



NATIONAL  
DRUG COURT  
INSTITUTE

# PAINTING THE CURRENT PICTURE:

A NATIONAL REPORT CARD  
ON DRUG COURTS AND  
OTHER PROBLEM-SOLVING  
COURT PROGRAMS IN THE  
UNITED STATES

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**BJA** **Bureau of Justice Assistance**  
Office of Justice Programs ■ U.S. Department of Justice

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The National Association of Drug Court Professionals (NADCP) was established in 1994 as the premier national membership and advocacy organization for drug courts. Representing over 16,000 drug court professionals and community leaders, NADCP provides a strong and unified voice to our nation's leadership. By impacting policy and legislation, NADCP creates a vision of a reformed criminal justice system. NADCP's mission is to reduce substance abuse, crime, and recidivism by promoting and advocating for the establishment and funding of drug courts and providing for the collection and dissemination of information, technical assistance, and mutual support to association members.

### **About the National Drug Court Institute ([www.ndci.org](http://www.ndci.org))**

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

# **Painting the Current Picture:** A National Report Card on Drug Courts and Other Problem-Solving Court Programs in the United States

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## **Volume II, Number 1**

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# National Drug Court Institute

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NDCI especially wishes to express its sincere gratitude to those individuals who contributed to, and/or reviewed drafts of, this document:

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## CONTENTS

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<b>Introduction</b> .....	vi
<b>Drug Courts: A National Phenomenon</b> .....	2
<b>DWI Courts</b> .....	5
<b>Drug Courts Work: The Latest Review of the Scientific Literature</b> .....	6
<b>Drug Court Capacity</b> .....	8
<b>Primary Drugs of Choice Among Drug Court Participants</b> .....	8
<b>Methamphetamine Use Among Drug Court Participants</b> .....	12
<b>Drug Courts in Action: A Graduate's Perspective</b> .....	14
<b>Drug-Free Babies</b> .....	15
<b>Drug Court Legislation and State Appropriations</b> .....	16
<b>Problem-Solving Courts: Emerging Variations</b> .....	18
<b>Definitions of Problem-Solving Courts</b> .....	21
<b>Resource Organizations</b> .....	25
<b>References</b> .....	26

## TABLES AND FIGURES

---

<b>Figure 1:</b> Timeline of Drug Courts and Other Problem-Solving Courts in the United States .....	1
<b>Table 1:</b> Operational Drug Court Programs in the United States .....	3
<b>Table 2:</b> Drug Court Types by Year .....	4
<b>Figure 2:</b> Operational Drug Court Programs in the United States .....	7
<b>Table 3:</b> Number and Type of Operational Drug Court Programs in the United States (December 2007) .....	9
<b>Figure 3:</b> Total of 2,147 Drug Courts in the United States (December 2007) .....	10
<b>Figure 4:</b> Survey Results: Primary Drug of Choice Among Urban Drug Court Clients .....	11
<b>Figure 5:</b> Survey Results: Primary Drug of Choice Among Suburban Drug Court Clients .....	11
<b>Figure 6:</b> Survey Results: Primary Drug of Choice Among Rural Drug Court Clients .....	12
<b>Figure 7:</b> Increase in Methamphetamine as Primary Drug of Choice Among Drug Court Clients .....	13
<b>Table 4:</b> Drug Court Legislation and State Appropriations .....	17
<b>Table 5:</b> Number and Type of Operational Problem-Solving Courts in the United States (December 2007) .....	19
<b>Figure 8:</b> Total of 3,204 Problem-Solving Courts in the United States (December 2007) .....	20
<b>Table 6:</b> Primary State Points of Contact Survey Respondents .....	24



## Introduction

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### **Painting the Current Picture: A National Report Card on Drug Courts and Other Problem-Solving Court Programs in the United States**

This report provides an update of drug court and other problem-solving court activity in every state, territory, and district in the United States since the release of the inaugural issue of *Painting the Current Picture: A National Report Card on Drug Courts and Other Problem-solving Court Programs in the United States, Volume I, Number 1* in May 2004.

*Volume II, Number 1* provides summary results from the 2005 National Survey on Drug Courts and Other Problem-solving Courts, conducted by the National Drug Court Institute ending on December 31, 2005. Aggregate numbers of drug courts and other problem-solving courts come from a follow-up survey conducted by the National Drug Court Institute ending on December 31, 2007.

The NDCI National Survey instrument was sent to a “Primary Point of Contact (PPC)” in each state. The representative organizations were wide-ranging from the State Supreme Court (e.g., Louisiana), the Administrative Office of the Courts (e.g., Missouri, California), the Governor’s Office (e.g., Texas), the Single State Agency for Alcohol and Drug Services (e.g., Oklahoma), or independent state commissions (e.g., Maryland). In those instances in which a state did not have a designated statewide drug court coordinator or director, the state Drug Court Association or Congress of State Drug Court Associations was asked to identify a PPC.

