racial groups.

- Drug courts should provide access to necessary physicians, including an OB/GYN (to provide birth control education) and a dentist.

- Drug courts should provide on-site childcare.

- Drug courts should identify services and assessments for participants with learning disabilities.

- Drug courts should identify at least one homeless shelter with the capacity and willingness to house drug court participants on short- and long-term bases.

Teambuilding

- Drug courts should proactively attend to teambuilding. They should not view teambuilding as a planning or one-time event. It is a function that must continue throughout the program’s planning, implementation, and institutionalization stages. Establishing coalitions and developing strong working relationships is a task that requires considerable effort in order to create an effective and highly functioning operational drug court team.

- Drug courts should address team transition, succession and evolution issues, which can either contribute to the success of a drug court or to its demise.

- Drug courts should cultivate a commitment from stakeholders to provide staff, thus ensuring continuity. The drug court team functions more effectively when team membership is consistent because consistency fosters trust, confidence, performance and understanding.
Drug courts should identify back up team members to ensure continuity. Team rotation is inevitable.

Drug courts should cross train team members on a variety of topics, including:
- the nature of addiction and theories of recovery,
- cultural competence,
- conflict management,
- legal requirements,
- effective communication, and
- leadership skills.

Drug courts should find cost-effective and creative ways to provide on-going training and teambuilding sessions, such as meals together, miniature golf, bowling, and retreats at a local recreational facility.

**Treatment**

Drug courts should have inpatient care available before implementing their programs. Plus, they should identify at least one long-term residential treatment provider, ideally to provide care for more than 21 days. This is necessary because participants are coming to treatment more dependent than in the past and it is critical that programs have access to a continuum of care.

Drug courts should link with universities or schools in their area, hiring tutors to work with participants who need individualized attention to achieve their educational goals. Low literacy and comprehension levels are common in rural areas. Treating addiction effectively in these areas means that participants will leave treatment with higher literacy and comprehension levels.

Drug courts should develop a family component. Programs should start with multi-family education in earlier phases and move to individualized family therapy and counseling as clinically indicated toward the end of the participant’s treatment episode and before graduation.

Drug court should find creative ways to decrease barriers to engagement in the program. If transportation is an issue, programs must think through how participants will get to and from treatment or the court to limit failures.

Drug courts should contract with a variety of culturally proficient providers who can deliver services that meet the needs of specific cultural groups.
Future Research

This report shares information about how three jurisdictions have implemented effective drug court programs. Since these are only case profiles, they cannot provide complete blueprints for developing a drug court program, rather they present a set of ideas about how three jurisdictions adapted the drug court concept to their jurisdiction’s specific needs and resources. In conjunction with other ongoing research, this report demonstrates that drug courts can be an effective tool with which the criminal justice system deals with drug-using offenders. Research on drug court effectiveness, however, has not kept pace with the rapid development and implementation of drug courts nationally due in part to limited funding, data acquisition, and methodological problems. The survival, growth, and institutionalization of drug courts, especially those heavily dependent upon federal funding, is not guaranteed.

Efforts are continuing to expand the body of information about drug court operations and participant characteristics, including descriptive information on implementation, operational problems and their solutions, and modifications that have taken place. However, gaps in research exist. The Government Accounting Office’s review of drug court programs\(^{59}\) highlighted the lack of vital information on the overall impact of drug court programs. To close the research gap, the field needs to further examine the efficacy of treatment-oriented courts, including their long-term impact on post-program drug use, recidivism and other outcomes, cost-effectiveness, optimal planning and implementation strategies, and optimal program models. Belenko stresses the importance of differentiating between in-program and post-program outcomes because there is a difference between participants’ behavior during drug court when

they are closely supervised and have to fulfill program requirements like status hearings and employment and their behavior after drug court participation. Until post-program follow-up data on program participants is collected across a broad range of programs, it will be difficult to reach conclusions on the effectiveness of drug courts and achieve full institutionalization. Thus, future evaluations should include questions geared to addressing the post-program impact of drug courts.

