



THE LAZAR INSTITUTE
McLean, Virginia

DRUG OFFENDERS AND THE COURTS

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CASE STUDIES OF
THREE DRUG COURTS
SUMMARY REPORT

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Case Studies of Three Drug Courts

Summary Report

PROJECT

OCT 4 1995

ACQUISITIONS

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ABSTRACT

To develop more knowledge about drug court operations, case studies were conducted in three jurisdictions. The three drug courts selected were considered to be examples of exemplary programs based on a Lazar survey of 300 State and local court systems as well as the opinions of knowledgeable individuals. The case studies, which confirmed the high quality of the programs, were conducted in Alameda County (Oakland), California; Multnomah County (Portland), Oregon; and Broward County (Fort Lauderdale), Florida. As intended, they provide State and local practitioners with operational descriptions of drug court practices they may wish to consider for adoption in their locales. In addition, they have been used to identify drug court characteristics that appear particularly desirable. These include:

- prompt processing of eligible defendants, with entry into treatment taking place within five days of arrest (sooner if possible);
- availability of a comprehensive drug treatment program which is part of the drug court organization and has facilities near the court;
- participant status hearings every 30 days supported by well-designed and up-to-date defendant progress reports;
- intermediate sanction options available for use by the judge when relapses occur;
- evening (as well as day) hours for both court appearances and treatment sessions; and
- monthly meetings of a drug court management panel comprised of prosecutors, public defenders, judges, police and treatment providers to discuss program outcomes and formulate improvement strategies.

It should be noted that in Portland, the prior record of defendants is not a factor which prevents program entry. This does not appear to have a negative effect on program outcomes.

In addition to the desirable characteristics highlighted above, other factors deemed by Lazar to be important are:

- All parties should be responsive to the orders and policies of the program manager, namely the drug court judge.
- All parties involved in drug court operations (especially the drug court judge) should attend a training program that focuses on the nature of substance abuse and its treatment, as well as their responsibilities.

■ A certain degree of "theater" appears to be useful in drug court operations. Examples of effective procedures include:

- highlighting of successes and failures by the drug court judge to "impress" new entrants to the court.
- a formal monthly graduation ceremony for defendants who successfully complete the program.
- The following court schedule (order of different types of cases) appears to be desirable: (1) status hearings for successful cases; (2) status hearings for failures who will receive punishment; (3) admission hearings for new program entrants, who leave the courtroom after agreeing to program conditions; and (4) status hearings for failures being reviewed for readmittance to the program. Having new program entrants present for only the first three types of hearings appears to be an effective protocol.

It should be emphasized that a key variable associated with the success or failure of a drug court is high quality treatment. In addition, characteristics which make all programs or enterprises thrive are important. These include capable leadership (an effective judge), a performance-oriented courtroom (with clear rewards for participating defendants who are successful and real accountability for those who continually relapse), world class training for all managers and staff (judges, district attorneys, public defenders, treatment officials, etc.), and an entrepreneurial management approach (with monthly "board of directors" meetings held to predict problems and solve them quickly).

The challenge, of course, is to convince the normally autocratic community of court (and in some cases, prosecutorial) leaders to operate within this success mindset and thereby guarantee that drug courts become an effective weapon in our nation's efforts to reduce substance abuse.

PREFACE AND ACKNOWLEDGEMENTS

This report synthesizes the results of three case studies of drug courts conducted by The Lazar Institute. It is based on information gathered through site visits and interviews conducted both in person and by telephone, in addition to a review of literature and other relevant documents made available to Lazar during the course of the study.

Much help was furnished to Lazar in the course of the study. In particular, the authors would like to express gratitude to Voncile B. Gowdy of the National Institute of Justice, who served as our program monitor.

In Oakland, Judge Jeffrey S. Tauber, who founded the F.I.R.S.T. Diversion Project within the Oakland-Piedmont-Emeryville Municipal Court and was its first presiding judge, was of great assistance; as was Judge Vern Nakahara, presiding at the time of Lazar's site visit. Al Chaquette, Unit Supervisor, and Frank Tapia, Deputy Probation Officer, of the Probation Department of Alameda County, were especially helpful in providing both information and documents for this case study. Staff in other departments who provided assistance and information included Jill Klinger of the Alameda County District Attorney's Office, serving at that time as prosecutor in the F.I.R.S.T. Drug Diversion Court; Elizabeth Campos, a previous Public Defender in the F.I.R.S.T. Court; Dennis Ryken of the Office of the Alameda County Public Defender; Kathy Pementhel, Court Statistician, Oakland-Piedmont-Emeryville Municipal Court; Alex Stalcup, M.D.; and Judge Kenneth Kingsbury of the Oakland-Piedmont-Emeryville Municipal Court.

