# Painting the Current Picture:

## A National Report on Drug Courts and Other Problem-Solving Court Programs in the United States

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BJA
Bureau of Justice Assistance
U.S. Department of Justice

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## About the Office of National Drug Control Policy (www.whitehousedrugpolicy.gov)

The White House Office of National Drug Control Policy (ONDCP), a component of the Executive Office of the President, was established by the Anti-Drug Abuse Act of 1988. The principal purpose of ONDCP is to establish policies, priorities, and objectives for the Nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug related health consequences. To achieve these goals, the Director of ONDCP is charged with producing the National Drug Control Strategy. The Strategy directs the Nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, State, and local entities. By law, the Director of ONDCP also evaluates, coordinates, and oversees both the international and domestic anti-drug efforts of executive branch agencies and ensures that such efforts sustain and complement State and local anti-drug activities. The Director advises the President regarding changes in the organization, management, budgeting, and personnel of Federal Agencies that could affect the Nation's anti-drug efforts and regarding Federal agency compliance with their obligations under the Strategy.

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The National Association of Drug Court Professionals (NADCP) was established in 1994 as the premier national membership and advocacy organization for drug courts. Representing over 25,000 drug court professionals and community leaders, NADCP provides a strong and unified voice to our nation's leadership. By impacting policy and legislation, NADCP creates a vision of a reformed criminal justice system. NADCP's mission is to reduce substance abuse, crime, and recidivism by promoting and advocating for the establishment and funding of drug courts and providing for the collection and dissemination of information, technical assistance, and mutual support to association members.

## About the National Drug Court Institute (www.ndci.org)

The National Drug Court Institute (NDCI) is the educational, research and scholarship arm of the National Association of Drug Court Professionals (NADCP), and is funded by the White House Office of National Drug Control Policy (ONDCP); the Bureau of Justice Assistance (BJA), U.S. Department of Justice; and the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation. In addition to staging over 130 state of the art training events each year, NDCI provides on-site technical assistance and relevant research and scholastic information to drug courts throughout the nation.

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*Drug Courts perform their duties without manifestation, by word or conduct, of bias or prejudice, including, but not limited to, bias or prejudice based upon race, religion, gender, national origin, disability, age, sexual orientation, language or socioeconomic status.*

# Acknowledgments

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NDCI especially wishes to thank the following individuals who peer-reviewed this document:

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## Key Findings At-A-Glance

### Part I. 2009 National Survey Results

- As of December 31, 2009, there were 2,459 Drug Courts[1] in the United States.
- The aggregate number of Drug Courts increased 40% in the past five years.
- 56% of U.S. states and territories reported an increase in the number of Drug Courts in 2009.
- Alabama and Arizona reported the greatest increase in the number of Drug Courts in 2009, with 22 additional programs each.
- As of December 31, 2009, the majority (58%) of Adult Drug Courts followed a post-plea model.
- As of December 31, 2009, there were 1,189 Problem-Solving Courts[2] other than Drug Courts in the United States.
- As of December 31, 2009, there were a total of 3,648 Drug Courts and other types of Problem-Solving Courts in the United States.

### Part II. 2008 National Survey Results

- As of 2008, 56% of U.S. counties did not have an Adult Drug Court, 84% did not have a Juvenile Drug Court and 87% did not have a Family Dependency Treatment Court.
- As of December 31, 2008, it was estimated that there were over 116,300 Drug Court participants in the U.S.
- 96% of U.S. states and territories reported that Drug Court capacity could be expanded.
- The primary factor limiting Drug Court expansion is funding, not a lack of judicial interest.
- On average, Caucasians were reported to represent nearly two-thirds (62%) of Drug Court participants nationwide.
- On average, African-Americans were reported to represent 21% of Drug Court participants nationwide.

[1] Includes adult, DWI, juvenile, family, tribal, campus, reentry, federal and veteran drug/treatment courts.
[2] Includes truancy, mental health, domestic violence, child support, reentry, community, homeless, prostitution, gun, parole violation, and gambling courts.

- On average, Spanish, Hispanic or Latino(a) persons were reported to represent 10% of Drug Court participants nationwide.
- People of color were reported to be proportionately represented in 58% of the respondents' Drug Courts.
- Representation of African-Americans was reportedly higher in Drug Courts than in the general population; however, representation of Hispanic citizens was slightly lower than in the general population.
- Minority representation was reportedly about the same in Drug Courts as in probation and parole settings.
- Representation of African-Americans in jails and prisons was nearly twice that of both Drug Courts and probation, and was also substantially higher among all arrestees for drug-related offenses.
- Cocaine/crack, alcohol, cannabis and methamphetamine were reported to be the most commonly abused substances among Drug Court participants nationwide.
- Methamphetamine abuse was twice as prevalent among rural Drug Court participants as compared to urban and suburban participants. Cocaine/crack abuse was far more prevalent among urban Drug Court participants than rural and suburban participants.
- Over 22,584 participants successfully graduated from Drug Courts in 2008.
- The average national graduation rate in 2008 was 57%.
- The average reported cost per Drug Court participant was $6,985 in 2008; it was $5,718 excluding a small number of outliers.
- 65% of U.S. states and territories reported having Drug Court authorization legislation.
- State appropriations totaled more than $243 million for Drug Courts for 2009.
- State Drug Court appropriations increased by nearly $63 million (35%) from 2007 to 2009.
- 51% of U.S. states and territories reported an increase in funding for Drug Courts between 2007 and 2009 budget cycles; 20% reported a decrease in funding, and 6% reported no change in funding.
- Federal funding for Drug Courts increased over 250% from fiscal years 2008 to 2010.

# Introduction

This document is a national report on Drug Court and other Problem-Solving Court activity in every state, commonwealth, territory and district in the United States as of December 31, 2009 (Part I) and as of December 31, 2008 (Part II).

## Report Highlights

Specific to this volume and in addition to reporting on the aggregate number and types of operational Drug Courts and other Problem-Solving Court programs throughout the United States, a major section of this report is dedicated to recent research findings related to the most prevalent Drug Court models. Additionally, sections are dedicated to analyses of national survey data on Drug Court capacity; drug-of-choice trends among Drug Court participants in rural, suburban and urban areas; average graduation rates; participation costs; state Drug Court authorization legislation and funding appropriations; and international Drug Court activity. Finally, this year's report provides first-ever national demographic data on racial and ethnic minority representation among Drug Court participants.

## Methodology

Part I of the NDCI National Drug Court and Other Problem-Solving Court Survey was sent to Statewide Drug Court Coordinators or another primary point of contact (PPC) in every U.S. state or territory in July of 2009, and the responses were compiled as of December 31, 2009. Part II of the Survey was sent to the Statewide Drug Court Coordinators or PPCs in July of 2008, and the responses were compiled as of December 31, 2008. All data represent statewide Drug Court and/or Problem-Solving Court activity.

NDCI also sent the survey instrument to, on average, two additional officials in each jurisdiction, totaling 168 surveyed individuals nationwide. These additional officials included the presidents of state drug court associations, designated members of the Congress of State Drug Court Associations, NADCP Board Members, and other individuals possessing comprehensive knowledge concerning Drug Court and other Problem-Solving Court activities in their jurisdiction. By this process, NDCI ensured a thorough and accurate snapshot of the number and type of operational Drug Courts and other Problem-Solving Court programs in the United States as of the concluding date of the survey.

The survey respondents represented a wide range of organizations within each jurisdiction, including the State Supreme Court (e.g., Louisiana), the Administrative Office of the Courts (e.g., Missouri, California), the Governor's Office (e.g., Texas), the Single State Agency for Alcohol and Drug Services (e.g., Oklahoma) and other independent state commissions (e.g., Maryland).

One hundred percent (54 out of 54) of U.S. states, commonwealths, districts and territories reported on the aggregate number of Drug Courts and other Problem-Solving Courts as of December 31, 2009 (Part I of the survey).

| Part I Survey Response Rates (December 2009) | |
|---|---|
| **Item** | **% Jurisdictions (out of 54)*** |
| Total Number of Drug Courts | 54 (100%) |
| Total Number of Problem-Solving Courts | 54 (100%) |

Ninety-four percent (51 of 54) of U.S. states, commonwealths, districts and territories responded to Part II of the survey as of December 31, 2008. However, because approximately half of these jurisdictions did not have statewide management information systems capable of collecting reliable data on statewide Drug Court activity, some Part II survey questions were answered at a lower rate.

* The 50 U.S. states, District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.
** Illinois, the U.S. Virgin Islands, and West Virginia did not respond to Part II of the survey.

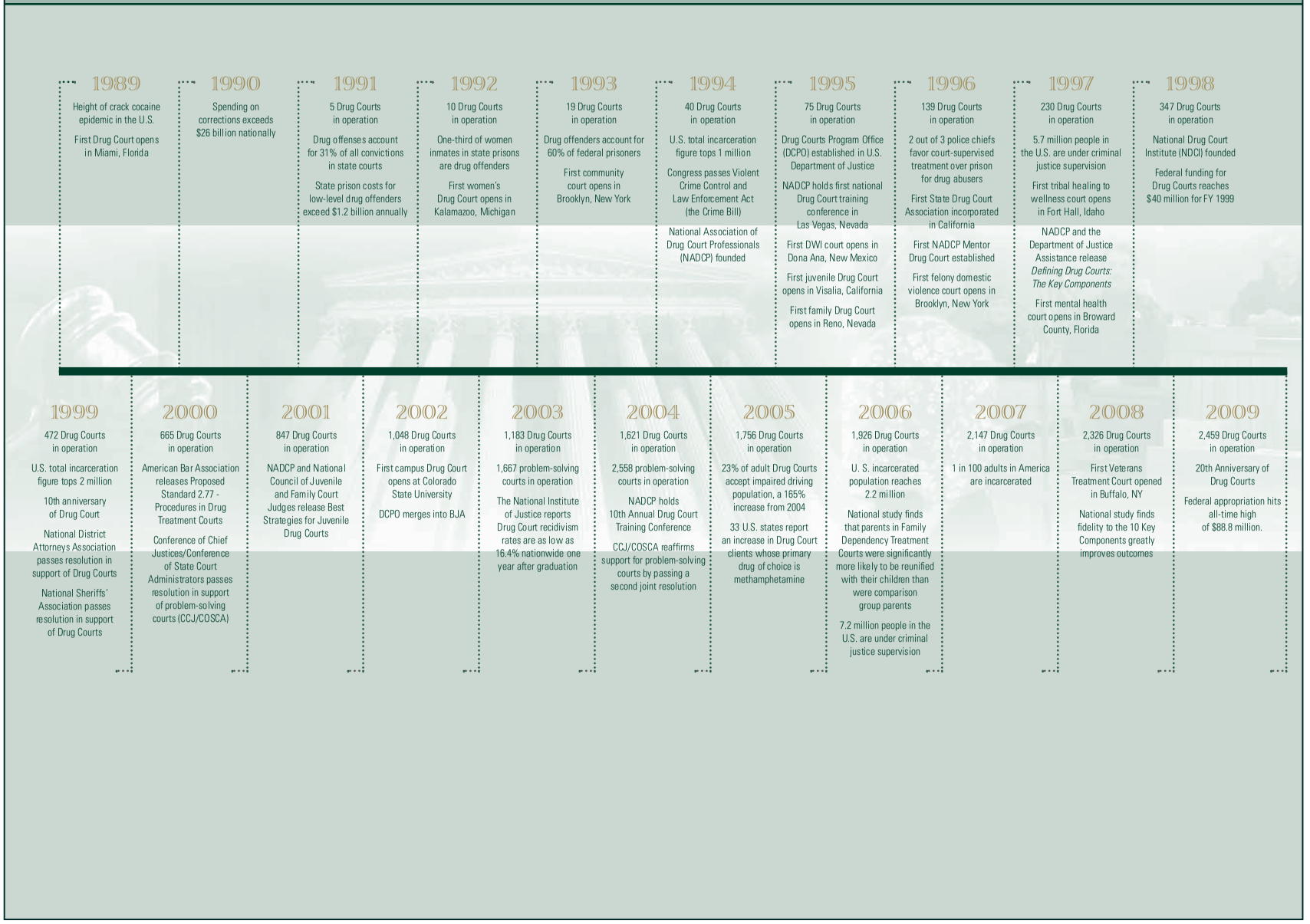
Before After

Drug Courts Restore Families

| Part II Survey Response Rates (December 2008) | |
|---|---|
| **Item** | **% Respondents (out of 51)**** |
| Number of Counties with Adult Drug Courts | 51 (100%) |
| Number of Counties with Juvenile Drug Courts | 49 (96%) |
| Number of Counties with Family Dependency Treatment Courts | 49 (96%) |
| Number of Clients being Served | 46 (90%) |
| Factors Limiting Drug Court Expansion | 50 (98%) |
| Representation of Racial Minorities | 40 (78%) |
| Representation of Ethnic Minorities | 38 (75%) |
| Proportionality of Minority Representation | 48 (94%) |
| Drug Court Population Reflects Arrestee Population | 43 (84%) |
| Primary Drug of Choice in Urban Areas | 45 (88%) |
| Primary Drug of Choice in Suburban Areas | 40 (78%) |
| Primary Drug of Choice in Rural Areas | 43 (84%) |
| No. 2008 Graduates | 37 (73%) |
| No. Total Graduates | 32 (63%) |
| Average Graduation Rate | 35 (69%) |
| Average Cost Per Client | 26 (51%) |
| Drug Court Legislation | 51 (100%) |

Figure 1

## Timeline of Drug Courts and Other Problem-Solving Courts in the United States



# Drug Courts: Justice Done Right

Visit any courtroom in America, and you will hear two words that call everyone to attention. As the judge enters the courtroom to take the bench, the court officer loudly proclaims: "All Rise!" These two words inspire a sense of awe and respect for our judicial process.

But what if the command, "All Rise!" represented a promise? — a promise that the court will lighten the burden of people whose problems have become too difficult to overcome alone? What if "All Rise!" became a pledge by the court to look beyond the chaos and wreckage in peoples' lives caused by addiction and to their potential? What if "All Rise" offered the promise to provide the treatment and other tools needed to help people permanently change lives?

*When an addict rises out of addiction and crime, we all rise.*

When an addict arises out of addiction and crime, we all rise. When the cycle of drug addiction in a family is forever broken, we all rise. When a child is reunited with clean and sober parents, we all rise. When an addict never sees another pair of handcuffs or an emergency room, we all rise. When the Court successfully guides an addicted offender to health and recovery, whether the charge is drug possession, theft, forgery, burglary, child neglect, impaired driving or any number of other offenses, we all rise.

*When a child is reunited with clean and sober parents, we all rise.*

"All Rise" is precisely the business underway in 2,459 Drug Courts throughout the United States.

Table 1

**Operational Drug Courts by Year**

| Year | To Date |
|---|---|
| 1989 | 1 |
| 1990 | 1 |
| 1991 | 5 |
| 1992 | 10 |
| 1993 | 19 |
| 1994 | 44 |
| 1995 | 75 |
| 1996 | 139 |
| 1997 | 230 |
| 1998 | 347 |
| 1999 | 472 |
| 2000 | 665 |
| 2001 | 847 |
| 2002 | 1,048 |
| 2003 | 1,183 |
| 2004 | 1,621 |
| 2005 | 1,756 |
| 2006 | 1,926 |
| 2007 | 2,147 |
| 2008 | 2,326 |
| 2009 | 2,459 |

*All Rise" is precisely the business underway in 2,459 Drug Courts throughout the United States.*

# What is a Drug Court?

A Drug Court is a special docket or calendar within the court system that is designed to treat addicted individuals and give them the tools they need to change their lives. The Drug Court judge serves as the leader of an inter-disciplinary team of professionals, which often includes a court coordinator, prosecuting attorney, defense attorney, treatment providers, case managers, probation officers and representatives from law enforcement.

Eligible participants for the program are drug and/or alcohol dependent and commonly charged with drug-related offenses such as possession of a controlled substance, or other offenses which are determined to have been caused or influenced by their addiction such as theft, burglary or forgery.

Most Drug Court programs are scheduled to be 12 to 18 months in duration, although some participants may need substantially more time to satisfy the criteria for program completion. To graduate, participants must demonstrate continuous abstinence from drugs and alcohol for a substantial period of time (often six months or longer), satisfy treatment and supervision conditions, pay applicable fines or fees, and complete community service or make restitution to victims.

Participants typically undergo random weekly drug and alcohol testing and attend regular status hearings in court, during which the judge reviews their progress in treatment and may impose a range of consequences contingent upon their performance. These consequences may include desired rewards (e.g., verbal praise, reduced supervision requirements, or token gifts), modifications to the participant's treatment plan (e.g., transfer to a more intensive modality of care) and punitive sanctions (e.g., writing assignments, community service, or brief jail detention). The consequences are typically administered by the judge in open court, after the Drug Court team has met in a non-adversarial setting to review the case and reach a tentative determination about the appropriate course of action. The various team members contribute information from their perspectives about the participant's progress in the program, and may offer recommendations for suitable responses; however, the judge is legally and ethically required to make the final decision about what consequences to impose after giving due consideration to all of the relevant information and discussing the matter with the participant in court.

