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**Document Title:            Analysis of 26 Drug Courts: Lessons Learned, Final Report**

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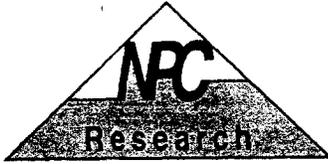
**Document No.:              194046**

**Date Received:              04/30/2002**

**Award Number:              Commissioned Paper**

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## Analysis of 26 Drug Courts: Lessons Learned

Final Report

*Submitted to*

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**December 11, 2001**

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The purpose of this report is to analyze the content of 26 different process evaluations of drug courts across the country using a lessons learned approach. The stress is not on simple descriptions of the reports or the programs but on key issues that can be identified to inform drug court policy and guide further program development. In particular, this report focuses on the following:

Section I: Issues and problems in implementation.

This section summarizes the major issues in implementation being reported by the drug court evaluators.

Section II: Notable programmatic strengths and practices.

This section identifies some notable programmatic practices reported in the evaluations.

Section III: Intermediate outcomes and measurement/evaluation issues

This section discusses some intermediate outcomes that were reported and discusses issues of measurement and evaluation in drug court research.

Section IV: Lessons learned and recommendations

This final section summarizes some of the lessons that can be learned from these reports to help guide new courts in implementing drug court programs.

## **BACKGROUND**

In the past decade, interest has grown in the effectiveness of integrating substance abuse treatment and criminal justice within models of collaborative justice. The collaborative justice approach posits that substance abuse treatment in a criminal population is most effective when elements of the court system, law enforcement system, and treatment system work together as a team. Drug courts have been the most popular version of this approach. Drug courts can be defined as dedicated courtrooms that provide judicially monitored treatment, drug testing and other services to drug involved offenders.<sup>1</sup> The first drug court began operations in Dade County, Florida, in 1989. Since then the drug court movement has grown dramatically with over 438 drug courts nationwide.

This report reviews process evaluations from 26 drug courts funded by the Drug Court Program Office. These reports varied widely in their scope, their methodology, and their quality. Since this review is dependent on the 26 evaluations that were conducted for its findings, its conclusions and recommendations are defined by the limits of those studies. Due to these limits, there are many issues relevant to developing effective drug courts, or to understanding their effectiveness, (e.g., costs) that cannot be addressed or cannot thoroughly be addressed in this report. This report's purpose is not to summarize all the information provided in the various evaluations or to judge the courts individually in terms of their success. We may, for example, ignore the many positive (but typical) achievements of a particular court in order to focus on a problem area that is of interest, because the drug court field can learn a lesson from this problem. Therefore, it should not

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<sup>1</sup> Steven Belenko, Research on Drug Courts: A Critical Review, *National Drug Court Institute Review*, Vol. I issue 1, Summer, 1988. p. 3.

be concluded that because we cite a problem issue in a particular drug court that this implies that the court is not meeting its goals. The purpose of this report is to glean from the work of 26 program evaluators some insights into emerging problems and issues in order to inform the further development of policy and program.

## **Section I: Issues and problems in implementation**

In the following sections, key issues are identified and individual court examples are noted. Not every instance of a particular issue is cited, but examples are given so that the reader has a feel for the nature and range of the issue.

### **I. Contextual issues**

These are issues that operate in the environment for a drug court that can dramatically influence the chances of its effective implementation and success. These issues can be best addressed in the planning phase for a new drug court.

#### ***Issue # 1: Lack of cooperation among collaborators***

Many programs reported difficulties gaining the cooperation of important parts of the judicial or criminal justice system.

- In New Orleans, one of the greatest barriers to successful implementation was the lack of cooperation from the District Attorney's Office. In the pre-implementation period, the district attorney promised cooperation with the drug court, but the nature of the cooperation was not clearly defined. In practice, the district attorney's office has taken a long time to process the drug court relevant cases. As a result, the drug court judge admits a client into the program believing the charges against him will be pursued. Then after a period of time, with the client in drug court, the district attorney's office dismisses the charges, undercutting the drug court work, This last sentence is a recommendation. None of your other examples have them. Do you want to take it out and put it in the recommendation section?)
- All of the Bernalilio County courts reported the need for increased coordination and cooperation among different partners involved in drug court programs. The Santa Fe adult court reported numerous and uncoordinated changes in policies and procedures by various key system partners that hampered the effective operation of the drug court. The Santa Fe Juvenile Court reported a serious lack of cooperation between the Juvenile Probation Office and the drug court team. The Bernalilio county adult DWI/Drug Court reported that its advisory board composed of key players in the system met too infrequently to be of use and that its staff were often called away from its drug court duties to attend to other system demands such as budget hearings, grant meetings and media requests.
- The Gary City Drug Court reported that its treatment provider staff did not cooperate fully in staffing sessions at the court. In response, there was a period in which the court tried to operate without staffing sessions but this

was not effective and the staffing sessions were re-introduced with increased commitment and cooperation.

- The First Judicial District Drug Court of Santa Fe reported uneven coordination and cooperation among drug court stakeholders. The evaluation suggested (without naming them) that some stakeholders were much more invested in the drug court process than others and that this limited the court's effectiveness.
- The Third Judicial District Juvenile Drug Court (Santa Fe) evaluation reported a lack of coordination between the Juvenile Probation Office and the drug court staff.
- On the other hand, the San Joaquin County drug court process evaluation interviews revealed that collaboration among the key components of the judicial and criminal justice systems was **central to its success**. The prosecutor and defense council have shed their traditional adversarial roles and have agreed in practice to work together as a team to place and keep the individual in drug court.

**Summary:** The issue of cooperation among key stakeholders was one of the most frequent implementation problems discussed. The presence of cooperation was cited as a key component of successful implementation and its absence noted as a key contribution to problems in implementation.

**Recommendation:** Simply gaining vaguely worded formal agreements of cooperation may not be sufficient. Developing clear and specific protocols for cooperation among the key collaborators is essential for the successful implementation of drug courts. Likewise, spending time and resources gaining genuine "buy in" among the collaborating line staff in the early phases of implementation can result in more successful long-term cooperation.

### *Issue # 2: Need for a system of graduated sanctions*

One major difference between the criminal justice model and the treatment model lies in the imposition of sanctions for failure to comply. Criminal justice environments tend to demand strict compliance for diversion type programs and view failure to comply as grounds for conviction and jail. Treatment environments tend to see failure to comply as an element in the therapeutic process and are more tolerant of its occurrence.