In Broward County (Fort Lauderdale), The Honorable Robert J. Fogan presides over the Drug Court, and was of great assistance, as was Guy Wheeler, Project Director of the Broward Addiction Recovery Center (B.A.R.C.) Drug Court Treatment Program. Other staff who provided assistance and information included James M. DeHart, Assistant State Attorney, and Jeff A. Marcus, Assistant State Attorney in Charge of Felony Trial/Case Filing Units; Olga Gonzalez-Levine, Office of the Public Defender; Leslie Monteith, Broward Sheriff's Office; and Lois McGlashon of Judge Fogan's staff. In addition, invaluable information which we could not have gathered was graciously made available to us by W. Clinton Terry III, Ph.D., in his Broward County Drug Court: A Preliminary Report.

In Multnomah County (Portland), The Honorable Harl H. Haas, who founded the S.T.O.P. Court and was its presiding judge at the time this case study was prepared, was of great assistance; as was Valerie Moore, Executive Director of InAct. Michael D. Schrunk, District Attorney for Multnomah County, furnished much helpful information, as did James D. Hennings, Director, Metropolitan Public Defender. Other staff who provided assistance and information included Douglas M. Bray, Court Administrator of the

Multnomah County Circuit Court and Kimberly Hirota, Pretrial Release Supervisor of the Fourth Judicial District.

This report describes the results of the second phase of a national assessment project. The first phase involved a national survey of felony court prosecutors and judges that examined how drug offenders are identified, processed and sentenced at the State and local level; the second consisted of three case studies of exemplary programs--drug courts in Oakland, Portland and Ft. Lauderdale. Phase I was conducted by all members of the project staff; while Phase II primarily involved Ray Milkman and Nancy Landson, with early consulting assistance from Judge Bruce Beaudin on site selection and methodology.

We hope the results of this national assessment are useful to both practitioners and policy analysts. It should be emphasized that if we have succeeded in representing the three drug courts we studied in an accurate manner, it is in large part because of those who helped us. Any errors of fact or judgement are, of course, solely our responsibility.

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1.0 BACKGROUND

The dramatic increase in drug-related arrests in the last decade has forced our court systems to seek new approaches to handling the overwhelming number of resulting cases. Crowded jails and prisons have led courts to impose sentences that take advantage of alternatives to traditional incarceration, such as electronic monitoring, frequent drug testing, and shock incarceration. In addition, a number of jurisdictions have established special "drug courts" that divert many substance abusers into treatment or expedite their processing in other ways. Proponents view such courts as vehicles not only for addressing the problem of overcrowded facilities, but also for preventing further drug-related crimes by rehabilitating defendants who are drug-dependent. Given the magnitude of the drug problem and its threat to our nation's vitality, if the court initiative succeeds, the benefits could be substantial.

However, as is true for other new approaches to handling heavier drug-related caseloads and reducing drug abuse, no comprehensive outcome data exists to permit evaluations of drug courts' effectiveness. Nonetheless, the limited evidence available suggests that they may be a cost-effective tool, and a number of policy makers and researchers have called for more comprehensive evaluation that would employ an experimental design to reach a definitive conclusion.^{1,2} In Miami, for example, the drug court

¹ Raymond H. Milkman, Judge Bruce D. Beaudin, et al., Drug Offenders and the Courts: Results of a National Assessment, McLean, Virginia, The Lazar Institute, 1993.

handles first-time felony drug possession cases and diverts those who wish to participate into a one-year treatment program. Program graduates are reported to have rearrest rates lower than those of comparable offenders who have not been through the drug court; and, of course, program costs are but a small fraction of the costs of incarceration.³ Oakland has also reported reductions in the rate of felony recidivism as an outcome of its drug court operations. Oakland's approach is different from that of Miami, for it utilizes a combination of intensive supervision, progressive graduated sanctions, and drug treatment, a mixture which has been found especially promising.⁴ While intriguing, however, the extremely limited outcome information available is insufficient to permit more than speculation about the cost-effectiveness of the drug court tool.

To develop more knowledge about drug court operations, the National Institute of Justice sponsored a Lazar Institute project to conduct case studies of three jurisdictions which, based on survey information and the opinions of knowledgeable individuals, appear to have exemplary drug courts. The case studies, which were conducted in Alameda County (Oakland), California; Multnomah County

² John S. Goldkamp and Doris Weiland, Assessing the Impact of Dade County's Felony Drug Court, Philadelphia, PA: Crime and Justice Research Institute, August 1993, p. 50 (Executive Summary).

³ Mathea Falco, The Making of a Drug-Free America, New York: Random House (Times Books), 1992, p. 140.

⁴ Judge Jeffrey S. Tauber, "The Importance of Immediate and Intensive Intervention in a Court-Ordered Drug Rehabilitation Program: An Evaluation of the F.I.R.S.T. Diversion Project After Two Years." Paper presented to the President's Commission on Model State Drug Laws, March 10, 1993.