Treatment plans vary according to participants' individual clinical needs. In addition to substance abuse treatment, services often include mental health treatment, family counseling, vocational counseling, educational assistance, housing assistance or help with obtaining medical or dental care. In addition, case managers or social workers may assist participants to access healthcare coverage, financial benefits or other social services to which they are legally entitled.

The extraordinary success of Adult Drug Courts has produced a wide variety of other types of Drug Court programs. These direct variants of the Drug Court model include:

- Family Dependency Treatment Courts for alcohol and other drug-involved parents in civil child abuse or neglect proceedings;
- Juvenile Drug Courts for alcohol and other drug-involved adolescents charged with delinquency offenses;
- DWI Courts for repeat and/or high Blood Alcohol Content (BAC) offenders charged with driving under the influence (DUI) or driving while impaired (DWI);
- Reentry Drug Courts for alcohol and other drug-involved parolees or inmates conditionally released from custody;
- Campus Drug Courts for alcohol and other drug-involved college students facing expulsion;
- Tribal Healing to Wellness Courts, which apply traditional Native-American communal practices to alcohol and other drug-involved tribal law offenders;
- Federal Reentry/Drug Courts for federal alcohol and other drug-involved offenders released from federal custody on supervised release;
- Veterans Treatment Courts for our military veterans (and occasional active duty members) who are before the court due to addiction and/or mental illness.

# The Verdict Is In, Drug Courts Work: A Review of the Scientific Literature

The effectiveness of Drug Courts is not a matter of conjecture. It is the product of more than two decades of exhaustive scientific research. From their inception, Drug Courts embraced science unlike any other criminal justice program. They endorsed best practices and evidence-based procedures; invited evaluators to measure their outcomes; and encouraged federal agencies, including the National Institute on Drug Abuse (NIDA), Bureau of Justice Assistance (BJA), National Institute of Justice (NIJ) and Center for Substance Abuse Treatment (CSAT), to issue calls to the scientific community to closely examine the model and learn what makes it function and how it might be improved. Various leading researchers in the scientific community answered those calls, first skeptically and then with great interest, and many have dedicated their careers to understanding what Drug Courts do, how they do it, and why they work so well.

*The effectiveness of Drug Courts is not a matter of conjecture. It is the product of more than two decades of exhaustive scientific research.*

The result? More research has been published on the effects of Drug Courts than virtually all other correctional programs combined. The research literature is, by far, the most advanced for Adult Drug Courts and the quality of the evidence is beginning to catch up for Family Dependency Treatment Courts, Juvenile Drug Courts and DWI Court programs as well.

*More research has been published on the effects of Drug Courts than virtually all other correctional programs combined.*

## Adult Drug Courts

### *Adult Drug Courts Reduce Crime*

Seven meta-analyses[3] conducted by independent scientific teams all concluded that Adult Drug Courts significantly reduce crime, typically measured by fewer re-arrests for new offenses and technical violations (Aos et al., 2006; Downey & Roman, 2010; Latimer et al., 2006; Lowenkamp et al., 2005; MacKenzie, 2006; Shaffer, 2006; Wilson et al., 2006). Recidivism rates for Drug Court participants were determined to be, on average, 8 to 26 percentage points lower than for other justice system responses. The best Drug Courts reduced crime by as much as 45 percent over other dispositions (Carey et al., 2008; Lowenkamp et al., 2005; Shaffer, 2006).

*The best Drug Courts reduced crime by as much as 45 percent over other dispositions.*

These effects were determined to be anything but fleeting. In well controlled, randomized experiments, reductions in crime were proven to last at least three years (Gottfredson et al., 2005, 2006; Turner et al., 1999) and in the most far-reaching study to date, the effects lasted an astounding *14 years* (Finigan et al., 2007). These researchers are still following some of the cohorts to determine just how long the positive benefits might persist.

[3] Meta-analysis is an advanced statistical procedure that yields a rigorous and conservative estimate of the average effects of an intervention. Independent scientists systematically review the research literature, select only those studies that are scientifically defensible according to standardized criteria, and statistically average the effects of the intervention across the good-quality studies (e.g., Lipsey & Wilson, 2002).

Thanks to funding from NIJ and the excellent work of several independent research organizations,[4] the field now has national data on the impact of Drug Courts on several other outcomes in addition to crime. Recent findings from the *Multisite Adult Drug Court Evaluation* (MADCE)[5] revealed that Adult Drug Courts also significantly reduced illicit drug and alcohol use, improved family relationships, lowered family conflicts and increased participants' access to needed financial and social services (Kralstein, 2010; Rossman et al., 2009; Rempel et al., 2009).

### *Adult Drug Courts Save Money*

No analysis is complete without a consideration of cost-effectiveness. Even the most effective programs may not be palatable or feasible from a policy perspective if they are cost-prohibitive or do not yield a favorable return on investment for taxpayers. Fortunately, Drug Courts have proven to be highly cost-effective (Belenko et al., 2005; U.S. Government Accountability Office, 2005). A recent cost-related meta-analysis conducted by The Urban Institute found that Drug Courts produced an average of $2.21 in direct benefits to the criminal justice system for every $1 invested — a 221% return on investment (Bhati et al., 2008). When Drug Courts targeted their services to the more serious, higher-risk drug offenders, the average return on investment was determined to be even higher: $3.36 for every $1 invested.

These savings reflected direct and measurable cost-offsets to the criminal justice system resulting from reduced re-arrests, law enforcement contacts, court hearings and the use of jail or prison beds. When indirect cost-offsets were also taken into account, such as savings from reduced foster care placements and healthcare service utilization, studies have reported economic benefits of Drug Courts ranging from approximately $2 to $27 for every $1 invested (Carey et al., 2006a; Loman, 2004; Finigan et al., 2007; Barnoski & Aos, 2003).

*Cost-benefit studies have reported net economic benefits from Drug Court as high as $27 for every $1 invested.*

The result has been net economic benefits to local communities ranging from approximately $3,000 to $13,000 per Drug Court participant (e.g., Aos et al., 2006; Carey et al., 2006a; Finigan et al., 2007; Loman, 2004; Barnoski & Aos, 2003; Logan et al., 2004).

## Family Dependency Treatment Courts

### *Family Dependency Treatment Courts Improve Treatment Outcomes*

Perhaps the best evidence on the effects of Family Dependency Treatment Courts (FDTCs) comes from a four-year, quasi-experimental study of four FDTCs located in three states (Green et al., 2009). Outcomes were compared to those of similarly situated families who were eligible for the FDTCs but were not served due to limited program capacity or a lack of appropriate referrals.

Findings revealed that parents in the FDTCs attended an average of twice the number of substance abuse treatment sessions and were twice as likely to complete treatment in three of the four study sites. Moreover, their

*Parents in the Family Dependency Treatment Courts attended an average of twice the number of substance abuse treatment sessions and were twice as likely to complete treatment.*

[4] The research organizations were The Urban Institute, Research Triangle Institute, and the Center for Court Innovation.

[5] The MADCE compared outcomes at 18 and 24 months post-entry for 1,156 participants in 23 Adult Drug Courts located in seven geographic regions around the country to those of a carefully matched comparison sample.

dependent children were significantly more likely to be reunited with their families in three of the sites and spent significantly less time in out-of-home placements in two of the sites. Other studies have similarly reported significantly higher rates of treatment completion and family reunification for FDTCs over traditional dependency proceedings (Ashford, 2004; Boles et al., 2007).

### *Family Dependency Treatment Courts Save Money*

Evaluators are just beginning to translate these superior outcomes into dollar savings. A recent evaluation in Oregon (Carey et al., 2010a; Carey et al., 2010b) found that parents in two FDTCs attended significantly more substance abuse treatment sessions, were significantly more likely to complete treatment, and had significantly fewer criminal arrests over a four-year period than carefully matched parents in traditional dependency proceedings. In addition, their children spent considerably less time in foster care, were significantly more likely to be reunited with their families, and were returned to their families much sooner. These results translated into an average net cost saving of $13,104 per participant over two years.

*Children were significantly more likely to be reunified with their families, spent significantly less time in foster care, and were returned to their families much sooner.*

Another cost-effectiveness study in San Diego found that a FDTC yielded a 58% reduction in foster-care costs for the county compared to traditional dependency court proceedings (Crumpton et al., 2003). This amounted to more than $1.5 million in total cost savings for the county. These cost savings could be expected to translate into better quality services for larger numbers of families, more parents restored to health, and more children returned to their homes.

*FDTC yielded a 58% reduction in foster-care costs for the county compared to traditional dependency court proceedings.*

## Juvenile Drug Courts

Prior to about 2006, meta-analyses concluded that Juvenile Drug Courts (JDCs) reduced delinquency by an average of three to five percent (Aos et al., 2006; Shaffer, 2006; Wilson et al., 2006). Although marginally notable, this difference was rather small in magnitude. Fortunately, newer findings are considerably more encouraging, which suggests the programs are improving their operations with increasing experience.

### *Juvenile Drug Courts Reduce Substance Abuse and Delinquency*

In a well-controlled experiment, Henggeler et al. (2006) randomly assigned juvenile drug-abusing or addicted offenders to traditional family court services, JDC, or JDC supplemented with additional evidence-based treatments.[6] The results revealed greatly lower rates of substance use and delinquency for the JDC participants as compared to the family court, and the effects were further increased through the addition of the evidence-based treatments.

A recent large-scale study in Utah found that participants in four JDCs recidivated at

[6] The evidence-based treatments were Multi-Systemic Therapy (MST) and contingency management (CM), alone and in combination. MST is a manualized intervention that trains parents, teachers and other caregivers to assist in managing the juvenile's behavior. CM involves providing gradually escalating payment vouchers for drug-negative urine specimens and other positive achievements.

substantially lower rates than a matched comparison sample of juvenile drug probationers (Hickert et al., 2010). At 30 months post-entry, 34% of the JDC participants had been arrested for a new juvenile or adult offense compared to 48% of the comparison probationers ($p < .05$). In addition, the average time delay before the first new arrest was approximately a full year later for the JDC participants ($p < .05$). Finally, a multi-site study in Ohio found that JDC participants were significantly less likely than matched juvenile probationers to be arrested for a new offense at 28 months post-entry (56% vs. 75%, $p < .05$) (Shaffer et al., 2008).

### *Juvenile Drug Courts Save Money*

Evaluators are just beginning to measure the cost-effectiveness of JDCs. A JDC cost evaluation in Maryland reported net economic savings exceeding $5,000 per participant over two years (Pukstas, 2007). In that study, the JDC participants not only recidivated at a substantially lower rate, but they also served significantly less time in secure juvenile detention and residential facilities.

## DWI Courts

Research on DWI Courts has historically not been of the same caliber as for other types of Drug Court programs (Marlowe et al., 2009). Mixed findings have been attributable to deficiencies in the research designs as well as to questionable integrity of the DWI Court programs. For example, negative findings were reported for a program that was hastily assembled solely for purposes of conducting a research study (MacDonald et al., 2007). Findings have also been lackluster for DWI offenders who were placed into traditional Drug Court programs with no further effort to tailor the services to their unique clinical or supervisory needs (Bouffard et al., 2007; Bouffard et al., 2010). Far from an indictment of DWI Courts, these studies reveal what happens when the fundamental tenets of the model are not faithfully applied.[i]

*Participants in four JDCs recidivated at a significantly lower rate than a matched comparison sample of juvenile probationers.*

### *DWI Courts Reduce Impaired Driving*

Results have been more favorable when established DWI Courts were examined using stronger research designs. A good example is a recent evaluation of a DWI Court in Waukesha, WI. The researchers first performed a process evaluation to document the program's fidelity to the 10 Key Components (Hiller & Samuelson, 2008). Subsequently, outcomes at 24 months post-entry were compared to those of a wait-list sample of DWI offenders from the same county who were eligible and willing to enter the DWI Court, but had served out their sentences before a slot became available (Hiller et al., 2009).[7] Recidivism rates for new offenses were found to be significantly lower for the DWI Court participants than for the wait-list sample (29% vs. 45%, $p = .05$).

Positive findings were similarly reported in a three-county evaluation of DWI Courts in Michigan (Michigan State Court Administrative Office & NPC Research, 2007). The comparison samples consisted of matched DWI offenders from the same counties who would have been eligible for the DWI Courts but had been arrested in the year prior to the founding of the programs.

[7] Wait-list comparisons are generally considered to be the next best evaluation design after random assignment. The occurrence of a full census is unlikely to lead to the systematic exclusion of individuals who have more severe problems or poorer prognoses, and therefore is unlikely to bias the results (e.g., Heck, 2006; Marlowe, 2009a).

The DWI Court participants were significantly less likely in two of the three counties to be arrested for a new offense within two years of entry, and were considerably less likely to be arrested for a new DWI offense in one of the counties. In nearly all of the comparisons, the trends favored substantially better outcomes for the DWI Court participants; however, small sample sizes contributed to non-significant results in some of the analyses due to inadequate statistical power.

*Recidivism rates for new offenses were found to be significantly lower for the DWI Court participants than for the wait-list sample (29% vs. 45%).*

These recent findings lend compelling support for the potentially positive effects of DWI Courts. Considerably more high-quality research is needed to confirm the effectiveness of these programs and to examine their cost-effectiveness and return on investment.

Before After

Drug Courts Reduce Crime Up To 50%

# The 10 Key Components are Key

In 1996, a small group of Drug Court professionals convened to outline the essential components of the Drug Court model. Published early the following year, *Defining Drug Courts: The Key Components* (NADCP, 1997) [hereafter 10 Key Components or Key Components] quickly became the core framework not only for Drug Courts, but for most types of Problem-Solving Court programs. At the time, these visionaries had little more to go on than their instincts, personal observations and professional experiences. The research literature was still equivocal about whether Drug Courts worked at all and was virtually silent on the question of how they worked, for whom and why.

*Research confirms that how well Drug Courts reduce crime and save money depends on how faithfully they adhere to the "10 Key Components."*

Now, fourteen years after *Defining Drug Courts: The 10 Key Components* was published, science is finally catching up with professional experience. Research confirms that how well Drug Courts reduce crime and save money depends largely on how faithfully they adhere to the "10 Key Components". Superior results and more uniform outcomes are achieved, for example, by Drug Courts[ii] that:

- held staff meetings and/or status hearings with the judge, prosecutor, defense counsel, treatment provider and coordinator regularly in attendance (Carey et al., 2008, Carey et al., in press; Shaffer, 2006);
- scheduled status hearings on at least a bi-weekly basis during the first few months of the program (Carey et al., 2008; Festinger et al., 2002; Marlowe et al., 2003, 2004, 2006, 2007);
- provided evidence-based substance abuse treatment and case-management services (Carey et al., 2008; Heck, 2008; Henggeler et al., 2006; Kirchner & Goodman, 2007; Marinelli-Casey et al., 2008; Vito & Tewksbury, 1998);
- conducted random drug testing at least twice per week for the first several months (Carey et al., 2008);
- administered gradually escalating sanctions for infractions (Goldkamp et al., 2002; Harrell & Roman, 2001; Lindquist et al., 2006; NIJ, 2006); and
- provided contingent rewards for achievements (Lindquist et al., 2006; Marlowe et al., 2008; Farole & Cissner, 2007).

## Watering Down the Model

The truth is that not all Drug Courts work. Although most Drug Courts (78% by last account) do reduce crime and produce other positive benefits, a minority (16%) may have little impact on crime and a small minority (6%) may actually increase crime (Wilson et al., 2006; Lowenkamp et al., 2005; Shaffer, 2006). Drug Courts that have been watered down or that dropped core ingredients of the intervention model have suffered in terms of lower cost savings, lower graduation rates and higher recidivism rates.

*Drug Courts that have watered down or dropped core ingredients of the intervention have suffered in terms of lower cost savings, lower graduation rates and higher recidivism rates.*

## Keeping Fidelity to the Drug Court Model

*Defining Drug Courts:*
*The 10 Key Components*

1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the Drug Court program.
4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Drug Court responses to participants' compliance.
7. Ongoing judicial interaction with each Drug Court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.
10. Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court program effectiveness.

(NADCP, 1997)

lower graduation rates and higher recidivism rates. In short, the Drug Court model works largely as originally hypothesized. Practitioners or policymakers who dilute the intervention to service short-sighted aims, such as reducing the time commitment, lowering up-front investment costs, or being excessively punitive in order to cater to certain political philosophies, do so at considerable risk and in contraindication of the scientific facts.