- The San Joaquin County Drug Court is struggling with a disagreement among the district attorney's office, the court, and treatment staff concerning how to handle failure to comply. The district attorney wants to terminate the client and impose the required jail time while the court and treatment provider want to allow for second chances. This is a common disagreement and its lack of resolution tends to drive a wedge between the drug court program and the district attorney's office. A series of graduated sanctions might resolve this conflict to everyone's satisfaction.
- The Orange County Juvenile Drug Court case manager reported non-compliance in what was termed "violation" reports. However, the court interpreted these reports as serious incidents requiring the youth's

termination from the program. By re-labeling the reports as “non-compliance” reports the case manager was able to get the court to respond in a case-by-case manner. Again an up-front working system of graduated sanctions may be a better solution.

- The Syracuse Community Treatment Court evaluation reported a great deal of inconsistency in the judge’s implementation of sanctions on failure to comply, the judge reserving complete case-by-case discretion. In this case the judge appeared to be unwilling to impose threatened criminal justice sanctions, thus undercutting their credibility.

**Summary:** One major issue related to cooperation among collaborators is how to handle non-compliance. Realistically, an interpretation of noncompliance as program failure could lead to a small graduating class. Nonetheless, a completely lenient attitude removes much of the sure and swift consequences that are central to the success of judicial oversight. Several of these programs reported conflicts among collaborators concerning this issue.

**Recommendation:** Developing a system of graduated sanctions in the early phases of drug court planning that can be consistently applied but allow room for judicial discretion could avoid many of these problems. One of the most difficult problems for the drug court concept is that it creates a new role for the judge. Judges are used to a role that allows them great discretion in how they implement rewards or sanctions. Judges resent being bound by protocols that limit their authority. Yet, for programs to be effective, judges have to cooperate with and be in-sync with other members of the drug court team, including the district attorney’s office and the providers.

### ***Issue # 3: The balance of rewards and sanctions***

Most courts impose some sort of sanctions for non-compliance and most operate at least informally on verbal rewards for compliance. Few seem to have thought through their systems and few seemed to have thought through the balance between rewards and sanctions. For example:

- The Syracuse Community Treatment Court judge is equally likely to assign a reward as a sanction in court. However, the (intensity of response differs greatly. The Court adopted a range of sanctions from increase in the frequency of drug testing to termination of the program. The rewards are largely verbal, including applause and positive words.
- The Chester County (PA) imposes sanctions such as intensifying supervision or treatment and incentives are primarily praise and recognition.
- The Dallas DIVERT drug court program has a wide range of incremental sanctions that are clearly spelled out. Included in this is a Zero Tolerance phase in which the client is under strict compliance or faces jail time as the next sanction. No reward system seems to be in place.
- The Ithaca Drug Treatment Court has sanctions that range from verbal admonishments and seating in a jury box during judicial reviews to

increased probation supervision and jail time. Rewards are mostly verbal although may include decreased supervision.

**Summary:** It continues to be difficult for programs to have sanctions and rewards that are symmetrical. Rewards tend to be verbal and personal, while sanctions tend to be criminal justice sanctions. The criminal justice sanctions are often severe, ranging from increased supervision to jail time. Few programs appear to have thought through in a systematic way their continuum of responses to client behaviors. Minor behavior problems should elicit minor sanctions, minor positive behaviors should elicit minor positive rewards. Conversely as the negative or positive behavior grows in importance, the sanction or reward should be appropriate. This lack of a systematic plan may influence consistency in the program, since some judges may be unwilling to implement the harsher criminal justice sanctions.

**Recommendation:** Develop a balanced system of sanctions and rewards in the early phases of drug court planning that can be consistently applied.

#### *Issue # 4: Problems with transitions through program phases*

The Drug Court model usually involves a program of three or more phases. Programs differed widely in the length of the phases and the components of each phase but were common in their movement from more intense phases to less intense phases. At this time it is hard to comment on issues of the appropriate length or characteristics of phases from these reports. Yet one major issue that does surface in the reports is the question of how to transition clients from one phase to another. For example:

- The Third judicial district drug court (juvenile) in Santa Fe graduates its clients from one phase to another as a cohort. While the idea of having a cohort move through the program together has some merit, the practical effect is that some individuals are passed on to the next phase before they necessarily have earned that right. For example, one individual had 9 positive out of 10 urinalysis tests and yet was passed on to phase 2 because the cohort had reached its assigned number of calendar weeks.
- The Jefferson Parish Intensive Probation Drug Court in Louisiana abandoned a point system for advancement to phases and instead adopted set time periods for the phases. The primary reason for this appears to be that the point system was viewed as too time-consuming for the court.
- The Syracuse Community Treatment Court adopted a system of four phases: an initial orientation phase, a stabilization phase, a case management and a community transition phase. However, the process evaluation suggests that only phase 1 (orientation) and phase 4 (graduation) are distinct. There is little consistency in the other two phases, which, of course, represent the main part of the program. Therefore, other than beginning and graduating they have no clear means of assessing appropriate transitions. They are currently working on a "report card" system to provide clearer phases and transitions.

**Summary:** While many drug courts have adopted a system of progression through the program based on phases, several of the process evaluations mentioned that these phases were either not clearly defined and/or the transition between the phases was not operationalized in a manner that assured that clients were advancing through the program.

**Recommendation:** In planning a drug court care needs to be taken in defining and operationalizing a phase model. Graduating to another phase should be based on merit and represent a completion of the program related to the client's ultimate success. If graduation is simply a matter of spending a certain amount of time in drug court and not based on some measure of client progress, graduation rates may climb, but the relation between graduation and positive client outcomes will be diluted.

### ***Issue # 5: Developing an effective MIS***

One of the most common issues that these evaluations reported as a significant barrier for their program was difficulty in developing an MIS. For example:

- The First Judicial District Drug Court in Santa Fe reported difficulties arising from a frequent revision of MIS forms and the fact that there was no standardization of forms making it difficult to use the information system.
- The Third Judicial District Drug Court in Santa Fe reported that the lack of standardized urinalysis records, frequent missing data and no automated data system hampered its ability to operate effectively.
- The Third Judicial District Drug Court (Santa Fe) evaluation also reported the lack of an automated database, although they reported efforts to adopt the adult database to the juvenile system.
- The Bernalillo County Metropolitan DWI/Drug Court decried its lack of an automated database system. It reported difficulties in effective implementation that can be traced to the court's lack of standardized data collection forms, lack of standardized assessment instruments and lack of any system to track and monitor clients through the system.
- The Syracuse Community Treatment Court experienced continuing delays in the development of an MIS and was forced to conduct assessments on its own and re-enter them for the Court staff.
- The Montgomery County (Dayton, Ohio) Drug Court depended on its MIS to develop a statewide database for drug courts through a grant received by the Ohio Supreme Court from the U.S. Department of Justice. The Ohio Supreme Court contracted with the University of Cincinnati to develop this standardized database. Although the University did develop five different standard forms for all drug courts, this has not yet been of help to the Montgomery County court. No automated system yet exists for them. The database was developed in Access (part of the Microsoft Office package) and the court did not have the right computers or software. In addition, the court's past data had not been re-entered in the new system, and there was no way to link to its county's centralized MIS. These factors considerably limit

the current value of developing statewide system to the court. Its usefulness for evaluation or assessment was also deemed questionable.