(Portland), Oregon; and Broward County (Fort Lauderdale), Florida, are designed to provide State and local practitioners with operational descriptions of drug court practices they may wish to consider for adoption in their locales. In addition, they have permitted Lazar to draw preliminary conclusions about desirable drug court characteristics.

This summary report contains a brief description of the case study methodology utilized as well as case study highlights and the overall findings and conclusions which have been drawn from their conduct. The full case studies are published as separate documents.

2.0 CASE STUDY AIMS AND APPROACH

As mentioned previously, this research and the resulting case studies focused on three "drug courts" and the approaches used by each to identify, process, treat and monitor drug offenders. The purpose has been to document the policies and procedures employed and, to the extent possible, comment on their apparent effectiveness.

Each case study was developed from three major sources of information:

- interviews with local criminal justice system officials and other individuals having knowledge of court system practices;
- various data and documents available locally (e.g., computer system output, annual reports, research studies, manuals of program procedures); and
- limited observation of court system practices.

Prior to arriving in the jurisdiction, questionnaires completed by the jurisdiction in response to a national survey Lazar conducted of 300 State and local court systems a year before initiation of the case studies were reviewed, as were available written materials describing the local court system. A preliminary list of persons to be interviewed was also developed, and key appointments were scheduled.

The initial list of interviewees was developed in cooperation with the drug court's presiding judge, who was asked both to suggest individuals who should be contacted and to provide the names of the prosecuting attorney, public defender, sheriff, treatment officials, probation officers, etc. This list was

expanded as greater knowledge of the local court system was gained through preliminary telephone interviews with key staff and review of background materials.

Prior to the site visit, interview guides were developed which allowed for acquisition of information about each drug court's:

- history;
- goals;
- organizational structure;
- staff composition and salaries;
- funding sources and amounts;
- eligibility criteria for participation in the drug court program;
- specific procedures and resources such as
 - pretrial assessment and processing
 - sentencing options
 - sentencing guidelines and mandatory minimum sentences and
 - followup of defendants;
- treatment approach, including
 - available modalities
 - regimen
 - facilities
 - recordkeeping systems and
 - ongoing relationships with the court;
- court performance, with a focus on arrests of drug court defendants in contrast with a comparison group; and
- relationships with other components of the criminal justice system.

The site visit began with an in-depth interview of the drug court judge lasting between one and two hours. In addition, as part of the orientation to program operations, a tour of the various facilities where important functions take place (e.g., court, program offices, treatment center) was conducted and major stages of the court process (e.g., pretrial release process, court proceedings, follow-up activities) were observed.

After an understanding of specific court procedures was obtained, other criminal justice officials involved with the drug court were interviewed, including:

- prosecuting attorney;
- defense attorney;
- corrections (probation) officials;
- drug treatment officials; and
- representatives of criminal justice system planning agencies and other knowledgeable government officials.

Highlights of the three case studies are presented in the next section along with a brief cross-site analysis.

3.0 CASE STUDY HIGHLIGHTS

3.1 Alameda County (Oakland), California

Drug Court Background

The drug court is known as the Fast, Intensive, Rapid, Supervision and Treatment (F.I.R.S.T.) Diversion Program and serves the City of Oakland (population 372,219) as well as the adjacent cities of Piedmont (population 10,602) and Emeryville (population 5,740). The 1990 rate of arrest in Alameda County for drug crimes was 1,406 arrests per 100,000 population, the third highest rate in the nation, after the cities of Baltimore and Washington, D.C. Many of the program components (e.g., Probation Department, Public Defender, District Attorney) are entities of Alameda County (population 1,279,182). The F.I.R.S.T. Program began operation in January 1991 and involves the Alameda County Probation Department as its key programmatic support agency, for Probation accepts "custody" of the participants immediately and monitors them throughout their participation in the drug court program.

Eligibility

The six-month to two-year F.I.R.S.T. Program is designed for first-time drug offenders who meet the following criteria:

- There is no prior conviction for a controlled substance offense;
- The charged offense did not involve a crime of violence or threatened violence;
- The charged offense is possession for personal use, not involving controlled substances in excess of certain quantities--for example, "one gram or less of a substance containing heroin";

- The defendant's record does not indicate a previous revocation without subsequent completion of probation or parole;
- The defendant has not been diverted during the five prior years; and
- The defendant has had no prior felony conviction within 5 years of the current charge.

Drug Court Operations

The approach taken by the F.I.R.S.T. Court involves the following.