## Anecdotal Criticisms

Some criticisms have been made against Drug Courts which relate to allegations of unfair or harmful practices by poor quality programs. For example, some Drug Courts have been accused by political advocacy groups of increasing arrests and incarceration rates in their communities, a phenomenon known as "net-widening" (Drug Policy Alliance, 2011; Justice Policy Institute, 2011). There is not a shred of empirical evidence to support this claim. In fact, the lone citation that has been offered to support the assertion comes from a non-empirical law article written by a judge in Denver over a decade ago (Hoffman, 2000). In it, the judge – a vociferous critic of Drug Courts – alleged that arrests for drug offenses increased in Denver at around the same time as the advent of the Drug Court. He opined that the police must have been arresting more people because they now had a place to put them.

In fact, this anecdotal speculation was disproven as soon as it was offered. Studies in Denver published before 2001 proved that net-widening did *not*, in fact, occur; indeed, imprisonment for drug offenses declined after the Drug Court came into being (Meyer & Ritter, 2002). Drug Courts were created for the very reason that drug-related crimes were already on the rise. In fact, rising drug arrests often contribute to the creation of local Drug Courts, not the other way around.

Some Drug Courts have been alleged to deny participants their constitutional rights by hindering defense counsel representation and impeding adequate evidentiary discovery (National Association of Criminal Defense Lawyers, 2009).

Although such criticisms are entirely unproven and anecdotal, it is incumbent upon the Drug Court field to determine whether, and to what extent, they might be warranted, and to take steps to reduce or eliminate them from Drug Court operations wherever necessary. Accomplishing this critical task requires institutionalization of best practice standards for the field, which indicate not only which protocols improve outcomes and save money, but also which practices impair results and waste costly judicial, treatment and supervision resources.

## Best Practice Standards

Science is accomplishing considerably more than substantiating the 10 Key Components. It is defining them in concrete terms, in effect transforming them into best practice standards. Armed with specific guidance about how to best implement the 10 Key Components, Drug Courts can be more confident about the quality of their operations, funders can make better informed decisions about which programs to support, researchers can measure program quality in their evaluations, and trainers can identify areas needing further improvement and technical assistance.

Best practice standards reflect the hard-won knowledge of the Drug Court field gained from more than two decades of earnest labor and honest self-appraisal. As more programs proliferate, it is essential to benefit from this institutional memory to avoid repeating past mistakes or reinventing the wheel.

This is why NADCP is embarking on a carefully planned strategy to develop evidence-based practice standards for the Drug Court field. An expert working group with diverse representation from various professional disciplines, regions of the country, and racial, ethnic, cultural and gender perspectives has begun the early work of synthesizing the research findings, developing a process for drafting practice recommendations, and ensuring feedback and buy-in from the Drug Court field as a whole. The goal is to set basic minimum evidence-based practice standards and to provide education and practice pointers for the field which NADCP has always done and which Drug Court professionals have always welcomed.

## Taking Drug Courts to Scale: The Future of Drug Courts

Defining our best practices is critical as Drug Courts go to scale and address the full scope of the drug/crime problem in this country. The appalling figures are now well known: one out of every 100 adult American citizens is behind bars with the burden borne disproportionately by racial and ethnic minorities and the poor (Pew Center on the States, 2008). Our prisons are overcrowded with nonviolent offenders charged with drug-related offenses and our budgets are buckling under the weight of enormous correctional expenditures, yet crime rates and drug-use initiation rates are barely budging or are merely shifting in character.

Drug Courts have been credited with helping to "bend the curve" of incarceration downward, especially for racial minority citizens (Mauer, 2009). But Drug Courts still serve only about ten percent of the roughly 1.2 million adults arrested each year in the U.S. who are at risk for substance abuse or dependence and are eligible for participation (Bhati et al., 2008).

States like New York have made large investments and now see the benefits of taking the Drug Court model to scale, furnishing Drug Courts in every county. In a

three-year study, the New York State Court System estimated that $254 million in incarceration costs were saved by diverting 18,000 non-violent drug offenders into Drug Courts (Rempel et al., 2003). During the entire fifteen-year time period that Drug Courts have been in operation throughout the state, New York has witnessed historic reductions in crime which led to widespread reform measures in 2009. Due to effective alternatives to incarceration including Drug Courts, New York has closed two of its prisons and left several others half empty (Tremmel, 2009).

*Due to effective alternatives to incarceration including Drug Courts, New York has closed two of its prisons and left several others half empty.*

Other states are following suit. From southern states like Alabama, Georgia and Texas to the midwest (e.g., Missouri) to the northeast (e.g., Vermont and New Jersey), state leaders are expanding Drug Courts as a safe crime-reduction strategy and a sensible budget-control solution (e.g., Galloway, 2011; Levin, 2006).

## Drug Courts are not for Everyone

It is not suggested that Drug Courts can, or should, treat all drug-involved offenders. Research identifies that the "High Risk/High Need" population of offenders respond optimally to the Drug Court model and yield the greatest returns on investment. These individuals are (1) compulsively addicted to drugs and/or alcohol and (2) have failed other treatment or supervisory interventions (Carey et al., 2008; Lowenkamp et al., 2005; Fielding et al., 2002; Marlowe et al., 2006, 2007; Festinger et al., 2002).

## Project H.O.P.E.

But what about the other non-addicted and/or low-risk substance-involved offenders, of which there are many? Research suggests they may be safely and effectively managed without the necessity of sending them to intensive Drug Court programs that apply the full panoply of services embodied in the 10 Key Components. For example, recent studies have reported promising outcomes for what are generically referred to as coerced-abstinence programs (Harrell & Roman, 2001), such as Hawaii's Project H.O.P.E. (Hawaii Opportunity Probation with Enforcement) (Hawkin & Kleiman, 2009). Coerced abstinence programs are less intensive than Drug Courts because they do not rely on regular status hearings before a judge, substance abuse/mental health treatment and positive reinforcement to achieve their desired effects. Participants in these programs undergo frequent drug testing, enhanced probation supervision, and receive escalating jail sanctions for infractions. Although participants may be referred for substance abuse treatment if they do not respond to the sanctions regimen or if they request it, treatment is not a core component of the intervention and is not provided to many participants.

## Building a System of Justice for all Drug-Involved Offenders

The challenge now is to develop a full continuum of evidence-based justice programs for each jurisdiction, and to match drug or alcohol-involved offenders to the most effective and cost-efficient interventions given their clinical needs and prognosis for success.

NADCP is committed to conceptualizing, implementing and evaluating just such an evidence-based system of care for the criminal justice system (Marlowe, 2009b). In collaboration with the developers and practitioners of other proven models, NADCP is working to specify the parameters of a systemic model, develop procedures for assessing individuals from the point of arrest and directing them to the most suitable interventions, and adjusting the conditions of treatment and supervision in response to their performance. This work will continue until Drug Courts and their partners are able to provide effective and cost-efficient services for all Americans who need their help.

Before After

75% of Drug Court Graduates Do Not See Another Pair of Handcuffs

# Part I. 2009 National Survey Results

## Number of Drug Courts in Operation

*As of December 31, 2009, there were 2,459 Drug Courts in the United States.*

*The aggregate number of Drug Courts increased 40% in the past five years.*

As of December 31, 2009, there were 2,459 operational Drug Courts in the United States. This represents a 6% increase in the total number of Drug Courts since the end of 2008, and a 40% increase over the past five years (Figure 3).

## State-Specific Growth

*56% of U.S. states and territories reported an increase in the number of Drug Courts in 2009.*

Comparing 2008 to 2009, 56% (*n* = 30) of U.S. states and territories reported an increase in the aggregate number of Drug Courts in their jurisdictions, totaling 181 additional programs in 2009. Another 24% (*n* = 13) of jurisdictions reported a relatively small decrease in the aggregate number of Drug Courts, totaling 48 fewer programs, and 20% of jurisdictions (*n* = 11) reported no change in the number of Drug Courts.

*Alabama and Arizona reported the largest increase in the number of Drug Courts in 2009, with 22 additional programs each.*

The largest reported growth in the number of Drug Courts between 2008 and 2009 was in the southern and mid-western regions of the U.S. Alabama and Arizona reported the largest aggregate increase in Drug Courts in 2009, with 22 new programs each, followed respectively by Texas and Oklahoma.

## Drug Court Models

As was described earlier, there are several types or variants of the Drug Court model. Table 2 breaks down the aggregate number of Drug

Table 2

**Comparison of Operational Drug Courts 2008 to 2009**

| Drug Court Models | 12/31/05 | 12/31/06 | 12/31/07 | 12/31/08 | 12/31/09 | Change 2008 to 2009 |
|---|---|---|---|---|---|---|
| Adult: | 985 | 1,115 | 1,174 | 1,253 | 1,317 | +64 (+5%) |
| Juvenile: | 386 | 408 | 455 | 459 | 476 | +17 (+4%) |
| Family: | 196 | 229 | 301 | 328 | 322 | -6 (-2%) |
| Designated DWI: | 74 | 81 | 110 | 144 | 172 | +28 (+19%) |
| Tribal: | 65 | 67 | 72 | 79 | 89 | +10 (+13%) |
| Federal District: | 4 | 5 | 5 | 25 | 30 | +5 (+20%) |
| Reentry: | 44 | 20 | 24 | 30 | 29 | -1 (-3%) |
| Veterans: | N/A | N/A | N/A | 4 | 19 | +15 (+375%) |
| Campus: | 1 | 1 | 6 | 4 | 5 | +1 (+25%) |
| **Total** | **1,756** | **1,926** | **2,147** | **2,326** | **2,459** | **+133 (+6%)** |

Table 3

## Operational Drug Courts in the United States (December 31, 2009)

| | Total Drug Courts | Adult | Adult (Probation/Post-Plea) | Adult (Diversionary/Pre-Plea) | Adult (Hybrid Pre/Post-Plea) | Adult (Unknown Type) | Adult (Hybrid DWI/Drug) | Juvenile | Family | Tribal* | Designated DWI | Campus* | Reentry Drug* | Federal District | Veteran |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Alabama | 74 | 53 | 53 | 0 | 0 | 0 | 0 | 13 | 6 | 1 | 0 | 0 | 0 | 1 | 0 |
| Alaska | 15 | 2 | 2 | 0 | 0 | 0 | 2 | 1 | 1 | 6 | 4 | 0 | 0 | 0 | 1 |
| Arizona | 60 | 16 | 13 | 3 | 0 | 0 | 5 | 20 | 6 | 14 | 3 | 0 | 0 | 1 | 0 |
| Arkansas | 47 | 40 | 34 | 3 | 3 | 0 | 0 | 5 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| California | 226 | 109 | 97 | 2 | 0 | 10 | 0 | 48 | 52 | 4 | 10 | 0 | 2 | 0 | 1 |
| Colorado | 50 | 20 | 20 | 0 | 0 | 0 | 1 | 10 | 12 | 2 | 4 | 1 | 0 | 0 | 1 |
| Connecticut | 5 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| Delaware | 13 | 9 | 3 | 6 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| District of Columbia | 3 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Florida | 105 | 52 | 16 | 26 | 10 | 0 | 4 | 26 | 22 | 0 | 4 | 0 | 1 | 0 | 0 |
| Georgia | 69 | 30 | 18 | 1 | 9 | 2 | 1 | 11 | 11 | 0 | 16 | 0 | 0 | 0 | 1 |
| Guam | 3 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Hawaii | 13 | 5 | 0 | 0 | 5 | 0 | 0 | 6 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Idaho | 47 | 28 | 28 | 0 | 0 | 0 | 7 | 7 | 4 | 3 | 4 | 0 | 0 | 1 | 0 |
| Illinois | 41 | 28 | 18 | 3 | 7 | 0 | 4 | 3 | 0 | 0 | 4 | 0 | 0 | 2 | 4 |
| Indiana | 40 | 26 | 10 | 6 | 10 | 0 | 14 | 4 | 3 | 0 | 0 | 0 | 6 | 1 | 0 |
| Iowa | 29 | 15 | 12 | 0 | 3 | 0 | 0 | 7 | 6 | 0 | 0 | 0 | 0 | 1 | 0 |
| Kansas | 12 | 8 | 6 | 2 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| Kentucky | 113 | 89 | 22 | 7 | 60 | 0 | 0 | 20 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Louisiana | 58 | 29 | 29 | 0 | 0 | 0 | 9 | 19 | 2 | 0 | 5 | 0 | 3 | 0 | 0 |
| Maine | 11 | 7 | 7 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 1 | 0 |
| Maryland | 40 | 20 | 19 | 0 | 1 | 0 | 0 | 13 | 4 | 0 | 3 | 0 | 0 | 0 | 0 |
| Massachusetts | 21 | 17 | 17 | 0 | 0 | 0 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| Michigan | 87 | 32 | 14 | 1 | 7 | 10 | 8 | 15 | 9 | 6 | 23 | 0 | 0 | 2 | 0 |
| Minnesota | 43 | 20 | 3 | 1 | 16 | 0 | 6 | 4 | 7 | 2 | 10 | 0 | 0 | 0 | 0 |
| Mississippi | 35 | 21 | 16 | 1 | 4 | 0 | 21 | 12 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| Missouri | 110 | 71 | 41 | 0 | 30 | 0 | 35 | 14 | 11 | 0 | 9 | 0 | 3 | 1 | 1 |
| Montana | 25 | 8 | 8 | 0 | 0 | 0 | 5 | 4 | 3 | 8 | 2 | 0 | 0 | 0 | 0 |
| Nebraska | 25 | 11 | 11 | 0 | 0 | 0 | 0 | 5 | 8 | 0 | 1 | 0 | 0 | 0 | 0 |
| Nevada | 43 | 20 | 0 | 0 | 0 | 20 | 4 | 5 | 2 | 6 | 6 | 1 | 2 | 0 | 1 |
| New Hampshire | 9 | 2 | 2 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| New Jersey | 27 | 21 | 21 | 0 | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| New Mexico | 54 | 17 | 8 | 0 | 9 | 0 | 17 | 17 | 4 | 7 | 9 | 0 | 0 | 0 | 0 |
| New York | 181 | 100 | 53 | 0 | 47 | 0 | 90 | 23 | 55 | 0 | 0 | 0 | 0 | 1 | 2 |
| North Carolina | 42 | 22 | 18 | 2 | 2 | 0 | 2 | 4 | 12 | 2 | 2 | 0 | 0 | 0 | 0 |
| North Dakota | 13 | 5 | 0 | 0 | 5 | 0 | 0 | 6 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| Ohio | 81 | 31 | 0 | 0 | 0 | 31 | 0 | 26 | 17 | 0 | 6 | 0 | 0 | 1 | 0 |
| Oklahoma | 74 | 50 | 0 | 50 | 0 | 0 | 48 | 8 | 4 | 6 | 3 | 1 | 0 | 1 | 1 |
| Oregon | 57 | 28 | 14 | 1 | 11 | 2 | 2 | 14 | 11 | 0 | 2 | 0 | 0 | 2 | 0 |
| Pennsylvania | 51 | 23 | 19 | 4 | 0 | 0 | 2 | 9 | 2 | 0 | 11 | 0 | 1 | 3 | 2 |
| Puerto Rico | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rhode Island | 10 | 4 | 0 | 0 | 4 | 0 | 0 | 4 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| South Carolina | 27 | 16 | 14 | 0 | 2 | 0 | 0 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| South Dakota | 6 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 1 | 0 | 0 | 0 | 0 |
| Tennessee | 52 | 38 | 36 | 0 | 2 | 0 | 21 | 7 | 1 | 0 | 6 | 0 | 0 | 0 | 0 |
| Texas | 98 | 50 | 0 | 0 | 0 | 50 | 6 | 16 | 10 | 1 | 8 | 1 | 8 | 2 | 2 |
| Utah | 49 | 25 | 25 | 0 | 0 | 0 | 1 | 9 | 9 | 0 | 5 | 0 | 0 | 1 | 0 |
| Vermont | 5 | 3 | 3 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Virginia | 29 | 15 | 5 | 5 | 5 | 0 | 7 | 9 | 3 | 0 | 1 | 0 | 0 | 1 | 0 |
| Virgin Islands | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Washington | 49 | 16 | 4 | 12 | 0 | 0 | 0 | 9 | 11 | 8 | 3 | 0 | 0 | 1 | 1 |
| West Virginia | 21 | 16 | 2 | 0 | 14 | 0 | 16 | 4 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Wisconsin | 30 | 22 | 0 | 21 | 1 | 0 | 1 | 1 | 0 | 2 | 4 | 0 | 0 | 0 | 1 |
| Wyoming | 22 | 12 | 12 | 0 | 0 | 0 | 11 | 7 | 0 | 2 | 1 | 0 | 0 | 0 | 0 |
| **TOTALS** | **2459** | **1317** | **767** | **157** | **268** | **125** | **354** | **476** | **322** | **89** | **172** | **5** | **29** | **30** | **19** |