- The Ithaca Drug Treatment Court tried to adopt the successful Buffalo COURTS MIS system but found that the version it received (which turned out to be a demo) lacked needed data fields and capabilities. Even when that confusion was resolved, it was determined that the statewide system was not close to implementation. The IDTC then had to begin modifying its current database in order to successfully operate. This long, slow, and inefficient process of database development is common and is a major distraction in resources and time to the successful implementation of drug court.

**Summary:** None of the reports really provided a recommendation for a good MIS but many implied that a good system would be of great value. While some had implemented systems with high potential (such as the Buffalo COURTS system), implementation issues remained high. While an effective MIS has the potential to have great value to a successful drug court, the efforts to reach that goal have been a major source of frustration, lost time, and inefficiency to many courts.

**Recommendation:** Finding and developing a useful standardized data collection system may be the most important and difficult issues confronting the planning of a drug court. Drug Court planners need to not only identify and develop a plan for this at the earliest stages, but to also identify resources that can support its implementation.

## **II. Implementation issues**

These are issues that the program evaluations reported had effected the implementation and success of their drug court plans. It should be noted that some of these examples reflect issues previously discussed as relevant to the planning of drug courts. Clearly some issues can be relevant for planners but also emerge at implementation. This section focuses on issues that can be best addressed by program staff during implementation.

### ***Issue # 6: Lack of consistency in program delivery.***

As programs struggled to implement the drug court concept, a large number reported a lack of consistency in the delivery of the program.

- The Jefferson Parish Intensive Probation Drug Court in Louisiana reported that Services are not always delivered in a consistent manner due to high turnover of staff. The high turnover undercut the original plan in part because many of the original team left.
- The Jefferson Parish Intensive Probation Drug Court in Louisiana also reported a frequent inconsistency between the treatment team decisions on recommended sanctions for behavior and the judge's ultimate sanction. In this case, judges were often more lenient, undermining the treatment team's recommendations.
- The First Judicial District Drug Court of Santa Fe reported difficulties arising from frequent changes in policies and procedures. This not only

affected the workflow but necessitated frequent changes in the data collection tools.

- The Bernalillo County Metropolitan DWI/Drug Court reported that the judge did not consistently adhere to original eligibility requirements. The judge used his discretion to let offenders into a program that he felt might do them some good.
- The Third Judicial District Drug Court (juvenile) in Santa Fe reported problems arising from the lack of standardization of program requirements between its two branches at different geographic locations. An individual in one branch was subject to a different set of requirements than an individual in the other branch. The client grapevine quickly picked this up, and this led to complaints about inconsistencies in standards.
- The Third Judicial District Juvenile Drug Court (Santa Fe) evaluation also reported a high number of unexcused absences among program clients averaging 3.3 unexcused absences per client. It seemed that clients were not reporting for important components of the program and yet would still be advanced through the program. No sanctions appeared to be in force.

**Summary:** It is not unusual for programs to have problems in program delivery. It should also be noted that programs tend to evolve over time and that this evolution can be a strength. However, several of the evaluations reported delivery issues that undercut program success. Staff turnover, staff burnout, deviations from fundamental protocols and inconsistent implementation can limit success.

**Recommendation:** Program staff need to address problems that may produce staff burnout and high turnover. In cases where turnover cannot be avoided, programs should have clearly defined and written protocols on program process. Ongoing drug court teams need to be aware of what impact deviations from the agreed on program model may have on program success.

#### ***Issue# 7: Screening and assessment instruments issues***

Courts implemented a wide variety of screening and assessment tools and mostly reported no major issues. However, a few courts chose to abandon an early screening and assessment process because they felt it wasted resources. For example:

- The New Orleans Drug Court and the Amherst Drug Court used no formal screening instrument. It was felt that such an instrument created unwarranted challenges to the court process. Instead, they chose to have providers conduct assessments at time of treatment entry.
- The Montgomery County (Dayton, Ohio) Drug Court found that when they screened all the referred individuals, they were spending an enormous amount of time screening and referring clients when only 20 percent of its referrals were actually getting into drug court. Issues of residing out of county, mental health issues, prior records or offender's choosing to take the case to trial were deterring referred cases from entering the drug court.

- The San Joaquin County Drug Court began using the ASI as an assessment tool only when the client demonstrated a failure of sobriety after entering the drug court. Thus, not everyone gets this more complete assessment, which was one complaint heard in the process interviews.

**Summary:** The tendency to shift assessment to the provider obviously reduces costs for the court. However, it also reduces the amount of data it can collect on its referral process and on its population and shifts control of the assessment process to a provider who may have vested interests in how it assesses potential clients.

**Recommendation:** Courts need to be careful about the location and content of the screening and assessment process. This kind of information is vital to the court's ability to understand its client population and to effectively evaluate its process.

***Issue # 8: Smaller numbers of participants than expected***

Most of the reports suggested that the referral and program entrance numbers were smaller than what had been projected. The more egregious examples are as follows:

- The Gary City Drug Court originally was planned for a case flow of 25 new participants per week but has found in practice that the actual number is about 7 per week. Some of this disparity can be explained by the perception among those eligible to participate that drug court is actually harder than doing jail time or probation. It is not unusual for an eligible individual to opt to do a year of jail rather than a year of drug court.
- The Orange County (Florida) Juvenile Drug Court has yet to meet its target goal of admitting 160 youths. Of 300 youth who have been referred, in over two thirds of the cases either the youth or the family have refused the program. The report identifies a solution as better-structured incentives to encourage youth and their families to participate.
- The St. Louis 22<sup>nd</sup> Judicial Circuit Court adopted very loose screening mechanisms in order to increase its numbers to meet grant expectations. It also expanded the list of acceptable charges to add 18 additional charges largely related to burglary, theft, and forgery but also including DWI and criminal non-support. This solution increased its numbers but failed to solve the problem in the end. Many of these cases were terminated after a short period because they were inappropriate for the drug court. More stringent screening mechanisms were then adopted, bringing the court back to its problem of lower numbers.
- The Syracuse Community Treatment Court targeted about 200 clients a year for the program. In a little over 2 years they have averaged only 74 enrolled a year. The lack of a coordinator in the first 8 months of operations negatively affected referrals. In addition, there seems to be confusion among key sources of referrals including the District Attorney and court judges about the referral process. Changes in personnel at pretrial services also affected the process.