In addition to forwarding the survey instrument to an identified state drug court PPC, NDCI also courtesy-copied the survey instrument to, on average, two additional officials in each state, totaling 168 surveyors nation-

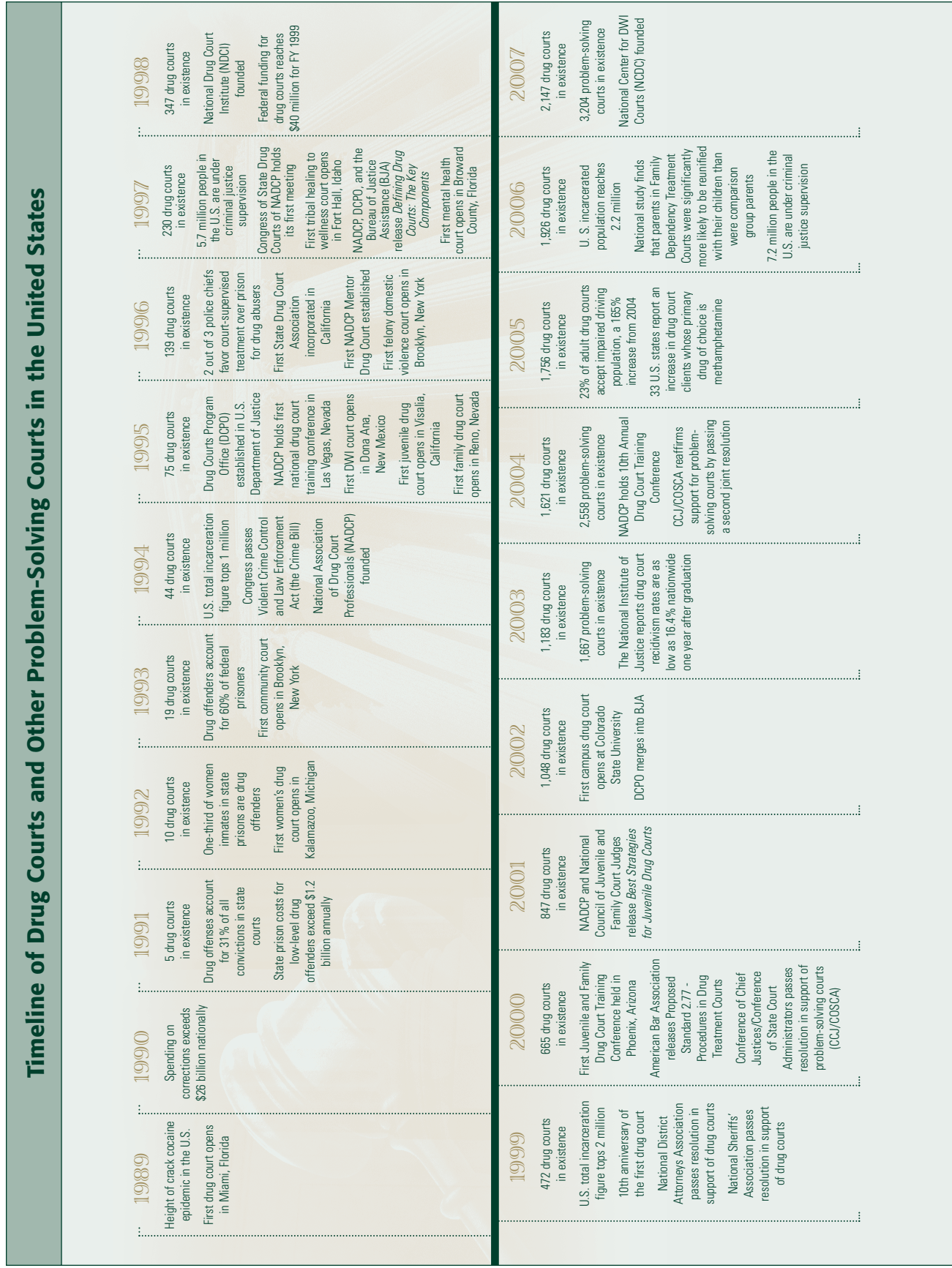
wide. These included the president of each state drug court association, designated state members of the Congress of State Drug Courts Associations, National Association of Drug Court Professionals (NADCP) Board Members, and other individuals possessing comprehensive knowledge regarding drug court and other problem-solving court activities in their state. By this process, NDCI insured a thorough and accurate snapshot in time of the number and type of operational drug courts and other problem-solving court programs in the United States as of the concluding date of the survey.