Furthermore, data on the efficacy of treatment modalities, other services, and sanctions and incentives remains relatively unexplored. Belenko argues that data on “program services, sanctions, courtroom dynamics, and participant supervision are needed to get inside the ‘black box’ of the drug court model and learn how participant, staff, and organizational factors interact to affect participant and system outcomes.” Additionally, the collateral costs of drug courts are unknown. Future research should identify and quantify, therefore, the nature of judicial branch resources necessary for establishing and maintaining a drug court in a local jurisdiction. While previous research studies have demonstrated the start-up costs and initial operating costs of drug courts, the full long-term costs of operating these courts remain unclear. Court administrators and program coordinators must understand the resource implications in empirical terms, not anecdotally.

Inadequate data collection and poor data quality, often due to inadequate management information systems, and weak research designs continue to plague drug court evaluations. Drug court evaluations confront problems with inconsistent or missing data, data entry inconsistencies


61 Ibid. 2.

and errors, or incompatible information systems that challenge, and often times prohibit, merging data from different agencies. Data sources, measures, and time periods for data collection are not clearly defined, making the assessment and interpretation of results problematic. Frequently drug courts do not allocate sufficient resources to collect necessary data, especially long-term, post-program data. Research designs often use small sample sizes or non-randomized samples. However, reliable and valid information and a methodologically sound research design focused on performance and impact of drug court programs is vital to establishing the credibility that will support adequate funding and resources to institutionalize programs (by demonstrating that drug court programs are an effective use of funding). While descriptive data has been useful, future research must be more rigorous, for example use of multivariate analyses of various outcome measures to isolate specific participant characteristics or characteristics of operational drug courts that independently affect outcomes while controlling for other factors. Future research should also address multiple outcome measures to gauge drug courts’ impact. There are a few promising evaluations that utilize experimental or quasi-experimental designs to test program impacts. Belenko points out that impact and effectiveness can vary over time due to external or internal factors (e.g., personnel turnover, changes in screening or eligibility criteria). The Government Accounting Office recommends having a rigorous longitudinal study conducted, although it recognizes the time commitment involved in the design and implementation of such a study. The drug court field must be committed to high quality research and evaluation and make an investment in the data collection and analyses needed to do this.

Development of research priorities and identification of key research questions regarding drug courts are matters that should be done collaboratively with input from a wide range of stakeholders and persons with relevant knowledge and expertise. The precise directions that
policy and practice will take in the future is difficult to predict, and is likely to vary across jurisdictions. It seems probable, however, that the basic concepts and techniques developed in drug courts will provide a foundation supporting a variety of approaches to address the issues concerning persons with substance abuse problems. Drug courts are facing new obstacles, such as funding and resource strains and succession planning. In light of the issues still ahead, institutionalization should be viewed as an on-going process that includes both assessment of its progress and adjustment in its environment and clientele.

For full-scale integration to occur and long-term funding support to be forthcoming, drug courts will need to gain the cooperation and support of a broad range of treatment providers, social service agencies, business organizations and community groups, in addition to other key stakeholders. Furthermore, they will need to produce a comprehensive and empirically sound body of knowledge so that drug courts can maximize their impacts and effectiveness and can provide evidence in support for funding and integration. Creative resource development, the efficient use of funding, and methodologically sound evaluations demonstrating the positive impacts of drug courts all support the institutionalization of this type of court.
Appendix A

The drug court practitioners interviewed at each site are listed below.

