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1997 Drug Court Survey Report: Executive Summary

October 1997

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Foreword

The 1997 Drug Court Survey Report provides a comparative profile of ninety-three operating drug court programs and revises our *1996 Drug Court Profile* prepared for the State Justice Institute's 1995 National Symposium on the Implementation and Operation of Drug Courts, which reflected the experiences of 45 responding drug courts then in operation. The *1997 Drug Court Survey Report*, focusing on critical operational elements and implementation issues that have emerged, is designed to be updated, periodically, to reflect the continuing evolution of the drug court concept, as new programs emerge and existing programs refine their operations.

The information in the *1997 Drug Court Survey Report* was derived from responses from ninety-seven drug courts in operation as of January 1997 to a survey distributed by the Office of Justice Programs/U.S. Department of Justice's Drug Court Clearinghouse and Technical Assistance Project at American University. The 1997 survey, an expansion of previous drug court surveys, consisted of six sections to be completed by the principal agencies involved in the drug court operations in each of the jurisdictions surveyed: (1) general program information to be completed by the court; and more specific information relating to (2) prosecution activities; (3) defense activities; (4) law enforcement activities; (5) correctional agency activities; and (6) the treatment, rehabilitation and related services provided for the program.

The *1997 Drug Court Survey Report* is presented in four volumes: **Volume One** contains general program information provided primarily by drug court judges and judicial staff. **Volume Two** provides information relating to the activities and perspectives of prosecutors, public defenders, law enforcement officials and correctional agency administrators involved with drug courts in their local jurisdictions. **Volume Three** focuses on the treatment and rehabilitation services provided for drug courts programs and reflects the comments of treatment professionals providing services to drug courts in their respective jurisdictions. **Volume Four** provides the perspectives of 256 participants in the final phases of 53 drug court programs in 23 different states plus the District of Columbia regarding critical aspects of drug court program operations.

This *Executive Summary Report* provides a synopsis of the major findings presented in the *1997 Drug Court Survey Report* volumes.

The ninety-three drug courts reflected in the *1997 Drug Court Survey Report* include ninety-one state courts, one tribal court and one federal district court. The reporting programs operate in 31 different states, the District of Columbia, Puerto Rico, and one federal district, and represent 72% of the 130 drug courts in operation at the time the survey was distributed. Between the time of the survey's distribution and the publication of this report, an additional 74 drug courts have become operational, for a total of 371 programs now in operation or being planned.

Special appreciation is extended to the following individuals who provided suggestions on issues to capture in the survey and/or reviewed the draft survey instrument and offered valuable suggestions for its improvement:

Steven Belenko, National Center on Addiction and Substance Abuse, Columbia University, New York, New York;

John Carver, former Director of the District of Columbia Pretrial Services Agency and now associate with Justice Management Institute, Washington D.C. office;

John Goldkamp, Professor of Criminal Justice at Temple University and President of Crime and Justice Research Institute, Philadelphia, Pennsylvania;

Gabriel Guerrieri, Executive Director of Genesis Counseling Center, Collingswood, New Jersey, which provides treatment services to the Camden, New Jersey Drug Court;

Robin Kimbrough, Associate Director, Institute for Families in Society, University of South Carolina, Columbia, South Carolina;

Barry Mahoney, President, Justice Management Institute, Denver, Colorado;

John Marr, Executive Director, Choices, Ltd., of Las Vegas, Nevada, which provides treatment services to the Las Vegas and Reno, Nevada adult and juvenile drug courts;

Judge Tomar Mason, Presiding Judge of the San Francisco, California Municipal Court;

Valerie Moore, Executive Director of InAct, Inc., of Portland, Oregon, which provides treatment services to the Multnomah County, Oregon Drug Court;

Judge John Parnham, Drug Court Judge for the adult and juvenile drug courts in Pensacola, Florida;

Dr. Roger Peters, Professor of Psychology at the University of South Florida, Tampa, Florida;

Marilyn Roberts and staff of the OJP Drug Courts Program Office, U.S. Department of Justice, Washington D.C.;

Dr. Michael Smith, Director of the Substance Abuse Clinic at Lincoln Hospital in New York, New York;

Judge Jeffrey Tauber and staff of the National Association of Drug Court Professionals, Alexandria, Virginia; and

Robin Wright, Drug Court Coordinator for the adult and juvenile drug courts, First Judicial Circuit, Pensacola, Florida.

Special thanks are extended to the staff of National TASC, who assisted in the development of the survey instrument focusing on treatment issues (Volume III), and to the following student interns who painstakingly assisted in the entering of the data which has formed the foundation for this report series: Ximena Marquez, Anne Marie O'Neill, Susan Puckhaber, and Melanie Vasquez. Joseph Trotter's ready willingness to review draft findings and his invaluable insights regarding their interpretation contributed immeasurably to these documents. It is impossible, however, to adequately thank Shanie Bartlett and Michelle Shaw for all they have done to prepare these documents for final publication — from substantive critique and editorial suggestions to data verification, textual formatting and document presentation. Their patience, good humor, and enthusiasm through the many months of this survey development and reporting process were the critical ingredients to making possible the completion of this project.

It goes without saying that the information contained in the *1997 Drug Court Survey Report* was made possible by the special efforts of the more than 400 drug court officials in the reporting jurisdictions who offered their time and insights to provide the responses upon which this report is based. The names and addresses of many of these officials are listed in the Appendix which follows each section of the report. We extend our deep appreciation to each person who contributed to the survey responses. We are grateful for the insights and experience they have shared and for their considerable — and enthusiastic — assistance in advancing the "state of the art" and knowledge regarding drug court operations. Through their efforts, we have been able to develop the "profile" information presented in these volumes and to disseminate it to their colleagues in the field.

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Agencies Responding to Drug Court Clearinghouse 1997 Drug Court Survey								
Name of Court	**St**	**Part 1** (Court)	**Part 2** (Prosecutor)	**Part 3** (Defense)	**Part 4** (Law Enf.)	**Part 5** (Corrections)	**Part 6** (Treatment)	**Part 7** (Participant)
Mobile	AL	Y	Y	Y			Y	Y
Tuscaloosa	AL	Y						
Maricopa/ Phoenix	AZ	Y	Y	Y	Y	Y	Y	Y
Tucson	AZ	Y		Y	Y	Y		
Little Rock	AR	Y						
Bakersfield	CA	Y	Y	Y	Y	Y	Y	Y
El Monte/Rio Hondo	CA	Y					Y	Y
Los Angeles Mun.	CA	Y	Y	Y	Y	Y		Y
Oakland Mun.	CA	Y						
Oakland Sup.	CA	Y						
San Bernardino	CA	Y	Y	Y	Y	Y	Y	Y
Laguna Nigel	CA	Y					Y	
Pasadena	CA	Y					Y	Y
Roseville	CA	Y	Y	Y	Y	Y	Y	Y
San Francisco	CA						Y	
Salinas	CA	Y	Y				Y	
San Jose/ Santa Clara	CA	Y	Y	Y		Y	Y	Y
Santa Barbara	CA	Y	Y	Y	Y	Y	Y	Y
Santa Maria	CA	Y						
Santa Monica	CA	Y					Y	Y
Santa Rosa/ Sonoma	CA	Y	Y	Y	Y	Y	Y	Y
Stockton	CA	Y	Y	Y			Y	Y
Woodland/ Yolo	CA	Y	Y	Y	Y	Y	Y	Y

Name of Court	St	Part 1 (Court)	Part 2 (Prosecutor)	Part 3 (Defense)	Part 4 (Law Enf.)	Part 5 (Corrections)	Part 6 (Treatment)	Part 7 (Participant)
Modesto	CA	Y				Y	Y	Y
Richmond	CA	Y					Y	
Santa Ana	CA	Y	Y	Y	Y	Y	Y	Y
Denver	CO	Y					Y	Y
New Haven	CT	Y	Y	Y	Y	Y	Y	
D.C. Sup.	DC	Y						Y
Dover	DE	Y	Y		Y		Y	Y
Georgetown	DE	Y	Y	Y	Y	Y	Y	Y
Wilmington	DE	Y	Y	Y	Y		Y	
Crestview	FL	Y					Y	
Ft. Lauderdale	FL	Y	Y	Y	Y	Y	Y	Y
Gainesville	FL	Y	Y	Y	Y	Y	Y	Y
Key West	FL	Y	Y	Y	Y	Y	Y	Y
Miami	FL	Y	Y	Y			Y	
Tampa	FL	Y	Y	Y		Y	Y	Y
Bartow	FL	Y				Y	Y	
Jacksonville	FL			Y		Y	Y	Y
Pensacola	FL	Y					Y	
Daytona	FL	Y						
Panama City	FL	Y						
Sarasota	FL	Y	Y	Y	Y	Y	Y	
Macon	GA	Y	Y	Y	Y	Y	Y	Y
Honolulu	HI	Y		Y	Y		Y	Y
Chicago	IL		Y	Y	Y	Y	Y	Y
Markham	IL	Y	Y	Y	Y	Y	Y	Y
Edwardsville	IL	Y					Y	Y

Name of Court	St	Part 1 (Court)	Part 2 (Prosecutor)	Part 3 (Defense)	Part 4 (Law Enf.)	Part 5 (Corrections)	Part 6 (Treatment)	Part 7 (Participant)
Rockford	IL	Y						
Lake Co.	IN	Y	Y	Y				Y
Wichita	KS	Y	Y	Y	Y	Y	Y	Y
Louisville	KY	Y	Y				Y	
Franklin	LA	Y						
Baltimore Dis.	MD	Y						
Boston	MA	Y		Y			Y	Y
Franklin Co.	MA	Y						
Kalamazoo	MI	Y	Y	Y	Y	Y	Y	Y
St. Joseph	MI	Y	Y	Y			Y	Y
Kansas City	MO	Y	Y			Y	Y	Y
Las Vegas	NV	Y	Y	Y	Y		Y	Y
Camden	NJ	Y	Y	Y	Y	Y	Y	Y
Newark	NJ	Y	Y	Y	Y	Y	Y	Y
Albuquerque	NM	Y						
Las Cruces	NM	Y	Y	Y			Y	Y
Amherst	NY	Y	Y	Y	Y		Y	
Brooklyn	NY	Y	Y	Y	Y	Y	Y	
Buffalo	NY	Y					Y	
Suffolk Co.	NY	Y	Y	Y	Y	Y	Y	
Rochester	NY	Y		Y	Y	Y	Y	Y
Charlotte	NC	Y					Y	
Warren Co.	NC	Y	Y	Y	Y	Y	Y	
Hamilton Co.	OH	Y	Y	Y	Y	Y	Y	Y
Akron	OH	Y					Y	
Sandusky	OH	Y						Y

Name of Court	St	Part 1 (Court)	Part 2 (Prosecutor)	Part 3 (Defense)	Part 4 (Law Enf.)	Part 5 (Corrections)	Part 6 (Treatment)	Part 7 (Participant)
Muscogee (Creek) Nation	OK	Y						
Logan Co.	OK	Y	Y	Y	Y	Y	Y	Y
Payne Co.	OK	Y	Y	Y	Y	Y	Y	Y
Tulsa	OK	Y				Y		
Eugene	OR	Y	Y	Y	Y	Y	Y	
Grants Pass	OR	Y	Y	Y	Y	Y	Y	Y
Klammath Falls	OR	Y	Y	Y		Y	Y	Y
Portland	OR	Y	Y	Y	Y	Y	Y	Y
Roseburg	OR	Y	Y	Y		Y	Y	Y
Philadelphia	PA	Y	Y	Y	Y	Y	Y	
Carolina	PR	Y	Y					
Ponce	PR	Y	Y		Y	Y		
San Juan	PR	Y	Y	Y			Y	
Lexington	SC	Y	Y	Y	Y		Y	Y
Austin	TX	Y	Y	Y	Y		Y	Y
Beaumont	TX	Y					Y	
Ft. Worth	TX	Y	Y	Y	Y		Y	Y
Roanoke	VA	Y	Y	Y	Y	Y	Y	Y
Charlottesville	VA	Y					Y	
Seattle	WA	Y						
Yosemite	Fed	Y						
TOTALS	**97**	**93**	**56**	**55**	**44**	**45**	**73**	**53**

1997 Drug Court Survey Report

Executive Summary

I. Drug Court Program Developments and Activities: Major Observations

Tracking the "pulse" of drug court activity during the past year, as well as keeping pace with the development of individual programs, has made it very apparent that the drug court "movement" is rapidly accelerating in terms of the number of courts adopting drug court programs, the range of services being delivered, and the diversity of populations being served. With the infusion of federal funds through the 1996 Federal Crime Bill to support drug court development, many local planning and piloting efforts that had previously been generated, have now been able to take root. In addition to the funds available under the Crime Bill, the imprimatur provided by Crime Bill recognition of the importance of drug court activity has also generated support for drug courts from many other sectors, public and private, with financial as well as policy and in-kind contributions.

Among the most salient observations that emerge from the information gathering activities conducted in the course of preparing the *1997 Drug Court Survey Report* are the following:

Growth

- The number of drug courts, in both the planning and operational stages of development, has tripled during the past year.

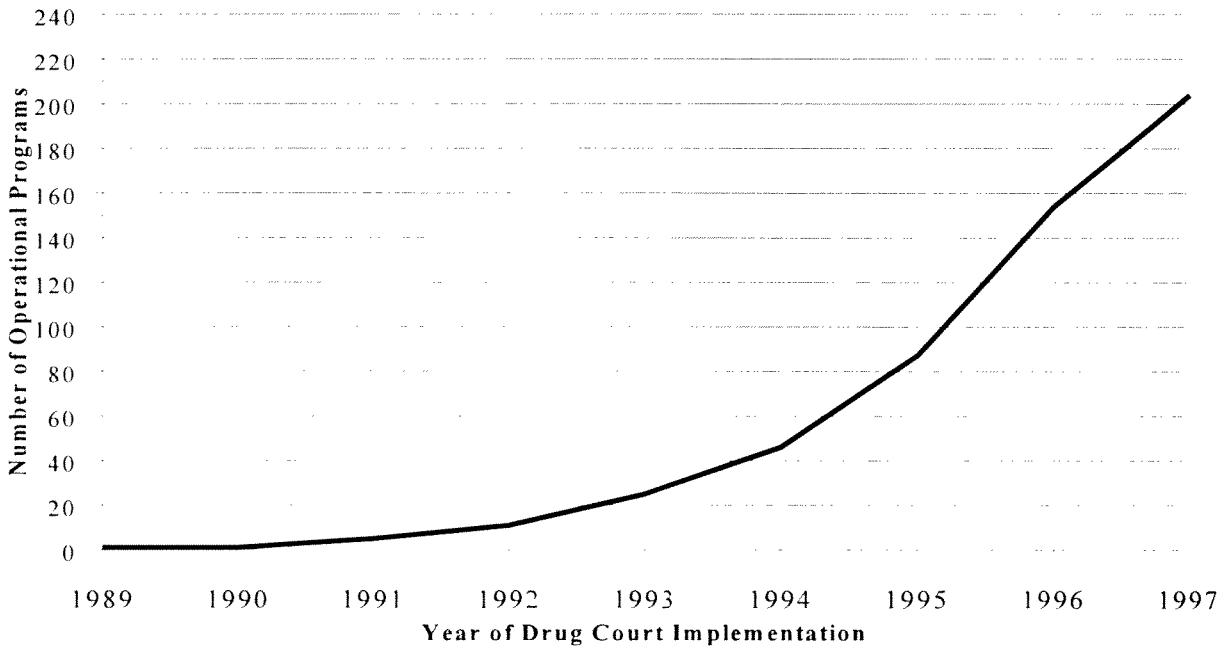
Drug court activity has increased dramatically during the past few years and is now underway in 47 states, plus the District of Columbia, Guam, Puerto Rico and two federal districts. This activity includes drug court planning in 20 Native American Tribal Courts, located in ten states (Alabama, Alaska, Arizona, Idaho, Maine, Montana, North Carolina, Oklahoma, Oregon and South Dakota.) In a number of jurisdictions, multiple drug court dockets have been established to address the diversity of misdemeanor and felony defendants being enrolled. Currently, there are over 370 drug courts in the following stages of development:

drug courts operating for at least two years	84
drug courts more recently implemented	120
drug courts about to start	4
drug courts being planned	150
jurisdictions exploring the feasibility of a drug court program	13

The states with the most active drug court activity are California (64 programs); Florida (30 programs); Oklahoma (20 programs); New York (19 programs); and Ohio (16 programs). Annually, drug court implementation has occurred as follows since 1989 when the Miami Drug Court was introduced:

1989	1990	1991	1992	1993	1994	1995	1996	1997 (1st ½)
1	0	4	6	14	21	41	67	50

Number of Drug Courts in Operation: 1989-1997



Recidivism

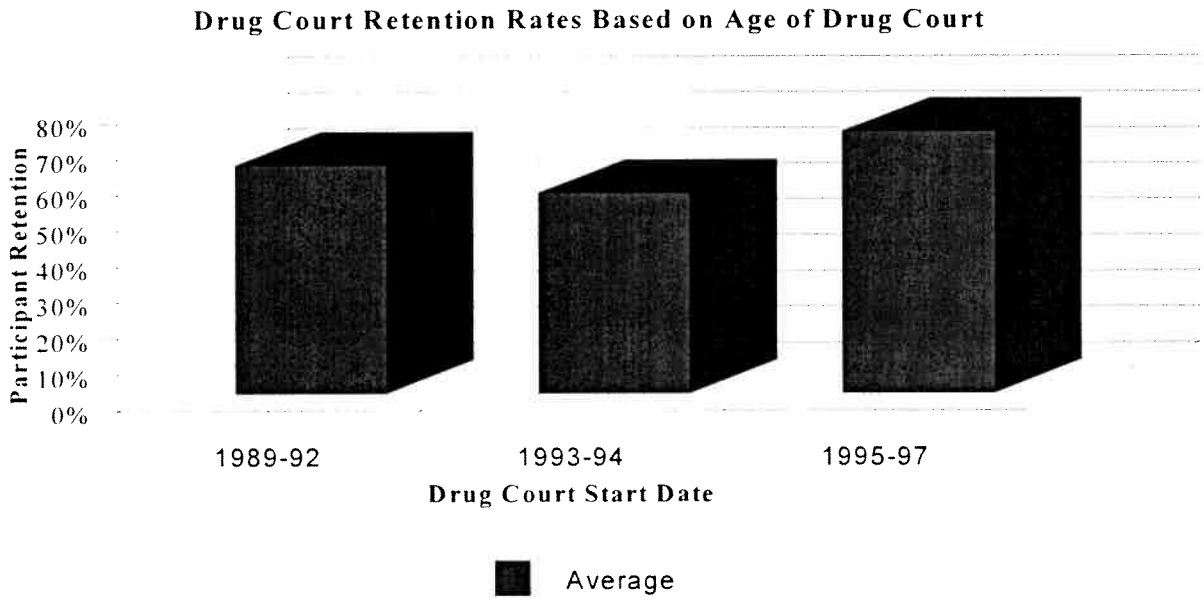
- Recidivism rates continue to be significantly reduced for graduates as well as for individuals who don't complete the program.

Recidivism rates reported by drug courts continue to range between 2 and 20 percent, depending upon the characteristics of the population targeted. Almost all jurisdictions observe that recidivism is substantially reduced for participants who complete the program and, to a considerable degree, for those who do not complete the program as well.

Retention

- The retention rates (total graduates plus active participants) for drug courts remain high, generally between 65 and 85 percent, despite the difficult populations most programs are targeting, the rigid participation requirements, the recent proliferation of drug court programs, and their expansion to more complex caseloads.

Despite the proliferation of drug courts during the past few years, retention rates remain high and are consistent with those experienced by the early programs. Moreover, retention rates do not appear to decrease as the period of program operation lengthens. As the chart below illustrates, retention rates for programs begun during the period of 1989 - 1992 are similar to the more recently implemented programs. Neither do the retention rates appear to be influenced by the population size of the jurisdiction served. Drug courts in large metropolitan areas (e.g., with populations over 750,000) appear to retain participants at a rate similar to drug courts in smaller jurisdictions with populations under 200,000 and in rural areas. The capacity of drug courts to maintain these impressive retention rates, compared with the experience with comparable populations of most jurisdictions prior to the drug court, may be attributed, at least in part, to the continuous judicial supervision provided, including frequent status hearings (generally weekly initially); the immediate execution of benchwarrants (within hours frequently) in most jurisdictions when participants fail to appear at court hearings; and the differential treatment modalities and rehabilitation and support services being provided to address the diversity of treatment and other personal needs presented by drug court populations.



The recent development of *Defining Drug Courts: The Key Components* by the National Association of Drug Court Professionals (NADCP) under the sponsorship of the U.S. Department of Justice Drug Courts Program Office, should play a major role in establishing operational "standards" for drug courts to assure that future drug court activity adheres to the critical elements characteristic of the existing programs. These operational elements should promote continued high retention rates.

Sobriety

- Drug usage is being reduced for most participants, not just graduates.

Drug usage is being substantially reduced for most program **participants**, not only **graduates**, despite the substantial drug usage patterns these defendants present. Examples of the rate of clean urines reported for participants while in the drug court are: 91% in Bakersfield, California and 93% in San Jose, California.

Target Populations

- Drug courts are increasingly targeting the **chronic** recidivists as well as first offenders.

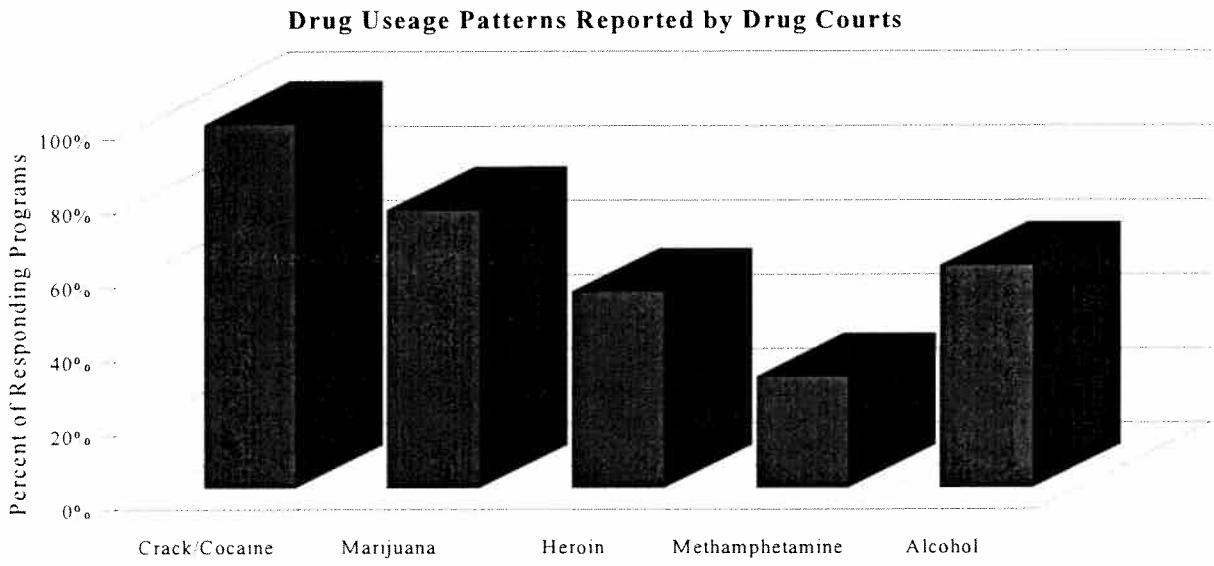
Many drug courts that began as pretrial diversion programs are expanding their focus to target individuals with more extensive criminal histories who can benefit from the treatment and rehabilitation services provided and require the rigid supervision and monitoring of the drug court. Although frequently not eligible for diversion because of their more extensive criminal history, these defendants are generally offered some incentive for drug court completion, such as suspension of a jail or prison term or a reduction in the period of their probation.

Drug Usage Patterns

- Most drug court participants have a history of many years of moderate to severe substance dependency and many are poly-drug users.

Most programs report that participants are presenting moderate to severe crack/cocaine addiction in combination with other drug use and alcohol addiction as well. Crack/cocaine addiction is prevalent among most drug court participants. In addition, approximately 75% of the responding programs report moderate to severe marijuana addiction and 53% of the programs report moderate to severe heroin addiction. Approximately one-third of the responding programs also report moderate to severe methamphetamine addiction presented by participants. Since the 1995 Drug Court Survey, a notable prevalence of methamphetamine has been reported by programs in the central and eastern regions of the country as well as in the west where it had previously appeared to be concentrated. Two -thirds of the responding programs also report moderate to severe alcoholism presented by their

clients. Approximately 60% of the programs routinely test for alcohol consumption as well as illegal drug use. For juvenile drug courts, the most prevalent drugs reported are alcohol and marijuana. The average age of first use is 10-12 years, with some programs reporting usage as early as eight years.



Community Relationships

- Drug courts are developing close working relationships with a broad base of community organizations to promote the long-term sobriety and rehabilitation of participants.

Almost all drug courts are working closely with community groups to provide support services for participants. Through both community networks and involvement with local AA and NA groups, participants are often linked with community mentors shortly after entering the drug court. Drug courts are also developing close working relationships with local chambers of commerce, medical service providers, community service organizations, local educational systems, faith communities and other local institutions to provide a broad-based network of essential services that can be drawn upon to serve the needs of their participants.

Health Services Provided

- Drug courts are providing a range of physical and mental health services to participants.

Almost all of the drug courts provide public health services, including HIV and TB screening and referral. Many programs have components to provide special services for dually diagnosed

participants who have mental health problems, frequently as a result of their substance abuse.

Treatment Services Provided

- The range of treatment and rehabilitation services being delivered by drug courts is expanding significantly.

Many of the early drug courts focussed primarily upon treatment services, with ancillary support for education and job training and placement. Most of these early courts, and their numerous progeny, have expanded their treatment and rehabilitation services significantly, recognizing the diversity of both treatment and other needs presented by the drug court populations. The expanded services being developed also reflect, in large part, the growing recognition that the drug court must treat not only the participants' **addiction** but the numerous associated **personal** problems most participants encounter -- physical, mental, housing, family, employment, self esteem, etc. -- if long-term sobriety and rehabilitation is to be achieved and future criminal activity is to be significantly reduced. Many of the treatment program components, for example, are developing differentiated "tracks" to address the diversity of treatment needs of drug court clients. Special components are also being developed for specific ethnic and/or cultural groups represented, and other "special populations", including pregnant women, mothers, fathers, persons who have been sexually abused, and others.

Justice System Savings

- Drug courts are continuing to achieve system cost savings, particularly in the use of jail space and probation services.

A number of jurisdictions report reducing and/or more efficiently using jail space and probation services as a result of the drug court, which frees up these resources to focus on other offenders who present greater public safety risks. Savings are also reported in prosecutor and law enforcement functions, particularly in regard to court appearance costs. All sectors of the justice system have also noted "cost avoidance" results from the reduced recidivism. Among the jurisdictions reporting specific cost savings as a result of the drug court are:

Phoenix, Arizona	$112,077 annually
Denver, Colorado	$1.8 - 2.5 million
Washington, D.C.	$4,065 - $ 8,845 *per client in jail costs (amount fluctuates, depending upon the use of jail as a sanction while the client is enrolled in the program) and $102,000 in prosecution costs*
Bartow, Florida	$531,900 annually
Gainesville, Florida	$200,000 annually
Kalamazoo, Michigan	$299,754 annually

Klammath Falls, Oregon	$86,400 annually
Beaumont, Texas	$443,520 annually

Collaboration with Law Enforcement

- Increasing collaboration is developing among drug court and law enforcement agencies.

Many drug courts are developing close relationships with local law enforcement agencies and community policing activities. Much effort is being made by drug court judges to explain the drug court process to line officers who are the arresting officers in many drug court cases. The police department in one drug court jurisdiction (New Haven, Connecticut), for example, has assigned an officer full-time to the drug court to assist with monitoring and supervision of participants and to immediately execute benchwarrants for any participants who fail to appear in court or are otherwise in noncompliance with drug court orders. A number of drug courts provide arresting officers with update information on the progress of their arrestees in the drug court and many drug courts invite the arresting officer to graduation ceremonies.

Juvenile/Family Matters

- Many jurisdictions are adapting the adult drug court model for juvenile populations and family matters.

Over twenty-five juvenile and/or family drug court programs have been implemented and another fifty are being planned. Using the adult drug court model of intensive, on-going judicial supervision and the development of a structured system of sanctions and rewards, juvenile drug courts are focusing on both delinquency cases and dependency matters. Developing a juvenile/delinquency drug court, however, presents special challenges not previously addressed by the adult drug court, the most significant of which include: the sense of "invulnerability" evident in many juvenile substance abusers and their failure to sense that they have "hit bottom" as many of the successful adult drug court participants have experienced; the different nature of drug dependency presented by juveniles compared with long-term adult addicts; and the critical role that the juvenile's family and environment play in both his/her addiction and recovery. These issues are now being addressed in the developing juvenile drug court programs. In the dependency arena, focus is primarily upon adults who are losing custody and/or visitation rights with their minor children -- through either the criminal or civil process -- because of their substance addiction. Even in the absence of a specific juvenile or family drug court program per se, however, there is increasing recognition among the **adult** drug court judges that children and other family members who live with an adult substance abuser are at special risk for becoming substance involved. Consequently, a number of adult drug courts are developing special prevention-oriented components for children and other family members of adult drug court participants, whether or not they are already involved with the adult or juvenile justice system.