Specific to this volume and in addition to reporting the type and aggregate number of operational drug courts and other problem-solving court programs throughout the United States, a section is dedicated to major drug court research literature since the release of Volume I, Number 2, as well as state-specific drug court legislation and the amount of each state’s appropriation supporting such court programs (Table 4).

This year’s report also provides key information about current drug court models, populations, and participant drug-of-choice trends as well as the number of confirmed drug-free babies born to active female drug court participants in 2005. Finally, this volume offers a client success story from a drug court that is effectively managing methamphetamine-addicted participants.



Figure 1



## Drug Courts: A National Phenomenon

Drug courts represent the coordinated efforts of justice and treatment professionals to actively intervene and break the cycle of substance abuse, addiction, and crime. As an alternative to less effective interventions, drug courts quickly identify substance-abusing offenders and place them under ongoing judicial monitoring and community supervision, coupled with effective, long-term treatment services.

In this blending of systems, the drug court participant undergoes an intensive regimen of substance abuse treatment, case management, drug testing, and probation supervision while reporting to regularly scheduled status hearings before a judge with specialized expertise in the drug court model (Fox & Huddleston, 2003). In addition, drug courts increase the probability of participants' success by providing a wide array

*Research verifies that no other justice intervention can rival the dramatic results of those produced by drug courts.*

of ancillary services such as mental health treatment, trauma and family therapy, job skills training, and many other life-skill enhancement services.

Research verifies that no other justice intervention can rival the results produced by drug courts. Drug courts are demonstratively effective. According to over a decade of research, drug courts significantly improve substance abuse treatment outcomes, substantially reduce crime, and produce greater cost benefits than any other justice strategy. Scientists from the Treatment Research Institute at the University of Pennsylvania reported in 2003, "To put it bluntly, we know that drug courts outperform virtually all other strategies that have been used with drug-involved offenders" (Marlowe, DeMatteo, & Festinger, 2003). Additionally, Columbia University's historic analysis of drug courts concluded that drug courts provide "closer, more comprehensive supervision and much more frequent drug testing and monitoring during the program than other forms of community supervision. More importantly, drug use and criminal behavior are substantially reduced while offenders are participating in drug court" (Belenko, 1998, p. 2). In 2005, the U.S. Government Accountability Office (GAO) published an extensive review of drug court research and concluded that adult drug court programs substantially reduce crime by lowering re-arrest and conviction rates among drug court graduates well after program completion, and thus, greater cost/benefits for drug court participants and graduates than comparison group members (GAO, 2005).

As of December 31, 2007, there are 2,147 drug courts in operation (Table I), a 32% increase from 2004. Drug courts are an exemplar of best practices with substance-involved offenders. Treatment is not

enough—immediacy and certainty of responses are critical for behavioral change, and judicial intervention and oversight are the best ways to implement best practices and elicit exceptional outcomes.

Table 1

Operational Drug Court Programs in the United States	
Year	To Date
1989	1
1990	1
1991	5
1992	10
1993	19
1994	40
1995	75
1996	139
1997	230
1998	347
1999	472
2000	665
2001	847
2002	1,048
2003	1,183
2004	1,621
2005	1,756
2006	1,926
2007	2,147

Ultimately, the power of drug court lies in improving lives and saving families. Drug courts give hope to the hopeless by reuniting parents with children, citizens with their community, and spouses with one another. As one drug court judge sums up the immeasurable impact of drug court:

*There are 2,147 drug courts currently in operation throughout the United States.*

*I was sitting at our November Graduation last week. I saw a woman who I remember from her first drug court session two years ago. At that time, she was physically anxious, her face was gaunt, shaking, crying uncontrollably, and had*

*about a week off of meth. She couldn't even sign the attendance sheet. She was insane and appeared delusional as she cried to the group about how her husband had left, that she had no place to stay, that meth had destroyed her, and that she didn't think she could make it in the program. All she needed was a chance.*

*As she made her graduation speech to a full court room of participants, family, and friends, it seemed there was an entirely different individual before the court and her peers. Her face was glowing, she had celebrated 2 years of sobriety, and her 15 year old son stood up and addressed the court in tears that he was grateful the drug court program had given his mother back to him. There was not a dry eye in the court room. I had chills from being able to be a part of the miracle of recovery. It is one of the most powerful experiences I ever observed. The most rewarding part of my job is being able to see and be a part of those who work a program of recovery. Drug court works miracles!*

*The most rewarding part of my job is being able to see and be a part of those who work a program of recovery.*

Drug courts offer a light in the midst of the darkness. From the Texas architect who did not lose his professional license because drug court, while facilitating his sobriety, spared him a felony conviction, to the California mother who, as a drug court graduate, inspired her alcoholic father to seek recovery after 40 years of addiction, the personal accounts of drug court's effectiveness are impressive.