* Tribal data was derived from the Bureau of Justice Assistance Drug Court Clearing House (2009)
* Campus data was derived from The Century Council
* Federal Reentry data was derived from the Administrative Office of the U.S. Courts

Figure 2

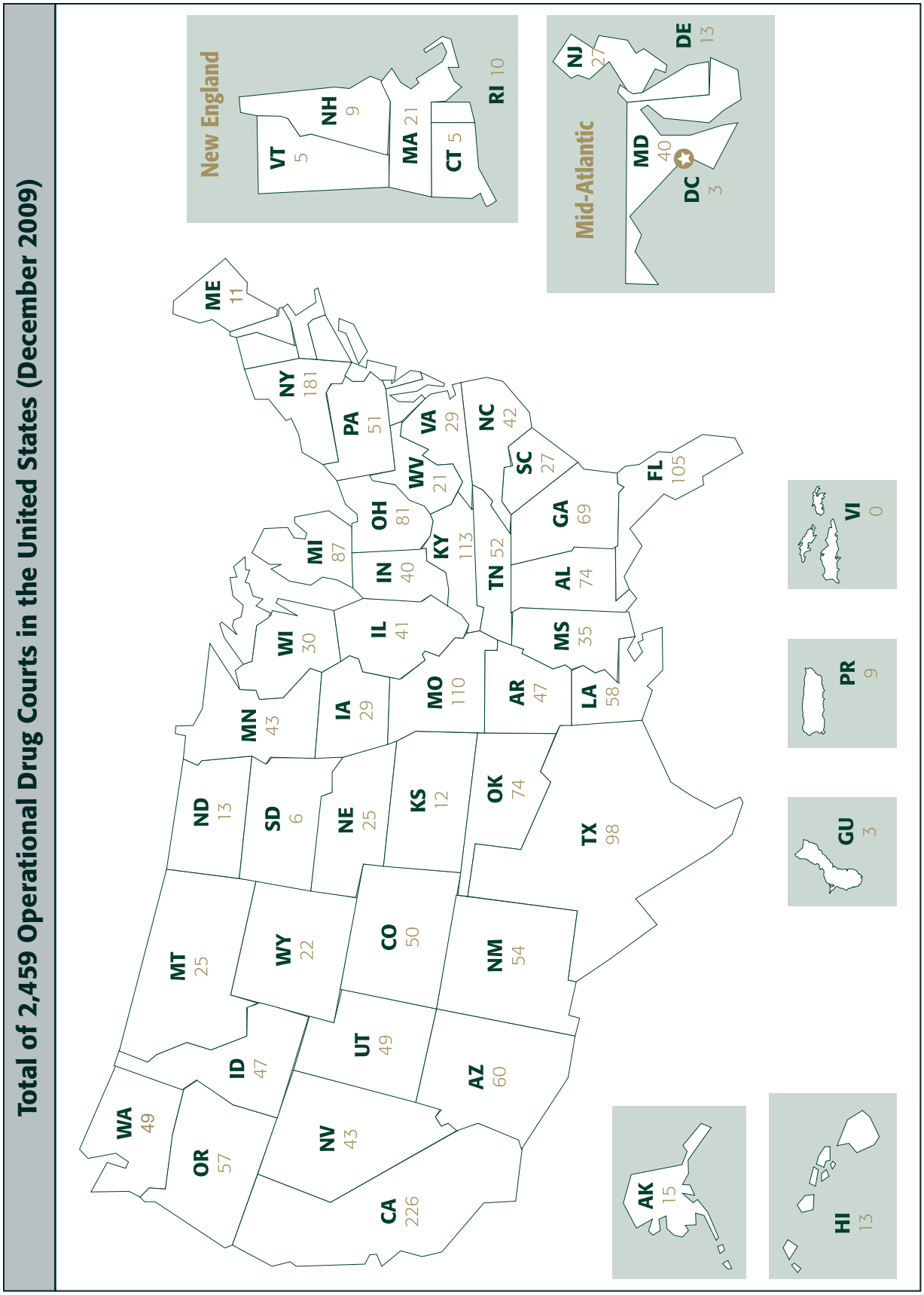
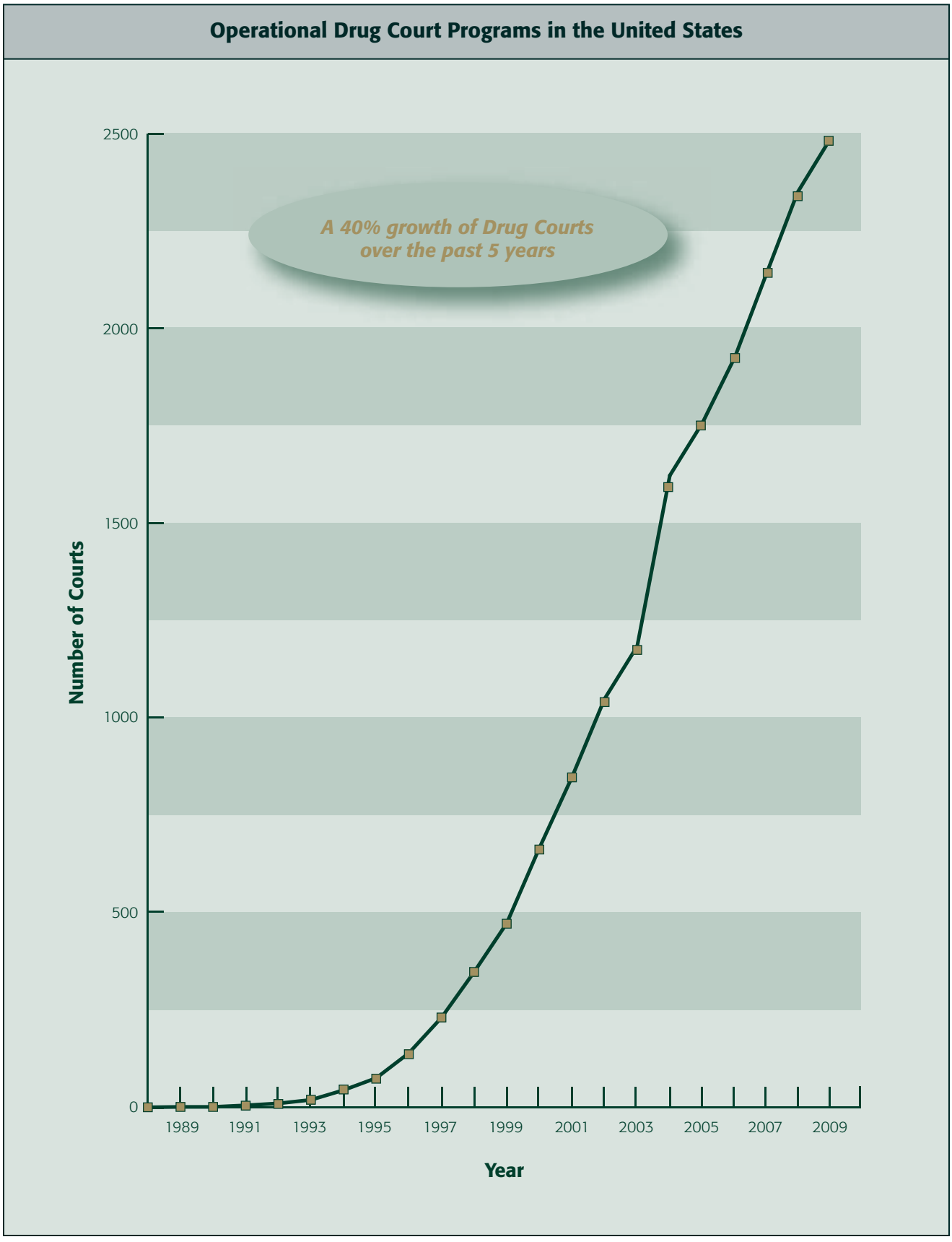

Total of 2,459 Operational Drug Courts in the United States (December 2009)
New England
VT 5
NH 9
MA 21
CT 5
RI 10
Mid-Atlantic
NJ 27
DE 13
MD 40
DC 3
ME 11
NY 181
PA 51
VA 29
NC 42
SC 27
WV 21
OH 81
MI 87
KY 113
GA 69
FL 105
IN 40
TN 52
AL 74
WI 30
IL 41
MS 35
MN 43
IA 29
MO 110
AR 47
LA 58
ND 13
SD 6
NE 25
KS 12
OK 74
TX 98
MT 25
WY 22
CO 50
NM 54
ID 47
UT 49
AZ 60
WA 49
OR 57
NV 43
CA 226
AK 15
HI 13
GU 3
PR 9
VI 0

Figure 3


Operational Drug Court Programs in the United States
A 40% growth of Drug Courts over the past 5 years
Number of Courts
2500
2000
1500
1000
500
0
1989
1991
1993
1995
1997
1999
2001
2003
2005
2007
2009
Year

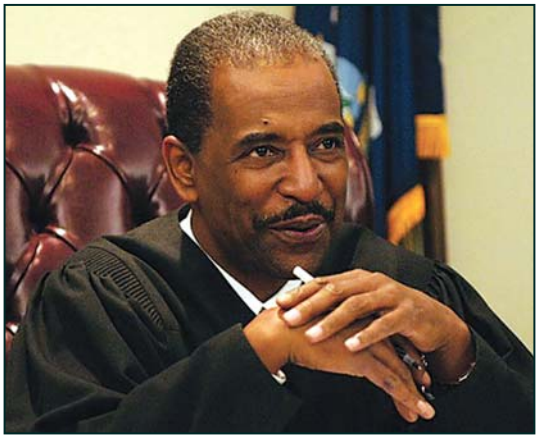
Courts by program model for the years 2005 through 2009, and compares the numbers of the various models between 2008 and 2009.

In 2009, approximately 54% (1,317 out of 2,459) of drug courts were Adult Drug Courts. The next most prevalent models were Juvenile Drug Courts (19% of drug courts), Family Dependency Treatment Courts (13%) and separately designated DWI Courts (7%), respectively.

Adult Drug Courts and designated DWI Courts had the largest growth in raw numbers between 2008 and 2009. The greatest proportional growth was for Veterans Treatment Courts, which increased from only four programs in 2008 to 19 programs in 2009. As of May 2011, there are currently 74 Veterans Treatment Courts in operation.

## *Veterans Treatment Courts on the Rise*

Judge Robert Russell (pictured below), presiding judge of the Buffalo Drug Court and Buffalo Mental Health Court, created the nation's first Veterans Treatment Court in early 2008. This specialized veterans-only docket was designed to address the growing number of veterans appearing before the criminal courts in Buffalo who were addicted to drugs or alcohol and/or suffering from a severe mental health disorder or traumatic brain injury stemming from combat. This model is now spreading rapidly across the nation (see Table 2).



Building upon the infrastructure that exists within Drug Courts and Mental Health Courts, Veterans Treatment Courts combine rigorous treatment and accountability for veterans facing incarceration. They promote sobriety, recovery and stability through a coordinated response with the understanding that the bonds of military service and combat run deep. Veterans Treatment Courts not only allow veterans to go through the treatment court process with other veterans who are similarly situated and have common past experiences, but link them with Veterans Affairs services uniquely designed for their distinct needs that arise from that experience. In so doing, Veterans Treatment Courts involve the U.S. Department of Veterans Affairs health care networks, the Veterans Benefits Administration, State Departments of Veterans Affairs, volunteer veteran mentors and veterans family support organizations.

Many veterans caught in the justice system struggle with addiction and/or mental illness, often leading to a loss of employment and homelessness. For example, studies have revealed that 81% of all justice-involved veterans had a substance abuse problem prior to incarceration and 25% were identified as mentally ill (Tanielian & Jaycox, 2008). Left untreated, mental health disorders that are common among veterans, such as traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD), can lead directly to future homelessness. In fact, 23% of justice-involved veterans were homeless at some point during the year preceding their arrest (Mumula,

2000). By identifying justice system-involved veterans early and connecting them with the mental health and substance abuse services they have duly earned, Veterans Treatment Courts not only go a long way toward healing the silent wounds of war, but are rapidly becoming a critical stop-gap for preventing future homelessness.

## Dispositional Models of Adult Drug Court

From 1989 until approximately the mid-1990s, many Adult Drug Courts followed a *pre-plea* dispositional model. Pursuant to this model, participants enter the program as part of a pre-trial diversion agreement with the understanding that the charges will be dismissed upon successful completion of treatment. Because no guilty plea is formally entered, the case resumes processing through the criminal justice system in the event of an unsuccessful termination.

As research indicated that Adult Drug Courts should be targeting more serious offender populations (e.g., Marlowe et al., 2007), the field began to shift toward serving recidivist and higher-risk participants. In so doing, many programs adopted a *post-plea* model in which the defendant is required to plead guilty to the charge(s) or stipulate to the facts in the criminal complaint as a condition of entry.

There are two general sub-types of post-plea Drug Courts. In *post-plea/pre-adjudication* programs,[8] the guilty plea or stipulated agreement is held in abeyance and is vacated or withdrawn upon successful completion of treatment. In addition, many of these programs may expunge the record of the arrest or conviction if the participant remains arrest-free for an additional waiting period. Although the record is usually not literally erased from criminal databases, record expungement ordinarily entitles the individual to respond truthfully on an employment application or similar document that the arrest or conviction did not occur (Festinger et al., 2005).

*As of December 31, 2009, the majority (58%) of Adult Drug Courts followed a post-plea model.*

A second type of post-plea Drug Court follows a *post-adjudication* or *term of probation* model. The record of the conviction stands, but participants can avoid incarceration or reduce their probation obligations. These programs may also serve offenders who were previously sentenced to probation and were subsequently charged with a drug-related technical violation or new offense.

As of December 31, 2009, the majority (58%) of Adult Drug Courts followed a post-plea model.[9] An additional 12% of programs

[8] This model may also be referred to as Deferred Entry of Judgment.

[9] The 2009 survey did not distinguish between post-plea/pre-adjudication models and post-adjudication models. The current survey makes this distinction.

followed a pre-plea model and 20% served both populations together in a hybrid model.

| | |
|---|---|
| **Pre-plea or diversionary** | **157 ( 12%)** |
| **Post-plea or term of probation** | **767 ( 58%)** |
| **Hybrid pre/post plea** | **268 ( 20%)** |
| **Unknown** | **125 ( 10%)** |
| | **1,317 (100%)** |

## Which Model is Preferable?

There is no one answer to the question of which dispositional model is most effective. Comparing outcomes between models is, in many ways, like comparing "apples to oranges" because the populations tend to be quite different. A probation-revocation Drug Court, for example, is apt to be treating a much more severe offender population than a pre-plea Drug Court.

There is some evidence to suggest that applying one consistent model may yield better results than mixing populations together in a hybrid model (Shaffer 2006). It is not clear why this might be the case, but it could be that the hybrid programs did not develop separate policies and procedures to deal with the diverse needs of a heterogeneous population. Perhaps the results would be better if hybrid programs developed separate tracks to meet the needs of different types of offenders. More research is needed to better understand this issue.

Putting the issue of effectiveness aside, there are practical advantages and disadvantages to each dispositional model for both the criminal justice system and for participants. One advantage of the pre-plea model is faster case processing, because the need for preliminary hearings and evidentiary discovery may be reduced. Because the defendant is not required to tender a plea, defense counsel are often more willing to recommend entry without extensive discovery. On the other hand, pre-plea cases run the risk of going "cold" if participants are terminated from the program several months after admission, because witnesses and evidence may no longer be readily accessible. Perhaps the biggest problem with pre-plea programs is that diversion opportunities are often unavailable by statute or by prosecutorial policy for more serious types of offenders or offenses.

Post-plea models offer the advantage of providing coercive leverage over participants to keep them engaged in treatment. In addition, prosecutors are more likely to offer post-plea dispositions to more serious offenders because there is little risk of the cases going cold. On the other hand, defense attorneys may require additional time for discovery and preliminary motions before advising their clients to tender a plea. This can delay clients' entry into treatment and reduce the effectiveness of the program.

Drug Court teams are advised to carefully weigh the benefits and burdens of each dispositional model before settling on the best option or options to meet the needs of their community.

# Part II. 2008 National Survey Results

## Drug Court Capacity

### *How Many Counties Do Not Have a Drug Court?*

There are 3,010 counties within the states and territories that responded to this survey. Of those, 56% did not have an Adult Drug Court, 84% did not have a Juvenile Drug Court, and 87% did not have a Family Dependency Treatment Court. This indicates that a large proportion of otherwise eligible individuals do not have access to these life-saving courts.