Relevance to Other Dockets

- The drug court experience appears to be providing a model for other community-based justice system initiatives that focus on chronic repeat offenders whose criminal activity is aggravated by coexisting substance abuse and/or related problems.

A number of jurisdictions are developing special dockets, modeled after the drug court approach, to handle other classes of chronic criminal offenders whose criminal activity is aggravated by coexisting substance abuse and/or related problems and for whom the conventional sanctions available to the criminal justice system are inadequate. Domestic violence matters, for example, with their special supervision and follow-up needs, and the multiple ramifications that these cases often generate for the "system" (custody, support, medical, housing, etc.) appear to be particularly appropriate for the continuing supervision, monitoring, and coordination of community resources that the drug courts exercise. Many jurisdictions are also looking to the drug court model to apply to the high volume of "quality of life" crimes (noise and nuisance ordinance violations, trespassing, loitering, etc.) which, although less serious in terms of criminal sanction exposure, are seriously eroding the life of many communities.

Alumni

- Drug court graduates are forming alumni groups and serving as mentors for new participants in many jurisdictions.

In a number of the older programs, (Jacksonville, Portland, Rochester, and San Bernardino, for example), drug court graduates are, at their own initiative, forming alumni groups, continuing the network of support they developed during drug court participation, as well as serving as mentors for new participants. At least one alumni group issues a newsletter.

II. Who is the Drug Court Client?

Over 65,000 individuals have enrolled in drug courts to date. A profile of drug court participants that emerges from responses from 256 participants[1] in the final phases of 52 different drug courts in 23 different states, and other data reported periodically by operating programs, indicates the following:

Enrollment & Performance

- Significantly more males than females are enrolling in drug court programs; and in some programs, those females who participate in drug courts appear to be more heavily involved with drugs and a drug "lifestyle" (including prostitution) by the time they become involved in the criminal court process than males.

- Where day care, special women's groups, and other special services are offered, females are graduating at a higher rate than their male counterparts.

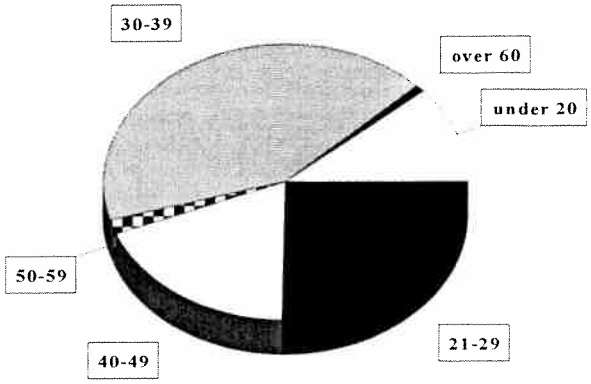
- For voluntary programs, a high percentage of defendants offered the opportunity to participate in the drug court accept it despite the more rigorous requirements of the drug court compared with the traditional sanctions to which they are exposed.

Demographics

- The average age of drug court participants is generally over 30; the average age of **graduates** in each program is often older than the average age for all program **participants**. The age range for the 256 participants who responded to the *1997 Drug Court Survey Report* questionnaire is shown below.

[1] As part of the survey distribution, each drug court judge was asked to distribute a questionnaire regarding participant perceptions to at least five participants in the **final phase** of the drug court program in his or her jurisdiction. It should be noted, therefore, that the responses of these 256 individuals do not necessarily reflect the information that might have been obtained from a broader survey of drug court participants. It is, however, consistent with other periodic information we obtain from operating drug courts.

Age of Drug Court Participants



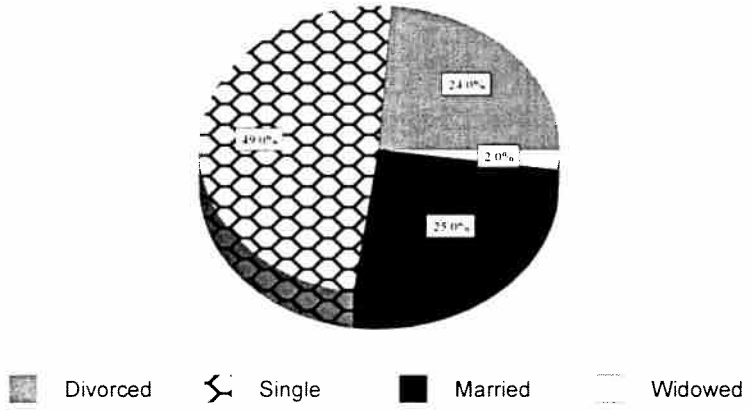
Age	Percent of Participant Respondents
under 20	5%
21-29	30%
30-39	42%
40-49	19%
50-59	2%
over 60	1%

- In a number of programs, the average age for women participants is younger than for male participants.

- Most participants who responded to the *1997 Drug Court Survey Report* questionnaire were single, divorced or widowed. Only 25% of the respondents were currently married. Men were more frequently single or never married than women (56% vs. 41%). More women were currently married than men (28% vs. 21%.). The marital status of the respondents was:

	Total Respondents	Male	Female
Divorced	24%	16%	8%
Single	49%	35%	14%
Married	25%	15%	10%
Widowed	2%	1%	1%

Marital Status of Drug Court Participants



Marital Status By Gender

	Female Respondents	Male Respondents
Single	41%	56%
Divorced	28%	22%
Married	28%	21%
Widowed	3%	1%

- Approximately 16% of the 256 participants who responded were either veterans (13%) or in the active military (3%).

Drug Usage

- Most drug court participants have been using drugs for at least 15 years, and generally much longer. Most use multiple drugs.

- More than one quarter of drug court participants have participated unsuccessfully in at least one -- and often more -- prior treatment programs.

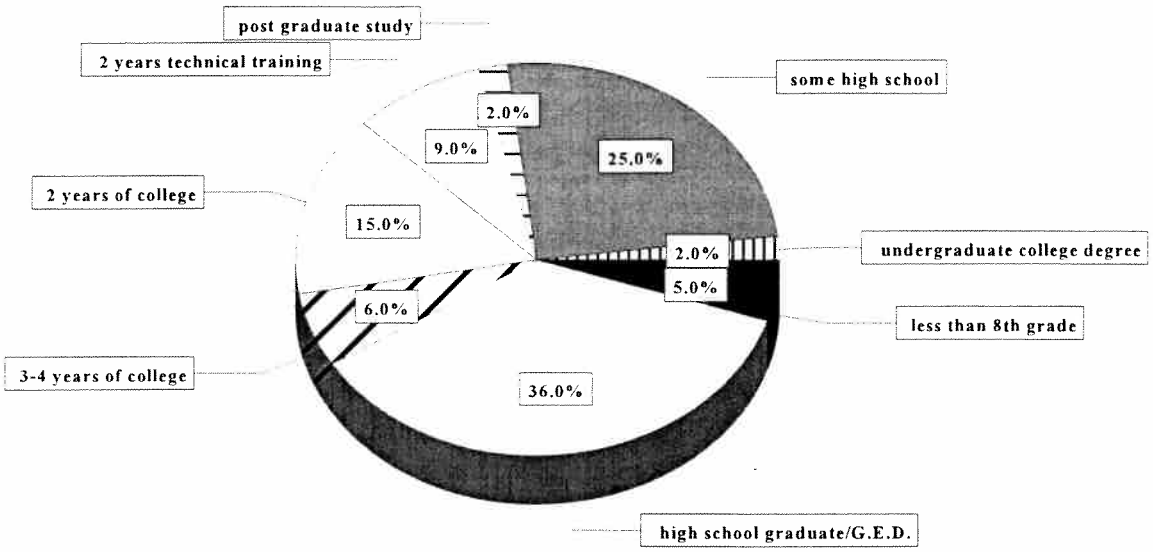
- Many drug court participants have previously served time in prison for prior drug offenses.

Educational Status

Almost all of the drug court programs require a high school diploma or GED certification in order to graduate. The educational profile of participants who provided information for the *1997 Drug Court Survey Report* was as follows:

less than an eighth grade education	5%
some high school	25%
high school graduate or GED certificate	36%
two years of post high school technical training	9%
two years of college	15%
three to four years of college	6%
undergraduate college degree	2%
had post graduate study	2%

Educational Status of Drug Court Participants



Employment Status

Many individuals participating in the drug court are either able to **retain their jobs** or **obtain employment** as a result of drug court participation.

While a small percentage of drug court participants have steady jobs at the time of program entry, a substantial number of participants in most drug courts (generally over 65%) are unemployed or employed on a sporadic basis. Many of the individuals who are employed at the time of program entry report that they were able to retain their employment despite their arrest by demonstrating participation in the drug court and a high proportion of unemployed individuals obtain employment while enrolled.

A number of drug courts (Portland, Oregon and Las Vegas, for example) have a job counselor on site dedicated to working with drug court participants. Almost all of the drug courts provide vocational training and job development services. Many judges also work with local employers to personally guarantee daily supervision of persons in the drug court in order for them to either **retain** or **obtain** employment.

The experience of drug court participants who are able to either retain or obtain employment as a result of entering the drug court is reflected in the following information provided by representative jurisdictions:

Percentage of Participants Retaining/Obtaining Employment While in the Drug Court

Austin, TX	74% retained/obtained employment
Bakersfield, CA	47% retained/obtained employment
Birmingham, AL	53% retained; 39% obtained employment
Erie Co., OH	46% retained; 23% obtained employment
Fort Worth, TX	98% retained/obtained employment
Greenfield, MA	33% retained ;19% obtained employment
Kalamazoo, MI	everyone who leaves program has to be either employed or in school full time
Laguna Nigel. CA	52% retained; 22% obtained employment
Marathon, FL	90% retained/obtained employment
Panama City, FL	61% retained; 28% obtained employment
Pensacola, FL	50 - 60% have obtained employment; in addition, a local maintenance service regularly employs at least 20 drug court participants at any one time
Portland, OR	65-70% are unemployed when they enter the drug court; all are sent to a job referral service, which has had an office on site at the drug court, and at least 70 - 80% are employed by the time they leave the drug court;
Rochester, NY	80%+ (all graduates required to have jobs and GED)
Roanoke, VA	60% retained, 40% obtained employment
St. Mary's Parish, LA	32% retained, 20% obtained employment
San Diego, CA	30% obtained employment
Santa Ana, CA	30% retained, 27% obtained employment
Santa Clara Co., CA	49% (33% obtained; 16% retained) employed
Visalia, CA	60% (work force prep. component required) employed
Worcester, MA	40% retain, 50% obtain employment
Yosemite, Federal District	100% retained employment

Information Relating to Children of Participants

- Many drug court participants are parents. Over two thirds of the 256 drug court participants responding to the *1997 Drug Court Survey* are parents of minor children, many of whom are in foster care at the time the parent enters the program.

- Drug courts are resulting in family reunification in many instances. In many programs, parents who have lost custody or are in danger of losing custody of their children because of their drug use have regained them upon completion of the drug court program.

*In **Pensacola**, for example, the first two graduates of the dependency drug court established in early 1996 illustrate the impact of the drug court on the families of these women: one of the women had four minor children, the other had five minor children. Both had a long history of drug usage; one had been in state prison for three years, having been sent to prison by the drug court judge when he presided over her previous criminal case. She was a classic crack addict while the other was primarily alcohol and marijuana addicted; neither had any permanent residence and neither had any work history. Together, they had a cumulative total of nine children, all of whom were living in foster care;*

Both now have a home; (1 rents; one owns); one is working; both families are reunited; neither mother currently uses drugs and both have been clean for at least 12 months at the time of the writing of this report.

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*In **Portland**, almost all of the over 100 female participants who have lost custody of their minor children due to their substance abuse have regained custody of their children at the conclusion of their participation in the Drug Court.*

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*In **Kalamazoo**, at least 15% - 20% of the women in the female drug court program are usually also involved with Probate Court proceedings regarding the loss of custody of their children and almost all of them regain custody of their children following completion of the drug court. Participants in the newly established male drug court, while not as extensively involved with the loss of **custody** of their children, have brought in letters from their children and wives to the drug court judge, expressing their gratitude at having their fathers and husbands "back" from drugs.*

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*In **Las Vegas**, at least forty women who have lost custody of their children have regained them after completing the drug court program.*

- Drug courts are providing a wide array of family services Almost all of the drug courts provide family counseling and at least half provide assistance with housing, food and clothing. Most of the programs also provide parenting classes as well as include special segments on stress management and anger management.

- Birth of drug-free babies is an unplanned program benefit. Well over 450 drug free babies have been reported born to drug court participants, including one set of twins in Rochester, and a number of pregnant women are currently participating in drug court programs across the country.

III. Principal Findings

A. Part One: General Program Information: Judicial Operations and Perspectives (Volume I)

1. Program Goals

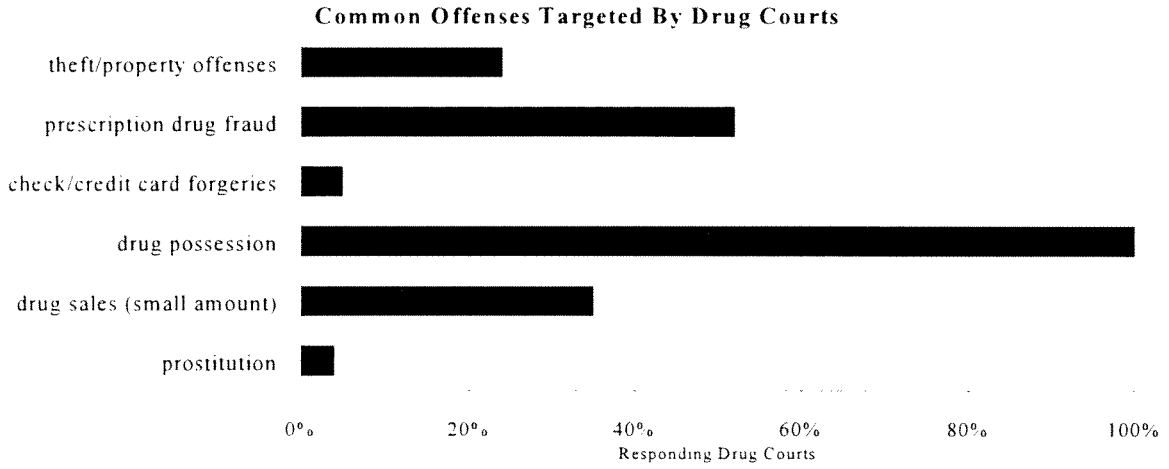
All of the reporting programs cited three primary goals for their programs:

(1) reduce recidivism;
(2) reduce substance abuse; and
(3) enhance the likelihood of the participants' rehabilitation.

Respondents also noted the following additional goals: providing early and continuing judicial supervision for nonviolent substance abuse offenders; enhancing community safety; reducing judicial system reliance on incarceration; reducing court congestion and case processing time; reducing the impact of drug cases on criminal justice system resources; providing opportunities for family counseling and other assistance to reduce domestic violence; providing parenting skills and other personal development and coping skills; obtaining a high school diploma or GED certificate; birth of drug free babies; vocational training; maintaining/obtaining employment; and saving lives.

2. Targeted Offenses

All of the reporting drug courts target drug possession charges. Other targeted offenses include: prescription drug fraud by 52% of responding programs; drug sales (small amount) by 35% of responding programs; theft/property offenses by 24% of responding programs; check/credit card forgeries by 5% of responding programs; and, prostitution by 4% of responding programs.



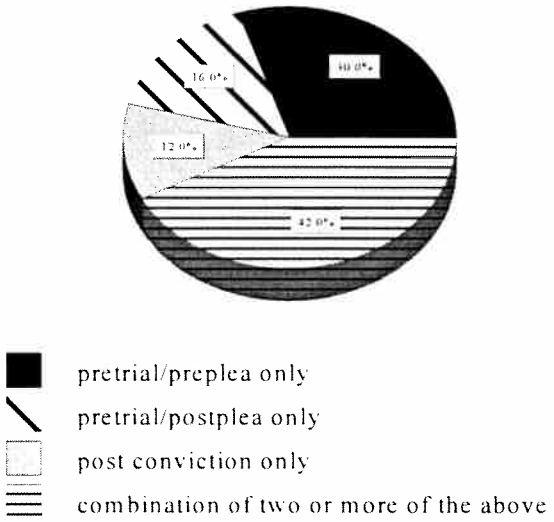
3. Number and Length of Phases

Almost all drug courts require a minimum of one year participation. All of the reporting drug courts divide their programs into phases. Phase I generally ranges between 30 and 90 days; Phase II generally lasts for two to four months, although in a number of instances, Phase II extends to six or eight months. Phase III generally lasts from two to four months. Several programs report that they have a fourth phase, which, in most cases, constitutes an aftercare component. In addition to relapse prevention and other support services, alumni activities are developing in most aftercare components.

4. Locus of Program in Judicial Process

In terms of the locus of the drug court program in the overall adjudication process, the reporting courts fall into the following categories: **30% are pretrial/preplea** only; **16% are pretrial/postplea** (with plea stricken upon successful program completion) only; **12% are post conviction** (for probation eligible defendants) only; and, **42% are a combination** of two or more of the above (depending upon nature of charge, defendant's criminal history, and related factors).

Locus of Drug Court in Case Disposition Process



5. Assignment of Cases to Drug Court Judge(s)

Over 75% of the reporting drug courts have the services of one judge who hears drug court cases for an average of 10 hours per week in addition to the rest of his/her docket. Less than ten percent of the reporting programs have a full-time drug court judge who hears only drug court cases. Nine (10%) of the reporting programs report the use of two judges, both of whom hear drug court cases in addition to their non-drug court caseload. In many instances, the drug court judge hears drug court cases in addition to his/her full regular docket and therefore schedules the drug court cases before or after the regular trial day.

6. Participant Eligibility Criteria

Criminal History

Only 12 (13%) of the reporting programs limit participant eligibility to defendants with no prior criminal charges. Twenty-four (26%) of the programs restrict participation to defendants with no more than three prior offenses; and 57 programs (61%) accept individuals with any number of prior offenses as long as they otherwise meet current eligibility criteria. Most programs limit criminal history to nonviolent offenses.

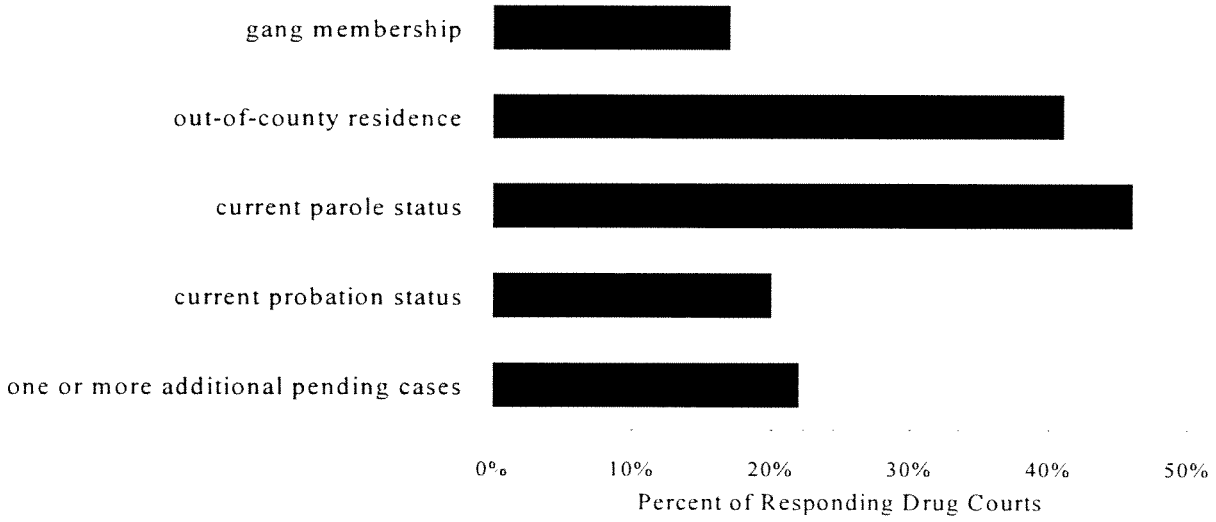
Extent of Substance Dependency

All of the reporting programs indicate they are targeting individuals with at least moderate substance abuse and 78 (87%) are also targeting individuals with severe abuse. Most of the reporting jurisdictions indicate they will accept a participant with any illegal substance dependency. Fifty-six programs (62%) also indicate they will accept participants with alcohol dependency in conjunction with other drugs; two programs will accept participants with alcohol dependency only. Three programs (Mobile, Alabama; Stockton, California; and Edwardsville, Illinois) specifically target prescription drugs as well as illegal substances.

Factors that Disqualify an Otherwise Eligible Defendant

The most common factors that disqualify an otherwise eligible defendant from a drug court are: current parole status (44%); out-of-county residence (40%); one or more additional unrelated pending criminal cases (22%); current probation status (20%); and, gang membership (17%).

Factors that Disqualify Otherwise Eligible Defendants from Drug Court



It is anticipated that the frequency of out-of-county residence serving as a disqualifying factor for drug court participation will decrease as more jurisdictions develop drug courts. With the increasing number of drug courts now operational, many drug courts are developing policies to transfer supervision authority over out-of-county residents who would otherwise be eligible for drug court participation to the drug court in the participant's home jurisdiction.

7. Changes Programs Have Made in Eligibility Criteria Since Beginning

Approximately 40% of the reporting programs indicate they have made changes in their eligibility criteria since the program began. Most of these changes entail expanding the eligibility criteria, either in regard to criminal history requirements or targeted offenses, based on the experience of the program's initial implementation period. Some programs, for example, have expanded their criteria to include individuals charged with prostitution, forgery, and/or small amounts of sales or delivery when the circumstances indicate the activity generating the charge was to support the individual's drug addiction. In a number of instances, this expansion of eligibility criteria also resulted in adding a post-plea or post-conviction component as well as the capability to supervise probation-eligible individuals who may have more lengthy criminal histories and/or more complex substance abuse and other problems. Some drug court judges (in Boston, for example) are also accepting referrals from other judges who identify individuals potentially appropriate for the program after the drug court initial screening process occurred. Some of the higher volume programs have also tightened eligibility criteria. Denver, for example, has restricted participation to persons with no more than one prior felony conviction. Miami has also restricted the program to focus primarily on individuals with first time cocaine possession charges.

8. Program Capacity, Enrollments, and Characteristics of Client Population

The cumulative enrollment reported by the 93 drug courts described in this report totals 33,136. Retention rates have remained fairly constant, generally well above 60% and significantly higher than generally reported for non-drug court participants. *Comparisons among programs regarding program retention, however, should be made with great caution* because of the wide range of differences in the severity of substance addiction, personal problems, and other factors affecting the likelihood for participants' success in each jurisdiction.

9. Program Procedures

Time Between Arrest and Program Entry

(1) Pre-Plea/Post-Plea Programs

For almost one-third of these programs, the time between **arrest** and drug court appearance is three days or less and under one week for more than half. For the remaining programs in which the time between arrest and first court appearance exceeds one week, defendants begin treatment within three days of their first court appearance

(2) Post Adjudication Programs for Probation-Eligible Defendants

The time between arrest and initial court appearance for drug court defendants in post-adjudication programs is necessarily longer than for defendants for whom no final disposition has been entered. Nevertheless, many jurisdictions have expedited the case disposition process to reduce delay in treatment referral. The timeframe between arrest and initial drug court appearance for convicted defendants in the reporting courts is:

under ten days	25%
11-20 days	7%
21-30 days	12%
31-45 days	11%
over 45 days	45%

Changes in Existing Criminal Case Process Required to Implement Drug Court Program

Most drug courts have made changes in the existing case disposition process to accommodate the drug court program. Almost all of the drug courts have established a special calendar for drug court cases, assigning these cases to one designated judge rather than criminal judges generally, and have also established a schedule of extra hearings to accommodate the judicial review functions necessary. Most drug courts have also instituted special procedures to immediately execute benchwarrants for individuals who fail to appear at the drug court hearing.

10. Screening and Assessment Process

Initial Screening and Final Determination of Cases and Defendants Eligible for Drug Court Program

(1) Justice System Screening

The initial screening of cases and defendants for drug court eligibility is generally conducted by the prosecutor and, for pretrial programs, the pretrial services agency or court staff in accordance with eligibility criteria that have been previously developed by local justice system officials. For post conviction programs, the screening is generally performed by the prosecutor and probation officer. Once initial eligibility has been determined, defendants are referred to defense counsel (generally the public defender designated for the program) to discuss their case, potential defenses that might be raised, and the appropriateness of the drug court program for his/her particular situation. In most cases, final determination of program eligibility rests with the drug court judge often, in conjunction with the prosecutor. For both pretrial and post-conviction programs, defense counsel also play a role in identifying potential cases eligible for the drug court and in the final determination of program eligibility.

(2) Screening for Substance Use

Screening for substance addiction is a part of the determination of eligibility for the drug court program once initial eligibility by criminal justice officials is determined. Over 60% of the programs report that defendants initially identified as eligible for the drug court by justice system officials will be disqualified if their substance abuse screening indicates they are not addicted or exhibit only minimal addiction.

Fifty-five percent of the reporting programs indicate they use a nationally utilized standard assessment instrument, most frequently the SASSI (Substance Abuse Subtle Severity Index), MAST (Michigan Alcohol Screening Test), and ASI (Addictions Severity Index) tests and/or the ASSAM criteria.

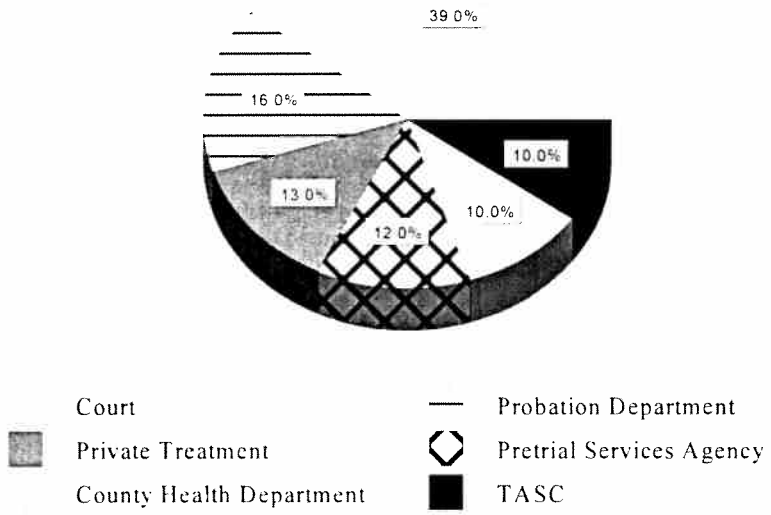
Subsequent Assessment of Treatment Needs

Almost all programs report that subsequent treatment needs assessments of drug court participants are conducted routinely following the initial screening and assessment process. (See also F3 below.)

11. Screening, Assessment, Case Management and Treatment Services

The initial substance abuse screening function in the reporting courts is provided by the following: Court (39%); Probation Department (16%); Private Treatment Organization (13%); Pretrial Services Agency (12%); County Health Department (10%); and, TASC program (10%).

Agency Performing Initial Substance Abuse Screening of Drug Court Participants



Treatment services in the reporting courts are provided as follows:

Private treatment/community based organization	56%
County Health Department	14%
Probation Department	9%
Court staff	8%
Pretrial Services Agency	2%
TASC Program	1%

Two thirds of the drug courts using private treatment providers utilize one primary provider; those using multiple providers generally work with three to five primary providers. A few programs use in excess of ten providers. Case management services for drug court clients are provided by drug court staff for approximately half of the reporting programs. For the remaining programs, case management functions are performed by probation staff (22%); the treatment providers (15%); pretrial services agency and TASC programs (3% each); and the county health department (2%). (See also sections F2 and F3 below)

12. Nature and Frequency of Contact between Drug Court and Participant

Participant Contact with Court and Justice System Officials

Face-to-face contact between the drug court judge and drug court participants ranges from weekly and bi-weekly during the first two phases of program participation to monthly as participants progress. In most drug courts, prosecutors and defense counsel also appear and participate at drug court status hearings. In many programs, law enforcement agencies execute benchwarrants for participants who fail to appear at court status hearings on an expedited basis.

Participant Contact with Treatment Services and Required Urinalysis

Most programs require drug court participants to have at least three contacts per week with the treatment provider and many require four to five. In addition, required participant urinalysis for the reporting programs is as follows:

two urinalyses per week for at least phase I and II	55%
one urinalysis per week for at least Phase I and II	35%
urinalysis every other week	10%

13. Nature and Frequency of Court Contact with Defendant and Applicable Sanctions/Sentence *Prior* to Implementing Drug Court

Nature and Frequency of Court Contact During Pretrial Period

Prior to the initiation of the drug court, the average time between arrest and case disposition for the typical drug court defendant was generally at least 60 and 120 days. Only 15% of the jurisdictions conducted weekly drug testing during the pretrial period and only 20% required personal weekly reporting to a pretrial supervision officer -- generally by telephone. Fifteen percent required weekly reporting to a probation officer following disposition (also usually by telephone), with the balance requiring less frequent reporting (usually monthly). In only four (4%) of the reporting programs were court hearings conducted for routine supervision purposes.