**Summary:** There is a tendency for drug court programs to overestimate enrollment numbers. Low enrollment is attributed to the difficulty of the program combined with a lack of incentives and with confusion in the referral process. Loosening the screening mechanism is not an effective solution since some types of clients are not appropriate for drug court.

**Recommendation:** Build appropriate incentives into the program that encourage enrollment and make the difficulty of the program worth all the work. Make sure the referral process is clearly delineated and explained, verbally and in writing, to the participating agencies.

***Issue #9: Larger numbers of participants than expected***

In spite of the fact that most reports indicated referral levels below what had been projected, one report indicated the opposite, with the court overwhelmed by referrals.

- The Montgomery County (Dayton, Ohio) Drug Court had anticipated in the pre-grant period a caseload of 113 per year based on referred caseload of 532. In fact in 1998 referred caseload for treatment in lieu of conviction doubled to 930, making 265 eligible for drug court, which overwhelmed drug court staff. The reasons for this increase were not made clear. The response of the drug court was to restrict entrance in to the drug court to fifth degree possession of cocaine. They also changed the application process giving an offender 72 hours to apply to drug court and assessing them only after they choose to apply.

**Summary:** Unanticipated numbers overwhelmed drug court staff. Entrance to the drug court program was restricted to a single charge, resulting in manageable numbers.

**Recommendations:** There is only one example of this reported. However, this has been a problem for other drug courts not covered in this review. Based on this, we would make two recommendations: 1) make the eligibility criteria stricter, which the program in this example did or 2) write grants for funds to increase program capacity.

***Issue #10: Lack of program resources***

Not surprisingly, given the fact that implementing drug courts is still relative new, many program evaluations indicated that the programs did not plan for sufficient resources to do all they wanted to do.

- The Jefferson Parish Intensive Probation Drug Court in Louisiana reported that it seriously underestimated the time needed for the trial court administrator position.
- The Charleston South Carolina Juvenile Drug Court indicated that its staff was not spending 100% of its time on drug court cases. In other words, staff was drawn to work on tasks outside of the program.
- In New Orleans, employment and GED services originally provided on site were not of sufficient scope. Ultimately they used a GED specialist primarily for assessment for literacy and referral to off-site services.

- The Santa Fe 1<sup>st</sup> US District Municipal Drug Court initially provided childcare for participants, which increased compliance and sense of support for the program among participants, but was forced to eliminate the service due to vandalism and lack of budget.
- The Charleston South Carolina Juvenile Drug Court found that dealing with family-related issues was a difficult and time- and resource-consuming activity. The court suggests that it is something that best be done well with adequate resources or not done at all.
- The Montgomery County (Dayton, Ohio) Drug Court found that POs had caseloads of 100 or more, which is too large for an intensive program such as a drug court. It suggested that the drug court diversion significantly lengthened the time the average offender spent on probation increasing caseload. This drug court also suggested the need for more adequate clerical support to handle the intensive paperwork necessary for a drug court.

**Summary:** Resources are always an issue. However, the experiences of these drug courts suggest that fairly frequently the court has misjudged the resources needed to engage in a certain activity or provide a certain service.

**Recommendation:** These experiences should help guide applicants for future funding to thoroughly research and then be realistic about what can be accomplished within a certain budget.

#### ***Issue #11: Turnover of personnel***

Several evaluations reported that turnover in personnel can wreak havoc with implementing a drug court program. For example:

- In the New Orleans Drug Court a change in the chief judge nearly ended the program.
- The Jefferson Parish Intensive Probation Drug Court in Louisiana reported that services for the drug court were not delivered in a consistent manner due to high staff turnover.
- The Ithaca Drug Treatment Court found that turnover in its coordinator position changed the nature of the position. The first individual who occupied the position focused on case management, while the second shifted to MIS development as a prime focus. The shift was at least partly motivated by the differing skills each brought to the position.

**Summary:** This is particularly a problem for smaller drug courts. Drug Courts often are created by a team of individuals in the court and criminal justice system who become excited about the concept as a result of a training or a presentation. These individuals provide energy and enthusiasm that help make the court a reality. Unfortunately, this often also makes the drug court vulnerable to any turnover that might occur in these roles. A new judge, a new district attorney, or a new drug court coordinator, for example, may not share the same vision as the original team.

**Recommendation:** New drug courts need to learn from these experiences and try to institutionalize the court from the very beginning. Clearly defined roles and written procedures can help maintain consistency when a new individual steps into a given role.

### ***Issue #12: Urinalysis issues***

Urinalysis is a mainstay of drug courts. Several evaluations reported problems with effective implementation of a urinalysis program. For example:

- The First Judicial District Drug Court of Santa Fe evaluation reported that urinalysis results were not clearly documented and that, at least from an evaluation standpoint, it was not possible to determine whether a sanction was imposed because of a positive urinalysis report.
- The Charleston South Carolina Juvenile Drug Court indicated that serious delays in receiving its urinalysis results delayed the imposition of sanctions weakening the whole program.
- The Syracuse Community Treatment Court found that while local providers gave them frequent and timely urine results many out of town providers ignored the court.

**Summary:** An objective measure of how well a participant is adhering to the program is invaluable in determining appropriate sanctions for a participant's behavior. Lack of clearly documented urinalysis results in a timely manner can have a strong detrimental effect on the success of a drug court program.

**Recommendation:** Programs should either make a point of finding a urinalysis provider who will consistently provide the court with timely urinalysis results or hire staff and buy equipment to perform the urinalyses in-house.

### ***Issue #13: High incidents of bench warrants***

- The Gary City Drug Court reports a high incidence (60%) of bench warrants in the first phase of the program, a 35 percent rate in phase 2 and dropping to 5 percent in phase 3. At that site 70 percent of the individuals who continue past the first 90 days complete the program but those who bench warrant in the first 60 days rarely complete the program.
- The First Judicial District Drug Court of Santa Fe reported a high rate of absconding. Of the 61 individuals who were admitted 29 (nearly half) absconded. In addition 12 were terminated leaving only 9 who graduated and 11 still active. With about two out of three individuals who enter the program either abscond or are terminated this is a serious problem for the program. This has been a post-adjudication court and the consensus seemed to be that a pre-arraignment model might be more successful in motivating retention in the program.<sup>2</sup>

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<sup>2</sup> It should be noted that this predominately Hispanic group of clients had a modal age category of 19-25 and a modal drug category of opiates. They are therefore typically young and opiate users, a tough group to maintain retention in the program.

**Summary:** Absconding, requiring the need for bench warrants, is a common problem in drug court programs. This adds further expense to drug court processes and is inversely correlated with successful completion of the program.

**Recommendation:** Build incentives into the program that encourage participant buy-in. Consider the efficacy of the pre- versus post-conviction model with the particular population served by your drug court.