*As of 2008, 56% of U.S. counties did not have an Adult Drug Court, 84% did not have a Juvenile Drug Court and 87% did not have a Family Dependency Treatment Court.*

### *How Many People are Being Served in Drug Courts Nationally?*

Based on national data, it was estimated that there were over 116,300 participants in Drug Courts throughout the U.S. states and territories as of December 31, 2008.

There was substantial variability across jurisdictions in the size of the Drug Court census, ranging from a high of approximately 20,000 participants in California to a low of only ten participants in South Dakota. The average census per U.S. state or territory was 2,156 participants. With a standard deviation (SD) of 886 participants, this would suggest that many jurisdictions were serving between approximately 1,200 and 3,000 participants in their Drug Courts.

*As of December 31, 2008, it was estimated that there were over 116,300 participants in Drug Courts throughout the U.S. states and territories.*

### *What Limits the Expansion of Drug Courts?*

Ninety-six percent of U.S. states and territories reported that Drug Court capacity could be appreciably expanded.

Respondents were asked to rank-order the factors that were limiting Drug Court capacity in their jurisdiction. The vast majority of respondents (80%) reported that insufficient state or federal funding was the primary obstacle limiting the capacity of their Drug Courts. Among all respondents, the top three factors most commonly identified included insufficient state funding, insufficient federal funding and an insufficient availability of treatment slots.

*96% of U.S. states and territories reported that Drug Court capacity could be expanded.*

Apathy or resistance by the judiciary was rated as a primary obstacle to expansion by only one respondent, and was included in the top three obstacles by less than 10% of respondents. Thus, any concerns that state judiciaries might be unwilling or unprepared to expand Drug Courts appear to be unwarranted. The primary factor limiting program expansion is funding and not a lack of judicial interest.

*The primary factor limiting Drug Court expansion is funding and not a lack of judicial interest.*

## National Drug Court Population

The melding of the criminal justice and treatment systems helps to effectuate change from jurisdiction to jurisdiction for a myriad of individuals representing a diverse range of racial, ethnic and gender backgrounds. However, some commentators have questioned whether Drug Courts are providing equivalent access to minority citizens. This is a critically important matter for the courts, and one that the NADCP Board of Directors has required the Drug Court field to investigate and address where necessary.

### *Representation of Racial Minorities*

Respondents were asked how many or what percentage of their jurisdiction's Drug Court participants were of various racial backgrounds.

Caucasians and African-Americans were reported to be the most prevalent racial groups in Drug Courts (see Table 4). On average, Caucasians were reported to represent nearly two-thirds (62%) of Drug Court participants nationwide. However, there was considerable variability across jurisdictions. In some Drug Courts, nearly all of the participants were reported to be Caucasian, whereas in others, Caucasians were reported to be virtually absent.

*On average, Caucasians were reported to represent nearly two-thirds (62%) of Drug Court participants nationwide.*

On average, African-Americans were reported to represent approximately one-fifth (21%) of Drug Court participants nationwide. Again, however, there was considerable variability across programs. In some Drug Courts, nearly all of the participants were reported to be African-American, whereas in others, African-Americans were reported to be virtually absent.

Other racial groups each accounted for less than 5% of Drug Court participants nationally, and were not represented in many Drug Courts. Native-Americans and Pacific Islanders were reported to be prevalent in a small number of Drug Courts located in specific geographic regions of the country.

### *Representation of Ethnic Minorities*

Respondents were asked how many or what percentage of their jurisdiction's Drug Court participants were of Spanish, Hispanic or Latino(a) ancestry.

*On average, African-Americans were reported to represent 21% of Drug Court participants nationwide.*

Table 4

**Drug Court Participants by Race**

| Race | Average (SD) | Range |
|---|---|---|
| White or Caucasian | 62% (14%) | 1% - 98% |
| Black or African-American | 21% (28%) | 1% - 95% |
| American Indian or Alaskan Native | 4% | < 1% - 22% |
| Guamanian or Chamorro | 3% | 0% - 65% |

On average, Spanish, Hispanic or Latino(a) persons were reported to represent 10% of Drug Court participants nationwide. However, there was considerable variability across jurisdictions. In some Drug Courts, such as those in Puerto Rico, nearly all of the participants were reported to be of Spanish, Hispanic or Latino(a) ancestry, whereas in others, individuals with these ethnic backgrounds were reported to be virtually absent (see Table 5).

*On average, Spanish, Hispanic or Latino(a) persons were reported to represent 10% of Drug Court participants nationwide.*

## Proportionality of Minority Representation

Respondents were asked: "Do you think people of color are disproportionately represented in your state's Drug Courts? If so, are they over or under-represented?"

The majority of respondents (58%; *n* = 28) reported that people of color were proportionately represented in their Drug Courts. However, a substantial minority of respondents (42%; *n* = 20) reported that people of color were disproportionately represented in their Drug Courts.

Racial and ethnic minorities were reported to be both over-represented and under-represented in some of the respondents' Drug Courts. Among the 20 respondents that reported a disproportionate representation of minorities in their states, 44% (*n* = 7) reported that minorities were over-represented in their Drug Courts and 56% (*n* = 9) reported that minorities were under-represented.[10]

*People of color were reported to be proportionately represented in 58% of the respondents' Drug Courts.*

## Minority Representation as Compared to Other Populations

Representation of African-Americans was reportedly higher in Drug Courts than in the general population. However, representation of Hispanic persons in Drug Courts was slightly lower than in the general population (see Table 6).

Probationers are arguably the population of offenders that are most directly comparable to Drug Courts, because they are similarly under community correctional supervision. Minority representation was reportedly about the same in Drug Courts as in probation and parole settings. African-Americans represented 21% of Drug Court participants vs. 28% of probationers and parolees, and

Table 5

**Representation of Ethnic Minorities in Drug Court**

| Ethnicity | Average (SD) | Range |
|---|---|---|
| Spanish or Hispanic or Latino/Latina | 10% (17%) | 0% - 95% |

[10] An additional four respondents did not answer this question.

*Representation of African-Americans was reportedly higher in Drug Courts than in the general population; however, representation of Hispanic citizens was slightly lower in Drug Courts than in the general population.*

*Minority representation was reportedly about the same in Drug Courts as in probation and parole settings.*

Hispanics represented 10% of Drug Court participants vs. 13% of probationers and parolees.

Importantly, representation of African-Americans in jails and prisons was nearly twice that of both Drug Courts and probation, and was also substantially higher among all arrestees for drug-related offenses.

On one hand, these discrepancies might be explained by relevant differences in the populations. For example, minority arrestees might be more likely to have the types of prior convictions that could exclude them from eligibility for Drug Courts or probation. On the other hand, systemic differences in plea-bargaining, charging or sentencing practices might be having the practical effect of denying Drug Court and other community-based dispositions to otherwise needy and eligible minority citizens. Further research is needed to determine whether racial or ethnic minority citizens are being denied the opportunity for Drug Court for reasons that may be unrelated to their legitimate clinical needs or legal eligibility.

*Representation of African-Americans in jails and prisons was nearly twice that of both Drug Courts and probation, and was also substantially higher among all arrestees for drug-related offenses.*

Table 6

**Minority Representation in Drug Courts Compared to Other Populations**

| Population | Caucasian | Black/African-American | Spanish/Hispanic/Latino |
|---|---|---|---|
| ***Drug Courts*** | ***62%*** | ***21%*** | ***10%*** |
| General Population[1] | 80% | 14% | 15% |
| Arrestees[2] | | | |
| Any offense | 69% | 28% | N.A. |
| Drug offense | 63% | 35% | N.A. |
| Prison Inmates[3] | 34% | 44% * | 20% |
| Jail Inmates[4] | 43% | 39% * | 16% |
| Probationers & Parolees[5] | 56% | 28% * | 13% |

[1] *Source:* U.S. Census Bureau, Population Estimates Program, 2008.
[2] *Source:* FBI Uniform Crime Reporting Data, 2008.
[3] *Source:* Bureau of Justice Statistics, *Prisoners in 2008* (NCJ #228417).
[4] *Source:* Bureau of Justice Statistics, *Jail Inmates at Midyear 2007* (NCJ #221945).
[5] *Source:* Bureau of Justice Statistics, *Probation and Parole in the United States, 2008* (NCJ #228230).
* Excludes persons of Hispanic and Latino origin.
N.A. = Not available or reported.

*Further research is needed to determine whether racial or ethnic minority citizens are being denied the opportunity for Drug Court for reasons that may be unrelated to their legitimate clinical needs or legal eligibility.*

Drug Courts have been credited with helping to partially reduce the disproportionate confinement of racial minorities in this country (Mauer, 2009). However, the current findings suggest that further efforts may be required to eliminate sentencing disparities for minority citizens.

## Primary Substances of Abuse Among Drug Court Participants

Respondents were asked to rank-order the primary, secondary and tertiary substances of abuse among their urban, suburban, and rural Drug Court participants.

Across all settings, cocaine/crack, alcohol, marijuana and methamphetamine were reported to be the most commonly abused substances among participants prior to entering the programs. Methamphetamine was reported to be the primary substance of abuse among nearly twice as many rural Drug Court participants as among urban and suburban participants. In contrast, cocaine/crack was reported to be the primary substance of abuse among a substantially larger proportion of urban Drug Court participants than among rural or suburban participants.

### *Urban Drug Courts*

Prior to entering Drug Court, the primary substances of abuse among urban participants were reported to be cocaine/crack (27%) and alcohol (27%), followed by cannabis (22%), methamphetamine (16%), illicit opiates (7%) and prescription medications (2%) (see Figure 4).

*Cocaine/crack (27%), alcohol (27%), cannabis (22%) and methamphetamine (16%) were reported to be the primary substances of abuse among participants in urban Drug Courts.*

### *Suburban Drug Courts*

Prior to entering the program, the primary substances of abuse among suburban Drug Court participants were reported to be alcohol (33%), cannabis (20%), cocaine/crack (18%), methamphetamine (18%), illicit opiates (10%) and prescription medications (3%) (see Figure 5).

*Alcohol (33%), cannabis (20%), cocaine/crack (18%) and methamphetamine (18%) were reported to be the primary substances of abuse among participants in suburban Drug Courts.*

### *Rural Drug Courts*

The primary substances of abuse among rural Drug Court participants were reported to be methamphetamine (30%) and alcohol (30%), followed by cannabis (14%), illicit opiates (12%), cocaine/crack (7%) and prescription medications (7%) (see Figure 6).

*Methamphetamine (30%), alcohol (30%), cannabis (14%) and heroin (12%) were reported to be the primary substances of abuse among participants in rural Drug Courts.*

## Drug Court Graduation and Retention Rates

Respondents were asked how many participants graduated from their Drug Courts between January 1st and December 31st of 2008. A total of 22,584 participants were reported to have successfully graduated from