Enrollment of Defendants in Treatment

Twenty percent of the programs report that treatment services were always available to defendants but only six percent report that these services were available immediately. Forty percent of the drug courts report that a defendant's access to treatment services prior to drug court program implementation depended upon the availability of "slots" at any one time and generally required up to forty-five days to access.

Applicable Sentence

The typical sentence that would have been imposed on a typical drug court qualified defendant in each of the reporting programs prior to implementing the drug court ranged between probation and three or more years incarceration.

14. Aftercare and Alumni Activities

Aftercare services are provided or being planned by over 60% of the reporting drug courts. These services are generally provided by the drug court treatment provider. Drug court graduates can enroll in the aftercare program voluntarily in some drug courts and upon referral by the treatment provider in others. Most drug courts do not limit the period of time during which a graduate can enter or be enrolled in an aftercare program. A number of drug court graduates are developing formal alumni activities, including planned functions and newsletters. In several programs, alumni serve as mentors and provide other services to current drug court participants.

15. Oversight/Advisory Committees

Almost all of the reporting drug courts have established oversight committees which provide advisory services and, frequently, guidance in policy and procedural development. In many instances, these committees also assist in gaining community support. The size of these committees generally ranges between six and twelve individuals. In addition to justice system representation, membership

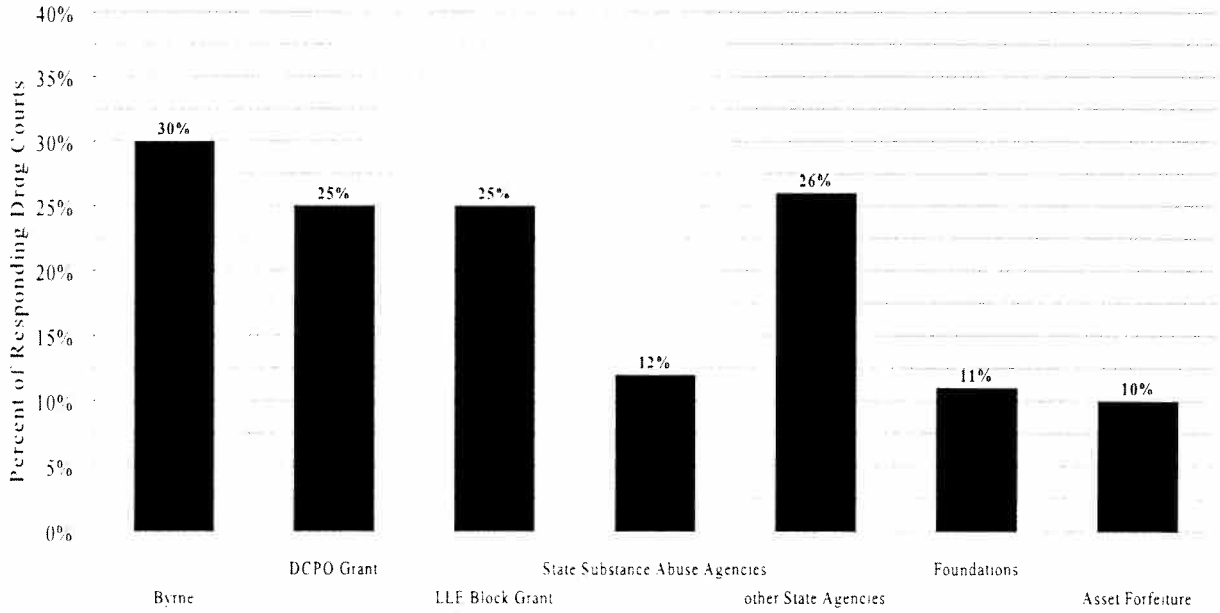
on the drug court oversight committees frequently includes representatives from the legal, medical, education, business, faith, and public health sectors of the local community. Many of the committees also have citizen representatives and representatives of local anti-drug initiatives.

16. Program Costs and Funding

Outside Funding Sources Used

Over one-third of the reporting programs have received local funding to support the drug court. In many instances, this funding was provided by special appropriation of local governments. Some jurisdictions (Kansas City, Missouri and St. Joseph, Michigan, for example) have derived funding from special tax assessments. Approximately one-third have also received funding from the BJA Block Grant (Byrne) Funding program. Approximately 25% report receipt of federal funds, primarily through the U.S. Department of Justice Drug Court Grant Program and 25% have received funds through the BJA Local Law Enforcement Block Grant Program. Twelve (13%) drug courts (located in California, Florida, Louisiana, North Carolina, New York, Oklahoma, and Oregon) have received funds through their respective state substance abuse agencies and an additional 23 (26%) programs have received funds from other state sources. Eight drug courts have received funding from private foundations, most often locally based. Two drug courts (in Austin, Texas and Portland, Oregon) have received asset forfeiture funds from the local prosecutor; six jurisdictions (Crestview, Florida; Miami, Florida; Louisville, Kentucky; Charlotte, North Carolina; Eugene, Oregon; and Austin, Texas) have received asset forfeiture funds from their local police departments. All of these funding sources are in addition to the judicial system operational support that local jurisdictions are providing (e.g., judicial and staff support; facilities; information and records maintenance, etc.)

Outside Sources of Funds Used to Support Drug Court Programs



Program Fees

Two thirds of the reporting drug courts charge participant fees, ranging from $ 40 to $ 4,300. While approximately half of these programs waive fees for indigent participants, many have instituted a sliding scale. Only 10% of the programs that assess fees waive them for good performance. Cumulatively, the reporting drug courts noted a total of $ 1,794,192 in participant fees assessed and $ 1,206,371 (67%) collected as of January 1997.

Third Party Payments

In addition to the outside sources of funding and participant fees described above, approximately one quarter of the reporting drug courts reported that public assistance funds had been used to support at least a portion of the treatment services provided and approximately one third of the reporting programs noted Medicaid and private insurance reimbursements as well.

In terms of systematically reviewing the medical insurance coverage and medical benefit entitlements of drug court participants, almost half of the reporting programs indicated that they either do not conduct such review or were uncertain whether such review is made. Their responses are as follows:

no systematic review	35%
uncertain as to whether such review is conducted	11%
review conducted by treatment provider	20%
review conducted by court	12%
no response provided	22%

Impact of Managed Care

Forty-six (49%) of the reporting programs indicated that managed care developments had no impact on the drug court treatment services and an additional 16 (17%) were uncertain regarding the impact. The considerable extent to which these drug courts appear to have been shielded from the impact of managed care is most likely explained by the fact that, up to this point, drug courts are drawing on resources outside of the general treatment funding stream -- special federal and/or state grants; local government appropriations; private foundations; as well as some reallocation of existing resources. The 21 (23%) programs that indicated managed care developments were having an impact on the drug court cited problems relating to limitations on the nature and extent of treatment services available (e.g., definitions of "medical necessity"); eligibility of drug court treatment providers; rates of reimbursement; and the assessment process used to identify individuals in need of services. These issues are further discussed by drug court treatment providers in their comments. (See Section F and Appendix G)

17. Justice System Cost Savings

Cost and resource savings reported in regard to the court process and provision of probation services included:

- reducing the drug caseload of other judges 53%
- reducing the probation caseload to permit probation resources to focus on other cases and defendants, not amenable to a drug court approach, who warrant their active supervision 34%
- increasing the time available to try civil cases 18%

Over 25% of the drug courts report savings in the use of jail space for both pretrial and sentenced defendants as a result of the program. Among the responding courts, savings of up to $397,114 in pretrial detention costs and $ 1,475,240 in detention costs for adjudicated defendants were reported. An additional 20% noted some jail bed savings but were uncertain as to the extent of savings achieved. Cost savings in other areas were also reported, including police overtime, prosecution costs and indigent defense services.

18. Responses to Participant Progress and Relapse

Measures to Address Participants' Relapse

Drug courts are using a variety of strategies to respond to participant relapse, both discretely and in combination. The most common judicial responses to participant relapse and/or noncompliance with drug court conditions are:

- increase the frequency of court status hearings for the participant 90%
- order incarceration for
  - up to three days 60%
  - four to seven days 48%
  - eight to fifteen days 27%
  - over fifteen days 20%
- increase the frequency of the participant's urinalysis 80%
- increase the frequency and/or intensity of treatment services for the participant 80%

Measures to Address Participants' Progress

Judicial recognition of participant progress in a drug court is as important as judicial response to relapse. Praise from the drug court judge and accolades from peers are characteristics of all programs and, depending upon related factors, promotion of participants to higher program phases is also common if other program conditions have been met. Eighty-six percent of the programs also reduce the frequency of status hearings as participants progress; only 50% of the programs, however, reduce the frequency of urinalysis unless the participant is progressing to a higher phase of the program.

Responses to New Arrests, Failure-to-Appear and Positive Urinalyses

Approximately 20% of the programs terminate a participant for a new arrest on a drug charge; the remaining 80% permit the individual to remain in the drug court while the new charge is prosecuted. Most drug courts, however, terminate a participant who is arrested on a drug trafficking charge if the amount of drugs involved is sufficient to indicate the drugs are not being used to support the participant's "habit". Action regarding arrests for non-drug charges which do not entail violence are generally made on a case-by-case basis; where violence is involved, however, the individual is usually terminated.

Benchwarrants are issued by all drug courts for participants who fail to appear at court hearings and, in 56% of the programs, expedited procedures have been instituted to assure that the participant is picked up immediately and brought before the court. Participants who miss treatment appointments are often contacted by the treatment provider who frequently notifies the court of the participant's failure to appear as well.

Positive urinalyses usually trigger immediate response from both the treatment provider and the court. Generally, treatment contacts are increased and judicial sanctions are imposed. Most programs take into account the circumstances of each participant in determining the sanctions appropriate. Less than ten percent terminate an individual automatically after a specified number of positive urinalyses; most, rather, make such decisions on a case by case basis.

19. Unsuccessful Termination of Participants

Reasons

Apart from the commission of new offenses that trigger automatic termination, the most frequently cited reasons for unsuccessful termination of participants were: repeated positive urine tests; chronic failure to attend treatment sessions; and repeated failure to attend court hearings. A threat of violence to staff or other clients has also triggered automatic termination.

Final Decision-Maker

Almost all of the drug courts reported that the final decision regarding unsuccessful termination of a drug court participant is made by the drug court judge, almost always in consort with the drug court team. In Austin, however, the prosecutor makes the final determination.

Applicable Adjudication Process and Timeframe

In situations in which a defendant is unsuccessfully terminated from the drug court, half of the programs report that the drug court judge adjudicates the defendant's case and imposes a final disposition. Twenty-five percent of the programs report that the defendant's case is removed from the drug court judge's docket and referred for standard adjudication. The remaining 25% of the programs report that the defendant's case is referred to the prosecutor for standard prosecution.

Approximately one third of the drug courts dispose of the case of a defendant who is unsuccessfully terminated on the same day as termination. An additional 22% dispose of the case within seven days. Only five drug courts (6%) report more than 60 days elapsing between termination of the participant from the drug court and final disposition of his/her case.

Sanctions Applicable To Unsuccessful Participants

Sanctions applicable to defendants who are unsuccessfully terminated from the reporting drug courts were as follows:

- Probation only 10%
- 1-30 days incarceration 10%
- 31-60 days incarceration 1%
- 61-90 days incarceration 24%
- over 90 days incarceration, depending upon circumstances 30%
- no response 25%

20. Successful Drug Court Program Completion and Graduation

Requirements

Most drug courts require a minimum period of participation (generally at least 12 months) and sobriety (usually at least four to six consecutive months) for graduation. Most programs also require participants to comply with other program conditions (stable living situations, obtaining employment, etc.) to demonstrate their likelihood of remaining productive citizens and reducing the risk of their becoming re-involved with crime and drugs.

Effect on Case Outcome

Participants who successfully complete their drug court program will have their charges dismissed or guilty plea stricken in two-thirds of the drug courts reporting. In the remaining one-third of the drug courts graduates receive some reduction in their sentence exposure or applicable probation period, depending upon their criminal history and circumstances of the current charge.

21. Information and Monitoring Systems

Information System Capabilities

In most instances, information relating to participant performance in the drug court is compiled on a cumulative basis. Common participant data reported includes: urinalysis results; record of participant appearance at treatment sessions; appearance at required urinalysis; appearance at court hearings; and notes on the participant's compliance with court ordered conditions and other relevant developments. Approximately 40% of the reporting drug courts have some automation capability, although not all functions are automated. The remaining 60% have no automation capability for drug court functions.

Methods for Providing Reports to Drug Court Judge

Thirteen of the reporting drug courts (14%) have the capability for providing reports to the drug court judge through on-line transmission. Three of these programs provide written reports as well as on-line transmissions. The remaining 86% provide written reports, often in conjunction with oral reports from the treatment provider and/or case manager.

22. Program Evaluation and Assessment

Criteria Being Used to Assess the Effectiveness of the Drug Court Programs

The most common criteria being used by judicial system officials for assessing the effectiveness of drug court programs include: number of relapses per defendant; percent of urinalyses that are clean; and frequency of new arrests. However, many programs are also looking to more efficient use of justice system and other public resources (e.g., improved coordination of justice system and social services, better use of judicial time, reduction in probation violation caseloads, etc.) and additional indicia of societal benefit (e.g., participant progress in educational development; employment status; maintaining stable living situations; becoming reunified with their families; birth of drug free babies, etc.)

Evaluation Activities Undertaken to Date

Most programs are tracking information relating to participant performance, including frequency of relapse; treatment program retention; urinalysis results; new arrests; and personal achievements. Many are also tracking system costs and savings, such as jail beds saved/used. As noted above, many programs are looking also to community benefits that are being derived, such as the birth of drug free babies, family unification and/or preservation, and participant employment. Much needs to be done, however, by way of developing systematic methods for identifying the data needed to provide these measures and determining how this data can be recorded on a regular basis. Approximately 40% of the responding courts indicate that an outside agency has produced or is in the process of producing an evaluation report on some aspect of their drug court program.

Future Evaluation Activities Planned

Most programs have not yet undertaken any comprehensive evaluation. However, many indicate that they currently have or are planning to initiate an association with a local university or other organization to conduct evaluation activities. The current lack of adequate management information system capabilities is frequently cited as a major obstacle to drug court evaluation.

Evaluative Information Programs Are Maintaining

The reporting drug courts indicated they maintain various evaluative information on participants, including information relating to employment, family, income, and public assistance status; educational development, physical and mental health needs and demographic data. In some instances, this information is being compiled for graduates as well as participants. Very few programs, however, indicate that this information is compiled in a readily accessible format or that it is being maintained on any systematic basis.

Follow-up Information on Graduates

Only 15 % of the reporting programs compile evaluative information on all graduates although a number of programs indicated they intend to begin compiling this information shortly. For those programs that are compiling information on graduates, follow-up periods ranging from six to twenty-four months are used. Information gathered includes: recidivism, drug usage, employment status and household-related data.

23. Tasks Needed to Institutionalize the Drug Court in the Responding Jurisdictions

Respondents were asked to describe what needed to be done to institutionalize the drug court in their jurisdiction. Eighty percent of the responding judicial officials noted the development of a stable funding source. In addition, many cited the need to develop on-going evaluation data demonstrating the effectiveness of the drug court program, both in comparison with traditional case processing, as well as additional community benefits that are being achieved. Approximately 20%

of the respondents noted the need to increase support from other members of the bench as well as local government officials and community organizations.

24. Modifications and Enhancements Planned for Next Year

Responding judicial system officials were asked to describe any modifications and/or enhancements planned during the next year for the drug court in their jurisdiction. Many cited various expansion plans for the drug court, both in terms of adult offenders served as well as development of juvenile delinquency and dependency drug court programs. Among the other modifications noted included: increasing the structure of the treatment process; development of an automated information system; development of aftercare and alumni groups for drug court graduates and incorporating their services in mentoring programs for current participants; adding vocational rehabilitation, job placement, life skills, financial management, and literacy training services; adding child care and transportation services for clients; encouraging other judges to refer appropriate defendants to the drug court program; developing a community service component; adding family services; and developing more active involvement of law enforcement agencies, particularly line officers.

25. Program Planning and Implementation Issues and Advice to Colleagues

Problems Encountered and Their Resolution

Judicial system officials were asked to identify the most serious problems that had been encountered in the implementation of the drug court program. Respondents most frequently pointed to difficulties in obtaining stable funding (generally not yet resolved); breaking down barriers among the coordinating agencies and treatment providers (generally resolved by on-going and consistent communication, education regarding the nature of substance abuse and recovery, and clarifying the procedures and policies for the drug court program); and obtaining support from other judges. Respondents' comments are reported in Appendix B.

Unanticipated Issues That Have Emerged and Their Resolution

Judicial system officials were also asked to identify unanticipated issues that had emerged since the drug court was implemented and strategies used to address them. Among the issues noted included those relating to the prevalence of mental health problems among participants; procedural matters that needed to be worked out between participating agencies and the court; and the instability of funding for the programs. These issues are discussed in further detail in Appendix B.

Advice to Colleagues

Respondents were also asked to provide advice to judicial colleagues contemplating institution of a drug court program. Their responses, summarized in Appendix B, generally pointed to the need to: have all participating agencies involved in the planning process; be flexible; plan as well as possible; and "just do it.".

B. Part Two: Perspectives of Prosecutors[2] (Volume Two)

1. Criteria Being Used to Assess Drug Court Effectiveness

Prosecutors were asked to indicate the criteria they were using to assess the effectiveness of the drug courts in their jurisdictions. All prosecutors agreed that the primary criteria for effectiveness of the drug court was the degree to which participants remained free of any drug related arrests. Approximately 80% of the prosecutors also cited the participants' attendance at treatment and his/her urinalysis results. Approximately 70% of the prosecutors also look to the participant's attendance at scheduled court status hearings, remaining free of arrests for **non-drug** offenses as well, and graduation from the drug court.

2. Impact of Drug Court on Prosecutor Office's Capability to Handle Its Criminal Caseload and Functions

Approximately 45% of the prosecutors reported that more attorneys were available for other cases as a result of the drug court. Approximately 45% of the prosecutors also reported that the drug court resulted in greater coordination of their office with other justice agencies and 35% reported that the program brought about greater coordination of their offices with community groups.

3. Benefits Prosecutors Have Derived from Drug Court Program

Prosecutors were also asked to identify any benefits the drug court had brought about for their offices. Among the benefits noted, 80% of the prosecutors cited the opportunity for treatment and rehabilitation for appropriate defendants and 65% cited the imposition of swift sanctions in appropriate situations. Half of the respondents also noted that the programs promoted more efficient use of their office resources.

4. Relationship of Drug Court Program with Community Prosecution Activities

Seven (13%) of the responding prosecutors indicated that community prosecution programs had also been implemented in their jurisdictions and that these were coordinated, to varying degrees, with the drug court program. Since some of the respondents indicated they were not fully familiar with the concept of "community prosecution", the following definition, developed by the American Prosecutors Research Institute (the research and technical assistance affiliate of the National District Attorneys Association) is included below:

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[2]Survey responses were received from prosecutors involved with 56 different drug courts operating in 25 states.

"Community prosecution focuses on targeted areas and involves a long-term, proactive partnership among the prosecutor's office, law enforcement, the community, and public and private organizations, whereby the authority of the prosecutor's office is used to solve problems, improve public safety, and enhance the quality of life in the community."[3]

5. Drug Caseload Activity Trends Since Drug Court Began

Over 80% of the prosecutors indicated that there did not appear to be any change in trends regarding arrests for drug possession and/or arrests for drug-related offenses since the drug court began. Twelve percent indicated arrests had decreased; six percent indicated they had increased.

6. Costs for Drug Court Program

Approximately one-third of the programs dedicate at least one full-time prosecuting attorney to the drug court and approximately one third dedicate at least one part-time attorney. Approximately 25% dedicate one full-time support staff and an additional 40% dedicate at least one part-time support staff member. Two programs also use volunteers. Three (6%) of the prosecutors' offices hired staff specifically for the drug court; the rest reassigned existing staff. Approximately 20% of the reporting prosecutors indicated their offices had incurred additional costs to implement the drug court, ranging between $ 20,000 and $ 100,000 annually, primarily for dedicated attorneys and staff. Many noted, however, that these additional costs were offset by savings in other areas.

7. Savings Achieved

Prosecutors were asked to indicate any cost savings achieved as a result of the drug court. Over half of the respondents cited cost savings in terms of case preparation time for attorneys and over one-third cited savings in court appearance time for attorneys. Approximately 25% also cited savings in police overtime costs and grand jury costs. Several respondents noted that, because their programs were post-conviction, no significant savings accrued to the prosecutors' office. However, several also noted that, regardless of whether their programs were pre- or post-adjudication, savings were anticipated from reduced rearrests of participants.

8. Program Operation and Planning Issues and Advice to Colleagues

Most Serious Problems Encountered in Designing or Implementing Drug Court Program and Their Resolution

Among the most serious problems prosecutors reported they have encountered in regard to implementing the drug court include: developing appropriate eligibility criteria; convincing law

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[3] American Prosecutors Research Institute, National District Attorneys Association. *Community Prosecution Implementation Manual*. 1995.

enforcement of the merits of the program; and developing procedures to assure prompt disposition of cases involving defendants who are unsuccessfully terminated from the drug court. Other problems noted include those relating to developing program procedures and expediting the case screening process to identify potentially eligible defendants. Most of these problems appear to have been resolved through consistent communication among the participating agencies as well as internal review of office operations. A summary of the prosecutors' comments is provided in Appendix C..

Unanticipated Issues That Have Arisen and Strategies Used to Resolve Them

Although most of the responding prosecutors indicated that no significant issues had arisen that were unanticipated, those that were reported related primarily to funding shortages and their consequent impact on the continuity of treatment services available; and eligibility determinations in individual cases. A summary of the prosecutors' comments on these matters is provided in Appendix C.

Advice to Counterpart Agencies in Other Jurisdictions

Prosecutors offered a range of advice to colleagues in other jurisdictions contemplating drug courts -- establish and adhere to clear guidelines for the program; plan thoroughly; start slowly; be flexible; involve law enforcement from the start; and (consistently) get started. Some prosecutors advocated pretrial diversion models; others leaned toward post-plea approaches. Their responses are reported in Appendix C.

C. Part Three: Perspectives of Defense Counsel[4] (Volume Two)

1. Criteria Being Used to Assess Effectiveness of Drug Court

Defense counsel were requested to indicate the criteria they are using to assess the effectiveness of the drug court in their jurisdictions. Respondents were in very close agreement that all of the following criteria were important indicia of the effectiveness of the drug court:

- the degree to which defendants were afforded adequate opportunity to consult with counsel regarding the implications of program participation
- the degree to which defendants have their legal rights protected
- the degree to which attorneys have adequate opportunity to provide effective legal counsel to their clients
- participants' attendance at treatment sessions

[4] Survey responses were received from defense attorneys associated with 48 different drug courts in 22 states and Puerto Rico. All of these attorneys were either public defenders or private attorneys performing contract defense services for the local drug court.

- participants' attendance at court status hearings
- urinalysis results
- recidivism, both drug and non-drug related
- employment status of participants

2. Impact of Drug Court on Public Defender Office's Capability to Handle It's Criminal Caseload and Functions

Defense counsel were asked to indicate the impact of the drug court on their office's capability to handle its criminal caseload. Over half of the attorneys cited the increased contact which their offices had with other justice agencies. Twenty-five percent also cited the coordination between their office and community groups. Twenty percent noted that the program had freed up attorneys to handle other cases. Several also noted increased education and awareness of attorneys about substance abuse and its impact on their clients.

3. Benefits Derived from Program

Defense counsel were asked to identify benefits the drug court had brought about in their jurisdiction. Eighty percent noted that the drug court provides a more appropriate response to cases involving substance abusing defendants by permitting an opportunity for treatment and rehabilitation. Fifty-six percent noted that the drug court promotes more efficient use of community resources; and 40% felt the drug court generated community support as well as promoted more efficient use of office resources.

4. Costs to Indigent Defense Office for Drug Court

Total Staff Dedicated to Drug Court

Approximately 40% of the defender's offices dedicate at least one full-time attorney to the drug court; approximately 45% dedicate at least one part-time attorney. Fifteen percent of the defender offices dedicate at least one full-time support staff person for the program and over one third dedicate at least one part-time support staff person.

Approximate Annual Cost to Indigent Defense Office as a Result of Drug Court

Approximately two thirds of the responding defenders indicated that the drug court had not imposed any additional costs on their offices or, to the extent any special costs were incurred, these were offset by savings in attorney time. One third of the responding defense counsel reported a figure representing the annual cost of the drug court to their office ranging between $ 3,700 to $ 140,000, generally reflecting the volume of participants handled and the nature of services provided by the defender office. The items covered by these costs commonly entailed: attorney's salaries (frequently

offset by savings in staff time to handle these cases); social service coordinators; and staff to assist in related areas of client case management.

5. Savings Achieved

Approximately one-third of the defenders noted cost savings resulting from the drug court for their offices. These savings were generally in the following areas:

• case preparation time for attorneys	30% of reporting programs
• court appearance time for attorneys	22% of reporting programs
• witness costs	14% of reporting programs

Other savings cited include reductions in the number of jury trials and motions and potential investigative costs.

6. Program Implementation and Operational Issues and Advice to Colleagues

Most Serious Problems Encountered as a Result of Implementing Drug Court and Strategies Used to Resolve Them

Although most defense counsel did not note any serious problems relating to implementation of the drug court program, those that were noted related to: the prompt identification of eligible defendants; assuring adequate protection of defendant's legal rights; and developing a stable funding source for treatment services. Most of these problems, more fully discussed in Appendix D, are the subject of on-going discussion with other agencies involved in the drug court program.

Unanticipated Issues and Strategies to Resolve Them

The most frequently noted unanticipated issue that defense counsel noted related to the need to schedule the increased number of hearings per defendant in the drug court, compared with the traditional adjudication process; the need to develop special procedures for handling drug court cases, both in terms of system processing as well as internal office management; and the amount (and nature) of record keeping required relating to participant progress in treatment. These issues are discussed in greater detail in Appendix D.

Advice to Counterpart Offices

In terms of advice to colleagues contemplating the establishment of drug courts in other jurisdictions, responding defense counsel, like their counterparts in other agencies, urged them to "just do it." However, they also urged that attention to maintaining defendants' legal rights and close coordination with other participating agencies were essential to both the planning and conduct of a successful drug court. Their suggestions are further summarized in Appendix D.

D. Part Four: Perspectives of Police/Law Enforcement Agency Officials[5] (Volume Two)

1. Criteria Being Used to Assess Effectiveness of the Drug Court

Law enforcement officials were asked to indicate the criteria they are using to measure the effectiveness of the drug court in their jurisdictions. Their responses follow:

• frequency of participant arrests	
on new drug possession charges	45%
on other drug charges	35%
on non-drug charges	20%
• percent of participants who graduate from the drug court	18%
• participants attendance in treatment programs	18%
• participants' appearances at court status hearings	15%
• urinalysis results	15%
• participants' employment status	10%

2. Impact of Drug Court on Agency's Capability to Respond to Criminal Activity and/or Carry Out Its Functions

Respondents were asked to indicate the impact which the drug court has had on the agency's capability to respond to criminal activity or otherwise carry out its functions. Responses indicate the following impact:

• has encouraged greater coordination with other justice system agencies	35%
• has promoted new relationships with the justice system and other agencies in the community	32%
• has permitted additional officers to be available for other cases	20%
• has provided a more effective response to arrests of substance abusers	20%
• provides law enforcement with an additional tool to enforce *no tolerance* policy	18%

[5] Survey responses were received from officials associated with law enforcement agencies in 43 jurisdictions with drug court programs, operating in 21 states and Puerto Rico.

3. Impact of Program on Other Aspects of Agency Operations

Arrest Policies and Procedures

Respondents were asked to indicate the impact, if any, of the drug court on arrest policies and procedures in their jurisdictions. All of the respondents indicated that the drug court had no impact on arrest policies. However, four (10%) of the agencies cited an impact on arrest procedures, particularly in terms of identifying individuals who might be potential candidates for drug court consideration.

Orientation/Training Programs for Officers

Respondents were also asked whether the drug court had any impact on the orientation and/or training programs conducted for line officers. Six (15%) of the responding agencies indicated that an explanation of the drug court program was now part of the orientation of line officers so that they are aware of the program and the services offered. Additional training is also provided regarding completion of reports.

Relationships with Community Groups

Law enforcement officials were asked whether the drug court had any impact on their agency's relationship with community groups. Twenty percent of the responding agencies cited an impact, primarily relating to greater interaction with local service providers and community groups representing neighborhoods with drug-related problems.

Community Policing Activities

Law enforcement officials in the drug court jurisdictions were asked whether their agencies had a community policing program and, if so, whether the drug court had provided any support for these activities. Sixty-five percent of the respondents indicated their agencies had established a community policing function. Only one agency (New Haven, Connecticut) indicated that the community policing activities and the drug court were coordinated.[6] Fourteen agencies (35%) indicated that the drug court provides support, indirectly, to the community policing function. Twenty-five percent of the respondents indicated that the community police activities had not been coordinated with the drug court program.

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[6] The New Haven Police Department has dedicated one police officer to the drug court to assist the court in supervision and monitoring of drug court participants.