## **Section II: Notable program practices**

In addition to providing important issues and problems in implementation, these process reports also highlighted some notable program practices. These include the following:

### **Gender specific case management**

- The New Orleans had experienced gender specific training in case management and they credited that training with allowing them to be more effective with women clients.

### **Public relations**

- The Santa Fe 1<sup>st</sup> US District Municipal Drug Court established a monthly open house held at the court since May of 1998. Over 1000 attorneys, community members, public officials, and educators have been invited to attend. Guest judges have been invited to sit on the bench with the drug court judge in order to showcase the process. These have included the Chief of Police, the Lieutenant Governor, city councilors, school board members, and other judges, including a tribal judge.

### **Aftercare**

- The Santa Fe 1<sup>st</sup> US District Municipal Drug Court established a policy of no-cost aftercare for graduates. They require participants to attend monthly sessions to receive group counseling and acupuncture at no cost. This is typically three to six months of no-cost aftercare.
- The Orange County Juvenile Drug Court supplies 30 days of aftercare monitoring post-graduation.
- The San Diego County Drug Court observed that some of its participants were deliberately sabotaging their success as they neared program completion in order to avoid the loss of the support network provided by the program. A final phase was added to provide a post-treatment support network to alleviate this problem.

### **Screening and Assessments**

- The Orange County Juvenile Drug Court has developed a Juvenile Assessment Center (JAC) for all juveniles arrested in Orange County. At the

JAC, they are assessed by a TASC (Treatment Alternatives for Safer Communities) assessor who completes a standardized screening form on the youth. Youth who are screened as having a substance abuse problem are then referred to the Addiction Receiving Facility where they undergo three days of evaluation to assess treatment need.

- The Montgomery County (Dayton, Ohio) Juvenile Drug Court administers both the SASSI screen and a urine test to all adjudicated juveniles. A positive result means the juvenile is immediately seen by a nurse assessor who is a member of the drug court team. A thorough assessment is then done and drug court referrals are made.

### **Urine Testing**

- Although most drug courts use urine testing as a vehicle to enforce abstinence, it is often quite costly to implement successfully. There are issues about how frequent the testing should be and how many drugs and at what level should be screened. The Santa Fe 1<sup>st</sup> US District Municipal Drug Court concluded that 80 percent of its participants were primarily alcohol abusers and eliminated urine screens in favor of much less costly random breath tests.

### **Adjunct Resources**

- The Gary City Drug Court established a Family Support Unit designed to focus on the social and academic achievement of the children of drug court participants. The Family Support workers interact with the state family and social Services Administration to assist the family reunification process, interact with school officials to ensure academic progress and in general work with the children of participants.

### **Close Cooperation between the Court and the treatment provider.**

- The Amherst Drug Court share a joint bank account for program funds with its treatment provider, and funds can only be accessed through the joint signature of the judge and the Court Coordinator (who is an employee of the treatment provider.)

### **Satellite office for drug court**

- The Ithaca Drug Treatment Court developed a storefront satellite office in a central downtown mall with offices for program staff, including probation officers. However, funds are insufficient for all the services envisioned.

### **Public defenders**

- The Amherst Drug Court has no assigned public defenders. The Erie Bar association provides attorneys for indigent cases.

## **Section III: Intermediate Outcomes and measurement/evaluation issues**

While these were process evaluation reports and primarily focused on implementation issues, several provided some data on intermediate outcomes of their drug courts. The two outcomes most often presented in the reports were recidivism and graduation rates.

### **Recidivism**

While not always consistent in their definitions of recidivism, all who attempted to examine this data focused on re-arrests. Unfortunately, none of those who examined subsequent recidivism data were able to compare the results for drug court participants with a reasonable comparison group. All who tried compared the results for graduates of the program with those who terminated from the program. The problem with this is that both graduates and terminators are self-selecting groups. One key element in the definition of a graduate of a drug court program is that he/she has avoided arrest during the period of the program and one key reason for termination may be a re-arrest. Whether graduates can avoid re-arrest after graduation better than a terminator because the drug court reoriented their life away from crime or whether graduates are simply those whose readiness to change was already so high that they would not have re-offended as often anyway is hard to tell from this data.

### **Graduation Rates**

The major intermediate outcome measure used by most of the reports is the graduation rate. However, there was disagreement among the reports on how that should be calculated. Based on the different calculations they often came up with very different rates. Most reported the rate as the percentage of successful (graduation) discharge as compared to all discharges in a given reporting period. For example:

- The Orange County (Florida) Juvenile Drug Court reported an overall rate of successful discharge at 42 percent.

The problem with this approach is that both graduates and non-graduate discharges may bunch together in a particular time period. A set of graduations in a time period may reflect participants from many different cohorts (e.g. some who started the program years ago and some who graduated quickly). A more accurate approach is to take a cohort of individuals (e.g. those who entered the drug court program within a particular fiscal year) and follow those individuals until they all graduate or terminate. For example:

- The San Joaquin County Drug Court used a cohort analysis to analyze its graduation rate. The court reported that 26 percent of the drug court participants who started in 1995 had graduated. This percentage of graduates rose to 30 percent for the 1997 cohort.

## **Other intermediate outcomes:**

### ***Mental Health issues***

- The Orange County Juvenile Drug Court uses the CGAS (Children's Global Assessment Scale), which has allowed it to assess and be in a position to respond to mental health issues from its youth. It also allows the court to assess the mental health functioning at both intake and discharge. They report an average increase in 18 points (increased functioning) of the CGAS from intake to discharge for those who graduate from the program.

### ***Characteristics of graduates versus non-graduates***

- The Orange County (Florida) Juvenile Drug Court was able to conduct an analysis of the discriminating characteristics between graduates and non-graduates. Although the sample was small (66), which is likely why they include no information about statistical significance, the results are interesting. Good attitudes and being in school at the time of entrance into the drug court were two of the most interesting characteristics of the graduates.

## **Evaluating the Evaluations**

There was quite a variation in the kinds of process evaluations presented as well as varying levels of usefulness. Many reports were predominately descriptive in nature offering little insight into the implementation of the drug court. Others provided data on the demographics of clients but seemed unsure of how to evaluate a program in its early years of operation. No information of value for this report was gleaned from a few of the evaluations, but most scattered interesting and useful insights in various sections of their reports. There was, however, great inconsistency in approach and structure. It appears that what constitutes a good process evaluation of a drug court is not clearly established among the evaluation and drug court community.

## **Section IV: Lessons Learned and Recommendations**

**Lesson # 1: Cooperation among key stakeholders in the drug court is central to its success.**

Comments: Many of these reports discussed problems that related to a lack of communication or conflicts among stakeholders. For example, the district attorney's office may in practice undercut the efforts of the drug court, or the judge may act in ways that undercut the activities of the drug court staff.