Headlines across the nation offer tales of success born of drug courts: "Courting Addiction: Drug Court Gives Addicted Felons One Last Chance" (Indar, 2003); "Drug Court Proves It's Worth Effort: Offenders Must Give Back to Community" (Zemke, 2004); "Where Miracles Can Happen: The Promise of Drug Court Programs" (Hughes, 2004); "Holistic Court Gives a Teen Hope for a Drug-free Future" (Dobbin, 2003).

Table 2

<b>Drug Court Types by Year</b>				
	<b>12/31/04</b>	<b>12/31/05</b>	<b>12/31/06</b>	<b>12/31/07</b>
Adult:	811	985	1,115	1,174
Juvenile:	357	386	408	455
Family:	153	196	229	301
Designated DWI:	176	74	81	110
Reentry:	68	44	20	24
Tribal:	54	65	67	72
Campus:	1	1	1	6
Federal District:	1	4	5	5
<b>Total</b>	<b>1,621</b>	<b>1,756</b>	<b>1,926</b>	<b>2,147</b>

An *Oklahoma Gazette* article simply titled “Antidote” speaks of drug court’s impact on a young woman named Stephanie.

Arrested at 3 o’clock in the morning, driving with her husband in a car full of stolen property, bad credit cards and drugs; she had been doing methamphetamine for seven hard years with two prior felony convictions. The drug habit drove her crimes; she needed money for her next fix. She would be put in prison for 28 years to life on one more conviction.

But, instead, two and a half years later, she’s drug free, holding a job at an Oklahoma City violin sales business and helping oth-

***Tricia credits drug court with saving her life.***

ers who are facing the same dark future she avoided...

In [her] experience, drug court is a necessity. Someone hooked on drugs, driven

to commit crimes to support a habit, can’t break the cycle alone, she said. (Brus, 2004, p.10)

The life changes wrought by drug court are far more than cosmetic. For some, the changes are life saving. In a *Chico News & Review* article, Tricia N. acknowledged

thoughts of suicide at the time she entered drug court. Tricia was introduced to drug court at a time when she had nothing more to lose. “I was out there on the streets...and the drugs weren’t working any more. I didn’t know where else to turn. I didn’t want to be here anymore, [I] just wanted to check out” (Indar, 2003, ¶ 6). Less than 2 years later, a clean and sober, gainfully employed, eight-months pregnant, and soon to be married Tricia credits the drug court program for saving her life. She now works with other recovering addicts.

With the application of scientifically sound practices, drug court’s effectiveness is no fluke. The melding of the criminal justice and therapeutic systems helps effectuate change from state to state in myriad individuals from all backgrounds.

Now numbering 1,174, adult drug courts comprise the majority of operational problem-solving court programs in the United States. Unlike the first generation of adult drug court programs, which tended to be diversionary or pre-plea models, today only 7% of adult drug courts are diversionary programs compared to 59% which are strictly post conviction. Interestingly, another 19%



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***Seventy-eight percent of adult drug courts today have a probationary or post plea condition.***

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of adult drug courts report serving both pre-adjudication and post-plea participants. In all, 915 or 78% of adult drug courts nationwide have a probationary or post-

plea condition, suggesting that drug courts are working more often with a higher risk and higher need offender population.

This trend seems quite appropriate in light of research conducted by the Treatment Research Institute at the University of Pennsylvania, which concluded that high-risk clients who have more serious antisocial propensities or drug-use histories performed substantially better in drug court when they were required to attend frequent status hearings before the judge (Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006). Some of

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***Drug courts are working more often with a higher risk and higher need offender population.***

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the most recent research on drug court reports their effects are greatest for “high-risk” offenders who have more severe criminal histories and drug problems. This suggests

that drug courts may be best suited for the more incorrigible and drug-addicted offenders who cannot be safely or effectively managed in the community on standard probation (Marlowe, 2006).

## **DWI Courts**

The swell of probationary or post-plea drug courts may be caused by increasing numbers of drug courts treating target populations that demand a post-conviction probationary sentence. This is especially true of drug courts that accept impaired drivers.

Recognizing that treating high-risk offenders arrested for driving while impaired (DWI)

is complex and requires a combination of countermeasures is just as important as understanding that the type and timing of the intervention is critical to curbing repeat offenders’ illegal and dangerous behaviors (National Association of State Judicial Educators, 2004). This is consistent with a recent National Traffic Safety Board report which suggests the importance of quickly identifying and intervening with those drivers having the highest rates of alcohol-impaired driving (Quinlan et al., 2005).