<table>
<thead>
<tr>
<th>Hennepin County, MN</th>
<th>San Diego, CA – South Division in Chula Vista</th>
<th>St. Mary’s Parish, LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Court Coordinator*</td>
<td>Drug Court Coordinator*</td>
<td>Drug Court Coordinator*</td>
</tr>
<tr>
<td>Presiding Drug Court Judge*</td>
<td>Drug Court Judge*</td>
<td>Drug Court Judge*</td>
</tr>
<tr>
<td>2 Drug Court Judges*</td>
<td>District Attorney*</td>
<td>Attorney*</td>
</tr>
<tr>
<td>Chief Judge of District Court</td>
<td>Public Defender*</td>
<td>Indigent Defender’s Office*</td>
</tr>
<tr>
<td>County Attorney*</td>
<td>Participants* (2)</td>
<td>Treatment Provider*</td>
</tr>
<tr>
<td>Public Defender*</td>
<td>Mental Health Systems, Inc.*</td>
<td>Participants</td>
</tr>
<tr>
<td>Participants* (3)</td>
<td>Police Officer*</td>
<td>Probation Officer</td>
</tr>
<tr>
<td>Probation Officer for Drug Court*</td>
<td>Court Clerk</td>
<td>Sheriff</td>
</tr>
<tr>
<td>Probation Officer for the Adult Correctional Facility</td>
<td>Court Referral Officer (Assessor)</td>
<td>Pre-trial Services member</td>
</tr>
<tr>
<td>Lieutenant, Minneapolis Narcotics</td>
<td>Health &amp; Human Services – Drug &amp; Alcohol Services</td>
<td></td>
</tr>
<tr>
<td>Family Services Director</td>
<td>Evaluator</td>
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</tr>
<tr>
<td>Pre-trial Services Co-Supervisor</td>
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<tr>
<td>Training &amp; Employment Assistance</td>
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<tr>
<td>Evaluator</td>
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</tbody>
</table>

* Core Team Member
Appendix B

Hennepin County Board Resolution 99-3-651

This resolution authorized a study to examine African American men in the county’s population and to develop a socioeconomic profile of them, highlighting the social and economic forces that create unfavorable outcomes for young African American men. The final report was prepared in January of 2002. The study found seven interrelated domains of well-being that must be addresses if the lives of young African American men in Hennepin County, MN are to be positively impacted and transformed. They are:

- Housing
- Family Structure
- Health
- Education
- Economic Status
- Community and Civic Involvement
- Criminal Justice Involvement

The response plan to the questions of “unfavorable outcomes” is as follows:

- Create an advisory board – tentatively called the African American Men Commission (AAMC) - to coordinate efforts to improve outcomes for 18 to 30-year-old African American men.
- Create a partnership to provide training and employment opportunities for young African American men, especially those with low skills, education and/or training.
- Support and strengthen efforts to keep African American boys in school. These efforts should include innovative after-school recreation programs that enrich students’ lives and keep them out of trouble.
- Assist young African American men in enrolling in and completing post-secondary educational programs.
- Coordinate adult and community education with job training programs.
- Develop and promote public policy to ensure that all African American males have access to health care. This includes guidance in completing the necessary forms for obtaining health care services.
- Coordinate health education initiatives to target young African American men.
- Initiate a public campaign to raise awareness of the important contributions African American males make as fathers, sons, siblings, husbands, uncles, grandfathers and boyfriends.
- Redefine public policy to recognize the importance of fathers in the family, as opposed to focusing only on mothers and children.
- Coordinate efforts focused on affordable housing to target 18 to 30-year-old African American men.
- Coordinate efforts to reduce the disproportionate involvement of minorities (particularly 18 to 30-year-old African American men) in the criminal justice system.
- Develop and coordinate programs (both philanthropic and faith-based) to engage young African American men in their communities.
Appendix C

This form is the San Diego South County Division Drug Court’s confidentiality waiver that all visitors attending team meetings are required to sign.

CONFIDENTIALITY STATEMENT FORM

SAN DIEGO SUPERIOR COURT

I, __________________, as a participating member or guest of the Drug Court, duly recognize my responsibility to the confidentiality of the Drug Court Program, and hereby agree:

1. Any information discussed at a team meeting shall remain confidential and will not be revealed to anyone.

2. Names of program participants will be disseminated to team members* only.

3. Any information gathered during a 4th waiver search will be shared with team members* only unless it relates to evidence of a new crime.

4. Photos, Drug Court files and addresses of Drug Court participants will remain confidential, to be used by Drug Court Team members* only.

5. Warrants of arrest are not confidential.

6. Information in ARJIS/ONS system is not confidential.

Signed: ______________________________________  Date: _______________________

Note: This form is necessary in order to comply with Title 42 of the code of Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records.

* Team members include law enforcement liaison officers and all team back-up members.

05/30/02