**Recommendation:** The exact roles, expectations and policies of various stakeholders with regards to drug court should be clarified and agreed to in writing at the outset of court operations. In addition, a mandatory and functioning advisory board composed of representatives of the key stakeholders should be implemented to deal with ongoing issues of cooperation and consistency.

**Lesson # 2: An effective MIS is critical to the successful implementation of drug court. However, paradoxically, the effort to create it can seriously hinder the implementation of the drug court.**

Comments: Complaints about the problems in the development of an MIS were numerous and the negative impact on the courts was clear. However, equally numerous were complaints about problems due to the lack of a good automated database system.

**Recommendations:** The Federal Government needs to take an active role in finding and developing effective MIS models for drug courts. The costs in time and energy are beyond the means of local courts and perhaps even of the states. While there are serious issues about a one-size-fits-all approach to an MIS, having a handful of mature, well developed, well proven systems that are flexible enough to be adopted for local conditions may be the only solution. While some of those systems exist and programs are attempting to implement them, too few resources appear to exist that are dedicated to adopting these systems to local conditions and to ensure that the locality has the right equipment, software, and training. Also, some of these MIS models end up costing the court nearly as much to modify them to suit local conditions as it would to create a whole new system.

**Lesson # 3: There is no real standard for program composition, the number of phases that are appropriate, and in particular, standards on how advancement is made from phase to phase.**

Comments: As Appendix A demonstrates, most of these programs had three or four phases. But the composition of the phases varied widely and many programs struggled with the question of the criteria for advancement from one phase to another.

**Recommendations:** Standards for the quantity and composition of phases should be developed at the national level. We need to also have more research on what works and does not work. The federal level should recommend that drug court clients not be

advanced solely on the basis of time elapsed or by cohort, rather advancement needs to be based on the completion of clearly specified program requirements. The national level could develop guidelines based on the experiences of courts that have been evaluated.

**Lesson #4: There is often inconsistency in the way a program is implemented for each client.**

Comments: Some of this results from staff turnover or unclear program phases, but often the source of the inconsistency is the drug court judge. The judge, who is used to the role of absolute arbitrator, undercuts recommendations made by the drug court team in an individual case. Typically, an individual who violates one of the clear rules is not given the prescribed sanction because the judge decides to give them another chance. Yet, this produces an inconsistency in implementation that makes it difficult for the program to operate effectively. This appears to be two issues. One is inconsistency of the judge's treatment between different individuals. The other is judge leniency against the advice of the treatment provider, undercutting the provider's credibility and encouraging the client to see what else they can get away with (testing the system).

**Recommendation:** It is hard for a judge to give up discretionary power to a drug court team or a set of procedures, but this may be necessary for the court to operate successfully. At the outset of the drug court implementation, the judge needs to see the need to follow the protocols and procedures developed by the team. (Should also say something about follow-through and the importance for clients to feel like they know the rules and the limits.)

**Lesson #5: There needs to be more effort to find a balanced range of incentives and sanctions available to the drug court.**

Comments: More and more severe type of sanctions appeared to be available to the drug courts than there were types of incentives or rewards. Many courts imposed severe sanctions for violations that included increased supervision and jail time, so severe that some judges chose to ignore them. The rewards tended to be verbal. There appears to be an imbalance in the amount of sanctions available compared to rewards. The courts seem to need a broad continuum of rewards and sanctions that balance and fit the violations.

**Recommendation:** There has been much effort placed on the question of appropriate rewards and sanction among drug court practitioners and evaluators. This does not seem to have resolved into at the local level standards and guidelines that can be used. These standards and guidelines need to be developed and implemented.

**Lesson #6: Most programs face serious problems connected to the fact that they have many fewer referrals and program participants than anticipated or, in some cases, they have more referrals than anticipated.**

**Comments:** programs are not accurately assessing their potential case flow when they apply for these grants and often commit themselves to numbers that are not realistic. This means that resources are not allocated effectively.

**Recommendation:** All programs should be required to do a professional needs assessment using data collected by an independent source in planning their drug courts. Too often the data on case flow is determined in a manner that leads to inaccuracy and often mitigating conditions are not taken into account. It is not efficient for drug courts to be designed and funded based on highly inaccurate case flow projections.

## Summary

A review of 26 process evaluation reports revealed some common areas of implementation issues and problems. These issues include the following:

- Real effective cooperation among key stakeholders in the drug court is central to its success or failure.
- An effective MIS developed from the beginning of a program is crucial.
- There are no real standards yet developed in the drug court movement for program composition, the number of phases that are appropriate, and in particular, standards on how advancement is made from phase to phase.
- There is often inconsistency in the way a program is implemented for each client.
- An effective and consistent continuum of rewards and sanctions eludes most programs.
- Programs have often not accurately assessed the potential number of clients that will actually be admitted to the program, mostly overestimating those numbers.

There is a need for research to help inform the process of implementation of drug courts. At the very least these process evaluation reports should alert programs to potential pitfalls and allow new programs to avoid the mistakes of others. At best these reports collectively inform a practical guide for the implementation of successful drug courts.

**Appendix A:**

**Mapping the courts on key questions**

Program Characteristics

Court	Operating How Long?	Who's Eligible?	Pre/Post-Adjudication?
Buffalo, NY	Since January 1996	Non-violent offenders that satisfy the drug screening criteria Both misdemeanors and limited felonies are accepted.	Not Clear (Probably pre-)
New Orleans, LA		Non-Violent offenders with misdemeanors or felonies with a history of substance abuse who profess a desire for treatment.	Pre-trial and probation (plead guilty)
San Joaquin County, CA	Since 1995	Misdemeanor and felony offenses that are drug related. More specifics are given in appendix (e.g. Health and Safety Codes, DUI)	Not Clear
First Judicial District Court, Santa FE, NM	Since Jan. 1997	Adult Felons. Non-violent, second to fourth degree felony related to illegal drug use.	Post-adjudication or probation/parole violators.
Bernalillo County Metropolitan Court, NM	Since July, 1997	Adult Misdemeanants. Non-violent offenders convicted of misdemeanor DWI or misdemeanor offense.	Post-conviction
Santa Fe Municipal Court	Since Jan. 1998	Any offender with suspected drug and alcohol problems including domestic violence and battery cases (which are considered misdemeanors)	Pre-conviction
Chester County, PA	Since Oct. 1997	Non-mandatory drug offenses, not currently under probation/Parole, no prior record of violent offense.	Pre-trial
Gary City, IN	Not Clear	"those with significant drug and crime problems"	Not clear. Post-conviction?
Montgomery County, Ohio	Since 1996	Changed over time. 1. Those charged with felony who were chemically dependent. 2. Possession of cocaine, felony of the 5 <sup>th</sup> degree. No Dual Dx.	Not Clear. Post-conviction?
Orange County, CA	Jan. 1997	Non-violent drug offenders charged with felony possession	Post-conviction
St. Louis	April 1997	Non-violent drug offenders or non-drug offenses if driven by a drug problem.	Pre-trial
Essex County	May 1997	Non-violent drug driven or drug related indictable offenses	Post-conviction
Jefferson Parish, LA	August 1997	Non-violent felony or misdemeanor with indication of substance problem, no pending sentences	Not Clear Pre-adjudication?
Lexington County, SC	Summer 1997	Non-violent repetitive offenders with current drug and drug	Pre-trial