Recognizing that repeat DWI offenders pose a threat to society in a way very different from other offenders, many jurisdictions are establishing a distinct DWI court or a Hybrid DWI/drug court. A DWI court is a court dedicated to

changing the behavior of the alcohol-dependant offenders arrested for DWI. The goal of DWI court or DWI/drug court is to protect public safety by using the highly successful drug court model that uses treatment and accountability to address the root cause of impaired driving: alcohol and other substance abuse. With the repeat offender as its primary target population, DWI Courts follow *Defining Drug Courts: The Key Components* (NADCP, 1997) and the more recent *Guiding Principles of DWI Courts* (Amendment to Grant Criteria for Alcohol-Impaired Driving Prevention Programs, 2006). Unlike drug courts, however, DWI Courts operate within a post-conviction model. This notion is supported in a resolution by National Mothers Against Drunk Driving (MADD) stating “MADD recommends that DUI/DWI courts should not be used to avoid a record of conviction and/or license sanctions.”

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***Drug courts may be best suited for the more incorrigible and drug-addicted offenders who cannot be safely or effectively managed on standard probation.***

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**Hybrid DWI/Drug Courts represent the largest increase of variation in adult drug courts from 2004 to 2007, up 233%.**

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Hybrid DWI/Drug Courts represent the largest increase of variation in adult drug courts from 2004 to 2007, up 233%. As of December 2007, there are 286 Hybrid DWI/Drug courts in operation representing 24% of

all adult drug courts nationwide. In addition, there are another 110 Designated DWI Courts bringing the total number of specialized courts dealing with repeat impaired drivers to 396.

### **Drug Court Works: The Latest Review of the Scientific Literature**

In February of 2005, the GAO issued its third report on the effects of adult criminal drug courts. Results from 23 program evaluations confirmed that drug courts significantly reduced crime. Moreover, although up-front costs for drug courts were generally higher than for probation, drug courts were found to be more cost-effective in the long run because they avoided law enforcement efforts, judicial case-processing, and victimization resulting from future criminal activity.

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**Four independent meta-analyses have now concluded that drug courts significantly reduce crime rates.**

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In the ensuing years, researchers have continued to uncover definitive evidence for both the efficacy and cost-effectiveness of drug courts. The most rigorous and conservative estimate of the effect of any program is derived from “meta-analysis,” in which scientists statistically average the effects of the program over numerous research studies. Four independent meta-analyses have now concluded that drug courts significantly reduce crime rates an average of approximately 7 to 14 percentage points (Aos, Miller, & Drake, 2006; Lowenkamp, Holsinger, & Latessa,

2005; Shaffer, 2006; Wilson, Mitchell, & MacKenzie, 2006). In some evaluations the effects on crime were as high as 35 percentage points.

Statewide evaluations have produced similarly impressive findings. A recent study of nine adult drug courts in California reported that re-arrest rates over a 4-year period were 29% for drug court clients (and only 17% for drug court graduates) as compared to 41% for similar drug offenders who did not participate in drug court (Carey, Finigan, Crumpton, & Waller, 2006). Another study of four adult drug courts in Suffolk County, MA, found that drug court participants were 13% less likely to be re-arrested, 34% less likely to be re-convicted, and 24% less likely to be re-incarcerated than probationers who had been carefully matched to the drug court participants using sophisticated “propensity score” analyses (Rhodes, Kling, & Shively, 2006). A recent long-term evaluation of the Multnomah County (Portland, OR) Drug Court found that crime was reduced by 30% over 5 years, and effects on crime were still detectable an astounding 14 years from the time of arrest (Finigan, Carey, & Cox, 2007).

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**Crime was reduced by 30% over 5 years and effects on crime were still detectable an astounding 14 years from the time of arrest.**

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In line with their effects on crime rates, drug courts have continued to prove cost-effective.