- Within 48 hours of arrest the defendant appears for arraignment, at which time eligibility for the Drug Court Program has been determined by the District Attorney's staff.
- Those eligible are referred to the F.I.R.S.T. Court and, after meeting with Pretrial Services staff and the public defender, appear before the F.I.R.S.T. judge. If the defendant is interested in diversion and the judge and other court participants are willing, pretrial release is granted and the defendant goes to the Probation Department (in an adjacent building) for an orientation session. This session completes what is known as Phase I and takes place within three days of arrest.
- Participating defendants next enter a 10-week intensive assessment phase (known as Phase II) under the supervision of an assigned probation officer. A contract is drawn up and signed which describes the requirements that the defendant must meet. These are based on a point system which is as follows:
 - attendance at group probation counselling sessions, conducted by the Probation Department (6 points);
 - attendance at drug education and AIDS classes, also conducted by the Probation Department (5 points);
 - completion of three urine tests (random) with negative results (3 points);
 - registering with and attending a community counselling program (7 points); and
 - making one payment toward a \$220 diversion fee (1 point).

In order to graduate to the next program phase, defendants must have completed the drug education and AIDS education classes, had at least one negative urine screen, and attended six community-based counselling sessions, resulting in a total score of at least 12 points. A defendant who has 10 or less points at the end of the 10 weeks is taken into custody for at least one day and must repeat this entire phase of treatment. A defendant who earns the maximum possible score in this phase, 22 points, graduates to the next phase and, as a bonus, receives a reduction in the time required for program participation (from the original two years to 15 months) as well as a substantial reduction in the program fee. Defendants with between 13 and 21 points receive proportionally lesser benefits.

■ Defendants who progress next enter into Phase III of the F.I.R.S.T. program, which has two possible tracks. One involves participation in various group programs, while the other includes individual counselling. This phase also utilizes a contract and the following point system:

- attendance at eight group probation sessions (8 points);
- seeing the probation officer twice individually (2 points);
- completing four urine tests with negative results (4 points);
- participating in community counselling for eight weeks (8 points); and
- making two diversion fee payments (2 points).

Exemplary completion of these requirements can lead to another reduction of up to nine months in the program time period and another significant reduction in the diversion program fee. In the ideal case, therefore, a defendant who has received maximum points in Phases II and III can complete the overall requirements in six months and pay a much-reduced diversion fee. Completion of Phase III results in graduation from the F.I.R.S.T. Program and receipt of a diploma.

Findings and Conclusions

F.I.R.S.T. is a program which relies heavily on community-based drug treatment agencies for counselling and other services. These community-based programs are of varying quality and have the

disadvantage of not being under the control of the F.I.R.S.T. Court judge. Nevertheless, F.I.R.S.T. is an impressive program created through reorganization within the Court and Probation Department without the dedication of substantial new resources. It is therefore a model which should be considered by urban jurisdictions which have few additional resources to dedicate to a drug court but wish to initiate such a program.

Data available for 1991 show that F.I.R.S.T. participants were 70 percent male, 80 percent African American, and 10 percent white. An analysis of outcomes conducted for the Drug Court revealed the following.⁵

- F.I.R.S.T. appears to have reduced the felony recidivism (arrests for new felony offenses) of defendants markedly. It is estimated that there were 46 percent fewer felony arrests of participating first-time drug offenders during the two-year F.I.R.S.T. Program than a similar group experienced in the prior year (1990).
- Data analyzed support the proposition that the imposition of an immediate and intensive supervision and treatment program (F.I.R.S.T.) substantially reduces the number of days participants spend in custody over the course of a two-year diversion period. The participants in the F.I.R.S.T. Diversion program spent 45 percent fewer days in custody (35 days per defendant) over the two-year diversion program than did those in the 1990 comparison group (64 days per defendant).
- F.I.R.S.T. appears to have had a positive impact on the failure to appear rate of its clients. In 1991, for example, 97 percent of defendants appeared for their initial diversion hearing. In 1990, prior to the existence of the F.I.R.S.T. Program, only 64 percent of a comparison group appeared for their initial diversion hearing. During the 24 months after arraignment F.I.R.S.T. defendants had .77 bench warrants issued per defendant, while in 1990, prior to F.I.R.S.T., the rate for the comparison group was 1.23. This represents a 37 percent reduction.

⁵ Judge Jeffrey S. Tauber, op. cit.

Although some analysts could find reasons to critique the retrospective analysis which produced these comparisons, the findings are encouraging and have substantial cost savings implications.

3.2 Broward County (Ft. Lauderdale), Florida

Background

Broward County, located on the coast of southeast Florida, had a 1990 population of 1,255,488. The county seat is Fort Lauderdale, which had a population of 149,377. Broward's rate of arrests for drug crimes in 1990 was 778 per 100,000, compared to an average rate of 495 for the 100 largest U.S. counties. Broward County's Drug Court began operation in July 1991 and was inspired by Miami's Drug Court.

Defendant Eligibility

The four-to-12-month Broward County Program offers the alternative of treatment to adult (18 and over) offenders arrested on a first-time charge of purchase or possession of cocaine. Additional current charges for misdemeanor offenses are allowable, but defendants are ineligible if:

- within the past 10 years they have had a felony arrest or conviction leading to adjudication and sentence, probation, or participation in pretrial intervention;
- they have prior felony charges with appeal pending at time of this arrest; or
- there is a separate felony offense charge associated with the current arrest.