		related offenses. No first-time offenders	
Suffolk County DTC	September 1996	Non-violent misdemeanor and felony drug related offenses	Post-conviction
Amherst DC	NA	Misdemeanor and/or felony offenses. No history of "excessive" violence.	Pre- and Post-conviction
Syracuse Community Treatment Court	December 1996	Non-violent misdemeanor and felony drug related offenses	Pre-adjudication
Dallas DIVERT Court Program	January 1998	Must be charged with "state jail felony" possession. No evidence of dealing and no greater than class C misdemeanor.	Pre-trial
Ithaca Drug Treatment Court	NA	Non-violent misdemeanor and "violation" level offenses.	Post-conviction
Third Judicial District Court, Las Cruces, NM - <b>Juvenile</b>	Since Nov. 1997	Juvenile Felons. < 18 yrs., repeat offender, non-violent, drug use problem, referring offense can be drug related or not.	Deferred prosecution, post-adj., probation/parole violators
Charleston County, SC - <b>Juvenile</b>	September 1997	Juveniles. NA	Pre- and Post-adjudication
Orange County, Florida - <b>Juvenile</b>	November 1997	Juveniles. No more than 3 previous offenses. Substance use problem. No history of violent offenses.	Pre- and post-adjudication
Montgomery County <b>Juvenile</b> Drug Court - Ohio	January 1998	Non-violent with an offense of F4 or less and who are in need of drug treatment	Post-adjudication

NA=(Info) Not Available

Program Operation Details

Court	Screen/Assess Tools for Eligibility?	Time to Complete Program	Phases?	Sanctions/Incentives?	Advance Levels How?
Buffalo	Not Clear. Screens and assessments are mentioned, but not when or how used.	NA	NA	Yes/Yes (Not described in detail)	NA
New Orleans - Scott Ray	No formal screening instrument is used.	Avg. 98 days in treatment	3 Levels	Yes (Graduated Sanctions. )/Yes. (e.g. Inpatient tx, jail time/praise from judge, extension of curfew).	Must complete goals for each level.
San Joaquin	NA. Appears that there is no tool.	Approximately one year	3 phases	Yes/Yes. (More jail time, or tx meetings/Movie passes)	NA
New Mexico First Judicial District Court 12/98	NA	Nine months	3 phases	Yes/ Yes. (e.g. Demotion to prior phases, increased supervision, jail time/time reduction, certificates)	Not Clear. Appears to be time.
New Mexico Bernalillo County Metropolitan Court 12/98	ASI (Addiction Severity Index)	NA. (8-week minimum per phase = 24 weeks)	3 phases	Yes/Yes. (e.g. jail time, increased meetings/supervision reduction, mementos)	Must achieve goals.
Santa Fe Municipal Court	"Defendant Questionnaire" (includes drug risk factors)	Approx. 1 year, including after-care.	4 phases	Yes. Graduated/NA. (Jail time and termination)/No incentives mentioned.	Must attend meetings and tx sessions.
Chester, PA	D&A Assessment done by a provider. No instrument mentioned.	9 month minimum	3 phases	Yes/Yes. (e.g. Increased supervision, community service/praise, recognition).	Must meet minimum standards. (Goals.)
Gary City Drug Court	NA	NA	3 phases	Yes/Yes. (e.g. jail time, additional community service/public acknowledgement, gift certificates)	NA
Montgomery County, Ohio	NA	Avg. 11 months, max. 3 year	NA	Yes/Yes. (e.g. Increased meetings, increased UAs/decreased meetings and UAs, recognition).	NA
Orange County, CA	"Formal interview". No tool mentioned.	Min. 1 year	4 phases	Yes/Yes. (e.g. writing an essay, increased drug testing or meeting times, jail/applause, entered into drawings)	Specified treatment objectives (goals).

Court	Screen/Assess Tools for Eligibility?	Time to Complete Program	Phases?	Sanctions/Incentives?	Advance Levels How?
St. Louis	Formal assessment by counselor included "Jellenik symptoms review".	Min. 12 months	3 "Paths"	Yes/Yes. No description given.	Specific goals
Essex County	Assessment by TASC Instrument used: Addiction Severity Index (ASI).	NA	NA	Yes/Yes. (e.g. tighter curfew restrictions, jail time/not described).	NA
Jefferson Parish (LeDoux)	SASSI, ASI	Min. 12 months	4 "Levels"	Yes/Yes. (e.g., verbal admonishment, increased UAs, home incarceration/applause, reduced court fees, prizes)	Requirements
Lexington County DC, SC	"Bio-Psycho-Social Severity Index"	Min. 12 months	3 phases	Yes/Yes. (e.g., community service, jail time/lavish praise, applause)	Not Clear (GED or high school diploma required for Graduation)
Suffolk County DTC	ASI	Min. 1 year	NA	Yes/Yes. (e.g., admonishment, incarceration/decreased UAs, tokens)	Requirements/Goals
Amherst DC	No formal screening or assessment	Min. 6 months	3 phases	Yes/Yes. (e.g., in-court admonishment, intensified treatment/judge's approval, decrease treatment)	Requirements
Syracuse Community Treatment Court	ASI	Approx. 1 year	NA	Yes/Yes. E.g., increased court appearances, weekends observing arraignments/ applause, decreased treatment)	NA
Dallas DIVERT Court Program	SASSI and ASI	1 year-18 months	3 phases	Yes/Yes. (e.g., client pays for positive UAs, jail time/no incentives described)	Requirements
Ithaca Drug Treatment Court	ASI	NA	3 phases	Yes/Yes. (e.g., Essay assignments, community service/applause, certificates)	Requirements
New Mexico Third	SASSI and T-ASI (for	Not Clear. Adding	4 phases	Yes/Yes. (e.g. community service,	Time.