Figure 4

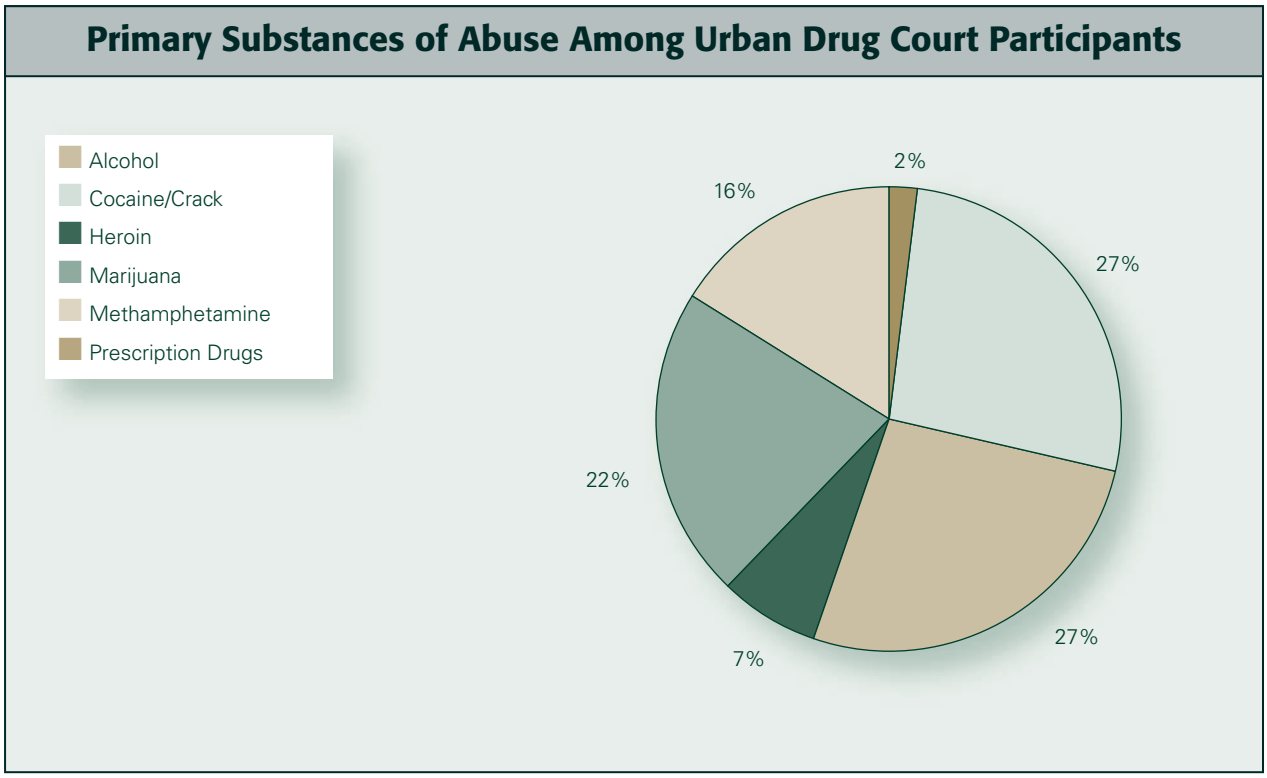



Figure 5

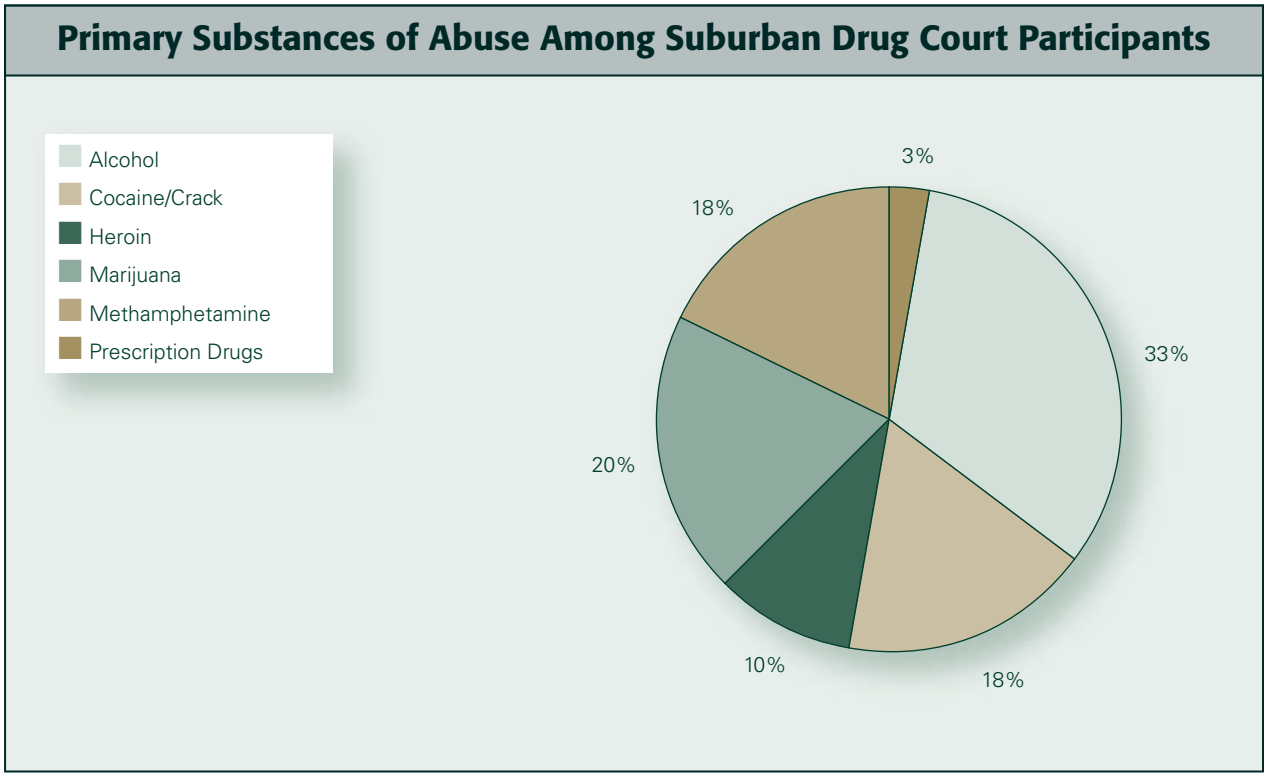
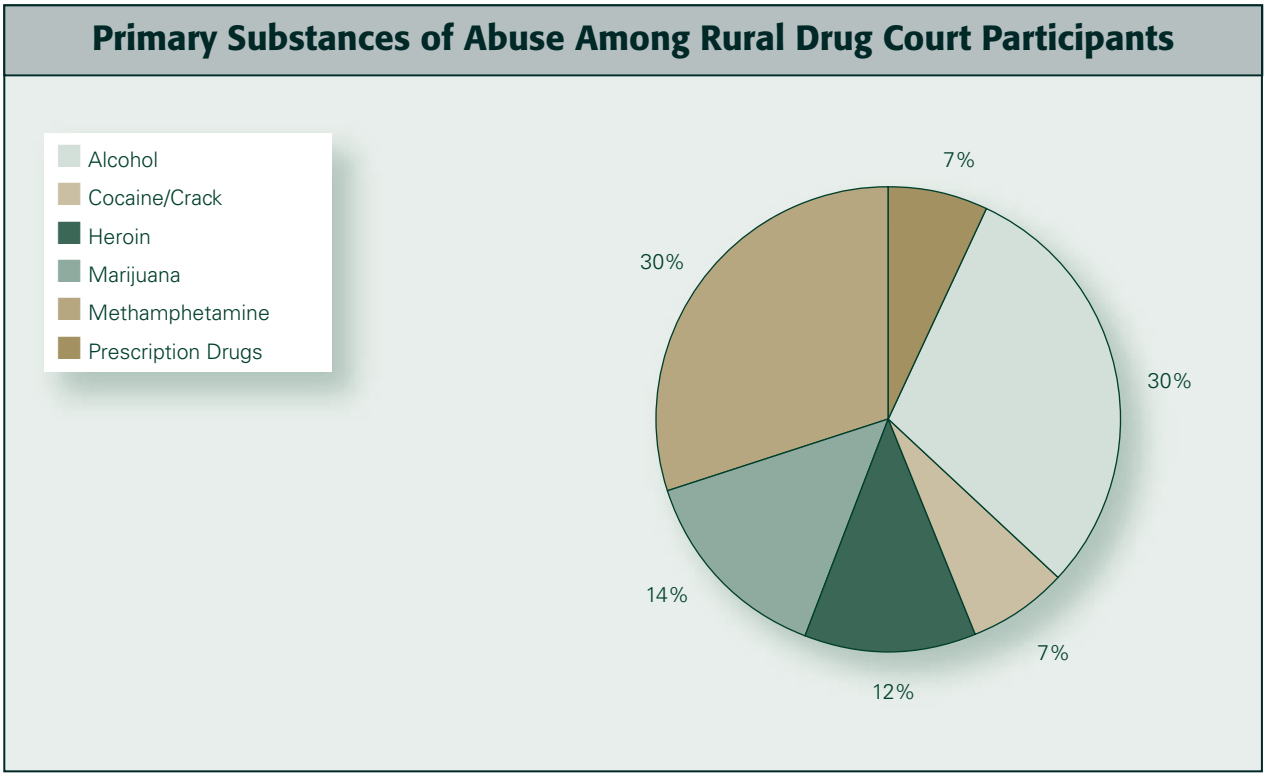


Figure 6




*Over 22,584 participants successfully graduated from Drug Courts in 2008.*

the respondents' Drug Courts during that calendar year. However, given that data were unavailable from roughly one-quarter of U.S. jurisdictions, the total number of Drug Court graduates during calendar year 2008 is likely to have been much higher.

Respondents were further asked about the average graduation rate in their Drug Courts. Nationally, the average graduation rate in 2008 was 53%. However, this figure was substantially influenced by a small number of jurisdictions that were serving a small census (< 500) of participants statewide. Excluding these "statistical outliers", the average graduation rate was 57%. Most respondents reported graduation rates ranging from approximately 40% to 65% in their Drug Courts.

*The average national graduation rate for Drug Court in 2008 was 57%.*

Because retention figures on probation and parole are not limited to drug-abusing or addicted offenders, one must to look for a more meaningful comparison group in order to understand the impact of Drug Courts on treatment retention.

California's Proposition 36[11] is arguably the most directly comparable treatment diversion initiative to Drug Courts. Proposition 36 was designed to provide community-based treatment and probation supervision for a large proportion of nonviolent drug-possession offenders as an alternative to incarceration. Although there are many similarities between Drug Courts and Proposition 36, there are critical differences as well. For example,

[11] CAL. PENAL CODE § 1210 *et seq.*

Proposition 36, as designed, does not include ongoing judicial supervision, frequent urine drug testing, jail or other punitive sanctions for infractions.

Statewide evaluations in California reported that approximately one quarter of the participants in Proposition 36 did not enroll in treatment, 50 percent of those who did enroll dropped out before receiving a minimally sufficient dosage of three months of services, and 24% completed treatment (University of California, Los Angeles, 2007). Thus, compared to Proposition 36, Drug Courts more than doubled treatment retention and completion rates.

*Compared to Proposition 36, another treatment diversion initiative for drug-involved offenders, Drug Courts more than doubled treatment retention and completion rates.*

## Average Cost per Drug Court Participant

Respondents were asked to provide the average cost per Drug Court participant in their jurisdiction. In 2008, the average cost per participant was reported to be $6,985 in the respondents' Drug Courts. The range was approximately $2,500 to $19,000.[12]

Notably, the average cost per participant was unduly influenced by a few jurisdictions that were serving a very small number (< 500) of participants statewide. Excluding these outliers, the average cost per Drug Court participant was $5,718.

*The average reported cost per Drug Court participant was $6,985; it was $5,718 excluding a small number of outliers.*

## State Drug Court Legislation

Sixty-five percent of U.S. states and territories reported having Drug Court authorization legislation. Importantly, variations in individual state governments determine whether or not such authorizing or enabling legislation is necessary for Drug Court implementation and operation. Some states have passed legislation specifically defining what Drug Courts are, or specifying certain critical elements of the Drug Court structure (for example, defining eligibility criteria). Other states have passed legislation to create funding mechanisms for Drug Courts, such as special fines, fees or assessments. Yet, many states with thriving Drug Court programs have not seen a need to pass legislation to specifically authorize Drug Court operations.

*65% of U.S. states and territories reported having Drug Court authorization legislation.*

## State Drug Court Appropriations

Figure 7 depicts state funding appropriations for Drug Courts from 2003 to 2009. Here, appropriations are defined to include specifically designated funds in a state's budget either from Drug Court-specific legislation or from other statutory appropriations. In this context, appropriations do not include local governmental or private funding; federally funded discretionary or formula awards; block grants; client fees; or the in-kind usage of existing local resources. Moreover, it may not include funds used for Drug Courts from

*State appropriations totaled more than $243 million for Drug Courts for 2009.*

[12] The standard deviation (SD) was approximately $4,089. Given the wide variation in costs between programs, it is difficult to characterize the average cost per participant in a typical Drug Court. Also, given that data were missing from more than half of U.S. jurisdictions, it is difficult to know how representative these dollar figures are likely to be.

the budgets of other state agencies, such as corrections, substance abuse treatment, or the administrative office of the courts.

As of December 31, 2008, state legislatures appropriated a total of $243,136,053 for Drug Courts for 2009 activities. The total funding appropriation increased by nearly $63 million, or 35%, from 2007. Twenty-six states (51%) reported an increase in funding for Drug Courts between 2007 and 2009 budget cycles. Ten states (20%) reported a decrease in funding since 2007, and three states (6%) reported no change in funding.

*State Drug Court appropriations increased by nearly $63 million (35%) from 2007 to 2009.*

States reporting the largest appropriations for Drug Courts in 2009 were New Jersey ($38.5 million), California ($30 million), Oklahoma ($21 million), New York ($17.5 million), Kentucky ($15.6 million) and Louisiana ($14.8 million) (see Table 7).

## Federal Drug Court Appropriations

Federal funding for Drug Courts increased by over 250% from fiscal years 2008 to 2010. In FY 2008, Drug Courts received $25.3 million, including $15.2 million for the Drug Court Discretionary Grant Program at the Bureau of Justice Assistance (Department of Justice) and $10.1 million for the Drug Treatment Court Initiative at the Center for

*51% of U.S. states and territories reported an increase in funding for Drug Courts between 2007 and 2009 budget cycles; 20% reported a decrease in funding; and 6% reported no change.*

*Federal funding for Drug Courts increased over 250% from fiscal year 2008 to fiscal year 2010.*

Figure 7

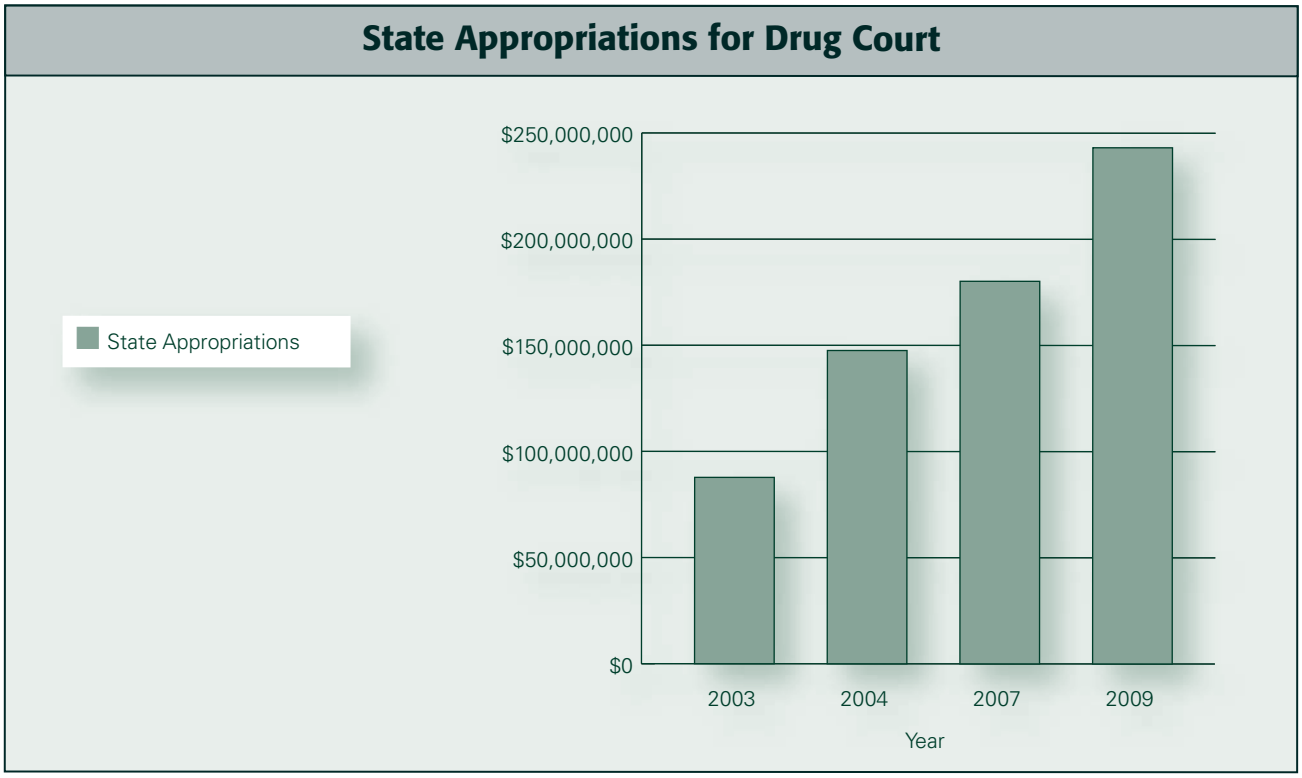


Figure 8

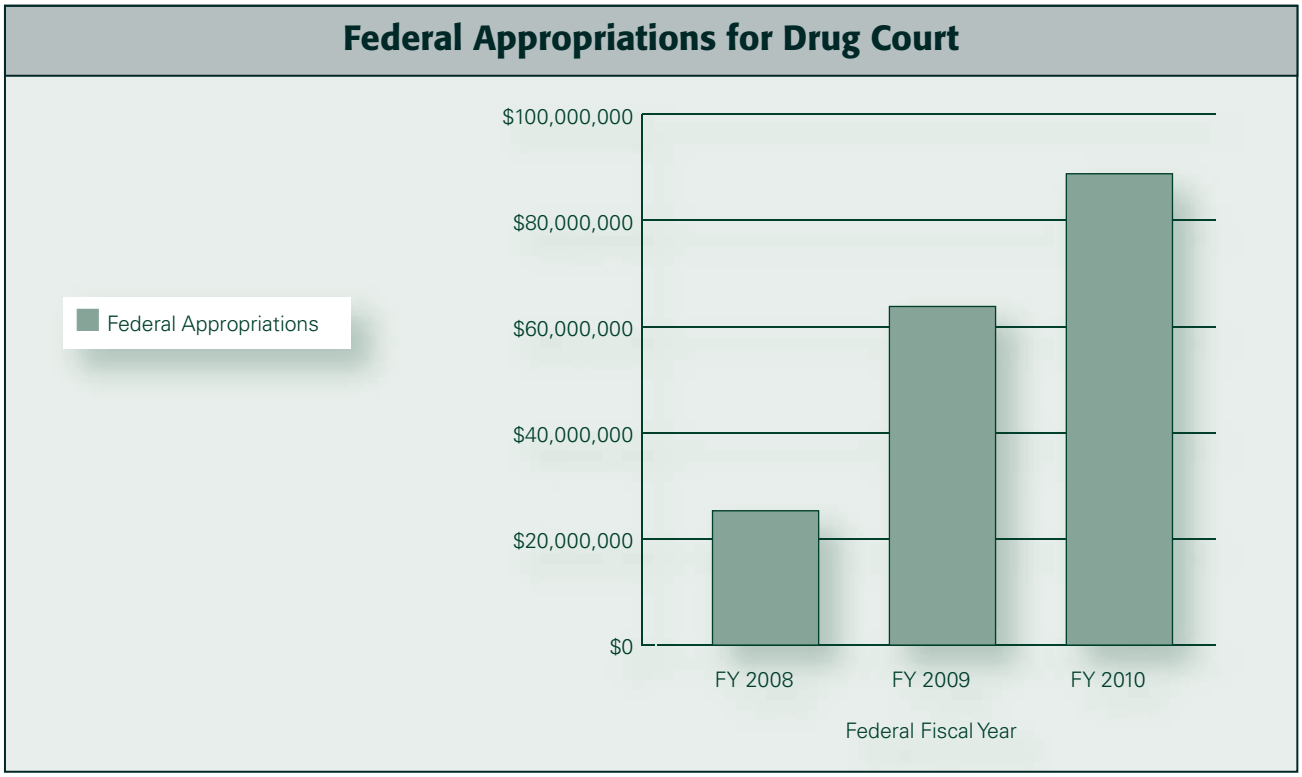
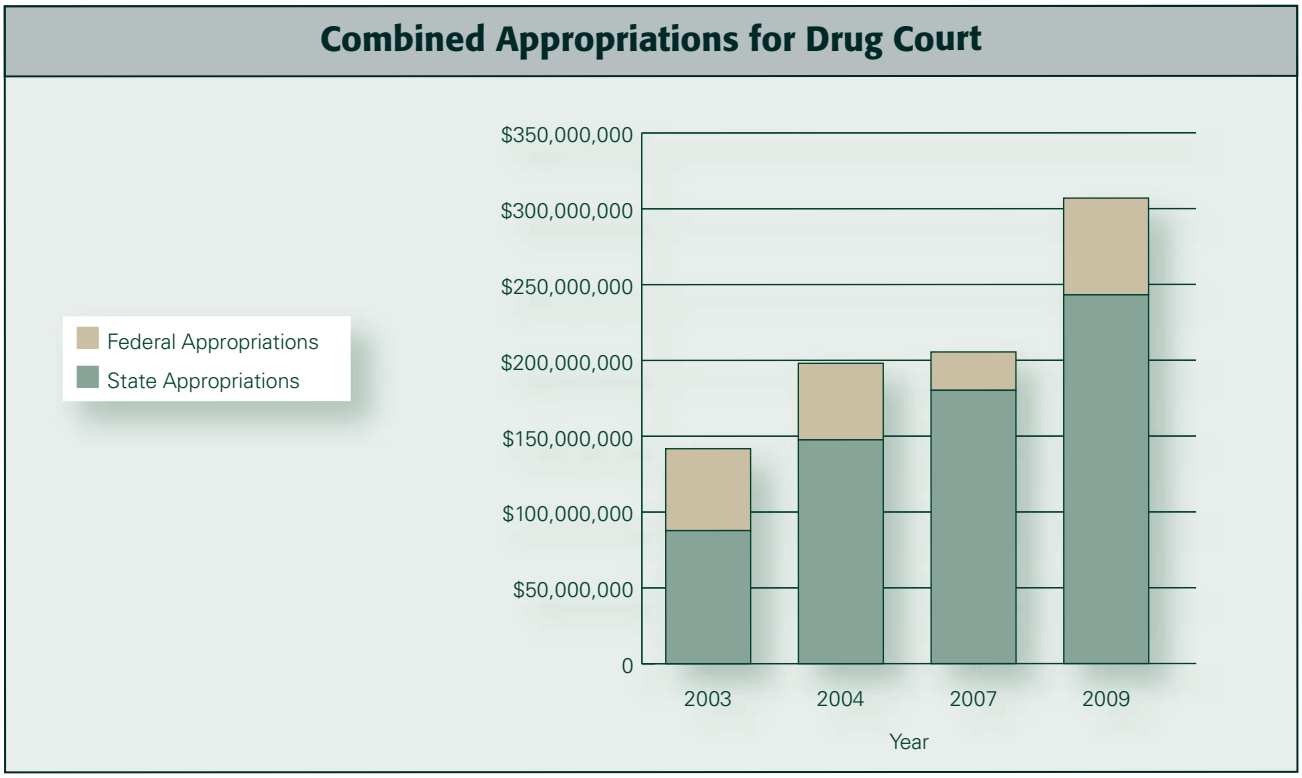



Figure 9



Substance Abuse Treatment (Department of Health and Human Services). In FY 2009, federal funding increased by 152% to $63.8 million dollars for Drug Courts through appropriations of $40 million for the BJA Drug Court Discretionary Grant Program and $23.8 million for the CSAT Drug Treatment Court Initiative.