Drug Court Operations

The Broward County Drug Court goes through the following steps

as it processes defendants.

- Determination of eligibility is normally accomplished within 24 hours of arrest by the Broward County Sheriff's Pretrial Services Unit.
- If the defendant is eligible for the Drug Court Program, receives a favorable recommendation from Pretrial Services, and wishes to participate, pretrial release is authorized by the Drug Court judge. The defendant is then escorted by a sheriff's deputy to a treatment facility located two blocks from the court. Treatment begins immediately (within three days of arrest), prior to arraignment.
- Arraignment takes place three weeks later, at which time treatment progress is discussed and a formal admission into the Drug Court Program takes place if progress is satisfactory, eligibility still exists, and the defendant wishes to continue treatment.
- The defendant then enters a three-phase treatment program which offers both comprehensive services and intensive monitoring. The program involves:
 - A three-week initial period (Phase I) which requires attendance five times per week either during daytime or evening hours. A thorough needs assessment is conducted which may lead to individual counselling, acupuncture and special group therapy sessions (designed for women, black males, etc.). In addition, all defendants must participate in urine screening five times per week, group therapy sessions twice per week, and fellowship meetings (NA or AA) five times per week. Relapses may result in additional or alternative services such as a residential program, inpatient detox, or intermediate sanctions such as boot camp. Successful completion of this phase allows movement to Phase II with the permission of the Drug Court judge.
 - Phase II, which consists of a 23-week stabilization program somewhat less intensive than Phase I. Attendance is required three times per week, at which time urine screening takes place. Other services are delivered in accordance with individual treatment plans and normally include individual counselling, group therapy, acupuncture, fellowship programs (AA and NA) as well as attendance at workshops designed to promote a non-deviant lifestyle. A wide range of these services are available on a referral basis including mental health services and vocational rehabilitation. Status hearings in the Drug Court are held every 30 days. With the permission of the

judge, defendants may be allowed to enter a subsequent phase in as short a period of time as six weeks.

- Phase III lasts between two and six months and requires urine screening twice a week as well as group therapy and fellowship sessions once a week. However, the principal program focus is vocational rehabilitation through referral to programs sponsored by the U.S. Department of Labor and Education as well as the State of Florida. Successful completion of this last phase, which involves having consistently clean urines and holding a job or participating in training, leads to a formal graduation ceremony in the courtroom, at which time a diploma is presented.

Findings and Conclusions

The Broward County Drug Court is a comprehensive program that is worthy of being considered for replication in urban or suburban jurisdictions. Unlike Oakland's F.I.R.S.T. Court, however, initiation of the Broward Drug Court required the establishment of both a special court to process and monitor defendants and a comprehensive outpatient drug treatment program. Consequently, it involved a greater outlay of resources than the Oakland program.

The Broward Court has been studied by W. Clinton Terry, a Florida criminal justice researcher, who has found that the program participants were 75 percent male, 50 percent white, 44 percent African American, 5 percent Hispanic and had an average age of 30.⁶ He also reported that persons who left the program prior to graduation committed more felonies during a 1991-1993 study period than persons who graduated or remained in the program. Terry points out that approximately 90 percent of the 244 persons who

⁶ See W. Clinton Terry, III, Broward County Drug Court: A Preliminary Report, Department of Criminal Justice, Florida International University, November 1993.

graduated from the program committed no new criminal offenses during the study period and that there are many success stories which can be told about individuals who turned their lives around as a result of the Broward County Drug Court. It must be emphasized, of course, that Terry's work involves retrospective analysis rather than a controlled study which would be required to draw definitive conclusions.

3.3 Multnomah County (Portland), Oregon

Background

Located in northwestern Oregon, Multnomah County had a 1990 population of 583,887. It is dominated by the City of Portland, which numbered 435,385. Multnomah County, which is the 72nd largest U.S. County, had a 1990 rate of arrests for drug felonies of 602 per 100,000 population, contrasted with an average rate for the 100 largest counties of 495. The drug court, known as the Sanction - Treatment - Opportunity - Progress (S.T.O.P.) Court, began operations in December 1991.

Defendant Eligibility

Eligibility criteria for the S.T.O.P. Court are:

- Defendant is charged with possession of a small amount of a controlled substance consistent with personal use;
- Defendant is not now involved and has not previously been involved with the S.T.O.P. Court Program;
- There is no evidence of significant and substantial drug dealing;
- There are no circumstances indicating to the District Attorney's Office that the defendant will be unable to succeed in the S.T.O.P. Court Program, and the State is not

seeking a dispositional departure from the presumptive sentence;

- There are no holds on the defendant from other jurisdictions; and the defendant is eligible for security release (and thus available for treatment);
- There are no other felony crimes or any Class A person misdemeanors pending or charged in the same charging instrument (other than traffic offenses or other counts or charges of possession of a small amount of a controlled substance;
- The defendant is not charged in the same instrument with driving under the influence; and
- The defendant is not already on probation or parole.