4. Changes in Drug-Related Arrests Since Drug Court Began

Approximately 18% of the responding law enforcement officials indicated that drug-related arrests had increased since the drug court began. The remainder indicated there had been no significant change in arrest activity. None indicated that drug-related arrests had decreased.

5. Costs Incurred for Drug Court Program

Total Staff Dedicated To Drug Court

Four (10%) of the agencies dedicate at least one full-time officer to the drug court and 3 (8%) dedicate at least one part-time officer. In some instances, staff were hired specifically for the drug court or transferred from other assignments. None of the agencies dedicate any support staff to the drug court.

Costs Incurred to Support Drug Court

Five programs indicated they had incurred additional costs to implement the drug court, primarily for custody supervision and treatment services. In one instance, asset forfeiture funds were used to absorb these costs.

6. Savings Achieved

One law enforcement agency (Dover, Delaware) noted cost savings derived from the drug court, primarily from court appearance hours saved.

7. Program Implementation and Planning Issues and Advice to Colleagues

Most Serious Problems Encountered as a Result of the Drug Court and Strategies Used to Resolve Them

Law enforcement officials were asked to identify the most serious problems they had encountered in designing and implementing the drug court and to describe the strategies used to resolve these problems. Their responses, more fully described in Appendix E, indicate that, although no serious problems were encountered, the need to educate line officers to the purpose and orientation of the program has been an on-going need.

Unanticipated Issues That Have Arisen and Strategies Used to Resolve Them

Law enforcement officials also indicated that, generally, no unanticipated issues had arisen. However, various issues relating primarily to program eligibility determinations and program procedures had emerged for some programs and are more fully discussed in Appendix E.

Advice to Counterpart Agencies in Other Jurisdictions

In terms of advice to counterpart agencies in other jurisdictions contemplating the establishment of a drug court, the responding law enforcement officials expressed support for the program and the need for law enforcement agencies to be closely involved in drug court planning and implementation efforts. Their comments are more fully reported in Appendix E.

E. Part Five: Perspectives of Correctional Agency Officials[7] (Volume Two)

1. Criteria Being Used to Assess Effectiveness of Drug Court

Responding correctional agency officials cited the following criteria which they are using to assess the effectiveness of the drug court in their jurisdiction:

• percentage of participants remaining in program	54%
• percentage of participants graduating from program	45%
• frequency of contact between participants and court	45%
• frequency of contact between participants and treatment provider	45%
• participant urinalysis results	50%
• new arrests for participants involving	
drug possession	50%
other drug charges	49%
non-drug charges	38%
• participant employment status	37%

2. Impact of Drug Court on Agency's Capability to Respond to Criminal Activity and/or to Carry Out Its Functions

Respondents were asked to indicate the impact, if any, of the drug court on their agency's capability to respond to criminal activity and/or to carry out its functions. Responding correctional agency officials identified the impact of the drug court on their agencies in the following areas:

• resulted in more jail space for pretrial defendants	48%
• resulted in more jail space for sentenced defendants	48%
• reduced the number of early releases due to lack of jail space	38%
• reduced the number of substance dependent detainees	40%

[7] Responses were received from officials affiliated with correctional agencies in 45 jurisdictions with operating drug courts, representing 18 states and Puerto Rico.

3. Costs for Drug Court

Total Staff Agency Dedicates to Drug Court

Approximately 18% of the responding correctional agencies dedicate at least one full-time staff person to perform drug court functions. These functions generally relate to supervision functions associated with community corrections agencies and those which perform probation-related functions. Approximately 10% of the responding agencies dedicate at least one part-time staff member.

Program Costs

Approximately 30% of the responding agencies indicated that the drug court had imposed additional costs on their agencies, most of which related to the various supervision, monitoring, and treatment service functions they had assumed in relation to their community-based service activities.

4. Savings Achieved

Approximately 30% of the responding agencies also indicated that the drug court had resulted in cost savings for their agencies. The most frequently cited areas of savings were: availability of correctional bed space and reduction in detox costs.

5. Program Implementation and Planning Issues and Advice to Colleagues

Most Serious Problems Agency has Encountered as a Result of the Drug Court and Strategies Used to Resolve Them

Correctional agency officials were asked to identify the most serious problems they had encountered in designing or implementing the drug court and to describe the strategies used to resolve these problems. Among the problems noted were: overcoming philosophical differences with other participating agencies; providing bedspace for participants who are sanctioned by the court; difficulties in communication and coordination with other participating agencies; and obtaining adequate space for community based activities. These problems, along with the strategies being used to resolve them, are further described in Appendix F.

Unanticipated Issues Arising and Strategies to Resolve Them

Although none of the responding correction agencies noted any *unanticipated* issues, several expressed surprise at the extent of drug use reflected in participants. "We expected first offenders but we got people with 8 - 10 years of addictions. Our first seventeen graduates had 214 prior arrests among them," commented one respondent. Others pointed to issues resulting from the large number of participants and the need to refine program procedures. Responding correctional agency official's comments on these matters are further reported in Appendix F.

Advice to Counterpart Agencies in Other Jurisdictions

Responding correctional agency officials, like other agency representatives involved in the implementation of drug court programs, advised their colleagues to support such programs and, specifically, to: develop effective interagency planning and coordination mechanisms; design and adhere to clear, unambiguous procedures; and to observe as many programs as possible for insight and guidance. Their comments are further discussed in Appendix F.

F. Part Six: Treatment Provider Services and Perspectives[8] (Volume Three)

1. Program Phases

Duration of Each Phase

Like their judicial counterparts, treatment providers responding to the survey indicated that their drug courts generally consist of three phases. As noted in Section A ("Judicial Perspectives") In some instances, a fourth phase of the program has been instituted consisting primarily of aftercare-related services.

Services Provided in Each Phase

Detox, stabilization, counseling, drug education and therapy are commonly provided during phases I and II and, in some instances, throughout the program. Other services relating to personal and educational development, job skills, employment services are frequently provided during phases II and III, after participants have responded to initial detox and stabilization. Housing, family, and medical services are frequently available throughout the program. Approximately 40% of the reporting programs offer acupuncture services.

Criteria Used to Move Participants among Program Phases

Almost all of the programs rely upon urinalysis results and participant attendance at treatment sessions. Most also look to the length of time a participant has been participating in the drug court and the degree to which he or she has fulfilled program conditions, such as payment of fees, obtaining employment, etc., which are considered to be indicia of the individual's assumption of personal responsibility for his/her life.

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[8] *1997 Drug Court Survey* responses were received from treatment providers in seventy-three drug courts operating in twenty-eight states and Puerto Rico. A list of the jurisdictions of the responding providers is provided in the Appendix.

Criteria Used to Decrease/Increase the Intensity and Length of Treatment Services

Treatment professionals recommend decreases and/or increases in the intensity and length of treatment services based on criteria similar to that used to make recommendations regarding the movement of participants among phases: urinalysis results, attendance at treatment sessions; and length of participation time in the program.

2. Providers of Drug Court Treatment and Related Services

Agencies Performing Drug Court Substance Abuse Screening, Assessment, Case Management, and Treatment and Rehabilitation Services				
Agency	**Substance Abuse Screening**	**Assessment of Treatment Needs**	**Case Management**	**Treatment & Rehabilitation Services**
Drug Court Staff	35%	26%	31%	10%
Pretrial Services Agency	22%	6%	11%	3%
Probation	31%	21%	29%	14%
TASC	18%	17%	11%	7%
Local Public Health Agency	17%	19%		
Private Treatment Organization	32%	51%	54%	54%
Local Alcohol & Drug Agency	38%			18%
Drug Courts Using More than One of the above Agencies for These Services	38%	38%	69%	

Substance Abuse Screening

Drug Courts are using a number of agencies to perform substance abuse screening of eligible drug court participants. Among the reporting jurisdictions, substance abuse screening is performed by the following agencies, with 38% of these drug courts using more than one agency for substance abuse screening:

- Drug Court Staff 35%
- Private treatment organization 32%
- Pretrial Services Agency 22%
- Probation Department 31%
- TASC program 18%

- Local public health agency 17%
- Drug Courts Using More than one agency for substance abuse screening 38%

Several programs also use the screening services provided by local alcohol and drug agencies.

Assessment of Treatment Needs

Assessment of the treatment needs of drug court participants in the reporting drug courts is generally performed by the following agencies, with some drug courts utilizing two or more agencies in the assessment process:

- Private treatment organization 51%
- Drug Court Staff 26%
- Pretrial Services Agency 6%
- Probation Department 21%
- Local public health agency 19%
- TASC program 17%
- Local Alcohol and Drug Agency 6%
- Drug Courts Using More than one agency for treatment assessment 38%

Case Management

Drug courts are using a number of different agencies to provide client case management for drug court participants. Case management functions are being performed by the following agencies in the reporting jurisdictions, with many jurisdictions utilizing multiple agencies to perform client case management:

- Private treatment organization 54%
- Drug Court staff 31%
- Probation department 29%
- Pretrial service agency 11%
- TASC program 11%
- Local public health agency 11%
- Drug Courts using more than one of the above to perform case management 69%

Treatment and Rehabilitation Services

Treatment and rehabilitation services are provided by the following agencies to participants in the responding drug courts:

- Private treatment organization 67%
- Local public health agency 18%
- Probation Department 14%
- Drug Court staff 10%
- TASC program 7%
- Pretrial Services Agency 3%

Nineteen (26%) of the reporting programs use two agencies to provide treatment and rehabilitation services and six percent use three agencies. Most drug courts that use private providers for treatment services use one primary provider with some using several additional providers to address special participant needs. A few programs utilize a large number of providers (Brooklyn uses 80 providers whose services are paid with Medicaid funds) but the use of a large number of providers presents special issues, including those relating to coordination, supervision, and maintenance of quality standards.

3. Screening, Assessment and Case Management

Use of a Standard Assessment Instrument to Diagnose Addictive Disorders

Approximately 75% of the treatment professionals responding indicate that a standard assessment instrument is used. (See also Section A10 above)

Assessment of Special Needs

The assessment process of most programs is designed to identify special needs presented by the drug court population. For most programs, these include identifying participants who: are dually diagnosed; present evidence of HIV/AIDS infection, sexually transmitted disease, tuberculosis, hepatitis or other physical problems; have learning disabilities; employment and/or housing needs; and may be victims of domestic or other violence.

Criteria Used to Screen for Treatment Program Eligibility

The major goal of the drug court **screening** (as opposed to the **assessment**) process is to assure that individuals accepted for the drug court do, in fact, present significant substance abuse problems to warrant the application of drug court treatment and rehabilitation services. Most programs rely upon participants' history of drug use and self-reporting at the time of screening, with 60% also relying upon urinalysis results.

4. Effect of Mental Disorders on Program Eligibility

Most programs appear to be accommodating individuals with mental disorders who are otherwise eligible for the drug court program by providing them special services. Approximately 10% of the reporting programs disqualify participants who present psychoses.

5. Timeframe for Determining Eligibility for Treatment Following Determination of Drug Court Eligibility

Once an individual has met the justice system criteria for drug court eligibility, the reporting programs indicate that determination of treatment program eligibility appears to occur promptly in most programs. The reported time frames are as follows:

- automatically 33%
- within 24 hours 33%
- within one to three days 18%
- within three days to one week 16%

6. Client Treatment Plans

All but four of the reporting programs indicate the use of individualized client treatment plans for drug court participants. Approximately 40% of the programs update these plans every 30 days; 10% update them every 60 days; and the remaining programs update them every 90 days. Approximately half of the programs automatically provide copies of these plans to the court; the others provide them only upon request.

7. Client Case Management

Agency Performing Client Case Management

As noted above, a variety of agencies are performing case management functions for drug court participants, with private treatment organizations, drug court staff, and probation agency officials the most frequently cited. Over two thirds of the responding programs use more than one agency to provide case management services.

Case Management Functions Performed

Case management functions being performed for drug court participants in the reporting programs include:

- referral for ancillary rehabilitation 90%
- client supervision 89%
- client orientation 88%

• appearing at court status hearings	86%
• substance abuse screening and assessment	85%
• urine monitoring	83%
• client supervision	89%
• treatment plan development	83%
• preparing court reports	82%
• presenting court reports	78%
• off-site counseling	72%
• data entry/data base management	69%
• referral to dedicated treatment service providers	68%
• on-site counseling	65%
• treatment program visiting and monitoring	60%
• referral to non-dedicated treatment providers	56%

8. Drug Court Treatment and Rehabilitation Services

The degree to which the types of treatment services listed below are available for **all** clients in the reporting drug courts was reported as follows:

• relapse prevention	72%
• availability of treatment in jail	56%
• outpatient counseling	
up to 3 hours/week	55%
3 or more hours/week	45%
• outpatient therapy/up to 3 hours/week	24%
• intensive therapy/3 or more hours/week	21%
• acupuncture	21%
• residential treatment	
up to 30 days	3%
30-60 days	3%
61-90 days	1%
over 90 days	1%

9. Addressing Mental Health Needs

Percentage of Drug Court Participants with Major Mental Disorder

Respondents were asked to indicate the percentage of drug court participants with the following mental disorders: depression; bipolar disorders; anxiety disorders; psychosis. Sixty percent of the reporting programs indicated the prevalence of individuals with these problems. An additional 14% indicated that no data was available on this topic.

Specialized Treatment Services Provided for Persons with Mental Disorders

(1) Specialized services provided

Fifty-eight percent of the responding drug court treatment providers indicated they have the capability to provide specialized treatment services to drug court participants with mental health needs. A number of programs have special components or referral arrangements to address the needs of dually diagnosed participants.

(2) Staff serving as liaison/case managers for participants with mental health needs

Fifty-four percent of the responding treatment have the capability of providing staff to serve as liaison and/or case managers for participants with mental health needs who are receiving treatment services from specialized agencies.

(3) Affiliations with mental health agencies to provide services for program participants with mental disorders

Seventy-two percent of the responding treatment programs indicated they had developed special affiliations with mental health agencies to provide special services for program participants with mental disorders.

10. Capability to Refer Participant to Inpatient Treatment

Few drug courts maintain the capability for referring individuals to inpatient treatment for more than thirty days. The following is a summary of the capabilities of the responding treatment providers to refer individuals for inpatient services:

Programs Which Can Provide Some Residential Services

- for up to 30 days

for all participants	6%
for most participants	4%
for some participants	53%
for very few participants	23%
for no participants	14%

- for 31 to 60 days

for all participants	3%
for most participants	4%

for some participants	26%
for very few participants	19%
for no participants	34%

- for 61-90 days

for all participants	1%
for most participants	2%
for some participants	13%
for very few participants	22%
for no participants	62%

- for over 90 days

for all participants	1%
for most participants	-
for some participants	8%
for very few participants	28%
for no participants	63%

11. Medications Permitted

Prescription Medications (including anti-depressants)

Only one program (Pasadena) prohibits prescription medications; two programs (Newark and Philadelphia) indicated that the issue of whether to permit their use has not yet been raised. The remaining programs permit participants to take medications that are prescribed by physicians.

Use of Pharmacotherapeutic Interventions

Fourteen of the reporting programs have specific policies prohibiting the use of any pharmacological interventions, such as methadone, naltrexone, and antabuse. An additional 18% indicate that the issue as to whether to permit these interventions has not yet been raised. Those programs that permit pharmacological interventions usually limit these to specific interventions such as antabuse, naltrexone, or require that the individuals withdraw from their usage upon program admission.

12. Use of Alcohol by Drug Court Participants

Over 75% of the reporting programs prohibit the use of alcohol by drug court participants and an additional 15% strongly discourage its use. Only 10% of the responding treatment providers appear to have no articulated policy against the use of alcohol by drug court participants.

13. Adjuncts to Treatment Used

Reporting programs use a variety of adjuncts to support the treatment services provided. The following are the most frequently noted:

- relapse prevention 96%
- cognitive restructuring 60%
- 12-step programs
  - on premises 46%
  - off premises 88%
- community mentors 42%
- acupuncture 40%

14. Child-care Services for Participants While Attending Treatment Sessions

Approximately 20% of the reporting programs provide child care services for participants while attending treatment sessions. Approximately one third of the reporting programs permit participants to bring children to the treatment sessions. In some instances, only participants who are pregnant or postpartum are permitted to bring their children to the treatment sessions.

15. Urine Testing

Drugs For Which Tests Are Conducted

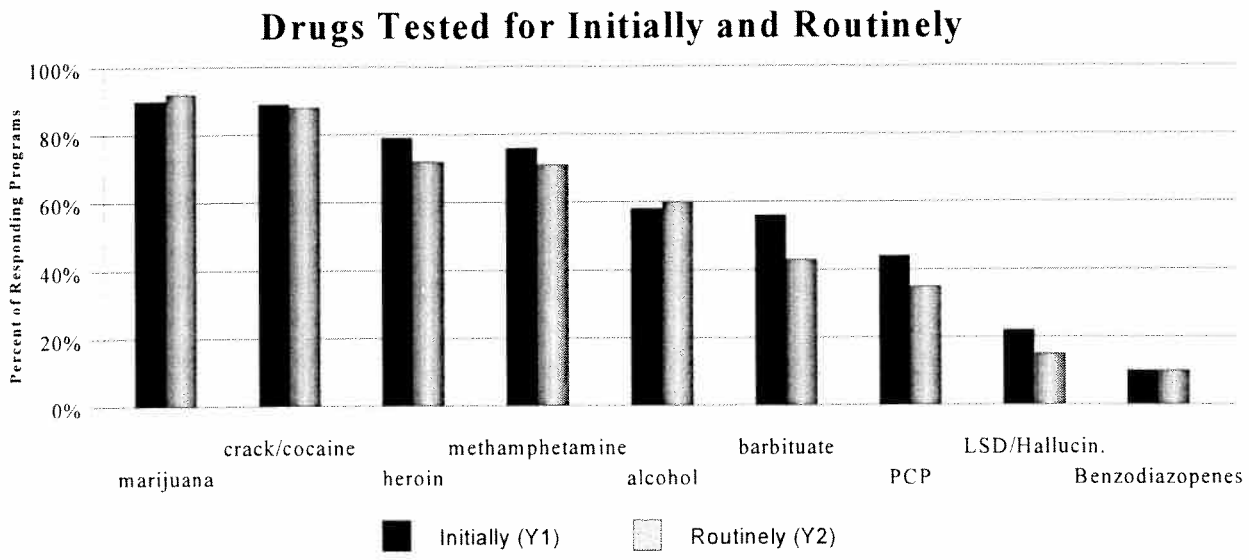
Responding treatment providers indicated that the following drugs were tested for **initially**:

marijuana (90%)
crack/cocaine (89%)
methamphetamine (76%)
alcohol (58%)
barbiturates (56%)
PCP (44%)
LSD/Hallucinogens (22%)

Routine drug testing practices are reported as:

marijuana (92%)
crack/cocaine (88%)
methamphetamine (71%)
alcohol (60%)
barbiturates (43%)
PCP (35%)
LSD/Hallucinogens (15%)

Eight programs also test for benzodiazopenes.



Initially	90%	89%	79%	76%	58%	56%	44%	22%	10%
Routinely	92%	88%	72%	71%	60%	43%	35%	15%	10%

Costs Per Test/Drug Screen

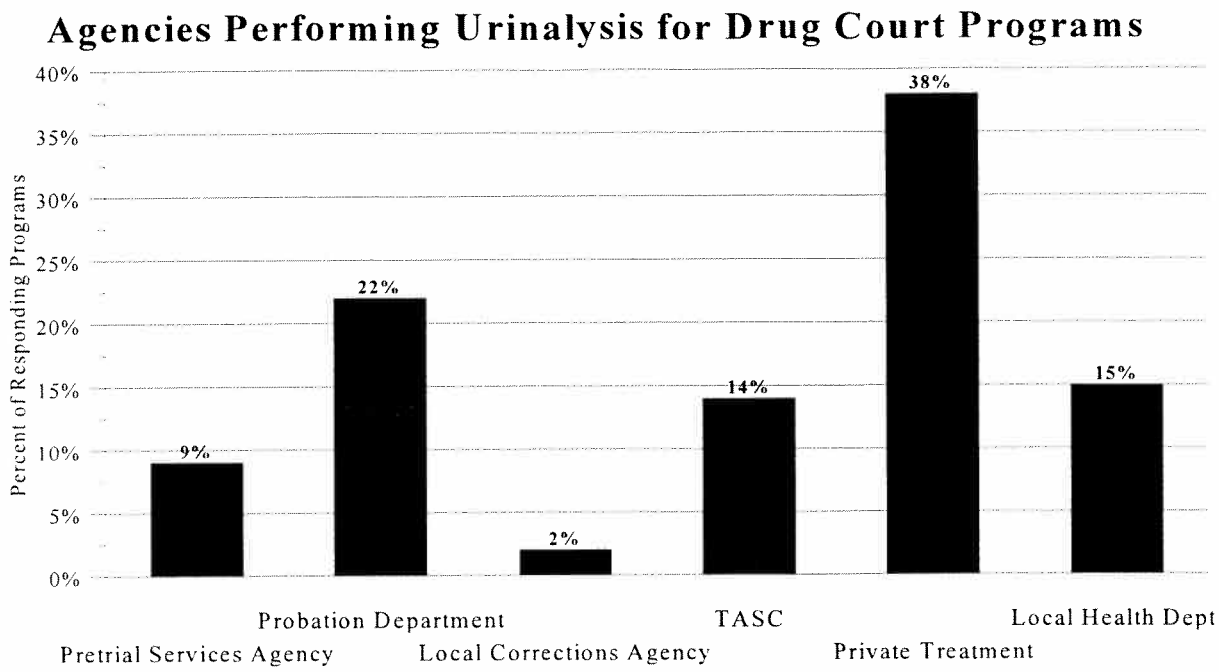
Costs per drug screen are between $1- 3 for almost 40% of the programs, $3-5 for 8%, and $5-7 for 11% of the programs. Approximately 34% of the reporting programs are spending in excess of $7 for each drug screen. Five programs (7%) did not have cost information.

Agency Performing Urinalysis

The reporting drug court treatment programs are using a variety of agencies to perform urinalysis for drug court participants. The following is a summary of the information reported:

- Private Treatment Agency 38%
- Probation Department 22%
- Local Health Department 15%
- TASC Program 14%
- Pretrial Services Agency 9%
- Local Corrections Agency 2%

Approximately one-quarter of the reporting programs use two or more different agencies to perform urinalysis.



Timeframe and Method for Reporting Drug Test Results to Court

(1) Time frame

Over 40% of the reporting drug court treatment programs can provide urinalysis reports to the drug court judge within 24 hours, with 30% of the reporting programs able to provide reports within 1-2 hours.

(2) Method for Reporting Results to Court

Most programs provide written urinalysis reports to the drug court judge, frequently accompanied by oral reporting in court. Approximately 20% of the programs report the capability of electronically transmitting the urinalysis report; approximately one-third also fax the report.

Maintaining Urinalysis Integrity

(1) Detecting Waterloading

Approximately 45% of the reporting programs indicate an awareness of potential waterloading by drug court defendants in an effort to skew urinalysis results. An additional 15% indicate they are not aware of a problem in this area; the remaining 40% indicate waterloading is not a concern. Most programs, even those which did not cite waterloading as a concern, appear to have in place methods to detect such adulteration.

(2) Detecting Other Adulteration

Fifty-three percent of the reporting programs note a concern regarding other adulteration or urine samples, although none indicated that adulteration was common. Most of these programs have established procedures and policies to address adulteration, including use of temperature gauges, random "surprise" observations, and strict policies for dealing with individuals involved with urine tampering.

Judicial Response to Positive Urines

The drug court judges for all of the reporting programs have established responses for positive urinalyses of participants. These responses range from assignment to the courtroom jury box for a stated period; increasing the frequency of urinalysis, treatment sessions, and court status hearings; and, commonly, some level of short-term detention. Depending upon the circumstances of the positive urinalysis, the drug court judge may also refer the participant to more intensive in-patient treatment for a specified period.

16. Costs for Drug Court Treatment Services

Number of Agencies and Staff Providing Services to Each Drug Court

The number of treatment providers servicing the reporting drug courts are as follows:

- 1 principal provider 60%
- 8+ principal Providers 15%
- 2 principal providers 11%
- 3-5 principal providers 11%
- 6-8 principal providers 2%

Those programs with eight or more providers are: Bakersfield, California (86); Salinas, California (12); San Francisco, California (12); Santa Clara County, California (changes, depending on managed care provisions); Denver, Colorado (13); New Haven, Connecticut (14); Camden, New Jersey (10); Brooklyn, New York (80); Buffalo, New York (47); Rochester, New York (12); Suffolk County, New York (15); and Akron, Ohio (12).

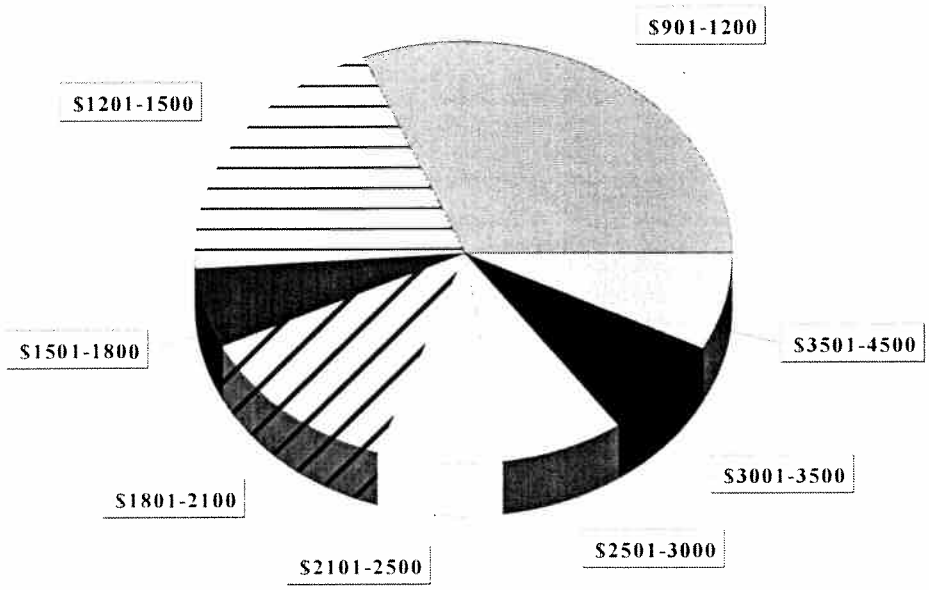
Number of Dedicated Staff

The level and type of dedicated staff servicing the drug court treatment programs varies considerably among programs. Many programs use the part-time medical services of physicians and nurses. Many also use volunteers for such functions as assisting with relapse prevention services, and providing clerical assistance, transportation, and residence verification. A number of programs also use student interns.

Average Annual Cost per Client for Treatment Services

Fifty (70%) of the reporting programs provided information relating to costs per client for drug court treatment services. This information, summarized on the chart below, ranged as follows:

under $900	$901 - 1,200	$1,201 - 1,500	$1,501 - 1,800	$1,801 - 2,100	$2,101 - 2,500	$2,501- 3,000	$3,001 - 3,500	$3,501 - 4,500
20%	25%	16%	5%	10%	6%	6%	6%	6%



17. Total Program Capacity Annually

The total annual capacity for most of the reporting programs ranges generally between 100 to 500 participants, with some of the larger programs (Kansas City, Miami, Las Vegas, and Portland, for example) handling a significantly higher volume. The following is an overview of the annual enrollment capacities of the reporting programs:

- under 100 11%
- 100 - 200 36%
- 201 - 300 23%
- 301 - 400 12%
- 401 - 500 10%
- over 500 8%

18. Nature and Frequency of Contacts with Drug Court Participants

Most drug court participants meet with treatment providers at least three times per week in addition to court appearances and urine testing. Depending upon the participant's progress, the frequency of treatment sessions may be decreased as he/she enters new program phases.

19. Comparison of Drug Court Treatment Services With Treatment Services Provided to Typical Drug Court-Qualified Participant Prior to Instituting the Drug Court

Respondents were asked to compare the drug court treatment services with those that would have been provided to the typical drug court participant prior to implementing the drug court. Almost all responded that the drug court treatment program provided significantly more contact with participants and much greater supervision and case management. Several respondents indicated there was "no comparison" with prior available treatment in terms of client attendance, quality of participation, maintenance of abstinence (as documented by drug screen results) and length of time involved in treatment. In addition, many noted that the availability of treatment services prior to the drug court was uncertain, with clients frequently required to access treatment on their own.

20. Treatment Program Requirements And Experience To Date

Average Length of Time Participants Spend in Treatment

The length of time drug court participants are required to spend in treatment and whether they are required to participate in treatment for the full duration of their drug court enrollment period is described in the summary below:

Required Period for Treatment Participation

3-5 months	1%
6-9 months	13%
10 months - 11 months	18%
12 months	40%
13-15 months	22%
16-18 months	6%

Almost all programs noted that, in the event less than 12 months participation in treatment was required, a variety of other conditions relating to participant rehabilitation (e.g., maintaining employment; attending self-help group meetings; attending drug court hearings, etc.) were imposed and supervised by the drug court judge for a substantial follow-on period after formal treatment services terminated.