In FY 2010, the BJA Drug Court Discretionary Grant Program appropriation increased to $45 million and the CSAT Drug Treatment Court Initiative increased to $43.8 million, giving Drug Courts a historical mark of $88.8 million in federal funding (see Figure 8). In this very difficult economic environment, the continual increase in federal funding for Drug Courts is a testament to their life-saving, crime-reducing and budget-controlling contributions.

## Other Problem-Solving Courts

The most prevalent type of Problem-Solving Court is unquestionably the Drug Court (Berman & Feinblatt, 2005). However, a growing number of jurisdictions have developed other types of Problem-Solving Courts designed to address a range of social issues, in addition to drug addiction, that have become prominent in the traditional court systems, such as mental illness, truancy, homelessness, domestic violence, gambling and community reentry from custody.

Because they address clinically different populations or disorders, these latter programs may be more likely to adapt or alter the Key Components of the Drug Court model. Regardless, they employ many of the same core principles and practices as Drug Courts, such as ongoing judicial supervision, application of graduated rewards and sanctions, and evidence-based treatment and case management services where indicated. All Problem-Solving Courts share a common commitment to the core principles of therapeutic jurisprudence, and recognize the important role of the court system in addressing and resolving some of society's major ills. As the name suggests, they all seek to solve problems rather than merely adjudicate controversies or punish malfeasance. In this way, they all serve the needs of the communities within which they reside.

As of December 31, 2009, there were 1,189 other[13] Problem-Solving Courts in the United States (see Table 9 and Figure 10). This represents a 12% increase in the number of other Problem-Solving Courts from 2007. Adding together the total number of operational Drug Courts and other types of Problem-Solving Courts, there were 3,648 Problem-Solving Courts in the United States as of December 31, 2009 (see Figure 10).

*As of December 31, 2008, there were 1,189 Problem-Solving Courts other than Drug Courts in the United States.*

### *Problem-Solving Court Models*

Table 8 reports the various models of Problem-Solving Courts in 2004, 2007, 2008 and 2009, and compares the prevalence of these models between 2008 and 2009. In 2009, the most prevalent types of Problem-Solving Courts were Truancy Courts, Mental Health Courts and Domestic Violence Courts, respectively. Truancy Courts and Mental Health Courts outpaced other Problem-Solving Courts in growth between 2008 and 2009.

Child Support Courts and Parole Violation Courts were reported to have decreased substantially in numbers between 2008 and

[13] Other than Drug Courts.

Table 7

## Drug Court Legislation and State Appropriation by State

| State | Bill Number | None | Current Appropriations |
|---|---|---|---|
| Alabama | | X | $3.1 million |
| Alaska | HB4, HB136, HB172, HB342, HB451 | | $2.3 million |
| Arizona | HB 2620 | | $1.0 million |
| Arkansas | Act 1022 of 2007 | | $1.5 million |
| California | CDCI: California health and Safety Code Sections 11970.1-11970.4, DCP: California Health and Safety Code Sections 11970.45, SAFG: Budget Act of 2009 [item 0250-101-0001, Budget Act of 2009 (Stats. 2009, ch. 1, § 45.55.020)] | | $30.0 million |
| Colorado | | X | $0 |
| Connecticut | CGS 51-181b | | $1.5 million |
| Delaware | | X | Integrated |
| D.C. | | X | Integrated |
| Florida | Section 397.334, Florida Statutes | | $1.4 million |
| Georgia | 15-1-15 | | $ 2.4 million |
| Guam | | X | $498,374 |
| Hawaii | Adult Drug Court Act 25 of the 1995 Special Legislative Session | | $6.1 million |
| Idaho | [IC 19-5601] | | $7.0 million |
| Illinois | | | |
| Indiana | IC 12-12-14.5, IC 33-23-14 | | Integrated |
| Iowa | | X | |
| Kansas | | X | $0 |
| Kentucky | | X | $15.6 million |
| Louisiana | La. R.S.: 13:5301-5304 | | $14.8 million |
| Maine | L.D. 2014Sec. 1 4MRSA 421, 422, 423, Chapter 8 | | $1.5 million |
| Maryland | | X | $6.3 million |
| Massachusetts | | X | $0 |
| Michigan | 2004-Act No. 224 | | $4.0 million |
| Minnesota | | X | $7.0 million |
| Mississippi | MS Code §9-23-1 through -23 | | Integrated |
| Missouri | Section 478.001-478.009 RSMO | | $5.8 million |
| Montana | | | $1.3 million |
| Nebraska | LB454 | | $2.1 million |
| Nevada | NRS 176.0613, NRS 453.580 | | $0 |
| New Hampshire | | X | Integrated |
| New Jersey | A1770, 2008 | | $38.5 million |
| New Mexico | Re-Entry Drug Court Statute 31-21-27 | | $10.0 million |
| New York | | X | $17.6 million |
| North Carolina | N.C.G.S. 7A-790 | | $4.1 million |
| North Dakota | N.D.C.C. 27-20.14, N.D.C.C. 39-06.1, N.D.C.C. 39-06.1-11, N.D. Sup. Ct.Admin.R 36 | | $327,000 |
| Ohio | | X | |
| Oklahoma | Senate Bill 465 | | $21.0 million |
| Oregon | HB 2381 (2009), HB 2324 (2009), SB 265 (2009), ORS 3.450 | | $3.0 million |
| Pennsylvania | | X | $100,000 |
| Puerto Rico | | X | $500,000 |
| Rhode Island | | X | $1.6 million |
| South Carolina | | | $2.2 million |
| South Dakota | Senate Bill 109 | | $267,111 |
| Tennessee | 16-22-100 | | $3.5 million |
| Texas | HB 530 | | $680,000 |
| Utah | HB 281 (2000 session), SB 135 (2005 session) | | $4.8 million |
| Vermont | | X | $375,000 |
| Virgin Islands | | X | $0 |
| Virginia | Code of Virginia § 18.2 – 254.1 | | $3.0 million |
| Washington | HB 2967, SB 5342 | | $7.8 million |
| West Virginia | | | |
| Wisconsin | Statute 16.964 (12) | | $755,000 |
| Wyoming | SFO 107 | | $9.2 million |

2009. However, the "other" category of Problem-Solving Court appears to have increased commensurately during that same time period. This suggests that these changes might have reflected, in part, differences in how the programs were named or tabulated, rather than large reductions in the actual numbers of the programs.

*As of December 31, 2009, there were a total of 3,648 Drug Courts and other types of Problem-Solving Courts in the United States.*

Table 8

**Comparison of Problem-Solving Courts 2008 to 2009**

| Problem-Solving Court | 12/31/04 | 12/31/07 | 12/31/08 | 12/31/09 | Change 2008 to 2009 |
|---|---|---|---|---|---|
| Truancy | 131 | 304 | 291 | 352 | +61 (+21%) |
| Mental Health | 111 | 219 | 264 | 288 | +24 (+9%) |
| Domestic Violence | 141 | 185 | 215 | 206 | -9 (-4%) |
| Child Support | 45 | 154 | 113 | 46 | -67 (-59%)* |
| Reentry | 16 | 28 | 25 | 26 | +1 (+4%) |
| Community | 23 | 30 | 26 | 25 | -1 (-4%) |
| Homeless | 6 | 37 | 28 | 25 | -3 (-11%) |
| Prostitution | 4 | 4 | 6 | 8 | +2 (+33%) |
| Gun | 2 | 4 | 5 | 6 | +1 (+20%) |
| Parole Violation | 5 | 12 | 74 | 6 | -68 (-92%)* |
| Gambling | 0 | 2 | 1 | 1 | No change |
| Integrated Tx | 17 | 20 | N/A | N/A | Not Reported |
| Other | 43 | 58 | 118 | 200 | +82(+69%) * |
| **Total** | **527** | **1,037** | **1,166** | **1,189** | **+ 23 (+2%)** |

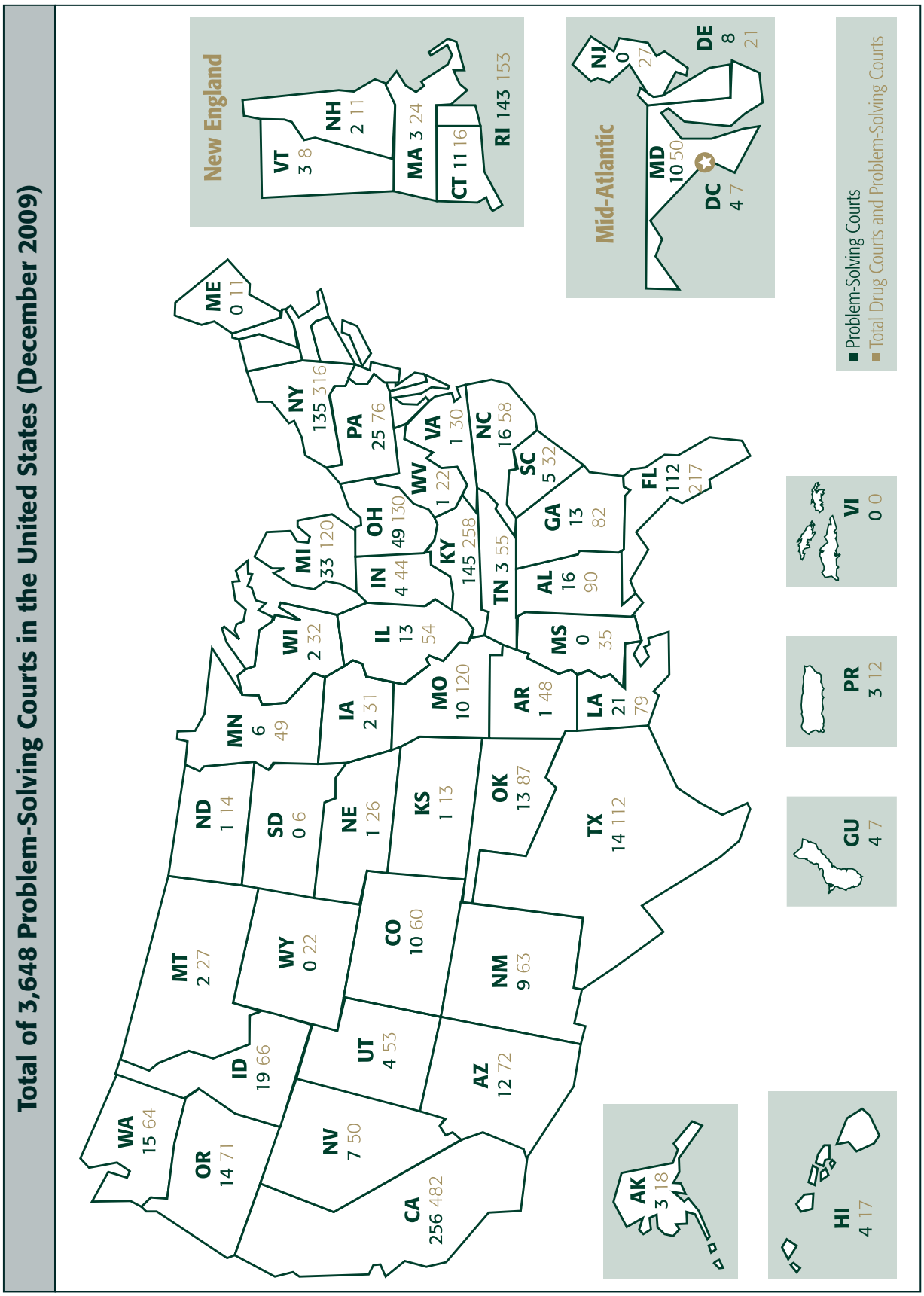
*Child Support Courts and Parole Violation Courts decreased substantially in numbers between 2008 and 2009; however the "other" category increased commensurately. This may have been the result, in part, of changes in how the programs were named or tabulated.

Table 9

## Operational Problem-Solving Courts in the United States (December 31, 2009)

| | Total Problem-Solving Courts | Reentry Court | Gun | Community | Mental Health | Domestic Violence | Prostitution | Parole Violation | Homeless | Truancy | Child Support | Gambling Courts | Other |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Alabama | 16 | 0 | 1 | 0 | 7 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Alaska | 3 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Arizona | 12 | 0 | 0 | 0 | 5 | 5 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| Arkansas | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| California | 256 | 0 | 0 | 4 | 41 | 20 | 0 | 0 | 21 | 1 | 0 | 0 | 169 |
| Colorado | 10 | 0 | 0 | 0 | 3 | 0 | 1 | 0 | 0 | 5 | 0 | 0 | 1 |
| Connecticut | 11 | 0 | 0 | 2 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Delaware | 8 | 1 | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| District of Columbia | 4 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Florida | 112 | 7 | 0 | 3 | 21 | 31 | 0 | 3 | 0 | 22 | 25 | 0 | 0 |
| Georgia | 13 | 0 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Guam | 4 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| Hawaii | 4 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Idaho | 19 | 0 | 0 | 0 | 10 | 4 | 0 | 0 | 0 | 4 | 0 | 0 | 1 |
| Illinois | 13 | 0 | 0 | 0 | 10 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Indiana | 4 | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Iowa | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| Kansas | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Kentucky | 145 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 144 | 0 | 0 | 0 |
| Louisiana | 21 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 9 | 8 | 0 | 0 |
| Maine | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Maryland | 10 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 |
| Massachusetts | 3 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Michigan | 33 | 0 | 0 | 0 | 12 | 6 | 1 | 1 | 0 | 4 | 5 | 0 | 4 |
| Minnesota | 6 | 0 | 0 | 2 | 2 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Mississippi | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Missouri | 10 | 0 | 0 | 0 | 6 | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 0 |
| Montana | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nebraska | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Nevada | 7 | 0 | 0 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 2 |
| New Hampshire | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| New Jersey | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| New Mexico | 9 | 0 | 0 | 0 | 5 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| New York | 135 | 0 | 0 | 7 | 26 | 92 | 0 | 0 | 0 | 0 | 0 | 1 | 9 |
| North Carolina | 16 | 0 | 0 | 1 | 5 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 |
| North Dakota | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Ohio | 49 | 7 | 0 | 0 | 33 | 4 | 0 | 0 | 0 | 0 | 2 | 0 | 3 |
| Oklahoma | 13 | 0 | 0 | 0 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Oregon | 14 | 0 | 0 | 1 | 9 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pennsylvania | 25 | 1 | 1 | 1 | 14 | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 4 |
| Puerto Rico | 3 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Rhode Island | 143 | 1 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 139 | 0 | 0 | 0 |
| South Carolina | 5 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| South Dakota | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tennessee | 3 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Texas | 14 | 8 | 0 | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Utah | 4 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Vermont | 3 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Virginia | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Virgin Islands | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Washington | 15 | 0 | 0 | 1 | 9 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| West Virginia | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wisconsin | 2 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wyoming | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **TOTALS** | **1189** | **26** | **6** | **25** | **288** | **206** | **8** | **6** | **25** | **352** | **46** | **1** | **200** |

Figure 10


Total of 3,648 Problem-Solving Courts in the United States (December 2009)
New England
VT 3 8
NH 2 11
MA 3 24
CT 11 16
RI 143 153
Mid-Atlantic
NJ 0 27
DE 8 21
MD 10 50
DC 4 7
ME 0 11
NY 135 316
PA 25 76
VA 1 30
NC 16 58
SC 5 32
GA 13 82
FL 112 217
WV 1 22
OH 49 130
MI 33 120
WI 2 32
IN 4 44
KY 145 258
TN 3 55
AL 16 90
MS 0 35
IL 13 54
MN 6 49
IA 2 31
MO 10 120
AR 1 48
LA 21 79
ND 1 14
SD 0 6
NE 1 26
KS 1 13
OK 13 87
TX 14 112
MT 2 27
WY 0 22
CO 10 60
NM 9 63
ID 19 66
UT 4 53
AZ 12 72
WA 15 64
OR 14 71
NV 7 50
CA 256 482
AK 3 18
HI 4 17
GU 4 7
PR 3 12
VI 0 0
Problem-Solving Courts
Total Drug Courts and Problem-Solving Courts

# International Drug Court and Problem-Solving Court Activity

Although the current survey did not capture international Drug Court activity, interest in Drug Courts and Problem-Solving Courts is not confined to the United States. The first Drug Court to be launched outside of the United States was in Toronto, Canada, in 1998. Just thirteen years later, Drug Treatment Courts, as they are generally known around the globe, now number over 30 and are located in fifteen countries, including Australia, Belgium, Bermuda, Brazil, Canada, Chile, Cayman Islands, Ireland, Jamaica, Mexico, New Zealand, Norway, Scotland, Suriname and the United Kingdom. In addition, several countries have implemented Community Courts and Domestic Violence Courts.