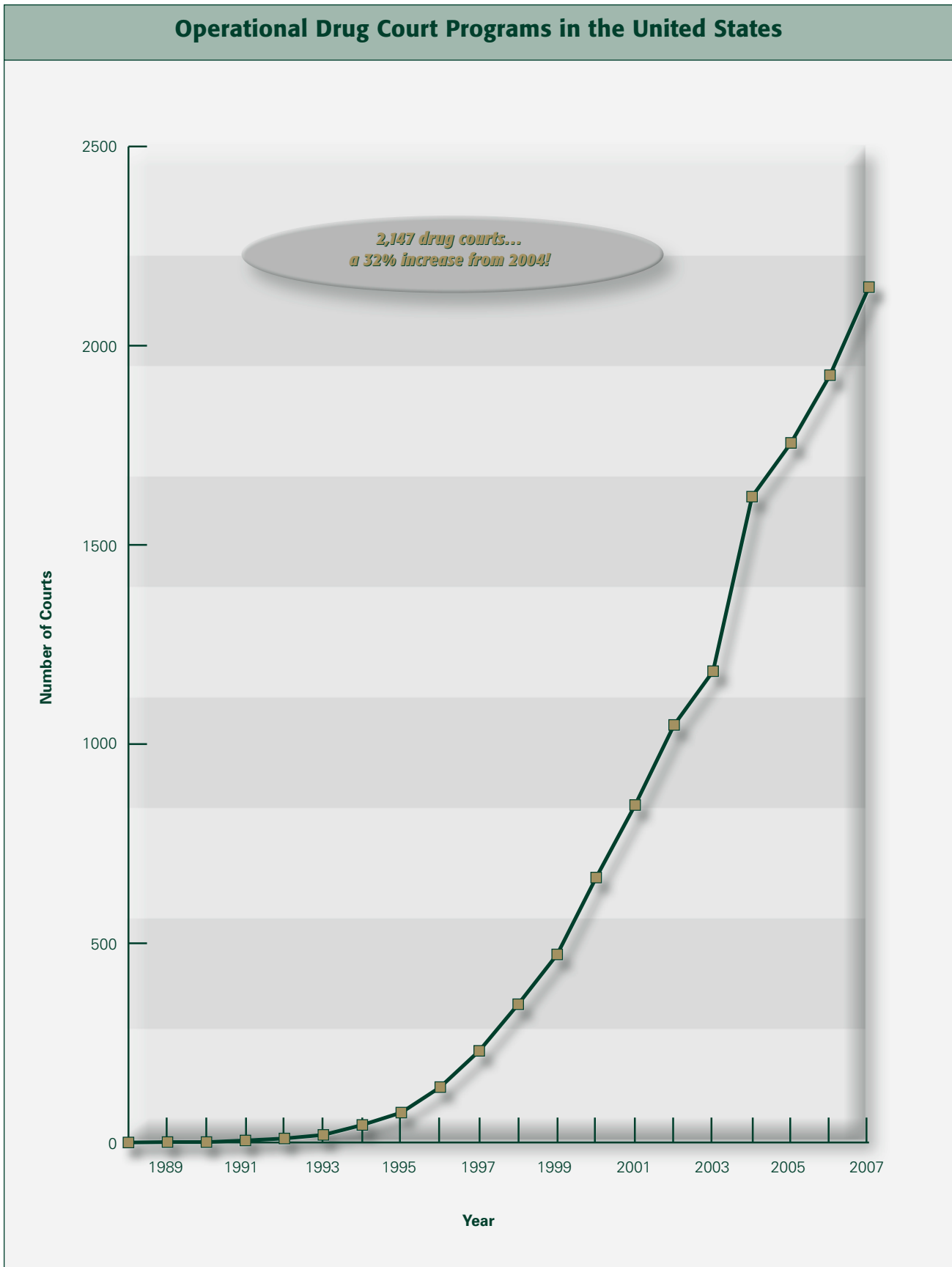
One economic analysis in Washington State concluded that drug courts cost an average of \$4,333 per client, but save \$4,705 for taxpayers and \$4,395 for potential crime victims, thus yielding a net cost-benefit of \$4,767 per client (Aos et al., 2006). Another economic

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**In California, drug courts cost an average of \$3,000 per client, but save an average of \$11,000 per client over the long term.**

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Figure 2





analysis in California concluded that drug courts cost an average of about \$3,000 per client, but save an average of \$11,000 per

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*Cocaine/crack is the primary drug of choice for urban drug court clients, marijuana for suburban drug court clients, and methamphetamine for rural drug court clients.*

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client over the long term (Carey et al., 2006). The Multnomah County Drug Court was found to cost less than business as usual for drug offenders, because probationers typically have multiple failed treatment experiences that are very expensive but elicit few gains. Factoring in cost-offsets from reduced arrests

resulted in net savings of \$6,744 per participant and \$12,218 when victimization was also accounted for (Finigan, Carey, & Cox, 2007).

### Drug Court Capacity

The continued increase in the number of drug courts and their participants suggests the need for real solutions for issues facing the courts such as substance abuse, child abuse and neglect, and driving under the

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*More than 19,900 participants graduated from drug court in 2005.*

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influence. In fact, over 70,000 drug court clients are currently being served at any given time throughout the United States and its territories. In addition, more than 19,900 participants graduated from drug court in 2005. Given that only two-thirds of the jurisdictions provided usable data on these items, the actual number of clients being served and graduating drug courts nationally is expected to be substantially higher.