Point in Time and Situations in Which Incidents of Relapse have Been Most Common

Treatment providers were asked to identify the most frequent timeframes in which relapse has most commonly occurred within the reporting drug courts as well as common situations that appear to be associated with relapse episodes. Their responses are summarized below:

Time Frames Observed to Be Most Common for Incidents of Relapse

1-30 days	72%
31-60 days	42%
61-90 days	44%
91-120 days	13%
121-150 days	10%
151-180 days	11%
181-210 days	8%
210-240 days	5%
241-270 days	4%
271-300 days	5%
301-330 days	1%
over 300 days	3%

Situations Triggering Relapse

upon movement to another phase	35%
upon release from program	19%
upon treatment discharge	18%
pending/following graduation	14%

Many drug courts have used this information to develop special relapse prevention components at these time intervals or for these situations.

21. Program Follow-up and Aftercare

Aftercare Services

(1) Mechanisms for Tracking Relapse by Graduates

Many programs report the development of hot lines or emergency services for individuals who have been terminated from the drug court, either as graduates or otherwise. Approximately one third of the programs are also undertaking formal follow-up activities to identify the status of

participants who have left the program. (See also discussion in Volume One of the *1997 Survey Report* regarding justice system follow-up with drug court participants.)

(2) Provision of Aftercare Services

Approximately 70% of the treatment providers report that aftercare services are provided to drug court participants, with half of them limiting services to drug court graduates only and the other half providing aftercare services to any participant. Aftercare services include relapse prevention, mentoring assistance with current participants; emergency hotlines, and other support services. Alumni groups are developing in over one-third of the reporting programs. In almost all programs providing aftercare services, these services are provided by the treatment provider. As noted in the judicial responses in Part A above, most programs permit participants to enroll voluntarily. They can also be referred by the Drug Court judge or treatment provider. Most programs indicated that no special funding allocation was used to provide aftercare services. Client fees are applied to these services by a number of programs.

Follow-up with Participants

Approximately one-half of the responding programs conduct follow-up with participants after they have left the drug court. The follow-up period ranges between six months to two years. Three common mechanisms are being used to obtain follow-up information, often in combination with each other: telephone interviews (33%); written surveys (20%); and focus group meetings (10%). The follow-up information reported to be compiled through these efforts includes recidivism; drug usage; employment status; family and housing status; welfare status; education activities and information relating to the physical and mental health of the participant.

22. Criteria Used to Assess Effectiveness of the Drug Court Program

The following is a summary of the criteria treatment providers are using to assess the effectiveness of the drug court program and the relative frequency with which these criteria were noted:

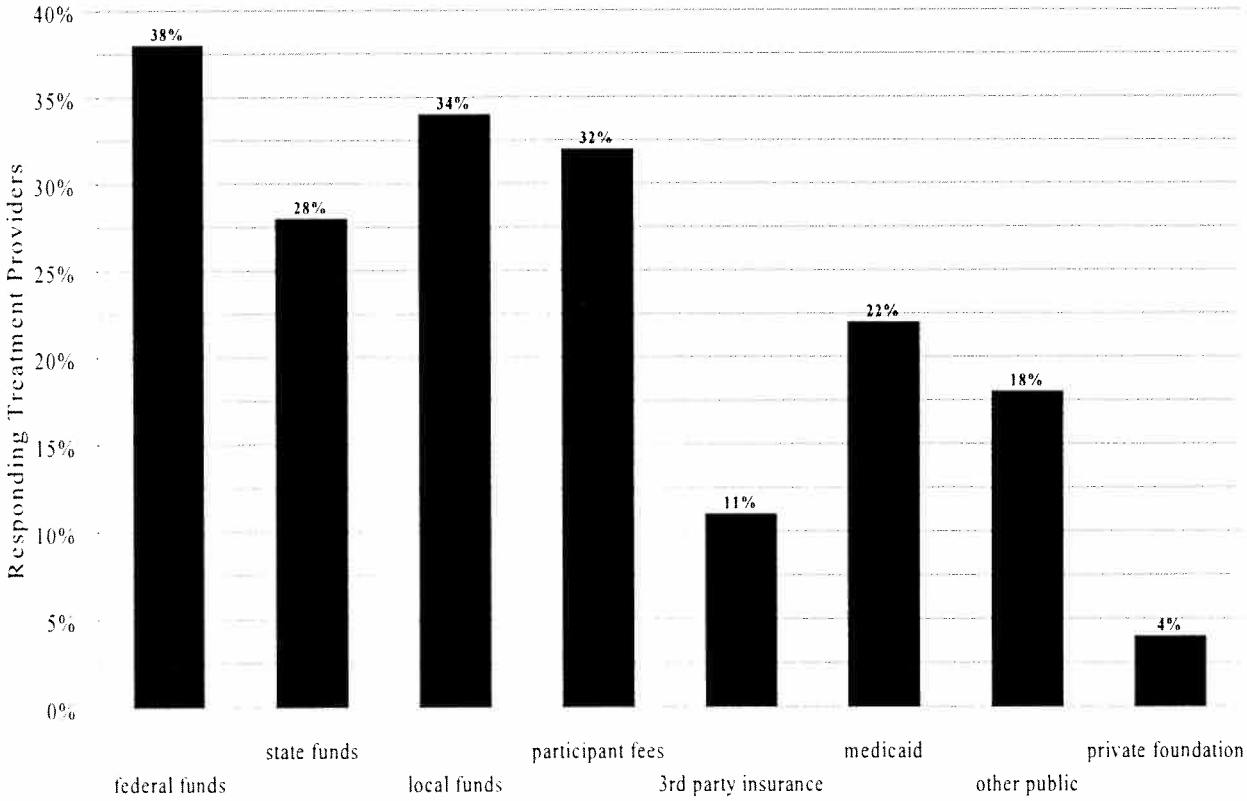
• treatment program attendance	85%
• urinalysis results	83%
• percent graduating	80%
• appearance at court status hearings	76%
• new arrests	
drug charges	76%
non-drug charges	46%
• employment status	65%

23. Funding Sources for Treatment Services

The following is a summary of the sources of funding the responding treatment providers have utilized for their drug court treatment services and the frequency with which the reporting programs use them

federal funds	38%
local funds	34%
state funds, including BJA and CSAT block grant funds	28%
participant fees	32%
Medicaid reimbursements	22%
other public funding	18%
third party insurance reimbursements	11%
private foundations	4%

Sources of Funds Used to Support Drug Court Treatment Services



24. Impact of Managed Care on Drug Court Treatment Services

Quantity of Treatment Services Available to Participants

Drug court treatment providers were asked to identify the impact of managed care on several aspects of drug court treatment services. The first related to the quantity of treatment services available. Drug court treatment providers responded as follows:

- great effect 16%
- some effect 32%
- no effect 52%

Quality of Treatment Services Available to Participants

The second area of impact related to the quality of services available. Drug court treatment providers' responses were as follows:

- great effect 29%
- some effect 23%
- no effect 58%

Entity Authorized to Provide Treatment Services to Participants

The third area of potential impact of managed care related to the entity authorized to provide treatment services to drug court participants. Their responses were as follows:

- great effect 11%
- some effect 30%
- no effect 59%

As noted in Section A ("Judicial System Perspectives"), the apparent lack of comment by many of the drug court respondents regarding the implications of managed care appears to be directly related to the funding sources of these programs. Many of the programs that are primarily grant funded have not yet had to deal with managed care provisions that most likely apply to services that are paid for by health-care dedicated funds. Once these outside funds are no longer available, the reality of managed care implications on drug court treatment services may become better perceived.

Policies of State Licensing Agency

Respondents were also asked whether the state licensing agency in their state had promulgated any special policies regarding the application of managed care provisions for drug court clients.

Respondents from the following states indicated that the state licensing agency had at least initiated policy development in this area: Florida, which is working on an "access management" system; Illinois, which has encouraged the use of a standardized assessment process; Kansas; New York, which is working on a "carve out" for mandated treatment; Oregon, which has established standards for managed care to follow; Pennsylvania, which has implemented mandatory managed care for Medicaid clients and provided the City of Philadelphia with the ability to develop a managed care organization to manage, provide and monitor treatment services; and Puerto Rico, which indicated that drug court participants receive all of the services required.

25. Program Operational and Planning Issues and Advice to Colleagues

Most Serious Problems Treatment Providers Have Encountered as a Result of Implementing the Treatment Component of the Drug Court and Strategies Used to Resolve Them

Drug court treatment providers were asked to identify the most serious problems they had encountered as a result of the drug court implementation and the strategies they had used to resolve them. Respondents cited a range of problems, summarized in Appendix G, which include: inadequate funding and reimbursement for services; dealing with staff turnover; dealing with special problems presented by drug court clients including homelessness and child care needs; dealing with dually diagnosed participants; communicating with the judges and others involved in the program; and adjusting to drug court protocols. Funding issues still appear to pose problems but many of the other issues have been addressed through frequent, regular interagency meetings of the officials involved and development and communication of clear policies and procedures.

Unanticipated Issues and Strategies Used to Resolve Them

Treatment providers were also asked to identify any unanticipated issues that had emerged since the drug court had been implemented and the strategies used to address them. Many of the respondents cited issues associated with the conduct and monitoring of urine testing; the relatively severe addiction problems presented by participants; and the difficulties posed by the high percentage of dually diagnosed clients. The treatment provider comments on these matters are more fully discussed in Appendix G.

Advice to Colleagues in Other Jurisdictions

Treatment providers were also asked to indicate the advice they might give to a colleague in another jurisdiction that was contemplating the implementation of a drug court. Like their counterparts in other agencies involved in drug court operations, they indicated that the drug court was very worthwhile and should be implemented. They also stressed the need for adequate planning, collaboration, cooperation, and flexibility and the importance of "just starting." "No matter how well you plan, you will make changes as you go along," one respondent noted. The responses of the drug court treatment providers are described in more detail in Appendix G.

G. Part Seven: Participant Comments (Volume Four)

1. Introduction

As part of the *1997 Drug Court Survey* undertaken by the OJP Drug Court Clearinghouse, each drug court judge was asked to distribute a brief questionnaire to at least five participants in the final phase of his/her drug court. Responses were received from 256 participants from 53 drug courts in 23 states plus the District of Columbia. A profile of the respondents and their perspective on generic components common to all drug courts are provided below.

2. Background of Respondents

Prior Treatment Program Experience

Over half of the respondents had never previously been enrolled in a drug treatment program. The following is a breakdown of the treatment program experience of the respondents:

- no prior treatment program experience 58%
- one prior treatment program 26%
- two previous treatment programs 8%
- three or more prior treatment programs 5%

For those participants who had enrolled in treatment programs previously, the period of their prior program participation ranged between 1982 and 1996 -- one to fourteen years prior to their current drug court treatment program participation..

Time Between Arrest and Entry into Program

Not all responding participants entered the drug court immediately after arrest, as is characteristic of most drug court programs. The timeframe between their arrest and entry into the program was as follows

- 1 - 7 days 24%
- 8 - 15 days 14%
- 16 - 30 days 22%
- 31 - 60 days 16%
- more than 60 days 34%

Age

The average age of all respondents was 32.1 years. The average age for male respondents was 31.8 years, for female respondents 32.2 years. Average age of respondents by program ranged between 25.2 years in St. Joseph Michigan, 26.2 years in Kansas City, and 27.5 years in Santa Barbara to 38.8 in Edwardsville, Illinois, 39.25 in Macon, Georgia and 39.4 years in the Los Angeles Municipal Court. The age of all responding participants ranged from 16 in Chicago to 64 in Edwardsville. The age categories of the responding drug court participants were as follows:

- under 20 5%
- 21-29 30%
- 30-39 42%
- 40-49 19%
- 50-59 2%
- over 60 1%

Sex

Sixty-three percent of the respondents were male, 37% were female. This breakdown is consistent with most program gender profiles.

Marital Status

The marital status of the respondents and their sex were as follows:

Marital Status of All Responding Participants:

	Total	Male	Female
Divorced	24%	16%	8%
Single	49%	35%	14%
Married	25%	15%	10%
Widowed	2%	1%	1%

Marital Status of Responding Participants By Sex:

	Of Female Respondents	Of Male Respondents
Single	41%	56%
Divorced	28%	22%
Married	28%	21%
Widowed	3%	1%

Parental Status of Respondents

Sixty-eight percent of the respondents were parents. Below is a more detailed breakdown of their parental status:

• Participants with no children	32%
• Participants Who Are Parents	68%
Adult Children Only	6%
Adult and Minor Children	8%
Minor Children only	54%

Status of living situations of participants who are parents with minor children

• Participants with 1 minor child	32%
lives with participant	15%
not living with participant	17%
• Participants with 2 minor children	35%
both live with participant	21%
one lives with participant	5%
none live with participant	9%
• Participants with 3 minor children	20%
all live with participant	10%
some lives with participant	8%
none live with participant	2%
• Participants with 4 or more minor children	13%
all live with participant	6%
some live with participant	2%
none live with participant	5%

Educational Level

Thirty percent of the responding participants did not have a high school diploma or GED certificate when they entered the drug court. Approximately one-third had a high school diploma or GED certificate.. Approximately one third had some post high school education, with 11% having more than two years of college. A summary of their educational background is presented below:

• less than an eighth grade education	5%
• some high school	25%

- high school graduate or GED certificate 36%
- two years post high school technical training 9%
- two years of college 15%
- three to four years of college 6%
- undergraduate degree 2%
- post graduate study 3%

Military Status

Eight (3%) of the respondents were in the active military and an additional 34 (13%) were veterans.

3. Participant Comments Regarding Drug Court Experience

Most Important Reasons for Entering Drug Court Program

Participants were asked to indicate, by relative importance the reason(s) they **entered** the Drug Court program, using the following rating scale:

1 = very important
2 = somewhat important
3 = not important

The following is a summary of their responses:

- chance to have my charges dropped
  - very important 81%
  - somewhat important 11%
  - little importance 9%

- chance not to go to jail
  - very important 79%
  - somewhat important 11%
  - little importance 10%

- chance to get treatment for my drug problems
  - very important 82%
  - somewhat important 12%
  - little importance 6%

- chance to get a job

very important	39%
somewhat important	22%
little importance	39%

- chance to get back with my family

very important	59%
somewhat important	17%
little importance	35%

Among the additional reasons participants cited for entering the drug court included: "to live a normal life"; "to rebuild structure in my life and to learn to enjoy life without drugs"; "a chance for a new start in life"; "to get along better in society and with my family"; "to keep custody of my children"; and "a chance to get my life back and become a good, clean person again for my child and myself".

Most Important Reasons for Remaining In Drug Court Program

Participants were also asked to indicate the most important reasons why they **remained** in the drug court program, using the following rating scale:

1 = very important
2 = somewhat important
3 = less important

Their responses indicate that the most significant reasons for participants remaining in their drug courts are (1) the opportunity to talk over progress and problems with the judge; (2) the frequency of counseling sessions; (3) the focus and content of the counseling sessions; and (4) the frequency of urinalysis. Below is a summary of their responses:

- the fact that I entered the program shortly after my arrest

very important	49%
somewhat important	24%
less important	26%

- the opportunity to talk over my progress and problems with the judge

very important	70%
somewhat important	20%
less important	10%

- the frequency of counseling sessions:

very important	77%

somewhat important	17%
less important	6%

- the focus and content of counseling sessions

very important	73%
somewhat important	21%
less important	6%

- the frequency of urinalysis testing

very important	61%
somewhat important	25%
less important	14%

- the possibility of sanctions which could be imposed for not complying with program requirements:

very important	63%
somewhat important	20%
less important	13%

- job placement opportunities:

very important	34%
somewhat important	23%
less important	42%

Most Significant Differences Between Drug Court and Prior Treatment Program Participation

Those participants who had been enrolled in a previous treatment program were asked to indicate the most significant differences between that program and the drug court, using the following scale:

1 = very important
2 = somewhat important
3 = not important

Thirty-nine percent of the responding participants had been enrolled in at least one previous treatment program. Their comments reinforce the major differences between the drug court and other treatment programs that have been cited generally: (1) the supervision provided by the judge; (2) the frequency of court status hearings; (3) the frequency of counseling sessions; (4) the frequency of urinalysis; and (5) the possibility of sanctions being immediately imposed for noncompliance. Below is a statistical summary of their comments.

- a judge monitors my progress

very important	75%
somewhat important	13%
not important	12%

- frequent court hearings to monitor my progress

very important	70%
somewhat important	20%
not important	11%

- frequency of counseling session

very important	55%
somewhat important	38%
not important	8%

- frequency of urinalysis

very important	71%
somewhat important	24%
not important	5%

- possibility of sanctions being imposed if didn't comply with program requirements

very important	82%
somewhat important	12%
not important	6%

4. Participants' Comments Regarding Drug Court Components

Duration of Drug Court Program

Participants were asked to indicate the time period required for their drug court participation and whether they felt this timeframe was appropriate, too long or too short. Sixty-eight percent of the respondents participated in programs that were twelve months in duration; Sixteen percent participated in shorter programs; twenty percent participated in programs of longer duration. Their responses however, indicate that seventy-eight percent of the responding participants felt the length of time required for program participation was appropriate. Eighteen percent felt it should be shortened; four percent felt it should be lengthened.

Drug Testing Frequency

Participants were also asked whether they felt the frequency with which they were tested for drugs was appropriate, too frequent, or too infrequent. The frequency with which the responding participants were tested was as follows:

- Daily 14%
- Twice Weekly 42%
- Weekly 40%
- Other frequencies (both more & less frequently) 4%

Most participants felt that the frequency of testing was appropriate and a number of respondents commented that they would have been willing to be tested more frequently if the program required.

Role of Acupuncture in Participant's Retention

Participants enrolled in programs that offered acupuncture were asked to indicate the significance they felt acupuncture played in their **remaining** in the drug court program. Fifty-seven percent of the responding participants indicated that acupuncture services were available in their programs. Their assessment of the significance of acupuncture to their remaining in the drug court is summarized as follows:

- very important 19%
- somewhat important 23%
- little importance 46%
- no response 15%

It should be noted that, in many cases, acupuncture is provided during the early period of drug court participation so that many of the responding participants may have been well passed the period in which acupuncture was actively administered when they responded to this question..

5. Participants' Perceptions Regarding Significance of Potential Changes in Principal Components of Drug Court Programs on Their Retention

Participants were asked to indicate whether they felt they would have remained in the drug court if major components of the program were changed. Their responses reinforce the significant role that the judge plays in their retention in the drug court program. Eighty percent indicated they would not have remained in the program if they did not appear before a judge as part of the process. Seventy-three percent indicated they did not feel they would have remained in the program if, instead of appearing before the same judge during their period of participation, they appeared before different

judges. The frequency of court appearances, however, although significant, appears to be less of a factor in their retention. One third felt they would have remained in the program if they appeared before the judge less frequently; fifty-eight percent felt they would not have remained if hearings were less frequent. Approximately one half felt they would have remained in the program if court hearings were more frequently; slightly over one third felt they would not have remained if the frequency of hearings were increased. The following is a summary of their responses.

Likelihood of Participant Remaining in Drug Court

- if the program provided drug testing and court status hearings but no treatment

Yes	30%
No	63%
No Opinion	7%

- if the participant appeared before a judge less frequently

Yes	32%
No	58%
No Opinion	10%

- if the participant appeared before a judge more frequently

Yes	49%
No	37%
No Opinion	14%

- if the participant appeared before different judges rather than the same judge

Yes	17%
No	73%
No Opinion	10%

- if the participant didn't appear before any judge

Yes	12%
No	80%
No Opinion	8%

Appendices

A. Drug Court Activity By State: October 1997

B. Perspectives of Judicial System Officials

1. *Most Serious Problems Encountered in Regard to Drug Court Implementation and Strategies Used to Resolve Them*
2. *Unanticipated Issues That Have Arisen and Strategies to Address Them*
3. *Advice to Colleagues in Other Jurisdictions Contemplating the Implementation of a Drug Court*

C. Perspectives of Prosecutors

1. *Most Serious Problems Encountered in Regard to Drug Court Implementation and Strategies Used to Resolve Them*
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D. Perspectives of Defense Counsel

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E. Perspectives of Law Enforcement Agency Officials

1. *Most Serious Problems Encountered in Regard to Drug Court Implementation and Strategies Used to Resolve Them*
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F. Perspectives of Correctional Agency Officials

1. *Most Serious Problems Encountered in Regard to Drug Court Implementation and Strategies Used to Resolve Them*
2. *Unanticipated Issues That Have Arisen and Strategies to Address Them*
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G. Perspectives of Treatment Providers

1. *Most Serious Problems Encountered in Regard to Drug Court Implementation and Strategies Used to Resolve Them*
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3. *Advice to Colleagues*

Appendix A

Drug Court Activity By State October 1997

Summary of Drug Court Activity by State Court

October 1, 1997

KEY

*	OJP Planning Grantee 1995
**	OJP Planning Grantee 1997
+	OJP Implementation Grantee 1995/1996
++	OJP Implementation Grantee 1997
!	OJP Enhancement Grantee 1995/1996
!!	OJP Enhancement Grantee 1997
s	OJP Grant shared by more than one court
n	Native American Tribal Court

State	Operating 2 Years	Recently Implemented	About to Start	Being Planned	Interested in Drug Courts	Using DC Strategies	Total Programs
Alabama	Mobile	Birmingham+ Birmingham (fam) Tuscaloosa+		n-Atmore (Creek)** Cullman** [Montgomery SCA]**			6
Alaska				n-Chevak++ n-Gambell* n-Juneau** n-Kwethluk++			4
Arizona	Phoenix!!	Tucson*, ++		Globe (juv)** n-Hul. Tribe/Peach Springs** n-Gila In./Sacaton** n-Pascua Tribe++ n-Salt Rvr Scottsdale* Tucson (juv)** Yuma**			9
Arkansas	Little Rock						1

State	Operating 2 Years	Recently Implemented	About to Start	Being Planned	Interested in Drug Courts	Using DC Strategies	Total Programs
California	Auburn!! Bakersfield!! Butte Co. Sup.* East Kern Co. El Monte/Rio Hondo!(s) Laguna Nigel Los Angeles++,!(s) Modesto*,++ N. Butte Co. N. Kern Co. Oakland Municipal Oakland Superior Pasadena!(s) Redlands Redwood!! S. Butte Co. Salinas San Bernardino!! San Jose!! San Mateo Santa Ana++ Santa Monica!(s) Shasta Stockton*, ++ Ventura Woodland Yuba	El Cajon++ Clearlake El Dorado El Dorado (juv) Eureka Fairfield++,* Fresno Mun.++(s) Fresno Sup.++(s) Huntington Park Inglewood L. A. (juv)*, ** N. Santa Barbara Richmond/Martinez++ Porterville Riverside+ Sacramento+ San Diego Mun.++ San Francisco!! San Jose (juv) Santa Barbara/Santa Maria+ Santa Rosa*,++ Trinity Tulare Tulare (juv)!! Ukiah*,++ Van Nuys Regional Visalia Vista*, ++		Chula Vista++ Indio** L.A. Sup. (juv). San Fran. (juv)** San Luis Obispo** Santa Ana (juv) Santa Cruz (juv)**		Hayward Prosserville	64
Colorado	Denver!						1

State	Operating 2 Years	Recently Implemented	About to Start	Being Planned	Interested in Drug Courts	Using DC Strategies	Total Programs
Connecticut		New Haven		Bridgeport*, ++ Hartford Hartford (juv) Waterbury			5
Delaware	Wilmington!	Dover Georgetown Wilmington (juv)		Wilmington (fam)++			5
District of Columbia	D.C. Superior!			D.C. Superior (juv)**			2
Federal Districts	Yosemite District				San Diego		2
Florida	Bartow Crestview Ft. Lauderdale!! Gainesville Jacksonville! Key West!(s) Key West (juv)!(s) Marathon!(s) Miami! Pensacola Tallahassee Tampa+ Viera	Bradenton Daytona DeLand++ Ft. Lauderdale (juv)++ Marathon (juv)!(s) Orlando (juv)++ Plantation Key!(s) Plantation Key (juv)!(s) Panama City Pensacola (juv)! Pensacola (dep) Sarasota++,* Tampa (juv)+		Moorehaven** Ocala* Orlando	Opa-Locka		30
Georgia	Macon Marietta	Atlanta+		Brunswick** Covington (juv)*,++			5
Guam				Agana (juv)**			1
Hawaii		Honolulu					1

State	Operating 2 Years	Recently Implemented	About to Start	Being Planned	Interested in Drug Courts	Using DC Strategies	Total Programs
Idaho				Boise n-Fort Hall++			2
Illinois	Markham++	Cook Co. (juv)+ Edwardsville Kankakee+ Rockford*,++		Bloomington** Chicago (4th cir.)++ Chicago (night)++ Decatur** Kankakee (juv)+ Peoria++ St. Charles**			12
Indiana	Gary (juv)	Ft. Wayne++ Gary++ Lake Co./Crown Point Terre Haute*,++		Lafayette Lawrenceburg (juv)** South Bend*,++			8
Iowa		Des Moines*					1
Kansas	Wichita						1
Kentucky	Louisville!	Lexington Bowling Green (a&juv)*		[Frankfurt SCA]** Fulton**			4
Louisiana	Baton Rouge	Gretna*, ++ Franklin++ Lake Charles New Orleans++		Alexandria** Baton Rouge(juv)** Caddo Parish Harvey (juv)** Lafayette* Monroe*, ** Thibideaux** Vidalia (juv)**	Oberlin*		14
Maine				Portland++ n-Princeton++	Alfred/York Co.*		3

State	Operating 2 Years	Recently Implemented	About to Start	Being Planned	Interested in Drug Courts	Using DC Strategies	Total Programs
Massachusetts	Dorchester/Roxbury	Franklin Co. (fam)++ Worcester!!		Framingham(a&juv)** Haverhill++ Lawrence** Lynn** Salem**	Springfield New Bedford*		10
Maryland	Baltimore District Baltimore Circuit			Annapolis Baltimore Cir. (fam) Baltimore Cir. (juv)++	Montgomery Co.		6
Michigan	St. Joseph Kalamazoo (fem)!	Kalamazoo (male) Pontiac		Charlotte++ Detroit** Kalamazoo (juv)** Mt. Clemens** Port Huron			9
Minnesota		Minneapolis*,++					1
Mississippi			Jackson* Ridgeland++		Gulfport*		3
Missouri	Kansas City!	St. Louis++ Lexington Benton (juv)*		[Jefferson City SCA]** Lafayette Co. Boone County Kansas City (fam)	St. Louis Co./ Clayton		8
Montana		Missoula (juv)*,++		n-Browning (Blackfeet a&juv)** n-Poplar++			3
Nebraska				Omaha+			1
Nevada	Las Vegas! Las Vegas (juv) Reno (family) Reno						4

State	Operating 2 Years	Recently Implemented	About to Start	Being Planned	Interested in Drug Courts	Using DC Strategies	Total Programs
New Jersey		Camden*,++ Newark (municipal) Newark (sup)++,*	Long Branch Mun. ++	Jersey City (juv)++ Paterson**			6
New Mexico	Albuquerque Aztec Municipal Dona Ana County Farmington Mun. Sunland Park Mun. Las Cruces Mun.	Santa Fe Mun.++		Aztec Dist. (juv)** [Santa Fe SCA]*++			7
New York	Rochester!!	Amherst++ Brooklyn+ Buffalo*,++ Lackawana City Suffolk Co.*,++ Syracuse*,++		Bronx** Ithaca++ Manhattan New York City (fam) Niagra Falls (juv)** Oswego** Queens** Renssalear Co.** Renssalear Mun. Rockland Co.** Suffolk Co. (fam)		New York Midtown	19
North Carolina	Charlotte	Raleigh Person/Casewell Co. Warrenton Wilmington Winston-Salem		n-Cherokee Tribe(juv)			7

State	Operating 2 Years	Recently Implemented	About to Start	Being Planned	Interested in Drug Courts	Using DC Strategies	Total Programs
Ohio	Akron!! Cincinnati	Butler Co. Dayton*,++ Lancaster++ Mansfield++ Sandusky Toledo++		Canton** Chillicothe (juv)** Cleveland++ Cleveland (juv)* Dayton (juv)++ St. Clairsville(juv)** Unrichville** Youngstown**			16
Oklahoma	Stillwater! Guthrie	Pontotoc Co. Seminole Co.++ Sapulpa++,* Tulsa		Canadian Co. Chicasha Claremore** Elk City (juv)** Garfield Co. Holdenville Muscogee Dist.** Oklahoma City Oklahoma City* n-Okmulgee (Muskogee)* Seminole Stillwater (juv)!! Tulsa Tehlequah**			20
Oregon	Eugene Portland!	Grants Pass*,++ Klammath Falls Roseburg!!		McMinnville n-Umatilla** Prineville++			8
Pennsylvania		Philadelphia (Mun.)*,++		Pittsburgh West Chester++ Williamsport** York (juv)**			5

State	Operating 2 Years	Recently Implemented	About to Start	Being Planned	Interested in Drug Courts	Using DC Strategies	Total Programs
Puerto Rico		Arecibo Carolina Ponce San Juan+,**					4
South Carolina		Charleston (juv)++ Lexington*,++ Columbia Richland Co.		Anderson Beaufort Charleston Columbia (juv) Greenville Orangeburg			10
South Dakota				n-Agency Village++ n-Flandreau Souix** n-Lower Brute** n-Ogala Sioux**			4
Tennessee		Memphis++ Nashville*,++		Clarksville** Decaturville (juv)** Maryville**			5
Texas	Austin Beaumont Ft. Worth			Conroe** Dallas*,++ Fort Worth (juv) Houston**			7
Utah		Salt Lake City*,++ Salt Lake City (juv)		Provo** Vernel**			4
Vermont				[Montpelier SCA]** Newport			1
Virginia	Roanoke+	Charlottesville*,++ Richmond++		Fredericksburg** Newport News** Richmond (juv)** Suffolk			7

State	Operating 2 Years	Recently Implemented	About to Start	Being Planned	Interested in Drug Courts	Using DC Strategies	Total Programs
Washington	Seattle Tacoma!	Port Angeles (juv)++ Spokane+	Port Angeles**	Clallam** Mt. Vernon** Olympia** Port Orchard**			9
West Virginia				Hamlin			1
Wisconsin		Madison*,++		Milwaukee*			2
Wyoming				Evanston++ Sheridan**	Gillette*		3
Total	**84**	**120**	**4**	**150**	**10**	**3**	**371**

Additional OJP Drug Court Planning Grants to State Court Administrators

State of Alabama
State of Kentucky
State of Missouri
State of New Mexico
State of Vermont

SUMMARY: 47 states plus District of Columbia, Puerto Rico, Guam, and two Federal Districts (one implemented and one interested)

Appendix B

Perspectives of Judicial System Officials

Appendix B. Perspective of Judicial System Officials

1. Most Serious Problems Encountered in Regard to Drug Court Implementation and Strategies Used to Resolve Them

Name of Court	St	Serious Problems	Resolution
Mobile	AL	Referrals-The guidelines are such that cooperation from the courts is essential.	They are not resolved, but they are better. Case managers go to court and bond hearings. Case managers are becoming more visible.
Tuscaloosa	AL	System changes	Modified systems
Maricopa/ Phoenix	AZ	Initial use of outside counseling agency to provide treatment.	Now that our counselors are in-house, communication of information is much quicker. Also, getting enough staff to handle the workload. We anticipate funding in near future to add position(s)-especially support staff.
Tucson	AZ	Coordination of criminal justice agencies.	Extensive informational meetings and negotiation of drug court program.
Bakersfield	CA	Resistance from other judges, particularly in other court systems.	Proven performance
El Monte/ Rio Hondo	CA	Money for treatment component.	
Laguna Nigel	CA	At the time of initial planning, an issue arose regarding a pre-plea as opposed to a post-plea program. The public Defender's Office and the District Attorney's Office disagreed on the eligibility parameters of the program. The District Attorney threatened to not participate without an up-front guilty plea.	The District Attorney insisted that the Drug Court accept only defendants who enter a guilty plea prior to acceptance and the Public Defender's Office agreed to the condition.
Los Angeles Mun.	CA	(1)Securing stable funding. (2)The problems associated with having target populations with very high rates of unemployment and long histories of drug addiction. (3)The inability to fully comply with Phase III and provide job training and educational opportunities for potential graduates. (We have helped some drug offenders obtain GED diplomas.) (4)The lack of treatment component inside the jail for women. (5)The lack of funding available to support aftercare and further treatment for graduates of drug court.	(1)Not resolved. (2)Due to new law relating to diversion, our target population is slightly changing. Some of the new people have strong employment histories. (3)Not resolved. (4)Set up program for women in county residential treatment facility called Acton. (5)We are starting to expand program for drug court graduates.
Oakland Mun.	CA	Clients who are dual-diagnosed, and/or indigent.	By working with drug court to access limited treatment resources for dual-diagnosed clients.