A recent study conducted by American University on behalf of the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) analyzed survey responses from Drug Treatment Court officials in eleven countries in addition to the U.S.[14] (Cooper et al., 2010). These eleven countries reported having collectively enrolled more than 3,800 participants, of which over 500 had successfully graduated by the time of the survey.

Because many international Drug Treatment Courts are still in their formative years, conventional efforts to evaluate their outcomes are still in the beginning stages. However, the large majority of respondents to the CICAD survey reported highly promising observations. In particular, it was reported that Drug Treatment Courts appeared to be reducing recidivism better than the traditional criminal justice system in virtually all of the countries, and approximately half of the respondents reported achieving noteworthy cost savings.

For more information about International Drug Treatment Courts, please visit www.internationaldtc.org.

Before After

Drug Courts Break The Cycle Of Addiction and Crime

[14] The survey respondents were Belgium, Bermuda, Brazil, Canada, Chile, Ireland, Jamaica, Mexico, Norway, Suriname and the United Kingdom.

# Operational Descriptions of Drug Courts and Other Problem-Solving Courts

Brief descriptions of Drug Courts and other Problem-Solving Courts, as found in the scientific and scholastic literature, are presented below.

• ***Adult Drug Court:*** A specially designed criminal court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among nonviolent[iii] substance abusing offenders and increase the offenders' likelihood of successful habilitation. Interventions include early, continuous and intensive judicially supervised treatment, mandatory periodic drug testing, community supervision, and the use of appropriate sanctions, incentives and habilitation services (Bureau of Justice Assistance, 2005).

• ***Campus Drug Court:*** Pioneered at Colorado State University in 2001, Campus Drug Courts (a.k.a. Back on TRAC) adopt the integrated public health-public safety principles and components of the successful Drug Court model, and apply them to the college environment. These programs specifically target college students whose excessive use of drugs or alcohol have created serious consequences for themselves or others, and are jeopardizing their ability to complete their college education. The programs hold students to a high level of accountability while providing long-term, holistic treatment and rigorous compliance monitoring. They unite campus leaders, student development practitioners, treatment providers and health professionals with their governmental, judicial and treatment counterparts in the surrounding community. This partnership can then serve as a hub for comprehensive campus/community strategies for dealing with underage and excessive drinking, as well as illicit drug use (Monchick & Gehring, 2006).

• ***Community Court:*** Community Courts primarily address "quality of life" crimes, such as petty theft, turnstile jumping, vandalism, loitering and prostitution. With community boards and the local police as partners, Community Courts have the bifurcated goal of solving the problems of the defendants appearing before the court, while using the leverage of the court to encourage the offenders to give back to their community in compensation for the damage they and others have caused (Lee, 2000).

• ***Domestic Violence Court:*** Domestic Violence Courts are designed to address traditional problems confronted in domestic violence cases (e.g., withdrawn charges by victims, threats to victims, lack of defendant accountability, and high recidivism). They apply intense judicial scrutiny of the defendant and close cooperation between the judiciary and social services. A designated judge works with the prosecution, assigned victim advocates, social services, and the defense to protect victims from all forms of intimidation by the defendant or his or her family or associates throughout the entirety of the judicial process; provide victims with housing and job training, where needed; and continuously monitor defendants in terms of compliance with protective orders, substance abuse treatment and other services. Close collaboration with defense counsel ensures compliance with due process safeguards and protects defendants' rights. One variant of this model is the Integrated Domestic

Violence Court, in which a single judge handles multiple cases relating to one family, which might include criminal actions, protective orders, custody disputes, visitation issues or divorce proceedings (Mazur & Aldrich, 2003).

• ***DWI Court:*** A DWI Court is a post-conviction court docket dedicated to changing the behavior of the alcohol or drug-dependent repeat offender or high-BAC offender arrested for Driving While Impaired (DWI). The goal of the DWI court is to protect public safety while addressing the root causes of impaired driving. DWI Courts utilize a team of criminal justice professionals (including prosecutors, defense attorneys, probation officers and law enforcement) along with substance abuse treatment professionals to systematically change participant behavior. Like Drug Courts, DWI Courts involve extensive interactions between the judge and the offenders to hold the offenders accountable for their compliance with court, supervision and treatment conditions (Huddleston, et al., 2004).

• ***Family Dependency Treatment Court:*** Family Dependency Treatment Court is a juvenile or family court docket for cases of child abuse or neglect in which parental substance abuse is a contributing factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents with the necessary support and services they need to become drug and alcohol abstinent. Family Dependency Treatment Courts aid parents or guardians in regaining control of their lives and promote long term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes (Huddleston, et al., 2005).

• ***Federal Reentry/Drug Court:*** Federal Reentry/Drug Court is a post-incarceration, cooperative effort of the U.S. District Courts, U.S. Probation Office, Federal Public Defender and U.S. Attorney's Office. They provide a blend of treatment and sanction alternatives to address re-integration into the community for nonviolent, substance-abusing offenders released from federal prison. These courts typically include early release from the U.S. Bureau of Prisons with a strict supervised-release regimen. They incorporate the Key Components of Drug Courts in a voluntary, but contractual, program of intense judicial supervision and drug testing lasting a minimum of 12 to 18 months. Each program wields court-ordered sanctions for violations of the offender's contract for participation as well as incentives for client success (Huddleston, et al., 2008).

• ***Gambling Court:*** Gambling Courts operate under the same protocols and guidelines utilized within the Drug Court model, with individuals who are suffering from a pathological or compulsive gambling disorder and as a result face criminal charges. Participants enroll in a contract-based, judicially supervised gambling recovery program and are exposed to an array of services including Gamblers Anonymous (GA), extensive psychotherapeutic intervention, debt counseling, group and one-on-one counseling and, if necessary, due to the high rates of co-morbidity, drug or alcohol treatment. Participation by family members or domestic partners is encouraged through direct participation in counseling with offenders and the availability of support programs such as GAM-ANON. Participants are subject to the same reporting and court response components as Drug Court participants (Huddleston, et al., 2005).

• ***Gun Court: (NEW DEFINITION)*** Gun Courts are typically designed for youths and young adults who have committed gun offenses that have not resulted in serious physical injury. Gun Court focuses on educating defendants about gun safety and provides an infrastructure for direct and immediate responses to defendants who violate court orders. By consolidating all gun cases into one court docket, the assets needed for a prompt adjudication of these offenses and the coordination of efforts by numerous agencies and non-profit organizations in reducing the number of illegal guns on the streets are improved.

• ***Homeless Court: (NEW DEFINITION)*** Homeless Courts help homeless people charged with summary or nuisance offenses secure housing and obtain social services needed for stabilization. Participation in services substitutes for fines and custody. These services include substance abuse and mental health treatment, health care, life-skills, literacy classes, and vocational training.

• ***Juvenile Drug Court:*** A Juvenile Drug Court is a specialized docket within the juvenile or family court system, to which selected delinquency cases, and in some instances status offenders, are referred for handling by a designated judge. The youths referred to this docket are identified as having problems with alcohol and/or other drugs. The juvenile Drug Court judge maintains close oversight of each case through regular status hearings with the parties and their guardians. The judge both leads and works as a member of a team comprised of representatives from treatment, juvenile justice, social and mental health services, school and vocational training programs, law enforcement, probation, the prosecution, and the defense. Over the course of a year or more, the team meets frequently (often weekly), determining how best to address the substance abuse and related problems of the youth and his or her family that have brought the youth into contact with the justice system (National Drug Court Institute & National Council of Juvenile and Family Court Judges, 2003).

• ***Mental Health Court:*** Modeled after Drug Courts and developed in response to the overrepresentation of people with mental illnesses in the criminal justice system, Mental Health Courts divert select defendants with mental illnesses into judicially supervised, community-based treatment. Defendants are invited to participate following a specialized screening and assessment, and they may choose to decline participation. For those who agree to the terms and conditions of community-based supervision, a team of court and mental health professionals work together to develop treatment plans and supervises participants in the community. Participants appear at regular status hearings during which incentives are offered to reward adherence to court conditions, sanctions for non-adherence are handed down, and treatment plans and other conditions are periodically reviewed for appropriateness (Council of State Governments, 2005).

• ***Reentry Drug Court:*** Reentry Drug Courts utilize the Drug Court model, as defined in the 10 Key Components, to facilitate the reintegration of drug-involved offenders into the community upon their release from local or state correctional facilities. These are distinct from "Reentry Courts" (see below) which do not necessarily utilize the Drug Court model or focus on drug-addicted offenders, but often do work with similar populations. The offender is involved in

regular judicial monitoring, intensive treatment, community supervision, and drug testing. Participants are provided with specialized ancillary services needed for successful reentry into the community (Tauber & Huddleston, 1999).

• ***Reentry Court: (NEW DEFINITION)*** Reentry Courts seek to stabilize returning parolees during the initial phases of their community reintegration by helping them to find jobs, secure housing, remain drug-free and assume familial and personal responsibilities. Following graduation, participants are transferred to traditional parole supervision where they may continue to receive case management services voluntarily through the Reentry Court. The concept of the Reentry Court necessitates considerable cooperation between corrections and local judiciaries, because it requires the coordination of the work of prisons in preparing offenders for release and actively involving community corrections agencies and various community resources in transitioning offenders back into the community through active judicial oversight (Bureau of Justice Assistance, 2010; Hamilton, 2010).

• ***Tribal Healing to Wellness Court:*** A Tribal Healing to Wellness Court is not simply a tribal court that handles alcohol or other drug abuse cases. It is, rather, a component of the tribal justice system that incorporates and adapts the *wellness* concept to meet the specific substance abuse needs of each tribal community. It provides an opportunity for each Native American community to address the devastation of alcohol or other drug abuse by establishing more structure and a higher level of accountability for these cases through a system of comprehensive supervision, drug testing, treatment services, immediate sanctions and incentives, team-based case management, and community support. The team includes not only tribal judges, advocates, prosecutors, police officers, educators, and substance abuse and mental health professionals, but also tribal elders and traditional healers. The concept borrows from traditional problem-solving methods utilized since time immemorial, and restores the person to his or her rightful place as a contributing member of the tribal community. The programs utilize the unique strengths and history of each tribe, and realign existing resources available to the community in an atmosphere of communication, cooperation and collaboration (Native American Alliance Foundation, 2006; Tribal Law & Policy Institute, 2003).

• ***Truancy Court:*** Truancy Courts are designed to assist school-aged children to overcome the underlying causes of truancy by reinforcing and combining efforts from the school, courts, mental health providers, families, and the community. Guidance counselors submit reports on the child's weekly progress throughout the school year which the court uses to enable special testing, counseling, or other necessary services. Truancy Court is often held on the school grounds and results in the ultimate dismissal of truancy petitions if the child can be helped to attend school regularly. Many courts have reorganized to form special truancy court dockets within the juvenile or family court. Consolidation of truancy cases results in speedier court dates and more consistent dispositions and makes court personnel more attuned to the needs of truant youths and their families. Community programs bring together the schools, law enforcement, social service providers, mental and physical health care providers and

others to help stabilize families and reengage youth in their education (National Center for School Engagement, n.d.; National Truancy Prevention Association, 2005).

• ***Veterans Treatment Court: (NEW DEFINITION)*** Veterans Treatment Courts use a hybrid integration of Drug Court and Mental Health Court principles to serve military veterans, and sometimes active-duty personnel. They promote sobriety, recovery, and stability through a coordinated response that involves collaboration with the traditional partners found in Drug Courts and Mental Health Courts, as well as the Department of Veterans Affairs healthcare networks, Veterans Benefits Administration, State Departments of Veterans Affairs, volunteer veteran mentors, and organizations that support veterans and veterans' families (Office of National Drug Control Policy, 2010).

Table 10

## Primary State Points of Contact Survey Respondents (December 2009)

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# Resource Organizations

The following organizations serve in an official capacity as a resource for Drug Courts and other Problem-Solving Courts. This list represents any national organization that receives federal funding for such activities.

**Center for Court Innovation –** *(www.problem-solvingcourts.org)*

**Council of State Governments –** *(www.consensusproject.org)*

**Children and Family Futures –** *(www.cffutures.org)*

**Justice Management Institute –** *(www.jmijustice.org)*

**Justice Programs Office of the School of Public Affairs at American University –** *(www.spa.american.edu/justice/)*

**Justice for Vets –** *(www.justiceforvets.org)*

**JBS International, Inc.–** *(www.jbsinternational.com)*

**National Association of Drug Court Professionals –** *( www.allrise.org)*

**National Center for DWI Courts –** *(www.DWIcourts.org)*

**National Center for State Courts –** *(www.ncsconline.org)*

**National Council of Juvenile and Family Court Judges –** *(www.ncjfcj.org)*

**National Drug Court Institute –** *(www.ndci.org)*

**The National GAINS Center –** *(www.gainscenter.samhsa.gov)*

**The National Judicial College –** *(www.judges.org)*

**Tribal Law and Policy Institute –** *(www.tlpi.org)*

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# Endnotes

[i] Negative results for DWI Courts have also been reported when participants were followed for too short a time to allow recidivism events to occur and be detected by law enforcement (e.g., Cissner, 2009). Recidivism tends to be low during the first several months after arrest, especially when offenders are under the supervision of a DWI Court or probation department. It is exceedingly difficult to discern differences in outcomes under these conditions due to what is called a statistical floor effect. Finally, sample sizes in many evaluations have been too small to detect significant effects. With only 30 or so participants per group, some studies were only capable of detecting large effects (e.g., Breckenridge et al., 2000), whereas medium effects were more likely to be encountered but were still clinically meaningful and important.

[ii] Most of the research on best practices in Drug Courts has focused on Adult Drug Courts. Research on best practices is still in its infancy for other types of Drug Court programs, but early lessons are beginning to emerge. In JDCs, for example, it appears important not only for youths to attend status hearings, but their parents or guardians as well. Results of one correlational study revealed that the more often caregivers attended status hearings, the less often the juveniles were late to or absent from treatment, were tardy or absent from school, provided positive drug tests, or received sanctions for behavioral infractions (Salvatore et al., 2010). Evidence from other studies suggests JDCs may achieve their effects largely by teaching parents and caregivers how to more effectively supervise their teens and apply appropriate discipline (Schaeffer et al., 2010). Status hearings might serve these goals by giving parents the opportunity to observe the judge and other team members responding to transgressions, rewarding progress and de-escalating confrontational interactions.

[iii] The authorization language in the Omnibus Crime Bill, and in some state statutes, prohibits the inclusion of violent offenders in Drug Courts, although the definition of "violence" varies across jurisdictions. Research, however, demonstrates that otherwise eligible violent offenders perform equally as well, and sometimes better, in Drug Courts than nonviolent offenders (Carey et al., 2008; Saum & Hiller, 2008; Saum et al., 2001). Furthermore, since high risk/high need populations have been determined to be the most appropriately suited population for Drug Courts, individuals with charges or convictions involving violence are increasingly being considered as potentially eligible Drug Court participants, especially when the Drug Court can provide more accountability and stricter oversight than alternative dispositions for these individuals.

# Notes


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