It should be noted that a previous criminal history does not make defendants ineligible for S.T.O.P.

Drug Court Operations

The S.T.O.P Court processes and provides services to defendants in the following manner.

- Arrestees are interviewed by Pretrial Services and their eligibility for S.T.O.P. is determined. Eligible defendants are provided with an orientation about S.T.O.P. by the public defender. No more than three days after arrest, eligible defendants appear in the S.T.O.P. Court at a petition hearing and either accept (petition for entry into) the S.T.O.P. Program, or decline to participate.
- For program entrants, referral to treatment is immediate. Defendants enter a four-phase treatment regime, which includes status hearings every 30 days, for a term of a minimum of a year. Treatment begins with a needs assessment and an approximately two-month initial treatment phase. The initial phase includes six acupuncture sessions per week as well as daily random drug testing (a minimum of two samples per month are taken from each defendant) and attendance at drug education classes at least twice a week.
- The second phase is more individualized and lasts at least three months. It involves continued acupuncture on an as-needed basis, twice-a-week group therapy, and participation in a daily random urinalysis program that leads to urine being collected from each defendant at least twice a month.

Attendance at AA or NA meetings is usually also a part of this phase of treatment.

- A third phase, three months or more in length, involves continuation of a similar but less intensive treatment regime where group therapy sessions are required once a week and other services continue according to individual needs.
- Prior to graduation from the S.T.O.P. Program, a final four-month phase is completed where the emphasis is on monitoring, with daily random urine screening that leads to specimens collected once a week, and continued attendance at AA or NA.
- Graduation involves a formal ceremony and presentation of a diploma. All criminal charges are dropped at the time of graduation.

Findings and Conclusions

The S.T.O.P. Court is worthy of consideration for replication by a wide range of urban and suburban jurisdictions, although like the Broward Drug Court it required substantial extra resources. The court normally has between 400 and 500 active cases (participating in some aspect of its program). The average age of participants is 34, 79 percent are male, 64 percent are white, 17 percent are African American, 17 percent Hispanic, one percent Asian and two percent Native American.

A small-scale impact study of 54 program graduates and 50 unsuccessful participants revealed that 15 percent of the graduates had at least one arrest after graduation, compared to 54 percent of those who were terminated. The average number of arrests per graduate was .2, compared to .92 for terminees. It should be highlighted that prior to S.T.O.P., drug offenders ordered to enter treatment did not do so until four to six months after their

arrest. Under S.T.O.P., treatment entry takes place three days after arrest.

3.4 The Three Drug Courts in Contrast

All of the drug courts studied are exemplary and deserve to have their operations and experiences studied carefully by any jurisdiction contemplating the initiation of a drug court, as well as by locales seeking to improve the effectiveness of their existing drug court program.

As can be seen in Figure 1, the three courts are quite similar with regard to many characteristics; however, some contrasts can be drawn, including:

- The prior record of defendants is not a factor which prevents program entry in the S.T.O.P. Program (Multnomah County). This does not appear to have a negative effect on the program outcomes.
- S.T.O.P. has formed a particularly effective policy management panel which meets monthly to discuss program outcomes and to formulate program improvement strategies. Lazar was extremely impressed with this management approach.
- Evening hours are available for both treatment and court appearances in the S.T.O.P. Program, which appeared to make employment and training participation more feasible for defendants.
- Comprehensive treatment is available quite near the court in Broward and Multnomah Counties. Since much of the treatment utilized in the F.I.R.S.T. Program (Oakland) is community-based and is obtained through referral, a close location is not feasible there (although it should be noted that initial and some ongoing services are furnished by the Probation staff in a building very near the court).

The next section utilizes the knowledge gained from the three case studies to answer selected policy questions related to the design and implementation of a drug court.

FIGURE 1
DRUG COURT PROGRAM CHARACTERISTICS

CHARACTERISTIC	ALAMEDA COUNTY (OAKLAND)	MULTNOMAH COUNTY (PORTLAND)	BROWARD COUNTY (FT. LAUDERDALE)
Eligibility conditional on prior record	YES	NO	YES ¹
Policy management by panel of prosecutors, public defenders, judges, police, treatment providers	NO	YES	NO
Status hearings every 30 days	YES	YES	YES ²
Evening hours for court and treatment	NO	YES	NO
Timely defendant status reports	YES	YES	YES
Treatment unit part of drug court organization	NO ³	YES	YES
Principal treatment facilities located near drug court	NO	YES	YES
Intermediate sanctions for defendant relapse	YES	YES	YES
Time between arrest and entry to treatment no more than 5 days	YES	YES	YES
Comprehensive treatment regime	PARTIAL ⁴	YES	YES

- 1 Criminal history more than 10 years before current charge is specifically excluded from consideration.
- 2 Status hearings are less frequent than 30 days toward end of program.
- 3 Except for NA and AA and some drug education offered through the Probation Department.
- 4 All services are theoretically available, through a combination of the basic services provided by Probation plus elements provided through referral to community-based treatment programs that are not under the direct control of the F.I.R.S.T. Court.