Name of Court	St	Serious Problems	Resolution
Pasadena	CA	Securing stable funding source for treatment services and expand to include all non-treatment services i.e., education, job skills training, health, social services, mental health, etc...	Continually seeking grant funding for treatment.
Roseville	CA	Low number of persons referred and placed in the Drug Court program.	Plans to add a Track III - post adjudication program. Plan to coordinate PC1000.1 (Drug Diversion). Discussion with advisory group on how to increase numbers.
San Bernardino	CA	Monies for treatment are very hard to come by.	Keep begging.
San Jose/ Santa Clara	CA	1. Implementation of Managed Care in December, 1996. 2. Proposed zoning ordinance to limit or eliminate group homes/facilities called "Residential Correction Facilities"	1. Ongoing collaboration efforts. 2. Ongoing development of County licensing and monitoring of all Community Treatment Providers.
Santa Barbara	CA	Lack of valid published evaluation studies	Key players had to personally visit existing drug court programs to evaluate their effectiveness
Santa Maria	CA	Lack of valid published evaluation studies	Key players had to personally visit existing drug court programs to evaluate their effectiveness
Santa Monica	CA	Securing a stable funding source for treatment services and expand to include non-treatment services such as; education, job skills training, social services, mental health, etc...	Continually seeking grant funding services
Santa Rosa/ Sonoma	CA	Funding	A joint request to local county board of supervisors for funding to allocated solely for treatment.
Stockton	CA	Funding	
Woodland/ Yolo	CA	Number of indigent clients and 18-22 year old males.	Job training and youth programs.
Denver	CO	volume of defendants	developing a parameter (2 prior felony convictions w/INS deport not eligible
New Haven	CT	Maintaining high standards for delivery of treatment services.	Meetings with Administration in judicial: specifically with office of Alternative Sanctions.
D.C. Sup.	DC	1. Linkage to adjunct services in the community to render holistic treatment. 2. Reduction in funding.	1. Constant redefinition of service. 2. Enhancement grant.

Name of Court	St	Serious Problems	Resolution
Dover	DE	Educating the key players as to their role and the necessity for interaction between different agencies. Also educating everyone as to the role of TASC in Drug Court operations.	Ongoing training.
Georgetown	DE	Educating the key players as to the role and the necessity for interaction between different agencies. Also educating everyone as to the role of TASC in Drug Court operations.	Ongoing training.
Bartow	FL	Finding a treatment agency.	Began in-house treatment program.
Crestview	FL	Lack of support from other judges; lack of housing resources.	These haven't been resolved.
Daytona	FL	- Traditional role of the Court v. Drug Court role. - Adversarial agencies, i.e. State v. Defense	Multi-party task force with judicial leadership providing forum for discussion and resolution.
Ft. Lauderdale	FL	Keeping all the participants happy and still accomplishing the goal of Drug Court.	A lot of meetings, adjustments and cooperation.
Gainesville	FL	Keeping a consistent staff; waiting too long to change criteria for admittance into the program.	Staff has been consistent for the past year. Admittance criteria were changed to serve those most needing treatment - not necessarily first-time offenders.
Jacksonville	FL	Referrals & screening process.	Streamlined screening and developing a process to streamline referrals at time of arrest.
Miami	FL	Developing an automated info. system.	Currently working on it.
Panama City	FL	Funding, specifically obtaining local match money.	Good communication and networking with other agencies. Dept. of Corrections, through local administrator, was the key to obtaining the local match money.
Pensacola	FL	Lack of resources for the needs of clients; permanent funding source; jobs for others	Meeting with community resources and developing a pool of referral sources. We are working with the Alcohol, Drug Abuse and Mental Health Office to source funding.
Sarasota	FL	Finding space to operate program. Finding court rooms.	Rent and renovation for program - Sarasota. Shared courtroom - Sarasota. Temporary space and eventual renovation of county property - Manatee
Tampa	FL	Getting Prosecutor to be an active participant.	Drug Court team meetings.

Name of Court	St	Serious Problems	Resolution
Macon	GA	Release of Drug Arrestees without bond.	Weekly communication with Law Enforcement Center
Edwardsville	IL	Keeping all of the team members (several agencies) working together rather than the autonomous way they are all used to.	Increased team meetings.
Markham	IL	Clarity and designating responsibilities between departments.	Monthly meetings between departments and improved communications.
Louisville	KY	Funding, getting public offices to cooperate.	Keep working at it.
Franklin	LA	1)Hiring experienced staff in a rural area. 2)Training staff in Drug Court procedures. 3)Providing intense probation supervision.	1)Training inexperienced staff, registering to begin certification process. 2)Staff meetings. 3)No change.
Co. of Franklin	MA	Acceptance by legal counsel.	Still in process. Regular meetings held.
Baltimore Dis.	MD	territorialism, lack of treatment modalities.	Vigilance - meetings to resolve issues, obtaining additional treatment dollars.
Kalamazoo	MI	Referrals were slow at the beginning of the program.	Educating prosecutors, law enforcement officials, and defense attorneys about the program and expanding the eligibility criteria to include offenders on probation or parole.
St. Joseph	MI	Having enough treatment programs available for participants, i.e. jail programs and aftercare and relapse. Lack of inpatient beds.	Continuing to expand services via grants available.
Charlotte	NC	Turf battles within agencies (politics).	Communicating, collaboration and education.
Warren Co.	NC	Slow turn around time for drug tests.	Have the probation officers send the urine samples to the lab in Raleigh once a week.
Camden	NJ	Money; Educating participants and Agencies and Judicial System.	Much communication.
Newark	NJ	Getting defendant to program.	Making defendant go prior to sentencing.
Albuquerque	NM	Funding.	Contracting multiple sources.
Las Cruces	NM	This program is funded by the state with the county serving as fiscal agent. However, the county has no knowledge of drug court philosophy and therefore a lack of needed investment in the program and its outcomes.	We continue to attempt to communication and education with those individuals involved.

Name of Court	St	Serious Problems	Resolution
Brooklyn	NY	- Urine testing on incarcerated defendants. - Facilities in Courthouse - Management of daily case flow/processing.	
Buffalo	NY	Territorial - getting all of our providers on board.	Setting common goals/getting everyone to the table.
Rochester	NY	Trying to change existing system and incorporating Drug Court into it.	Advisory Committee.
Akron	OH	Due to Scheduling conflicts a log time sometimes occurs between an assessment and the beginning of treatment. Also, once the client becomes sober, employment, education, and relapse prevention services were needed to continue and support lifestyle changes. Need to coordinate and automate management information system between the Drug Court Judge and treatment and case management services.	
Sandusky	OH	Funding the program	we are still in the process of seeking grants
Logan Co.	OK	Passive resistance by prosecuting attorneys and defense bar - not as opposition to the concept of Drug Courts, but simply a reluctance to change the manner of disposition of cases.	Continued contact and education of those affected, so they became more familiar and more comfortable with the Drug Court process.
Payne Co.	OK	Passive resistance by prosecuting attorneys and defense bar - not as opposition to the concept of Drug Courts, but simply a reluctance to change the manner of disposition of cases.	Continued contact and education of those affected, so they became more familiar and more comfortable with the Drug Court process.
Tulsa	OK	Funding treatment. Admissions criteria.	State agency provides treatment.
Eugene	OR	Funding	We applied for and received Byrne (Block) Grand funds.
Grants Pass	OR	1. Identifying a long-term funding source for treatment. 2. Agreeing upon program eligibility criteria. 3. Trying to develop a perfect Drug Court Program before implementation.	Identifying long-term funding source for treatment has not been accomplished. Otherwise, resolution has been accomplished through discussion and consensus of the planning team.

Name of Court	St	Serious Problems	Resolution
Klammath Falls	OR	Acceptance by some judges, attorneys and some members of the prosecutor's office.	
Portland	OR	Unstable funding.	Unresolved.
Roseburg	OR	Skepticism of those involved in the criminal justice process. Lack of resources to build in a good information and evaluation component.	Personal experience with the program and the progress of individual participants. Educational presentations by the judge. Lack of resources has not been resolved.
Philadelphia	PA	Agreement among criminal justice agencies as to criteria for client eligibility for the program. Impact of welfare reform on delivery of treatment services.	Tentatively resolved through numerous discussions, compromise and persuasion.
Carolina	PR	1. Government bureaucracy. Treat to implement this program in the regular court system confront reticence of employee. 2. Comprehension and acceptance of defense and prosecuting attorney. 3. Interagency coordination.	They are in the process of being solved, but very slowly.
Ponce	PR	Treatment facilities are insufficient.	Coordinations are in process
San Juan	PR	Treatment facilities are insufficient.	Coordination in process.
Lexington	SC	Funding. Early identification for potential participants.	Funding - lobbied county council and received funding for administration of program. Charged clients (defendants) for full price of treatment. Local Law Enforcement Block Grant.
Austin	TX	Funding and no long-term goals.	Ongoing.
Beaumont	TX	Unstable source of funding - most grant programs require matching funds from local sources on regular basis which we have been unable to obtain.	Program currently receiving grant funding from Criminal Justice Assistance Division of Texas.
Ft. Worth	TX	Case is dismissed prior to defendants completion of the program due to judiciary decision.	Judiciary were provided drug court operation information.
Roanoke	VA	Resistance from the defense bar.	Several educational sessions were conducted by the judiciary for the defense bar.
Seattle	WA	Continued funding. Appropriate Tx options.	Aggressive fund-raising/education. Appropriate Tx options are still unresolved.

2. *Unanticipated Issues That Have Arisen and Strategies to Address Them*

Name of Court	St.	Unanticipated Issues	Resolution
Roseville	CA	Issue of UA tests not being witnessed	Agreement from treatment/case managers to witness all tests
San Bernardino	CA	It was more attorney intensive than we had anticipated. Lots of court time. Little prep time.	Reduced appearances. Found that attendance at progress reviews not necessary.
San Jose/Santa Clara	CA	Time consuming for attorney and clerical because we take hard core defendants with multiple cases. We monitor the criminal histories to include all outstanding cases and assure the defendant has not been re-arrested.	Assigned additional staff time.
Santa Ana	CA	Change in the Drug Diversion Statutes that took effect 1-97	The reconfiguration of forms, procedures to deal with the new statute
Santa Barbara	CA	The amount of time spent to run the program	Afternoon custodies passed to another court- thus another D.A. must handle
Santa Rosa/Sonoma	CA	Time management. Our office under-estimated the amount of time that would be required to participate in Drug Court. For a prosecutor, it is more labor-intensive than it appears.	Spend the time to do the job
New Haven	CT	Increased number of files in other courts requesting transfers.	Set policy to encourage dispositions without transfer of files.
Dover	DE	We have not had any major prob.	
Wilmington	DE	Coordinating flow of cover; assuring witness availability; closing cases at appropriate points	Yes
Gainesville	FL	When we started we did not know how the Public Defender and the Defense Bar would react to the concept but we knew we would need their support to be effective.	We presented the concept as a viable alternative to traditional prosecution and they were able to see the benefits to their clients.
Key West	FL	none to mention. Authority taken away from state in that their approval was not required for program placement	hasn't been resolved
Chicago	IL	Minors lying about drug use in order to get into the program if they are in jeopardy of jail time if convicted.	It hasn't yet been resolved.

Name of Court	St.	Unanticipated Issues	Resolution
Louisville	KY	hiring and firing of staff for drug court was difficult because of labor relations questions when Drug court was under umbrella of previous agency	Our governing body (fiscal court) transferred Drug Court County Attorney's Office
Warren Co.	NC	Program includes misdemeanants. I am having some trouble weeding out the district court cases because of scheduling conflicts and the nature of District Court	Problem has not been resolved but I am trying to look at District Court calender ahead of time.
Las Cruces	NM	Difficulties Drug Court had with their fiscal agent (the county) hindered continuity of the program-county having no knowledge of Drug Court Concepts	We continue, through the Drug Court, and Public Defender, to provide data and information to the County
Logan Co.	OK	That the defendants' attorneys would resist it because of the discipline it mandates from the clients.	The Defense Attorneys have seen the value and good results from the program.
Grants Pass	OR	Glitches in paper flow & procedure	
Portland	OR	Disputes over policies re: eligibility criteria	
Roseburg	OR	Issues which have arisen tend to be either philosophical or procedural.	We meet as a team and attempt to reach consensus.
Carolina	PR	Integrating some of the benefits of the Drug Court Program into existing applicable statutes. For example, whether a participant of the Program who abandons the court directed rehabilitation appointments should be charged with Flight and, thus, incarcerated without additional opportunity in participating in the Program.	By conducting follow-up meetings
San Juan	PR	Criticism among defense lawyers related to prosecutors inflexibility to work out plea bargain to reduce the offence charged to a lesser offence when both offences qualify to the rehabilitation program. Defenders want to benefit their clients of a lesser sentence in the event a participant leave the rehabilitation program and choose to be sentenced.	A uniform Department of Justice policy have been solicited to the Justice Secretary regarding this issue

Name of Court	St.	Unanticipated Issues	Resolution
Austin	TX	Clerical time necessary, frustration in maintaining consistency. Now people with prior criminal histories and addiction get cases dismissed. Defs. who are not addicted yet have no criminal history are convicted.	Still unresolved
Ft. Worth	TX	No unanticipated issues have arisen	

3. *Advice to Other Judges Contemplating Adoption of a Drug Court Program*

Name of Court	St	Advice to Colleagues
Mobile	AL	Make sure that the courts, District Attorneys, and any other key players are for the program.
Tuscaloosa	AL	Work hard, build consensus.
Maricopa/Phoenix	AZ	Do it - it's an excellent way to provide intensive services that are effective, and save taxpayers $ (in that our program results in less jail days and shorter probations).
Tucson	AZ	Ensure cooperation among criminal justice agency heads.
Laguna Nigel	CA	Initially, gain the support of all the necessary justice agencies and establish the basic program guidelines through a collaborative effort. Start the actual program implementation slowly to accommodate necessary programmatic adjustments with all participating agencies. In California, consider a post plea program given that the 1/1/97 law (AB 1369) changes PC1000(Diversion) to a plea up-front program.
Los Angeles Mun.	CA	In starting a drug court, it is absolutely essential to have all members of the criminal justice system participate in the planning process, especially the district attorney's office and law enforcement. It is also critical to get the support of the judiciary in the beginning since that will be involved in running the drug court. It is recommended that those criminal justice leaders involved in planning the drug court be given an opportunity to visit other successful drug courts in nearby areas. It is also recommended that a planning committee for the drug court try to open the program with the minimum amount of money necessary to provide drug treatment. If the drug court is delayed in an attempt to secure complete funding for drug treatment, it may never happen. The people involved in setting up a drug court should determine a fee schedule that drug court participants should pay for participating in the program. And finally, I would suggest that a colleague seek the support of local government and political leaders in the community as they usually hold the key to funding.
Oakland Mun.	CA	Make sure that the D.A., the PO, Probation Dept., etc. is institutionalized and not dependent on funding.
Pasadena	CA	Just do it. Gather key leaders in criminal justice community and judicial officers with view to achieve successful drug court.
Roseville	CA	All departments must begin training and planning together. It will not be smooth. Talk about areas of concern and conflict.

Name of Court	St	Advice to Colleagues
Salinas	CA	Do it.
San Bernardino	CA	Just start - success will follow for whatever you do will improve upon the non-services status quo.
San Jose/Santa Clara	CA	Spend a substantial period of time in planning; obtain by-in of all stakeholders; carefully define "target population."
Santa Barbara	CA	visit one to see how it works; attend a conference
Santa Maria	CA	visit one to see how it works; attend a conference
Santa Monica	CA	Gather key leaders in the criminal justice community, including district attorney and law enforcement, and visit an actual, successful drug court.
Santa Rosa/Sonoma	CA	Plan it for at least 12 months and observe drug courts in action.
Stockton	CA	Create a strong steering committee
Denver	CO	Define initial parameters - who is eligible - realistic numbers and goals.
New Haven	CT	Just do it.
D.C. Sup.	DC	1. Carefully assess community linkages and hire dedicated, committed staff. 2. Information/technical services must be primary elements.
Dover	DE	Have additional pre-implementation training and include all prosecutors and public defenders, not just representatives from those agencies.
Georgetown	DE	Have additional pre-implementation training and include all prosecutors and public defenders, not just representatives from those agencies.
Wilmington	DE	Be flexible
Bartow	FL	Provide in-house treatment.
Daytona	FL	Chief Judge Leadership. Liaison with other Drug Courts
Ft. Lauderdale	FL	Importance.
Gainesville	FL	More exposure to the public and permanent source of funding.
Jacksonville	FL	Criteria flexible, allow Domestic Battery w/special conditions counseling (First Step)
Miami	FL	Measure early and regularly.
Panama City	FL	Work hard to develop the team approach. Be sure to include more than one judge in the process. Try to keep the program from being associated with just one individual.
Pensacola	FL	Use technical assistance resources; include all key players in playing process; develop open communication and build partnerships.
Sarasota	FL	Don't count on grant funding for continued operating support.

Name of Court	St	Advice to Colleagues
Tampa	FL	Go for it! Start small and build it according to your community's needs. Do not rely on Federal Funding.
Macon	GA	Do not wait until you believe you have all the bases covered - Just get started.
Honolulu	HI	Be prepared; it's a lot of work!
Edwardsville	IL	Plan for at least a year before implementation. Make sure all parties have written agreements (eligibility, etc.) ahead of time.
Markham	IL	1. Get commitment of judiciary. 2. Cooperation of State's Attorney, Public Defender. 3. Ability to identify resources, e.g., grant writing, community services.
Lake Co.	IN	Take your time, cover all points of the program you plan to institute and do not be afraid to try new ideas from those involved with the program.
Wichita	KS	Have an information management system on computer from inception.
Louisville	KY	Be prepared.
Franklin	LA	Secure a planning grant prior to implementation. Visit numerous existing programs; partnership between treatment and the court system; provide adequate personnel to succeed
Boston	MA	Involve all the needed partners in the initial planning stages
Co. of Franklin	MA	Enlist support of all stakeholders in planning stage. Visit an existing program.
Baltimore Dis.	MD	Early involvement of all necessary agencies/partners.
Kalamazoo	MI	Included the key players in the planning and implementation stages.
Charlotte	NC	Establish a model; learn that model, educate systems and community about the concept. In time, show them the results. Be Honest!
Warren Co.	NC	Plan the implementation of the program.
Camden	NJ	Keep the lines of communication open and meet often.
Newark	NJ	Start as a pilot and design as you go. Target a large number of participants and accept lower % success.
Albuquerque	NM	Learn as much as possible from existing programs.
Las Cruces	NM	Ensure communication and collaboration among judges, Public Defender, District Attorney and treatment center. Also, have an evaluation plan.
Brooklyn	NY	1. Spend time planning and building a supportive network within the criminal justice community. 2. Develop appropriate MIS technology.
Buffalo	NY	Open dialog with all involved. Maintaining a program that is Court Driven.
Rochester	NY	Make it a community effort - involve legal, treatment, business, etc.

Name of Court	St	Advice to Colleagues
Akron	OH	Comprehensive planning. Involve all pertinent parties in the planning stages. Agree using eligibility criteria and broad program parameters. Identify and establish meaningful sanctions and awards.
Sandusky	OH	Having the support of your court and participating agencies is very important
Logan Co.	OK	Select a proven treatment program. Provide education about Drug Courts to Judges, Prosecuting Attorneys, and the Defense Bar prior to implementation of the court.
Payne Co.	OK	Select a proven treatment program. Provide education about Drug Courts to Judges, Prosecuting Attorneys, and the Defense Bar prior to implementation of the court.
Eugene	OR	It will be the most rewarding work you will do in the criminal courts and it is more effective with "hard cases" than anything we've ever tried to do.
Grants Pass	OR	Keep the planning/implementation team at a workable level and strive for a cooperative/consensus approach to problem-solving. Start the program prior to developing the perfect plan.
Klammath Falls	OR	Organize a drug court team comprising of any agency that would play a part in the success of drug court. Definitely get the cooperation of indigent defense and the prosecution.
Portland	OR	Stable local/state funding.
Roseburg	OR	Form a drug court team, attend a training seminar, make sure there is commitment from all agencies especially the Court and an individual judge. Allow a 3 to 6 month planning period before implementation.
Philadelphia	PA	Plan early and often; involve all criminal justice and support practitioners; observe other working models of Treatment Courts.
Carolina	PR	1. To select a personnel team with the attitude and aptitude for the implementation of the Drug Court Program. 2. Motivating defense and prosecuting attendance. 3. Making sure that Court Administrator will be fully in involucrate.
Ponce	PR	To make sure treatment component is prepared; the assignment of a prosecutor that believes in the drug court concept.
San Juan	PR	To make sure the personnel are well trained in order to help and administer the best service.
Lexington	SC	From a comprehensive steering committee including local law enforcement, prosecutors, defenders, government, community and other interested parties. Set a goal for implementing and just move forward - Do not wait until all is perfect.
Austin	TX	Plan for the future.
Beaumont	TX	Confirm commitment and funding. Plan long range if possible.
Ft. Worth	TX	Extensive research, visit other drug courts.

Name of Court	St	Advice to Colleagues
Roanoke	VA	I have given a half-day workshop for 40 circuit judges from my state. It would not be possible to summarize the advice given in less than 5 pages of written material.
Seattle	WA	Start planning early, identify funding sources, make sure planning committee has full representation from all agencies/organizations.

Appendix C

Perspectives of Prosecutors

Appendix C. Perspectives of Prosecutors

1. *Most Serious Problems Encountered in Regard to Drug Court Implementation and Strategies Used to Resolve Them*

Name of Court	St.	Serious Problems	Resolution
Mobile	AL	Initial police reluctance & some judicial reluctance	Police now generally pleased with results
Maricopa/Phoenix	AZ	There has been no great resource saving because its post filing	We are looking at pre-filing
Los Angeles Mun.	CA	If a participant fails in the drug court program and the case is set for preliminary hearing, then the case is already old; jeopardizing memory of the incident by the witnesses	
Roseville	CA	Concern about outcomes Concern about number of persons not completing	Discussion about tracking Discussion about definitions
Salinas	CA	Time commitment for court proceedings	Ongoing discussion
San Bernardino	CA	Convincing law enforcement and our own staff of the efficacy of the program.	Participation in setting up the program. Letting the program prove itself and getting the word out.
San Jose/ Santa Clara	CA	Quality and availability of the treatment programs.	We make selective referrals and are in the process of requiring minimum standards, criminal background checks and intensive monitoring of all programs.
Santa Ana	CA	Eligibility criteria as it relates to residency requirements	Strict adherence to the requirements
Santa Barbara	CA	Determining eligibility	Discussions at core meetings or by consulting staff in Washington, D.C.
Santa Rosa/ Sonoma	CA	The implementation of the Drug Court program reduced by one the number of courts available to handle misdemeanor prosecutions. As a result, the remaining courts felt an increased misdemeanor case-load as a result of the creation of this program.	Not completely resolved
Stockton	CA	1) Ineligible defendants sent to program, 2) Judges not imposing suspended time for failures (i.e., re-referred defendant's)	In both cases talked with involved people (including our own staffers). These problems were minor and rare
Woodland/Yolo	CA	Staffing additional court appearances.	Consolidate all calendars to reduce the number of attorneys appearing at one time.
New Haven	CT	Time management to allow attorney to deal with staff	

Name of Court	St.	Serious Problems	Resolution
Dover	DE	We have not had any major problems in implementing the program.	
Wilmington	DE	M.E.'s turn around time, scheduling witnesses; paperwork; and cases that are "closed" at ongoing times in the process	Yes
Ft. Lauderdale	FL	None	
Gainesville	FL	1) Funding 2) Acceptance	Funding is an on going issue however through exposure and results acceptance has been forthcoming.
Key West	FL	Unsuccessful candidates are being placed back on the docket, months to a year after the arrest, making cases more difficult to prove by the state.	No way to resolve
Miami	FL	I think the most serious problem is to not go with an adversarial attitude.	One has to realize that if the defendants get clean they don't get re-arrested.
Tampa	FL	The age of cases that have come back to the regular court system that have been terminated from PTI after 6 months or longer.	Still working to resolve.
Chicago	IL	Less probation officers are available to handle other types of cases where supervision is needed.	We have requested more staff.
Lake Co.	IN	Programs just implemented September 18, 1996. Yet to face serious problems.	
Wichita	KS	Trying to track progress of participants.	We are attempting to purchase data management software.
Louisville	KY	Reluctance of police to participate in referrals of defendants	We asked that they recommend the least promising candidates
Kalamazoo	MI	Lack of acceptance by law enforcement	Time and education about the program have helped.
St. Joseph	MI	Due to the "fast track" procedure, judges are loathe to adjourn case. This hurts when dets are willing to cooperate with the police. Also, complicated cases (multi dets conspiracies etc.) throw the system off track.	

Name of Court	St.	Serious Problems	Resolution
Warren Co.	NC	Getting the program started was very difficult because our original program manager could not get things organized. The problem was resolved by hiring another manager. Our most serious problem since we have (finally) started is that we cannot drug test clients frequently enough, and we cannot test them on the right days (immediately after pay day).	Problem not resolved yet
Camden	NJ	Identifying the appropriate target population of defendants to allow into the program.	It is still an ongoing and evolving process
Las Cruces	NM	Lack of communication between DA and Drug Court	New DA who fully supports this program
Logan Co.	OK	Making sure attorneys utilize it when plea bargaining	
Payne Co.	OK	Payne County and Logan County share Drug Courts.	
Grants Pass	OR	Developing procedures to handle different paper flow	
Klammath Falls	OR	Communication between treatment providers and the DA's Office.	Simply talked about problem at a group meeting and arranged a method to exchange info.
Roseburg	OR	We did not encounter any significant problems.	
Portland	OR	Money problems with Tx provider	
Carolina	PR	Convincing defense attorneys about the scope of benefits of the Drug Court Program as opposed to the benefits offered by others programs (i.e. TASC)	By holding follow-up meetings
San Juan	PR	Although police department is not a Drug Court component in our jurisdiction, their policies regarding drug use intervention affects the resources destined to participants.	Drug related intervention should be controlled or coordinated with prosecutor's offices in order to impact effectively different consumer groups.
Austin	TX	Not able to engage the target population -- under representation of minority offenders. Lack of coordination between court and treatment.	Ongoing issue
Ft. Worth	TX	Our Office has not encountered any problems as a result of the implementation of our program.	