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*Over 70,000 drug court clients are being served at any given time throughout the U.S.*

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### Primary Drugs of Choice Among Drug Court Participants

Drug use trends among drug court participants vary by state as well as by urban, suburban, and rural areas. Among 74% of states and territories surveyed, cocaine/crack is the primary drug of choice for urban drug court clients, marijuana is the primary drug of choice for suburban drug court clients, and methamphetamine is the primary drug of choice for rural drug court clients.



Table 3

**Number and Type of Operational Drug Court Programs in the United States (December 2007)**

	Total Drug Courts	Adult	Adult (Probation/Post-Plea)	Adult (Diversionary/Pre-Plea)	Adult (Hybrid Pre/Post-Plea)	Adult (Unknown Type)	Juvenile	Family	Tribal*	Designated DWI	Campus	Reentry Drug	Federal District
Alabama	32	25	0	0	0	25	0	6	0	1	0	0	0
Alaska	13	1	1	0	0	0	0	0	1	4	7	0	0
Arizona	53	15	12	3	0	0	2	17	4	13	4	0	0
Arkansas	41	39	30	3	4	2	0	2	0	0	0	0	0
California	217	104	88	4	12	0	0	48	51	2	10	0	2
Colorado	31	15	3	0	0	12	0	5	7	1	2	1	0
Connecticut	4	3	3	0	0	0	0	0	0	1	0	0	0
Delaware	12	9	3	6	0	0	0	3	0	0	0	0	0
District of Columbia	6	3	2	0	1	0	0	1	1	0	0	1	0
Florida	110	52	15	22	10	5	0	30	25	0	2	0	1
Georgia	55	28	25	0	1	2	1	9	6	0	12	0	0
Guam	2	1	1	0	0	0	0	1	0	0	0	0	0
Hawaii	9	4	0	0	4	0	0	3	2	0	0	0	0
Idaho	57	41	41	0	0	6	7	2	3	4	0	0	0
Illinois	27	24	0	0	0	24	2	3	0	0	0	0	0
Indiana	32	25	7	5	13	0	17	3	4	0	0	0	0
Iowa	22	11	6	0	5	0	0	7	4	0	0	0	0
Kansas	8	3	0	1	2	0	0	1	0	0	0	4	0
Kentucky	78	54	8	2	37	7	0	20	4	0	0	0	0
Louisiana	50**	27	22	0	5	0	6	18	2	0	1	0	2
Maine	17	7	7	0	0	0	0	6	3	1	0	0	0
Maryland	39	20	12	0	8	0	1	15	4	0	0	0	0
Massachusetts	25	19	19	0	0	0	0	5	0	0	0	0	1
Michigan	76	29	29	0	0	0	19	18	6	4	18	0	1
Minnesota	29	15	0	0	0	15	5	4	2	0	8	0	0
Mississippi	21	15	15	0	0	0	15	6	0	0	0	0	0
Missouri	124	75	38	1	36	0	44	19	14	0	3	0	13
Montana	18	5	4	0	1	0	1	4	4	5	0	0	0
Nebraska	21	10	10	0	0	0	0	1	4	6	0	1	0
Nevada	37	22	0	0	0	22	0	5	3	5	1	1	0
New Hampshire	9	2	2	0	0	0	0	7	0	0	0	0	0
New Jersey	28	21	21	0	0	0	0	4	3	0	0	0	0
New Mexico	40	13	3	0	10	0	6	13	3	6	5	0	0
New York	172	99	56	0	43	0	74	18	54	0	0	0	1
North Carolina	38	19	14	2	2	1	0	5	10	2	2	0	0
North Dakota	10	2	2	0	0	0	0	5	0	2	0	1	0
Ohio	82	34	0	0	0	34	0	28	16	0	4	0	0
Oklahoma	57	39	39	0	0	0	37	8	2	5	2	1	0
Oregon	51	26	13	0	13	0	1	13	8	0	2	0	2
Pennsylvania	35	19	14	4	1	0	3	7	2	0	7	0	0
Puerto Rico	8	8	8	0	0	0	0	0	0	0	0	0	0
Rhode Island	10	2	0	0	2	0	0	4	3	0	0	1	0
South Carolina	31	15	12	2	0	1	1	11	5	0	0	0	0
South Dakota	4	0	0	0	0	0	0	0	0	4	0	0	0
Tennessee	49	37	37	0	0	0	26	7	2	0	3	0	0
Texas	77	47	27	8	8	4	7	17	10	1	0	2	0
Utah	47	18	18	0	0	0	6	9	14	0	6	0	0
Vermont	6	3	2	0	1	0	0	1	2	0	0	0	0
Virginia	28	16	9	7	0	0	0	8	3	0	1	0	0
Washington	48	21	0	0	0	21	1	10	7	9	1	0	0
West Virginia	5	3	1	0	2	0	2	2	0	0	0	0	0
Wisconsin	21	15	0	14	1	0	1	1	0	2	3	0	0
Wyoming	25	14	13	0	1	0	1	7	2	1	1	0	0
Totals	2,147	1,174	692	84	223	175	286	455	301	72	110	6	24

\* Tribal data was derived from the Bureau of Justice Assistance Drug Court Clearinghouse (2007).