4.0 FINDINGS AND CONCLUSIONS

The conclusions that have emerged from this research are drawn primarily from the conduct of three in-depth case studies of drug courts. The case studies, which required discussions with scores of criminal justice officials involved with the three drug courts, revealed that a consensus appears to exist about the answers to certain questions. The questions and answers are as follows.

- Do there appear to be a set of conditions which make a community a good candidate for establishing a drug court as an alternative way of processing certain categories of drug offenders?

Yes. These conditions include:

- Local jails and prisons are overcrowded, creating pressure to utilize effective alternatives to incarceration. Generally, this situation is accompanied by a substantial (per capita) level of drug-related crime.
- At least one local judge is an "activist" and extremely interested in starting a drug court. It is also extremely helpful if that judge is supported in the endeavor by both the public defender and the district attorney (although this was not the situation Lazar encountered in all its case study sites).
- Comprehensive drug treatment programs which can dedicate needed "slots" to drug court participants are already available or capable of being developed.
- An additional condition which is helpful but not essential is (as in the case of Oakland) a statute mandating the availability of diversion to drug treatment.

- Are there particular steps that should be taken by the individual(s) wishing to initiate a drug court as part of exploring its feasibility?

The following appeared to be very useful in this regard.

- A policy analysis should be prepared which describes the extent of local drug use and related crime levels as well as problems with current approaches to dealing with drug-related crime. The number of drug-related court cases,

current charging policies and trial outcomes should be discussed in the paper along with a vision of how the system would change if a drug court were to be established.

- A committee (formal or informal) should be formed which includes representatives of the judiciary, corrections agencies, district attorney, public defender and treatment programs, as well as key elected officials, to discuss the policy analysis and alternative ways to initiate a drug court. These are the key players who must be "sold" in order for a drug court to be implemented successfully. Also, the media should be briefed appropriately so that the concept can be properly explained the public at large.

- Do there appear to be organizational axioms that should be adhered to when a drug court is established?

The following appear to be factors which will help to ensure smooth program implementation.

- It should be clear to all concerned parties that there is an overall program manager, namely the drug court judge. All parties should begin their work on the drug court implementation with a full acceptance of this individual's status. Bickering and resistance to policies and orders of the judge by the district attorney, public defender or treatment providers can quickly undermine the effectiveness of a drug court.
- To help ensure smooth program management, a Drug Court Management Panel should be established which includes prosecutors, public defenders, drug court judge, police, and treatment officials. The panel should hold formal monthly meetings to review program policies and outcomes. All panel members should accept the fact that since drug courts are an emerging concept, policies and procedures should be dynamic and capable of quickly changing in the face of new knowledge about optimal approaches to operation.
- All parties (especially the drug court judge) involved in drug court operations should attend a training program that familiarizes them with the nature of substance abuse and its treatment, as well as their duties and responsibilities. This includes prosecutors, public defenders, police and treatment officials. Hopefully, such training will become available under Federal auspices; but if it is not, the drug court judge should develop an appropriate program by gathering appropriate written materials, scheduling lectures by experts, and arranging for key officials to visit other exemplary drug courts.

- Are there operational guidelines and procedures that appear to be worthy of replication in all drug courts assuming that the necessary resources are available and the political climate is appropriate and receptive?

This is a somewhat sensitive issue, for in some jurisdictions, resources are quite limited; in addition, flexibility with regard to defendant eligibility, processing and monitoring may also be limited. However, a number of procedures employed by the sites studied by Lazar appear to be worthy of consideration by other sites, including the following.

There appears to be a positive effect if a certain degree of "theater" is incorporated into drug court operations. Examples of effective procedures include:

- Highlighting of successes and failures by the drug court judge to "impress" new entrants to the court. In Multnomah County, for example, defendants who have relapsed may be brought to the courtroom in chains, while those who succeed are praised effusively;
- The scheduling of a formal graduation ceremony on a monthly or quarterly basis for defendants who successfully complete the program. Diplomas are awarded, speeches are made, and refreshments are served;
- The court schedule (order of different types of cases) appears to be of some importance. There are four types of court operations: (1) status hearings for successful cases; (2) status hearings for failures who will receive punishment; (3) admission hearings for new program entrants who leave the courtroom after agreeing to program conditions; and (4) status hearings for failures being reviewed for readmittance to the program. A successful approach is to have new program entrants present for only the first three types of hearings.

Every effort should be made to minimize the time between arrest and entry into drug treatment. Delays, particularly between the initial court appearance and entry into treatment, often lead to relapse and a failure to appear at treatment intake. During the initial period of program participation (e.g., 2 weeks), it is also helpful if defendants have the option to change their mind about program participation as they do in the S.T.O.P. Program in Portland.