Name of Court	St.	Serious Problems	Resolution
Roanoke City	VA	The Roanoke Valley may not be large enough to supply a sufficient number of addicted, non-violent offenders	The issue is being studied
Roanoke County	VA	Finding suitable candidates for the program	The eligibility criteria has been relaxed somewhat

2. *Unanticipated Issues That Have Arisen and Strategies to Address Them*

Name of Court	St.	Unanticipated Issues	Resolution
Maricopa Co.	AZ	None	
Roseville	CA	Issue of UA tests not being witnessed	Agreement from treatment/case managers to witness all tests
San Bernardino	CA	It was more attorney intensive than we had anticipated. Lots of court time. Little prep time.	Reduced appearances. Found that attendance at progress reviews not necessary.
San Jose/Santa Clara	CA	Time consuming for attorney and clerical because we take hard core defendants with multiple cases. We monitor the criminal histories to include all outstanding cases and assure the defendant has not been re-arrested.	Assigned additional staff time.
Santa Ana	CA	Change in the Drug Diversion Statutes that took effect 1-97	The reconfiguration of forms, procedures to deal with the new statute
Santa Barbara	CA	The amount of time spent to run the program	Afternoon custodies passed to another court- thus another D.A. must handle
Santa Rosa/Sonoma	CA	Time management. Our office under-estimated the amount of time that would be required to participate in Drug Court. For a prosecutor, it is more labor-intensive than it appears.	Spend the time to do the job
Stockton	CA	None	
New Haven	CT	Increased number of files in other courts requesting transfers.	Set policy to encourage dispositions without transfer of files.
Dover	DE	We have not had any major prob.	
Wilmington	DE	Coordinating flow of cover; assuring witness availability; closing cases at appropriate points	Yes
Ft. Lauderdale	FL	None	

Name of Court	St.	Unanticipated Issues	Resolution
Gainesville	FL	When we started we did not know how the Public Defender and the Defense Bar would react to the concept but we knew we would need their support to be effective.	We presented the concept as a viable alternative to traditional prosecution and they were able to see the benefits to their clients.
Key West	FL	none to mention. Authority taken away from state in that their approval was not required for program placement	hasn't been resolved
Chicago	IL	Minors lying about drug use in order to get into the program if they are in jeopardy of jail time if convicted.	It hasn't yet been resolved.
Markham	IL	None	
Louisville	KY	hiring and firing of staff for drug court was difficult because of labor relations questions when Drug court was under umbrella of previous agency	Our governing body (fiscal court) transferred Drug Court County Attorney's Office
Camden	NJ	None	
Warren Co.	NC	Program includes misdemeanants. I am having some trouble weeding out the district court cases because of scheduling conflicts and the nature of District Court	Problem has not been resolved but I am trying to look at District Court calender ahead of time.
Las Cruces	NM	Difficulties Drug Court had with their fiscal agent (the county) hindered continuity of the program-county having no knowledge of Drug Court Concepts	We continue, through the Drug Court, and Public Defender, to provide data and information to the County
Logan Co.	OK	That the defendants' attorneys would resist it because of the discipline it mandates from the clients.	The Defense Attorneys have seen the value and good results from the program.
Grants Pass	OR	Glitches in paper flow & procedure	
Roseburg	OR	Issues which have arisen tend to be either philosophical or procedural.	We meet as a team and attempt to reach consensus.
Portland	OR	Disputes over policies re: eligibility criteria	

Name of Court	St.	Unanticipated Issues	Resolution
Carolina	PR	Integrating some of the benefits of the Drug Court Program into existing applicable statutes. For example, whether a participant of the Program who abandons the court directed rehabilitation appointments should be charged with Flight and, thus, incarcerated without additional opportunity in participating in the Program.	By conducting follow-up meetings
San Juan	PR	Criticism among defense lawyers related to prosecutors inflexibility to work out plea bargain to reduce the offence charged to a lesser offence when both offences qualify to the rehabilitation program. Defenders want to benefit their clients of a lesser sentence in the event a participant leave the rehabilitation program and choose to be sentenced.	A uniform Department of Justice policy have been solicited to the Justice Secretary regarding this issue
Austin	TX	Clerical time necessary, frustration in maintaining consistency. Now people with prior criminal histories and addiction get cases dismissed. Defs. who are not addicted yet have no criminal history are convicted.	Still unresolved
Ft. Worth	TX	No unanticipated issues have arisen	

3. *Advice to Colleagues*

Name of Court	State	Advice
Mobile	AL	Careful coordination with law enforcement re benefits to them from defendant's's participation
Maricopa/Phoenix	AZ	Look to Pretrial diversion as opposed to post-filing
Salinas	CA	Enter plea at commencement of drug court
San Bernardino	CA	Involve and maintain participation of law enforcement in planning and implementation. It is critical to employ only the best people available for treatment and monitoring. They make or break the program.
San Jose Santa Clara	CA	Fully support and participate in the planning process and have regular meetings after implementation.
Santa Ana	CA	Proceed slowly, devote ample times to work out procedures and polices that will allow the program
Santa Barbara	CA	Be prepared- it's very time consuming

Name of Court	State	Advice
Santa Rosa/Sonoma	CA	Find a prosecutor and a public defender who can get along. Ego-heavy trial jocks need not apply. Cooperation is the name of the game
Stockton	CA	Want to make program simple and efficient
Woodland/Yolo	CA	Meet with the court, defense and service providers to describe and plan for the court. Continue to meet to work out problems
New Haven	CT	Set clear guidelines and follow them closely.
Dover	DE	Go ahead and do it. The only caveat I have is that no one, as far as I know, has yet attempted any follow-u[to evaluate the long-term substantive effectiveness of the program - - i.e., rates of recidivism.
Wilmington	DE	Proper modeling will ensure general acceptance among prosecutor and police
Ft. Lauderdale	FL	Begin by limiting program to first-time simple possession offenders
Gainesville	FL	1) Observe other drug courts already up and running. 2) Put together a team that believes in the concept and one that can be flexible. 3) Consistency of staff.
Key West	FL	Would recommend the cooperation with the implementation. The DC program allows the state to channel resources to spend more time prosecuting violent offenses.
Miami	FL	As a prosecutor, one has to realize the purpose of Drug Court is to get the defendants off drugs so they don't commit more crimes.
Tampa	FL	Staff the program with personnel that will remain with the program for 1 year or more for continuity.
Chicago	IL	Make sure it is properly staffed. It is critical to have a job training component to the program.
Markham	IL	Pre-trial service screening at initial court appearance/bond hearing provides drug court with necessary information concerning the defendant's fitness for the program.
Lake Co.	IN	Dedicate one person who will attend all meetings & prosecute all calls.
Wichita	KS	Have data management program in place at onset.
Louisville	KY	DO IT
Kalamazoo	MI	Involve ALL parts of justice system to increase chances of support
St. Joseph	MI	If possible, get a strong judge who doesn't nit pick, and defense attorneys who are cooperative (e.g. one's who realize that some clients' interests may be best served by focusing on rehabilitation rather than taking every case to trial).
Warren Co.	NC	Hire an ORGANIZED program manager

Name of Court	State	Advice
Camden	NJ	Prior to starting the program have both in-patient and out-patient treatment providers on board and a well-defined criteria for success or failure of participants.
Las Cruces	NM	All key stakeholders have input and communication remain strong and continuous
Suffolk	NY	Careful screening of eligible participants
Hamilton	OH	Carefully select and secure funding for treatment before you become operational
Logan Co.	OK	To review, study and attend a program that has been successful.
Grants Pass	OR	You cannot anticipate everything. At some point (sooner than later) you just have to start
Klammath Falls	OR	Devote one or two attorneys to be heavily involved, rather than rotate an "attorney du jour".
Roseburg	OR	Just Start! Don't worry about the maintenance of setting up a program. Once you begin, the faults resolve themselves.
Portland	OR	Limit program to possession cases. Have defendant plead guilty and defer sentencing as condition of entry into program. Have specific eligibility criteria.
Carolina	PR	Coordinate efforts among the different government agencies and com'ty groups in order to establish an effective Drug Court Program.
San Juan	PR	Watch participants that may be using the program as a way to avoid non-ambulatory rehabilitation programs.
Austin	TX	Pay for an infrastructure, staff support is crucial.
Ft. Worth	TX	Prosecutors should actively participate in the implementation and operation of the drug court programs
Roanoke City	VA	Prevent the Drug Court from becoming the program of last resort when defendants fail other programs
Roanoke County	VA	start small

Appendix D

Perspectives of Defense Counsel

Appendix D: Perspectives of Defense Counsel

1. Most Serious Problems Encountered in Regard to Drug Court Implementation and Strategies Used to Resolve Them

Name of Court	St.	Serious Problems	Resolution
Mobile	AL	Proper and adequate utilization of time	By experience in being involved in program for 3 years
Maricopa/ Phoenix	AZ	Whether clients are entitled to a lawyer and imped of voter changes in law	no
Bakersfield	CA	None	Yes
Los Angeles Mun.	CA		The L.A. Drug Court Program provides an additional alternative for our lawyers who are seeking to resolve their client's felony matters in the most beneficial method possible. Public Defender clients are provided with low cost/effective treatment which hopefully will keep them out of the criminal just. system
Roseville	CA	Misuse of search and seizure waivers	Pending
San Bernardino	CA	1. Coordination with the D.A. as to what categories of defendants will be eligible for program. 2.Need fiscal support through grants.	1. Policies differ with staff changes. 2. Unresolved
San Jose/ Santa Clara	CA	None	
Santa Ana	CA	Limitation on entry requirements	Entry limitations have not yet been expanded
Santa Barbara	CA	Substantially increased demand on Atty.. time, substantially increased demand on secty/data entry	Social worker position allocated to assist Atty., work harder
Santa Rosa/ Sonoma	CA	None	
Stockton	CA	adequate funding for the program	still pending- grant funding has helped
Georgetown	DE	Scheduling	Work longer schedules. More ct appearances
Gainesville	FL	No problems	
Jacksonville	FL	Timely identification and acceptance of incarcerated clients	They have not been completely resolved
Key West	FL	uncooperativeness of State's Atty's Off.	Has not been resolved
Miami	FL	no serious problems, because it is strictly a voluntary program	

Name of Court	St.	Serious Problems	Resolution
Sarasota	FL	Limited funding for treatment also timely identification and acceptance of incarcerated clients	Neither prob. has been fully resolved
Tampa	FL	1. Reducing the waiting period for client transition from County jail to treatment facility. 2. Unilateral rejection by State Attorney of clients who clearly qualify for the program.	1. The foregoing (A)(1) has been resolved through cooperative efforts of the court, treatment facilities, Sheriff and P.D. 2. The foregoing continues to be a problem which can not be resolved without giving the Cts full discretion to override the State Atty decision.
Honolulu	HI	There has continued to be a gap between the types of cases we propose and those that the State will approve.	Both sides have made varying efforts to bridge that gap. The judge has been very helpful in mediating these differences; however, we believe the limitations placed by the State have been more stringent than those in the original proposal.
Chicago	IL	We have not had serious problems with the program. Our concern was that information provided during screening would be used against the minor. that has not happened to this point.	
Markham	IL	Increased restrictions on defendants. Defendants status as drug addicts not sufficiently factored in on violation.	They have not been resolved.
Wichita	KS	None	
Boston	MA	Implementation of unfamiliar procedure	YES
Kalamazoo	MI	None	
St. Joseph	MI	Case overload during "raids"	They haven't been resolved as this problem hasn't occurred very often
Warren Co.	NC	Educating private attorneys about the drug court so that they will refer appropriate clients to the drug court.	Written materials have been supplied to the attorneys about drug courts. May need to have a bar meeting.
Camden	NJ	Lack of cooperation of trial team (other) judges, lack of continuity of history of evolution of SHARED mission due to personnel changes; especially shared philosophy	Ongoing improvement
Newark	NJ	No serious problems	
Las Cruces	NM	State Program, county serving as fiscal agent, county has "no knowledge" of Drug Court operation etc.	Educate

Name of Court	St.	Serious Problems	Resolution
Brooklyn	NY	Extra cost of staffing an att'y in the courtroom full-time and only being partially compensated. Having an atty act as a member of a Tx team	Partial compensation. I act as a member of the team when it is in my clients best interest, when it is not I'm not a member of the team
Rochester	NY	The defense atty's role is non-adversarial and is very different from how we generally do our job.	Training and communication
Logan Co.	OK	None	
Payne Co.	OK	None	
Eugene	OR	Expensive & inadequate public transport., no child care. "Tough on Crime" mentality reduced funds available. Not enough $. Dual diagnosis (i.e. mental health) issues difficult to address in drug treatment.	Do more with less. Place burden on clients and label it "personal responsibility". Some support from LTD with bus passes for indigent clients. Referral by drug treatment provider to program life skills component.
Grants Pass	OR	Dealing cooperatively w/D.A.'s's office to protect rights of defendants and allow for complete dismissals with successful completion.	Continuous negotiations
Klammath Falls	OR	Getting discovery quickly.	Working with DA and police more closely.
Portland	OR	Has made other attorney's caseloads harder (fewer light cases)	This was one of the causes of a recent office-wide reorganization.
San Juan	PR	The attitude of some prosecutors regarding the bargaining of the offenses in order to benefit the clients in their decisions for treatment	Demanding the Justice Department orientation and instructions to the prosecutors toward the primary goal of the program, which is treatment and rehabilitation.
Austin	TX	Coordination with the prosecution staff (re: indictments and dismissals), making all the judges aware of program, and convincing them to not interfere too much and trust our judgement regarding treatment.	Ongoing issue
Roanoke	VA	Prosecution control of entry and of benefit to be "earned". No standards or guidelines issued and used	Not yet resolved

2. *Unanticipated Issues That Have Arisen and Strategies to Address Them*

Name of Court	State	Unanticipated Issues	Resolution
Mobile	AL	The amount of time that has been expended on Drug Court	The resolution of these problems improve through experience with every Drug Court participant
Maricopa Co.	AL	None	
Bakersfield	CA	None	
Roseville	CA	Varying prosecutorial polices depending on personal	Improving, but still pending
San Bernardino	CA	Because there is intense supervision by the judge count appearances for defendants recur often and calendars are heavy coordination with other court difficult.	Resolution? Work to smooth out the administrative problems of scheduling coordination.
San Jose/Santa Clara	CA	The Program has been very successful and is rapidly increasing in size. This requires more time from our attorneys.	
Santa Ana	CA	Developing a new office system for processing these Drug Court cases. In addition establishing different ways for clients to get into Drug Court at both the Municipal and Superior Court level.	Our office stamps each Drug Court file so clerical staff are aware of these files and the Drug Court attorney is listed in our office computer under municipal and Superior Court. Both Superior Court and Municipal Court have worked with our office to establish methods for clients to get into Drug Court at both the Municipal and Superior Court level.
Santa Barbara	CA	Did not anticipate demand on Atty. time and volume of business	
Santa Rosa/Sonoma	CA	None	
Stockton	CA	None	
Gainesville	FL	None	
Jacksonville	FL	Personnel problems. Staff educ.	Still in the process of resolving
Miami	Fl	None	
Key West	FL	Lack of State Cooperation	not yet resolved
Sarasota	FL	How to deal w/the non-drug related cases a drug ct. client also has	They must resolve it on their own.

Name of Court	State	Unanticipated Issues	Resolution
Tampa	FL	The sheer volume was unanticipated as was reluctance by the State Attorney and law enforcement to the use of this program. Needing more personnel with intervention expertise was not fully anticipated.	Through the concerted efforts of the Court and Tx facilities, the value of this program has been made clear to those opposing it. As they say, seeing is believing and time has allowed the resistance to decrease. The P.D. has increased the Social Services section of the office and has insured training for attorney on the intervention value and process.
Honolulu	HI	While not entirely unanticipated, the amount of time required for the Drug Court attorney to confer with assigned deputy, complete Drug Court referral (including interviewing client, arranging for initial assessment, conferring with State) was expensive.	Assigned senior deputy full time.
Chicago	IL	None to this point. Most potential problem areas were addressed prior to the inception of the program.	
Markham	IL	Increase in violations.	
Wichita	KS	None	
Boston	MA	Newness of the approach to dealing with drug addicted offenders	Making great progress
Kalamazoo	MI	None	
Camden	NJ	In the zeal to make a drug court happen, we have had to be one of- and at times the only- voices advocating for the maintenance of due process rights for clients	Ongoing dialogue, mutual education in group process, increased mutual trust and understanding
Newark	NJ	None	
Las Cruces	NM	Interference by county (Politics)	"still edifying county"
Brooklyn	NY	Coverage of the courtroom when the one full time attorney is sick, on vacation, etc.	It hasn't yet been resolved
Rochester	NY	Political Concerns	The remain unresolved
Logan Co.	OK	None	
Payne Co.	OK	None	

Name of Court	State	Unanticipated Issues	Resolution
Eugene	OR	1. Amount of time to keep potentially significant statistics for program continuation funds; 2.Obtaining discovery from the D.A. in time for Drug Court orientations at PD's Office	Drug Court attorney and one secretary have shared the additional statistics workload. We continue to ask D.A. to have discovery available at arraignment, but so far no procedure has been implemented.
Klammath Falls	OR	Resistance from clients; the need to expedite disposition.	Quick discovery and client contact.
Portland	OR	The level of dependence on administrative support on the Defender's Office	We continue to abuse "Robert"
San Juan	PR	None	

3. *Advice to Colleagues in Other Jurisdictions*

Mobile	AL	To meet with your counterpart in an established program to discuss issues that may be confronted & experiences & pitfalls that may be avoided
Bakersfield	CA	Visit Kern County Program
Los Angeles Mun.	CA	Do it! It works! Urge and insist, if possible, on a pre-adjudication Drug Court Program
Roseville	CA	Ensure consistency of personnel from all key offices. Consistent rules for participants. Agree on major points, but don't wait until minor details are resolved use experience.
San Bernardino	CA	Work toward a team effort with court probation, treatment team and district attorney. Put aside traditional advocacy role and work for treatment solutions.
Santa Ana	CA	Make sure the Judge and assigned probation officers are willing to work and understand that addicts won't be cured without making mistakes.
Santa Barbara	CA	Get a "social worker" position early in program any, have that person take major route in handling clients
Santa Rosa Sonoma	CA	Start one now
Stockton	CA	push very strongly for a diversion- type program rather than a post-plea program
Georgetown	DE	Keep working with the program - it will succeed w/ effort.
Gainesville	FL	Support this program.
Jacksonville	FL	Do it
Key West	FL	Partnership with State Attorney's Office. Take advantage, more effective than probation saves $

Miami	FL	1. Make sure client can got out at anytime. 2. Make sure you pick a compassionate yet stern judge
Sarasota	FL	Visit other drug Cts to see how they work. START SMALL. Get state and chief judge on board first.
Tampa	FL	Ensure that guidelines for creation of program are very specific giving wide discretion to Court. Ensure judges assigned have treatment oriented background.
Honolulu	HI	Examine programs in other jurisdictions before settling on plan for your jurisdiction. Basic components of plan significantly affect time required of attorneys.
Chicago	IL	Any public defender's office needs assurance that information obtained during screening or participation in the program will not be used against the client.
Markham	IL	Make sure there is a clear understanding of the clients needs and anticipate limited "failure" before incarceration as an option on violation.
Boston	MA	Do it. Understand that the role of prosecutor and defense counsel is different in the drug court. Take the trouble to evaluate the new role.
Kalamazoo	MI	Go to a Drug Court seminar and speak to other Drug Court personnel.
St. Joseph	MI	Make sure the emphasis on treatment, not punishment, for appropriate offenders.
Camden	NJ	Dump the punitive orientation, be open to being educated by the treatment community, work with (or 1st develop and then work with) an established consortium of professional, licensed treatment providers, work toward working as a team but come to understand the individual agendas of program participants, reduce agreed measures to writing
Newark	NJ	I would advise another jurisdiction to implement strict procedures with regard to urine screening monitoring
Las Cruces	NM	All parties (Judge, DA, PD, Provider "client" etc.) have input
Brooklyn	NY	To early to assess
Rochester	NY	Take the time to individually CREATE your own program (don't copy someone else) Beware of POLITICAL consequences
Eugene	OR	Rely less on technical lawyering skills and more on counseling skills to get clients to level of commitment required as early as possible in proses. Commitment to program reduces anxiety and relapse stress.
Grants Pass	OR	Don't give up
Klammath Falls	OR	Be open to new approaches to handling drug cases.
Portland	OR	Make sure that there is an ongoing, working relationship between the key players in the system and the agreement on policy, method and philosophy of the program.

Philadelphia	PA	Become involved in the Treatment Court planning process as early on as possible and make your concerns known
San Juan	PR	Before implementing the program, there should be meetings with all components of the criminal justice system to design uniform standard and procedures in all drug courts room courts.
Austin	TX	Plan to meet resistance at all levels: (1) money, (2) assistance, (3) education -Do lots of informing and promoting in the very beginning. -Have regular planning sessions -Ask for help.
Roanoke	VA	Do not give control of the program to the prosecution just to get the program

Appendix E

Perspectives of Law Enforcement Agency Officials

Appendix E. Perspectives of Law Enforcement Agency Officials

1. *Most Serious Problems Encountered in Regard to Drug Court Implementation and Strategies Used to Resolve Them*

Name of Court	State	Problems	Resolution
Bakersfield	CA	No significant problems	
Los Angeles Mun.	CA	Frequent inability to coordinate effort between this agency treatment providers, courts, specifically inability to always deliver inmate participants to treatment site promptly.	On-going effort/procedural changes
Roseville	CA	Getting officers to understand the program. The officers want to see offenders behind bars.	Being 1 year old, we don't have a long history. I have been to the graduation of drug court. If those persons don't come back into the system its a success.
Santa Ana	CA	No real "serious" problems.	
Santa Rosa/ Sonoma	CA	No serious problems have been identified.	
Dover	DE	No problems encountered as of January 1997.	
Georgetown	DE	None	
Wilmington	DE	Scheduling and officer availability/ reallocation of prosecutors responsibilities for managing cases/M.E.'s turn around time	Yes
Ft. Lauderdale	FL	Failure to appear rate	We're working on a failure to appear unit as well as the hiring of additional staff so we can implement field supervision.
Gainesville	FL	No real problems associated with drug court.	
Honolulu	HI	None	
Chicago	IL	The juveniles are arrested for possession of controlled substance, but are found to have marijuana in their system. There is no nexus between the arrest and the treatment. The problem with these juveniles is that they are hired drug sellers for the gang. Anti-gang intervention would be more useful in deterring future PCS charges.	Assurances have been made that treatment will include life skills useful in deterring future gang activity.

Name of Court	State	Problems	Resolution
Kalamazoo	MI	None	
Warren Co.	NC	Too early to determine.	
Las Vegas	NV	None	
Logan Co.	OK	No problems experienced, program not utilized!	
Payne Co.	OK	No problems experienced, program not utilized!	
Grants Pass	OR	Use of jail bed space for drug offenders has increased.	Has not been resolved.
Ponce	PR	None	
Lexington	SC	The coordination of starting up a new program.	Many were resolved with the hiring of a full-time drug court coordinator.
Austin	TX	Acceptance of the drug court concept by hard line enforcement types (officers and administrators)	Not fully resolved. Time and results will tell.

2. *Unanticipated Issues That Have Arisen and Strategies to Address Them*

Name of Court	State	Unanticipated Issues	Resolution
Los Angeles Mun.	CA	Custody environment space issues/competition with other confinement needs	
Santa Ana	CA	None	
Santa Rosa/Sonoma	CA	None	
Dover	DE	None noted as of January 1997.	
Georgetown	DE	Pleas being accepted by attorney general's office past final case review.	Problems still ongoing
Wilmington	DE	Case trading and deposition recording for various "tracks" all of which produce "closed cases" at differing intervals	Dedication of staff to resolve the above
Ft. Lauderdale	FL	The volume of potential candidates to be qualified and supervised on Pretrial release	The director has requested funding for additional staff to meet the needs of program.
Honolulu	HI	None	

Name of Court	State	Unanticipated Issues	Resolution
Chicago	IL	We recognized the need to broaden the arrest parameters to include property offenses committed to support a drug habit. A mechanism to properly identify these offenders must be established. It must be fair, objective, and accurate.	This has not been resolved.
Markham	IL	None	
Kalamazoo	MI	None	
Warren Co.	NC	None at this time.	
Las Vegas	NV	None	
Grants Pass	OR	Escorting in-custody offs. to court.	
Ponce	PR	None	
Austin	TX	Controversies over which cases are acceptable drug court cases and which need full prosecutions.	Interagency committees resolved these problems (P.D., D.A.'s's office, Court systems, etc.)

3. *Advice to Colleagues in Other Jurisdictions Contemplating the Implementation of a Drug Court*

Name of Court	State	Advice
Los Angeles Mun.	CA	Program demand will increase/resource demand will increase/organizational commitment is essential from top down.
Santa Ana	CA	Local law enforcement should be involved in the early planning stages, working with the Court, Probation, Health Care, etc.
Santa Rosa/Sonoma	CA	We would advise them to strongly support Drug Court. We expect a long-term benefit and impact on repeat offenders as well as redirecting first-time offenders away from the criminal justice system.
New Haven	CT	Having a police officer assigned to drug court is valuable to success of the drug court.
Dover	DE	To get better acquainted with the system and what it is designed to accomplish from the inception of the program.
Wilmington	DE	With proper monitoring, uniform acceptance among police, prosecution, and correction. Judges must believe in program and must maintain continued ********.
Ft. Lauderdale	FL	Ensure funding and positions for the anticipated volume of graduates.
Gainesville	FL	Try to designed funds for the programs on a annual basis.
Honolulu	HI	The Drug Court Program is worth supporting if implemented in their jurisdiction.

Name of Court	State	Advice
Grants Pass	OR	If there is sufficient jail space, there should be no issues.
Ponce	PR	Give all support
Lexington	SC	Have a drug court coordinator--someone dedicated solely to establishing drug court.
Austin	TX	To make sure to include anyone impacted, but especially law enforcement, from the beginning.
Ft. Worth	TX	Be flexible
Roanoke	VA	Participate

Appendix F

Perspectives of Correctional Agency Officials

Appendix F. Perspectives of Correctional Agency Officials

1. *Most Serious Problems Encountered in Regard to Drug Court Implementation and Strategies Used to Resolve Them*

Name of Court	State	Problems	Resolution
Bakersfield	CA	No major problems	
Los Angeles Mun.	CA	Frequent inability to coordinate effort between this agency, treatment providers, courts, specifically inability to always delivery inmate participants to treatment site promptly.	On-going effort/procedural changes
Modesto	CA	Space to hold group treatment sessions.	Still pending
Roseville	CA	Mostly philosophical--getting beyond punishing all drug offenders.	It is a slow process--need to educate everyone in law enforcement about drug court
San Bernardino	CA	Inmates who were awaiting trial remained pre-sentenced. This prevented them from enrollment in the INROADS Program.	Working together with Judge Morris and his staff, the inmate is now sentenced with a court date. They are then sent to the INROADS Program immediately. We also provide red ink stamps that say "DRUG COURT" so that during Classification the inmate is immediately placed into classes.
San Jose/Santa Clara	CA	Transportation of inmates to programs and providing staff to work with the team, instructors, classifications officers, and drug treatment court participants on limited resources.	Department is committed to work in a coordinated effort with Drug Treatment Court.
Santa Ana	CA	Staff shortages	Pending
Santa Barbara	CA	No serious problems.	
Georgetown	DE	Program start-up, roles and responsibilities	Yes
Ft. Lauderdale	FL	Volume of offenders, (case load size) as well as conducting urinalysis as result of volume	Correctional Agency no longer does the urinalysis
Gainesville	FL	Our program is voluntary and at first, most 1st-time offenders were not interested in participation because the program was so intense.	We learned to be successful with offenders who had significant prior history.

Name of Court	State	Problems	Resolution
Jacksonville	FL	Keeping drug court persons in a secure drug treatment facility when day/night treatment fails.	Somewhat resolved.
Sarasota	FL	Unknown	
Tampa	FL	Bed space (residential) for females.	Place on waiting list immediately at time of evaluation.
Camden	NJ	Motivating interest in the program, payment for treatment, and needed probation officers for additional supervision as we enlarge program.	Educating our participating agencies, application for Grants through local and state government.
Suffolk	NY	Mostly procedural problems in regards to the movement of prisoners.	We are working on it.
Logan Co.	OK	Some lack of communication and coordination. Failure to receive adequate reports of participants behavior or non compliance. Two, the overlapping of resource use, ie. dual supervision of offenders, double UA's.	Met with coordinator and drug court personnel and corrected the reporting of problems with participants.
Payne Co.	OK	Some lack of communication and coordination. Failure to receive adequate reports of participants behavior or non compliance. Two, the overlapping of resource use, ie. dual supervision of offenders, double UA's.	Met with coordinator and drug court personnel and corrected the reporting of problems with participants.
Tulsa	OK	Streamlining the selection process of candidates and making a formal treatment - sanctioning process.	Through memorandums of understanding between agencies and some hard work.
Grants Pass	OR	Difference in the way violations of supervision are handled with the Drug Court participants vs. standard supervision cases.	Design and implementation of a Drug Court violation report that meets our requirements to notify the court of violations and still allows for the flexibility that Drug Court allows for.
Klammath Falls	OR	No particular problems. There was significant commitment of time and energy to develop the program and test/develop procedures.	Regular meetings, collaboration.
Portland	OR	Funding.	County General Fund support; Oregon Health Plan; client fees; collaborative effort to manage participant flow.