Court	Screen/Assess Tools for Eligibility?	Time to Complete Program	Phases?	Sanctions/Incentives?	Advance Levels How?
Judicial District Court 12/98 - Juvenile	teens)	program phases = 24 weeks		curfew, graffiti removal/supervision reduction, movie passes, neck-ties)	
Charleston County, SC - Juvenile	NA	NA	3 phases	Yes/Yes. No description.	Requirements
Orange County, Florida - Juvenile	Assessment not specified.	Avg. 6 months	3 phases	Yes/Yes. (e.g., stricter curfew, increased UAs/Incentives not specified)	Requirements
Montgomery County Juvenile Drug Court - Ohio	Not Clear. Use tools, but not clear if for screening. SASSI	Approx. 9 months	3 phases	Yes/Yes. (e.g., /food, recreation)	Requirements

NA=(Info) Not Available

**Participant Demographics**

<b>Court</b>	<b>Gender (%M)</b>	<b>Race/Ethnic (% Highest)</b>	<b>Modal Age</b>	<b>Modal Drug</b>	<b>Degree of Criminality</b>	<b>Notes</b>
Buffalo	336 (56%)	NA	30-39?	Crack	Misdemeanors/Limited felony possession are eligible (Non-violent offenders)	1996-1998
New Orleans - Scott Ray	68.8%	82.5% African-American	25 and under	Marijuana	NA (Non-violent offenders and no history of violent offenses or burglary of an inhabited dwelling).	
San Joaquin	65%	41% Caucasian	30-39	Heroin (37%)	NA. (Non-violent offenders only)	
New Mexico First Judicial District Court 12/98	60.6%	49.6% Hispanic 45.6% Anglo	19-25	Opiates (47.6%)	Top Four past arrests: DWI, Larceny, drug sales, drug possession	1/97-10/98
New Mexico Bernalillo County Metropolitan Court 12/98	74.8%	53.7% Anglo	33-39 (33%) 40+ (30%)	Alcohol (80.3%)	Top Offense: DWI (6 times more frequent than the next most frequent offense)	7/97-10/98
Santa Fe Municipal Court	Not Clear. No data on program participants, just those <i>screened</i> . (83%)	<b>Screened</b> 78.2% Hispanic	<b>Screened</b> Under 21	<b>Participants</b> Alcohol (80%)	<b>Screened</b> A few had past drug related arrests and felony arrests.	1/98-1/99
Chester, PA	NA	NA	NA	NA	NA	
Gary City Drug Court	NA	NA	NA	NA	NA	NA
Montgomery County, Ohio	82.2%	64.1% "Black"	40+	NA	NA	1/98-12/98
Orange County, CA	CC 74% SC 57%	White CC 61% SC 92%	Avg. Age CC 33yrs SC 29yrs	NA	NA	1997 CC=Central Court, SC=South Court
St. Louis	NA	NA	NA	NA	NA	
Essex County	NA	NA	NA	NA	NA	
Jefferson Parish (LeDoux)	71%	64.7% white	Avg. age 28yrs	marijuana	NA	8/27/97-11/9/98
Lexington County DC, SC	Not Clear	Not Clear	Not Clear	Not Clear	NA	

Court	Gender (%M)	Race/Ethnic (% Highest)	Modal Age	Modal Drug	Degree of Criminality	Notes
Suffolk County DTC	NA	NA	NA	NA	NA	
Amherst DC	70%	49% African-American 45% Caucasian	22-30	NA	NA	NA
Syracuse Community Treatment Court	58%	66.9% African American	30-39	Crack-Cocaine	NA	12/96-1/99
Dallas DIVERT Court Program	73%	52% African American	31-40	"poly-drug use" 75%	NA	1/98-12/98
Ithaca Drug Treatment Court	68%	62% Caucasian	20-30	NA	NA	Info from DC satisfaction survey (34 completed)
New Mexico Third Judicial District Court 12/98 - Juvenile	84.1%	85.7% Hispanic	16-18	Marijuana (59.3%)	Top Four Offenses: Drug Possession, Vandalism, Larceny, Assaults (non-aggravated).	12/97-10/98
Charleston County, SC - Juvenile	NA	NA	NA	NA	NA	
Orange County, Florida - Juvenile	83%	54% white	Avg. 17yrs	Marijuana (94%)	"fairly minor offenders"	8/20/97-10/31/98
Montgomery County Juvenile Drug Court - Ohio	75%	70% Caucasian	Avg. 16yrs	Marijuana (92%)	NA	1/98-4/99

NA= (Info) Not Available

Program Numbers

Court	# Screened	# Admitted	# Terminated	# Graduated	Where did they get these Numbers?	Notes
Buffalo	NA	604	NA	113 (18.7%)	NA	1996-1998
New Orleans - Scott Ray		218				
San Joaquin	NA	871	591 (67%)	165 (20%)	NA	1995 – 1999 "There are no attorneys in the San Joaquin Drug Court." !!?
New Mexico First Judicial District Court 12/98	NA	61	41	9	NA	1/97-10/98
New Mexico Bernalillo County Metropolitan Court 12/98	NA	119	19	45	NA	7/97-10/98
Santa Fe Municipal Court	250	130	70	34	From Defendant Questionnaire, intake assessment, program records, and exit interview.	1/98-1/99
Chester, PA	NA	169	18	20	NA	10/97-12/98
Gary City Drug Court	NA	NA	NA	28	NA	NA

NA=(Info) Not Available

Court	# Screened	# Admitted	# Terminated	# Graduated	Where did they get these Numbers?	Notes
Montgomery County, Ohio	NA	(1997-1998) 378	NA	121	Probation department reports and records, "official documents", grant proposals, interviews.	1996-3/99
Orange County, CA	NA	NA	NA	NA	NA	
St. Louis	NA	484	162	64	NA	4/97-2/99
Essex County	NA	NA	NA	NA	NA	
Jefferson Parish (LeDoux)	NA	170	29	5	From forms in files	8/27/97-11/9/98
Lexington County DC, SC	276	Not Clear	95	20	NA	1997-?
Suffolk County DTC	NA	290	NA	78	Drug Court database	9/15/96-1/31/99
Amherst DC	NA	219	50	137	NA	18 month period
Syracuse Community Treatment Court	296	148	NA	NA	NA	1/8/97-1/31/99
Dallas DIVERT Court Program	306	159	43	None at time of report	NA	1/98-12/98
Ithaca Drug Treatment Court	NA	81	NA	5	NA	NA (1998?) - 2/99
New Mexico Third Judicial District Court 12/98 - Juvenile	NA	63	17	16	NA	12/97-10/98
Charleston County, SC - Juvenile	NA	80	32	7	NA	1997-1999?
Orange County, Florida - Juvenile	NA	Not Clear 67?	38	28	Data forms, case notes from client files and program tracking efforts.	8/20/97-10/31/98
Montgomery County Juvenile Drug Court - Ohio	808	98	Not Clear 18?	5	NA	1/98-4/99

NA=(Info) Not Available