Status hearings should, if possible, be held every 30 days, thereby allowing the judge to play an active role in the treatment and rehabilitation process.

If possible, intermediate sanctions should be available for application to defendants who relapse. Boot camps or their equivalent (e.g., forest work camps, etc.) electronic monitoring and short jail stays are examples of sanctions experts consider to be useful.

The prior record of defendants does not appear to be associated with the probability that they will successfully complete a drug court regime. This should be taken into account when program eligibility criteria are established.

- Are there do's and don'ts related to the design of the treatment component of drug courts?

Clearly, effective treatment is the most important variable associated with the success or failure of a drug court. Although a considerable literature exists about drug treatment, a number of observations about effective ways to establish treatment linked to a drug court can be made, including:

- The treatment program that serves the drug court must recognize its subservient status to the drug court judge. In this regard, it should:

Assign an experienced and highly qualified staff member to serve as its liaison with the court; and

Develop a well-designed information system that is capable of generating timely patient status reports of high quality to the court. Such reports should include urine screen records, criminal justice involvement, attendance and living arrangements as well as employment and training participation. In addition, reports should contain a section on the treatment counselor's (or counselors') assessment of the patient's progress and prognosis.

- An effort should be made to find a location near the court and, if possible, transportation and escorts should be provided for defendants leaving the court to enter treatment. If possible, the facility should have a reasonable level of ambiance so that patients are as comfortable in drug treatment as they would be in any other medical facility.
- Treatment programs should attempt to offer comprehensive services during both day and evening hours which, if feasible, should include:

A thorough and well-developed intake and assessment process that employs proven interview instrumentation;

Multiple modalities of treatment, including outpatient and residential options, along with treatment tools such as urine surveillance, acupuncture, AA and NA, as well as employment, training and housing assistance. If possible, aftercare should also be available through such programs as Oxford House. Residential treatment will probably be appropriate for between 10 and 15 percent of the defendants; it should also be noted that approximately one quarter of the defendants will be likely to benefit from mental health services as a supplement to their drug treatment;

Clear and simple definitions of success and failure should be established with the recognition that drug addiction is now widely accepted to be a chronic relapsing disorder. In this context, a success scenario might well be defined as: (1) frequent dirty urines for 90 days after treatment entry; (2) less frequent (e.g., 50% reduction) between days 90 and 180; (3) subsequently no more than a 10% dirty urine rate, as well as acquisition of employment and maintenance of a stable living arrangement (e.g., reconciliation with spouse). However, progress punctuated by relapse should always be expected.

Treatment outcomes for patients should, if possible, be tracked by analysis of drug use (e.g., urine screen results) and criminal justice involvement, as well as employment and training patterns. Court process outcomes (e.g., cases processed, failure to appear rates) should also be monitored. If possible, a formal evaluation component should be established to gather and analyze outcome data, perhaps in collaboration with a local college or university.

5.0 CLOSING OBSERVATIONS

In general, Lazar has been impressed with the three drug courts it has studied. This does not mean, however, that sufficient data is currently available to demonstrate that the benefits of drug courts exceed their costs. The question which can be addressed is how to distinguish between drug courts which are likely to be effective and those that show clear signs of failure. The characteristics most likely to be associated with a successful drug court are not a mystery; they parallel those that make most programs or enterprises thrive. They include:

- An effective drug court will be driven by a capable leader, an effective judge. In this regard, the drug court judge must be demanding of the district attorney, the public defender, the treatment program and the defendants and assure that they work together and understand their roles. A high level of knowledge about drug abuse as well as commitment, enthusiasm and management skill will be required.
- An effective drug court will be performance oriented. It will set performance standards for defendants and not always be a place where nice things happen. The rewards will come if the drug court produces defendants who are winners, not from creating an environment which is always leisurely or forgiving. There must be a real accountability and, beyond a reasonable point, no excuses for continual relapse. The goal is to offer a reasonable period of time to produce rehabilitated defendants who are drug-free and productive citizens.
- An effective drug court will have a simple structure. Defendants will understand what is expected of them and all participating groups (police, district attorney, public defender, treatment program) will know their roles and responsibilities.
- An effective drug court will ensure that all personnel who are affiliated with it have world class training for their jobs. Appropriate training for judges, district attorneys, public defenders and treatment officials is crucial. The Federal government can and should play a strong role in this

regard by designing and implementing a national training center to support drug courts.

- An effective drug court will be entrepreneurial. Monthly "board of directors" meetings should be held to provide a meaningful forum for predicting problems and solving them quickly.

The challenge, of course, is to convince the normally autocratic community of court (and in some cases prosecutorial) leaders to operate within this success mindset and thereby guarantee that drug courts become an effective weapon in our nation's efforts to reduce substance abuse.

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