Name of Court	State	Problems	Resolution
Roseburg	OR	More court time. Working "low" risk offenders who would normally receive a lot less time. Hish case loads usually require less time with "low" risk offenders.	New program - no resolution to date. Perhaps if we had a higher number of cases in Drug Court, staff time would be used more effectively.
Ponce	PR	The most serious problem the agency has encountered in the implementation is the integration of the programs with the agencies that are the responsible of the programs development.	Meeting--feedback--good communications skills.
Roanoke	VA	Two major problems have been getting construction done to the day reporting center and implementation of a Drug Court grant.	They basically have been resolved over time by phone calls and patience needed to deal with governmental bureaucracies. It was a slow process taking over 15 months to get a contract awarded for construction, and other 7 months following approval of the grant to obtain permission to spend the funds.

2. *Unanticipated Issues That Have Arisen and Strategies to Address Them*

Name of Court	St.	Unanticipated Issues	Resolution
Los Angeles Mun.	CA	Custody environment space issues/ competition with other confinement needs	
Modesto	CA	Finding qualified treatment staff	Still pending
San Bernardino	CA	None to date	
San Jose/Santa Clara	CA	When Managed Care went into effect, there was no transportation to programs use by drug treatment court. DOC was asked if they would perform this function.	D.O.C. is presently providing transportation for the Drug Treatment Court participants when requested by a Court Order.
Santa Ana	CA	Lack of adequate funding. Pressure to expand too rapidly.	Pending
Santa Barbara	CA	Manner of detox	Meetings and negotiations
Santa Rosa/Sonoma	CA	None	
Georgetown	DE	None	
Ft. Lauderdale	FL	No funding available for increase in staff, equipment, (etc.)	They were/are not solved

Name of Court	St.	Unanticipated Issues	Resolution
Gainesville	FL	We expected 1st offender, but we got people with 8-10 years addictions. Our 1st 17 graduates had 214 prior arrests between them.	More casework/supervision, more referrals to residential treatment, structure use of minor sanctions (community service, 24 hrs in jail.)
Jacksonville	FL	1. The short time line when dealing with admitting persons into secure drug treatment. 2. Aftercare program arrangements.	1. Resolving the short time line for admittance. 2. Resolving aftercare program arrangement through probation.
Tampa	FL	1. Decrease in growth due to effectiveness of the program. 2.) Volume of work and nature of work - are comparable to a higher level probation officer; thereby, present drug court staff need to be upgraded to a senior officer level.	
Kalamazoo	MI	None	
Camden	NJ	We found that some people are inappropriate for Drug Court because their behavior is criminal rather than addictive.	We have learned to look more closely at prior record and treatment experience.
Suffolk	NY	Lack of communication	
Logan Co.	OK	Problems in dual supervision. Referrals to the program from Probation and Parole for technical violations had to participate in the entire program rather than individualized components to meet the need.	
Payne Co.	OK	Problems in dual supervision; Referrals to the program from Probation and parole for technical violations and to participate in the entire program rather than individualized components to meet the need.	
Tulsa	OK	Treatment and sanctioning issues. Also drug test - no money.	Again through hard work and memorandums of understanding. We are still having money issues.
Grants Pass	OR	The large number of Drug Court participants already on supervision for other offenses	Assigned a P.O. to Drug Court
Klammath Falls	OR	Most of the issues between probation offices and therapists roles were resolved in the evolution of our Corrections Annex Treatment Program in 1993-94.	We incorporated Drug Court into an existing partnership between our agency and contracted treatment providers.

Name of Court	St.	Unanticipated Issues	Resolution
Portland	OR	Difficulty collecting fees and third party payments.	Fee collection made part of routine court procedure and emphasized by the judge. On-going discussions with health insurance providers.
Roseburg	OR	The referral process had been time consuming and cumbersome. Referrals have been slow due to above. It has been difficult to motivate staff to refer to Drug Court.	New program. Still working on it.
Roanoke	VA	The Department of Corrections took the day reporting center from the local probation and parole office and in essence made it a separate district answerable to the Regional Office. It's future role will include drug treatment for probation and parole offices in the region as well as drug court.	The regional concept will not begin until construction is completed to the center, but it is anticipated that 15% or more of the offenders in the center will be from outside of Roanoke. Staff will be required to bus some in by a van the center owns.

3. *Advice to Colleagues*

Name of Court	State	Advice
Tucson	AZ	Recommend a systems approach with an in jail treatment component.
Bakersfield	CA	Be flexible
Los Angeles Mun.	CA	Program demand will increase/resource demand will increase/organizational commitment is essential from top down.
Modesto	CA	Visit lots of current programs and steal as many ideas as you can
Roseville	CA	Every agency that drug court impacts should be involved in the planning and implementation.
San Bernardino	CA	Get to know the Correctional Education staff and work with them closely.
San Jose/Santa Clara	CA	The coordinated effort between the Courts, the jail, the probation dept., D.A., P.D., Mental Health and Health Dept. is an important concept. The assessment is a valuable tool and team decision making is very effective.
Santa Ana	CA	Arrange adequate funding. Interagency co-operation.
Santa Barbara	CA	None
Santa Rosa/Sonoma	CA	Be sure the planning effort is complete. Have funding secured. Work collaboratively with all affected agencies. Be patient.
Georgetown	DE	Planning and communication, definition of roles and responsibilities are critical before start-up.
Ft. Lauderdale	FL	Plan for volume

Name of Court	State	Advice
Gainesville	FL	Try to identify when and how you lose people and change your procedures as needed. Do what the clients need, not what is convenient.
Jacksonville	FL	Liaison between facilities must be constant and of good quality.
Tampa	FL	They need to develop a good relationship with the treatment providers.
Markham	IL	Organized communication between courts, treatment providers, probation officers
Kalamazoo	MI	Have a pre-incarceration "level" substance Abuse Treatment Program.
Camden	NJ	To have a treatment team that can offer various types of treatment.
Logan Co.	OK	Overall, the program is a good one that provides a mechanism of responsibility, accountability, and treatment. The costs' are too high, avoid dual use of resources, and implement a good info. sharing device.
Payne Co.	OK	Overall, the program is a good one that provides a mechanism of responsibility, accountability, and treatment. The costs' are too high, avoid dual use of resources, and implement a good info sharing device.
Tulsa	OK	Develop good understandings between agencies and superiors.
Grants Pass	OR	Allow for flexibility in program design, be as client specific as possible, have a multi-agency approach
Klammath Falls	OR	Believe there are mutual gains for all agencies, offenders and the community if program is well designed.
Portland	OR	Develop planning process that includes all stakeholders; active case-management role for Drug Court judge is critical.
Roseburg	OR	1) Clear referral process 2) Mechanism to insure appropriate referrals.
Ponce	PR	Three government agencies are in charge of the Drug Court Program in P.R. interactions and feedback between agencies are the keys of out come in the program.
Roanoke	VA	I would advise all agencies that have anything to do with law enforcement, courts, corrections and treatment to be involved in the creation of drug court. The prosecutor's office is particularly critical to this.

Appendix G

Perspectives of Treatment Providers

Appendix G. Perspectives of Treatment Providers

1. *Most Serious Problems Encountered in Regard to Drug Court Implementation and Strategies Used to Resolve Them*

Name of Court	State	Problems	Resolutions
Mobile	AL	Clients who are drug dealers (unknown to treatment staff) and who are involved in gangs. Two clients have been shot and killed.	Screening carefully for drug dealers.
Maricopa/Phoenix	AZ	Acquiring enough staff to handle the workload. Also, originally counseling was provided by private agency. This resulted in communication gaps that clients took advantage of.	Now that counselors are on-site/in-house, communication of info. is immediate. The therapist's loyalty is to the probation department and court, not to the client.
Bakersfield	CA	Inability to charge for field services during drug court contacts.	8 hours per week clinician time contributed
El Monte/ Rio Hondo	CA	Probation Officer, other court not having knowledge of drug court program.	
Modesto	CA	Finding childcare services.	Have utilized county agency services available but more services are needed.
Pasadena	CA	Funding	No
Richmond	CA	Generating sufficient funding to operate treatment at an appropriate level.	We hope that client fees will generate at least half of our revenue. We have an OJP grant pending.
Roseville	CA	Communication between the treatment staff and case management staff	On going dialogue
San Bernardino	CA	Funding for program - to have ample staff!	Pending!
San Francisco	CA	Monitoring information between drug court professionals and allowing for rules of the drug court team to be independent but still integrated.	More frequent meetings and less reporting of lengthy treatment histories of drug court participants.
San Jose/ Santa Clara	CA	Lack of treatment for women and aftercare services. Managed care.	On-going departmental discussions.
Santa Ana	CA	Obtaining funding	Collaborating agencies have contributed; redirected resources.

Name of Court	State	Problems	Resolutions
Santa Barbara	CA	Need for residential level of care to stabilize homeless clients or those in unhealthy living situations, or high acuity addictions.	Not get successfully resolved. Some progress has been made in creative placement.
Santa Monica	CA	Many of our clients are homeless.	Utilization of all our own and other community housing resources.
Santa Rosa/Sonoma	CA	Not enough dollars for sufficient treatment options esp. residential.	Made best use possible with limited resources with priority given to drug court clients.
Woodland/Yolo	CA	Heroin dependant clients; male clients in the age range of 18-22; making inpatient treatment available to indigent clients.	Plans are in place for some resolution, a teen component is in place presently for that one issue.
Dover	DE	Getting all the key players to see the benefits of drug court.	Working on getting some cross-training scheduled. Want to tour similar drug courts.
Georgetown	DE	Lack of transportation in a rural setting was making it difficult for clients to attend counseling.	A bus system has started running but it is still challenging.
Wilmington	DE	Integrating the services targeted for drug court clients with the public service delivery system.	New contracts are being developed that should provide short term solutions. Comprehensive planning will be on going.
Bartow	FL	Finding inpatient treatment facilities	
Ft. Lauderdale	FL	Allowing the program to become a true diversionary program (dropped charges) from a post adjudication format	achieved through legislation
Gainesville	FL	Within 2 years, we had a high turn over of the drug court management--Two managers and the vacant position was open for a long period of time--impacting the decision making and the direction of the program.	Position has been filled with a Tx oriented person, management decisions are no longer counter productive to Tx goals.
Key West	FL	The State Attorney's office has refused to automatically divert first time felony drug offenders. They continue to place defendants on the pretrial intervention program under DOC. PTI usually does not include treatment and scheduled urinalysis.	This issue has still not been resolved. Previously the drug court judge was refusing to admit drug offenders into PTI.
Pensacola	FL	Low reimbursement for services provided.	Not resolved.

Name of Court	State	Problems	Resolutions
Tampa	FL	1. Early diagnosis and treatment of dually diagnosed clients 2. Case management requirements are extensive when we consider the court and client support 3. Support from State Attorney Component concerning the non-punishment aspect of the court.	1. A limited contract by Department of Corrections is available for referral. 2. Emphasize educational, employment, housing, support and client special needs 3. Close coordination and demonstration of benefits in treatment and Drug Court model. Today, they are strong supporters.
Chicago	IL	Capacity to deal with number of referrals that quickly accumulated--homeless minor with baby-need opiate detoxification in to provider.	Meetings with providers and emergency tactical support.
Edwardsville	IL	1. More clients needing services than the treatment agency has capacity to serve. As a result, Drug Court clients get priority and referrals from other sources and self referrals often have to wait or find alternative treatment agencies. 2. At times, clients are court ordered into Drug Court prior to the completion of assessment to determine their appropriateness for the treatment services available.	1. Clients are referred to other providers. 2. Continues to be a problem.
Markham	IL	Identifying funding responsibilities. Clarity in delegating responsibilities between departments.	Monthly meeting - improved our communication with all parties involved.
Wichita	KS	Two people responded to all of the questions in this section. 1 = one set of responses. 2 = the other set of responses. 1. Lack of organization prior to implementation. Not having D.C. software and court + provider systems linked together. 2. Tracking clients in the program, clients unwillingness to pay for services, clients tampering with U.A.'s, and follow up on sanctions that are imposed.	Two people responded. 1 = 1st response and 2 = 2nd response. 1. This has not bee resolved. 2. Our data system has been able to assist us with most of this but nothing has been "resolved."
Louisville	KY	Funding; getting public officers to cooperate.	Kept working at it.
Boston	MA	Resources: $-staff	

Name of Court	State	Problems	Resolutions
Kalamazoo	MI	Criminal Justice offender's participation increased which negatively effected the treatment milieu.	More groups were established.
St. Joseph	MI	A good data and evaluation system.	Still being worked on - not resolved.
Kansas City	MO	Treatment accountability.	Contracted with a single, primary, treatment provider.
Charlotte	NC	Politics -- Turf battles within treatment agencies.	Education, Communication and Honesty.
Warren Co.	NC	Continue drug use of participants and failure to report to all session of treatment.	No, still working on problem area.
Camden	NJ	Time constraints	As best possible
Newark	NJ	Bed space in inpatient treatment.	No
Las Cruces	NM	Getting judges together from different courts - consistent sanction with courts, getting DA's office "on board."	Yes
Reno	NV	Stable referrals. Fluctuates from 15-60 admissions per month. Ancillary services for housing, employment and child care.	Have recently solidified the screening process and placed it closer to the front end of the system. Received grant money to provide the ancillary services internally.
Rochester	NY	Agencies are loaning case managers, we are burdened with regular caseloads in addition to their Drug Court case management duties.	
Suffolk	NY	Having the treatment programs adjust to drug court protocols.	
Akron	OH	See Court response	
Logan Co.	OK	Lack of support from the state Dept. of Mental Health and Substance Abuse Services: They have offered no assistance at all to the treatment provider. Also, clients' transportation has been a problem. We're in a rural area with no system of mass transit and many indigent clients, and reliable transportation to and from the facility is sometimes a challenge.	Resolutions for transportation dilemmas have come about by working with clients to explore all options available to them (i.e. rides from friends or family members). To date, there is no resolution regarding the Dept. of Mental Health. This facility has attempted to initiate a collaborative approach with them, and has been met with resistance. We remain committed to resolving this, and strengthening this relationship.

Name of Court	State	Problems	Resolutions
Eugene	OR	Adequate funding - # of counselors to client	Ongoing - state gave $ for bi-lingual counselor for 1 year.
Grants Pass	OR	1. The cost of providing care at the levels needed for this population. 2. Serious need for residential Tx and transitional housing.	We have worked with Oregon Health Plan but find that most clients have 0 resources.
Klammath Falls	OR	Communication and expectations between Tx and judicial system.	Regular weekly or monthly meetings.
Portland	OR	Discussions between clinicians and court. Management of program.	Policy meetings and clear communication of policies.
Roseburg	OR	Finding support from other agencies, funding issues, lack of public transportation in the County - i.e. who live in rural areas without transportation.	Educating and meeting with other agencies, applying for grants.
Philadelphia	PA	1. Coordination of all criminal justice participants in conjunction with Treatment Provider in adopting/finalizing procedures. 2. Welfare Reform and mandatory Medicaid managed care affecting who gets treatment and access to treatment.	Continued dialogue.
San Juan	PR	Lack of human resources and physical facilities.	
Lexington	SC	Transportation, limited resources	Not solved
Austin	TX	Funding, special needs resources, lack of planning for long term goals of program.	The County has funded positions for treatment and grants are continuously being sought.
Beaumont	TX	See Part 1	
Roanoke	VA	Coordination mechanism to provide individuals' services, esp. when moving from one program to another space to provide services.	Bi-weekly meeting to staff difficult cases. Renovations planned but not yet started.
Seattle	WA	1. In-patient funding. 2. Dual disorders. 3. Spanish speaking treatment (too few for ongoing special prog., but hard to retain otherwise.)	1. Use State funded beds wherever possible. Special state grant. 2. We are in the process of developing a D/D prog. and seeking license. 3. Not resolved at this time (Spanish speaking patients only 2% of total referrals.)

2. *Unanticipated Issues That Have Arisen and Strategies to Address Them*

Name of Court	State	Unanticipated Issues	Resolution
Mobile	AL	Dual diagnosis	Treatment supervisor assesses and refers these clients to appropriate agencies.
Maricopa/Phoenix	AZ	Passage of "proposition 200" by voters in Now. 1996, which mandates treatment rather than incarceration for 1st-2nd time drug offenders. This may significantly increase our caseload size.	We are developing a fast-track sentencing procedure to get the cases through the system, quickly. Also, we anticipate funding to add staff positions.
Bakersfield	CA	Personal relationship between staff and court participant.	Client transferral.
El Monte/Rio Hondo	CA	Housing for some clients.	
Modesto	CA	Conflicts between couples who are both program offenders.	Separate court dates and counselors. Good communication between all staff.
Richmond	CA	We anticipated the ability to complete an assessment as soon as the defendant was ordered to court, however, due to high volume of patients it may take between 1-4 days to get an appointment for an assessment.	We are in the process of hiring additional staff to help. We have been included in a ASI (Pen Based computer) research project that will help us accomplish our assessment goals.
Roseville	CA	Issue of witnessed UA's.	Staff are conducting witnessed UA's with assistance from case management staff
San Bernardino	CA	Use of methadone, relapse in latter stages of program, guidelines for graduation, custody guidelines.	Tx team monthly meeting!
San Francisco	CA	The need to have one dedicated program responsible for urinalysis.	Hiring one full-time program.
San Jose/Santa Clara	CA	Need for strong case management; transportation for in-custody clients.	Case management staffings with two post treatment counselors; transportation unresolved.
Santa Barbara	CA	Differing views on frequency of drug testing, philosophy of treatment in terms of sanctions and continuance within the program.	Some resolution in directly addressing the issue within the "CORE Committee."
Santa Monica	CA	We had planned for 25 clients, we now have 43 and anticipate up to 60.	
Santa Rosa/Sonoma	CA	Higher % of dual diagnosis clients and domestic violence and parenting issues.	Best use of existing resources possible.

Name of Court	State	Unanticipated Issues	Resolution
Woodland/Yolo	CA	The high percentage of indigent clients unable to contribute to program's cost.	Some resolution through job training and employment seeking aid.
Dover	DE	One of our target populations was people who were on probation who were re-arrested for drug charges. We have not reached our target numbers with this group.	We are looking into redefining the population to increase the numbers.
Georgetown	DE	Of our target populations was people who were on probation who were re-arrested for drug charges. We have not reached our target numbers with this group.	We are looking into redefining the population to increase the numbers.
Wilmington	DE	Change by the Legislature regarding TASC affiliation in state government.	TASC is now an agency within the states Department of Health and Social Services, Division of Alcoholism Drug Abuse and Mental Health.
Ft. Lauderdale	FL	Software-that aggregates all the necessary data to run an accountable program.	We now have APD and other system support
Key West	FL	Initially we were expecting clients to have a much less severe substance abuse history than actually is the case. As the program has grown, space has been a major issue.	The counselors are spending more time and effort supplying clients with much needed services. Our program is now awaiting approval of new leases for additional space.
Miami	FL	1. Expansion of the program to include second and third time defendants. 2. Major national disaster (Hurricane Andrew) in 1992 severely damaged South Dade facilities.	1. Hired additional counseling staff. 2. Temporary trailers were secured for the South Dade sites.
Pensacola	FL	Funding related; caseloads are too high - non-compliance issue.	Not resolved.
Tampa	FL	The rapid expansion of the program exceeded projections.	The program has expanded to meet the needs of the community. Additional funding was identified due to the success of the program, pressing need in the community and strong support by criminal justice leaders.
Honolulu	HI	Managed care and the need for day Tx services	Applied for Enhancement Grant

Name of Court	State	Unanticipated Issues	Resolution
Edwardsville	IL	1. More female referral than anticipated. 2. More need for psychiatric services than anticipated. 3. Increased lengths of stay. 4. More need for residential services.	1. Increased the Women's Program. 2. In process of expanding psychiatric services, just hired new M.D. 3. None necessary. 4. Worked to improve transfer procedures to residential.
Markham	IL	Managed care issues, withdrawal of using drops by provider, reduction of funding availability.	New vendor for using drops, continue working on funding resources, utilize jail based treatment.
Wichita	KS	Two people responded. 1 = 1st response. 2 = 2nd response. 1. The number of clients, the cost to provider services. 2. The number of clients entering the program and tampering with U.A.'s.	Two people responded. 1 = 1st response. 2 = 2nd response. 1. Contract counselors. Sanctions fee. 2. By hiring more staff for issue #1. For tampering with U.A. an attempt has been made to make U.A.'s more random and frequent.
Louisville	KY	Lack of education on chemical dependency in criminal justice system.	Keep working to educate people at every opportunity.
Boston	MA	Pregnancy; Dual Diagnosis; Trans.; Eating Disordered; Authorize.	
Kalamazoo	MI	We began collecting and testing more urine specimens than originally anticipated.	Appointment times were set up for urine drops.
St. Joseph	MI	Complexity of client situations which impair full participation in treatment (e.g. job conflicts, geographic issues, etc.)	Still being worked on - program must remain flexible.
Kansas City	MO	Special needs of dual diagnosis clients.	Have not been resolved adequately.
Charlotte	NC	Untold detail in formalizing the Program's Operations; Integrating the Program into the Criminal Justice and Human Services Systems.	Strategic planning and goal setting. Written policies/procedures and identification of participants (roles and boundaries). Education.
Warren Co.	NC	Crowded lock-up facility - unable to activate jail or lock-up sanction.	Delay "dipping" or use other sanctions.

Name of Court	State	Unanticipated Issues	Resolution
Camden	NJ	Cross provider team approach. "He's mine I know what is best." ("EGOs")	Yes
Newark	NJ	Need for Early Intervention Program	Started Early Intervention Program.
Las Cruces	NM	State funds go to County manager who is fiscal agent. County has no concept of program, but wants say in how funds are expended without including input from treatment provider or judges.	Still working on it.
Reno	NV	Total change in the type of client being referred. More severe addiction and longer criminal records.	Program was modified to meet the more intense needs of this population.
Suffolk Co.	NY	Not enough cases yet	
Akron	OH	See page 28; Court response	
Logan Co.	OK	Unexpected was the extent of client's unwillingness or inability to pay for services rendered. No client is denied services due to inability to pay; however, client fees are important to the operation of this facility. also, our first method of drug screen urine analysis was found to be weaker in result reliability than the District Court wished to place confidence in.	Payment issues were resolved when the Drug Court Judge began entering orders for payment schedules, based on clients' ability to pay. Drug screen result reliability was resolved by mailing samples to an outside lab and submitting an extensive chain of custody form with each sample.
Eugene	OR	Having to eliminate an evaluation component and acupuncture from the budget.	Ongoing - still want to bring these back
Grants Pass	OR	We thought we would provide standard care and random UA's. We quickly found that we must provide much more than we thought.	We increased treatment contact & # of UA's.
Klammath Falls	OR	Increased the need for additional counselors in existing corrections programs.	Corrections increased funding.
Portland	OR	Major shift in funding - unstable. Change in judicial leadership.	Keep focused on vision and mission of Drug Court.
Roseburg	OR	Computer Problems!!! U.A. turn around time - clients no showing for treatment and not having a court date for a number of weeks and inability to contact to cite them.	New computer upgrades, new U.A. system and D.A. able to file for warrants based on statement of treatment provider for non compliance in treatment.
Philadelphia	PA	Anticipated start date March 1997. Unknown at this time.	

Name of Court	State	Unanticipated Issues	Resolution
Lexington	SC	None	
Austin	TX	Unresolved administrative changes.	Ongoing
Beaumont	TX	See Part I	
Roanoke	VA	Greater appreciation of how professional diversity and different role perspectives (legal and treatment systems) can compliment each other toward promoting recovery for our clients	
Seattle	WA	Client base was late stage, not early stage as anticipated.	Still working on the solution.

3. *Advice to Colleagues*

Name of Court	State	Advice
Mobile	AL	To have a contract or affiliation with a mental health center that is supervised by a psychiatrist who understands addiction.
Maricopa/Phoenix	AZ	Just do it!
Bakersfield	CA	Invest all time and effort required to staff progress requirements.
Modesto	CA	Have a merger between Probation and Substance Abuse counselors to provide services. Find dedicated, mature, responsible and cohesive staff to work as a team. We have this and everyone benefits.
Pasadena	CA	Plan to address the demographics of the jurisdiction, in a clinical or treatment oriented fashion.
Richmond	CA	Think "small" at first. Identify your desired outcome and work toward that end. Drug Court is not a panacea.
San Bernardino	CA	Be flexible, have a "team" effort in all area's of Drug Court.
San Francisco	CA	To plan all components or phases of treatment prior to implementation. They should be flexible to change design or self-correct through consensus by drug court team.
San Jose/Santa Clara	CA	Encourage visit to other Drug Treatment Courts.
Santa Ana	CA	Emphasize importance of collaboration among entities which are usually adversarial and publicly promote the societal benefits of drug court.
Santa Barbara	CA	To be able to provide needed resources for high acuity clients, i.e. housing, detox, etc.
Santa Monica	CA	Get technical assistance from another treatment provider with Drug Court experience.

Name of Court	State	Advice
Santa Rosa/Sonoma	CA	Network; flexible; need the full support of the Courts (All judges).
Woodland/Yolo	CA	Implement a program that has frequent client contact initially, frequent testing, 2 times per week.
Dover	DE	Make sure there is support from all levels.
Georgetown	DE	Tailor the drug court to the specific jurisdiction.
Wilmington	DE	Clearly establish collaborative arrangements and forging formal agreements prior to commenting projects.
Ft. Lauderdale	FL	Start with low enrollment; accept input from other programs.
Gainesville	FL	Cooperation, communication and collaboration. The state attorney, chief judge, P.D., pretrial, Tx procedure must be willing to work toward the benefit of the program.
Key West	FL	Visit some of the more successful jurisdictions already existing drug courts and attempt to model specifics, with the understanding that new programs need to flex programs around area needs.
Miami	FL	A Drug Court Program can be very beneficial to any Criminal Justice System that is overburdened with drug possession cases.
Pensacola	FL	Evaluate cost of providing full service.
Tampa	FL	Coordination with all parties involved; Dept of Corrections, Judicial, Treatment Agency'. Also have a well grounded, structured program level. Access to different treatment modalities to provide comprehensive substance abuse services with linkages to mental and physical health services.
Chicago	IL	Treatment process from punitive process develop comprehensive assessment document.
Edwardsville	IL	Develop close working relationship with treatment providers and the courts, make provisions for space.
Markham	IL	Commitment by judiciary, cooperation from State's Attorney's office/funding/resources I. D.
Wichita	KS	Two people responded. 1 = 1st response. 2 = 2nd response. 1. Prepare and organize prior to implementation. 2. Research already existing programs prior to implementing a program of their own.
Louisville	KY	Be prepared.
Boston	MA	Pro-treatment judge/probation; includes everyone; do the homework
Kalamazoo	MI	Provide treatment education to criminal justice representatives involved with Drug Court clients - education with regard to relapse is a must.
St. Joseph	MI	Build in data and evaluation from the start.

Name of Court	State	Advice
Kansas City	MO	Communication and collaboration is the key. Also players must be willing to step out of traditional roles.
Charlotte	NC	Establish a model; learn that model; educate systems and community about the concept; show results or methodology for results.
Warren Co.	NC	Have a lock-up facility available to assure presence of participants treatment and counseling.
Camden	NJ	Work as a team, the clients are all of yours.
Newark	NJ	Do lots of planning and meetings with all involved parties'.
Las Cruces	NM	Attempt funding at the State or federal level. Be sure to include key stakeholders and work hard at effective communication among judges and treatment. One treatment provider.
Reno	NV	Do all the pre-planning you can, but just start. No matter how well you plan, you will make changes as you go along.
Akron	OH	See Court response.
Logan Co.	OK	Have a good plan, but don't over plan. No matter how much you plan it is never going to look the same on paper as it actually works out. Always provide structure and consistency for clients but maintain flexibility that will enable your court to develop into a program that meets the individual needs of your community. Communicate with all team members.
Eugene	OR	Do it - it helps people - work it out - be creative.
Grants Pass	OR	Remember that this population require all resources.
Klammath Falls	OR	Get all interested agencies, judicial, corrections and D.A.'s Office in sync at meetings.
Roseburg	OR	Leave ego out and play as a team. Communicate on a regular basis with all team members!
Philadelphia	PA	begin planning as early as possible and get your concerns known.
San Juan	PR	Needs assessment, criminality profile, services inventory, more training to the personnel, identify the gaps area in the collaborative effort.
Lexington	SC	Go Slow
Austin	TX	Plan in advance.
Beaumont	TX	See Part I
Roanoke	VA	Start the process as a "team," with delineation of mutual roles and responsibilities.
Seattle	WA	Plan for chronic, late-stage drug users with multiple life problems. Have adequate funds for residential Tx. If funds very limited, screen carefully for those who have some skills and connections to main society.