\*\* The Louisiana Supreme Court Drug Court Office funds 45 local drug court programs: adult and juvenile (G. Byars, personal communication, May 1, 2008). However, NDCI counts family, DWI, and reentry drug courts to arrive at a total of 50 drug courts in Louisiana.

**Total of 2,147 Operational Drug Courts in the United States (December 2007)**

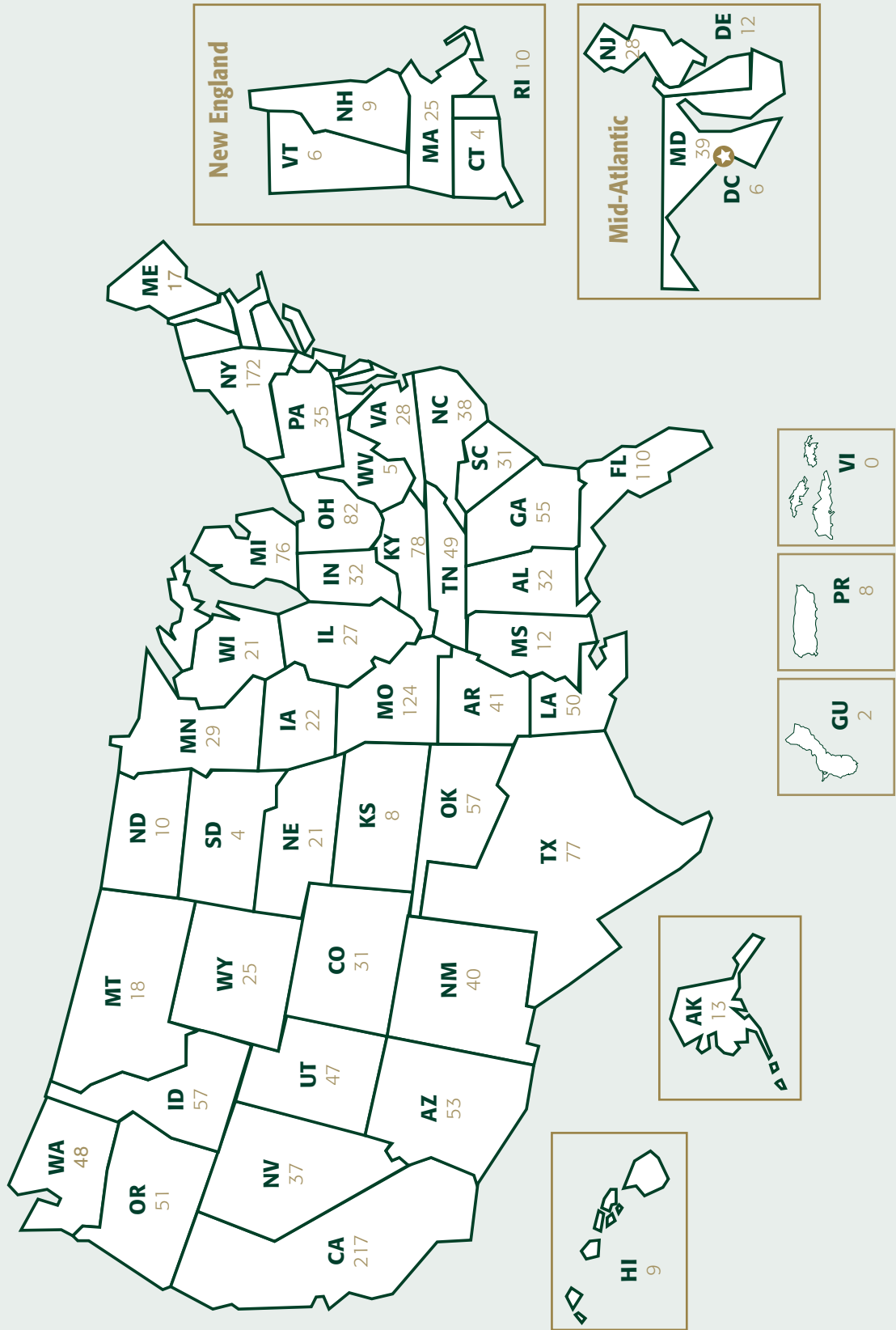


Figure 3

Figure 4

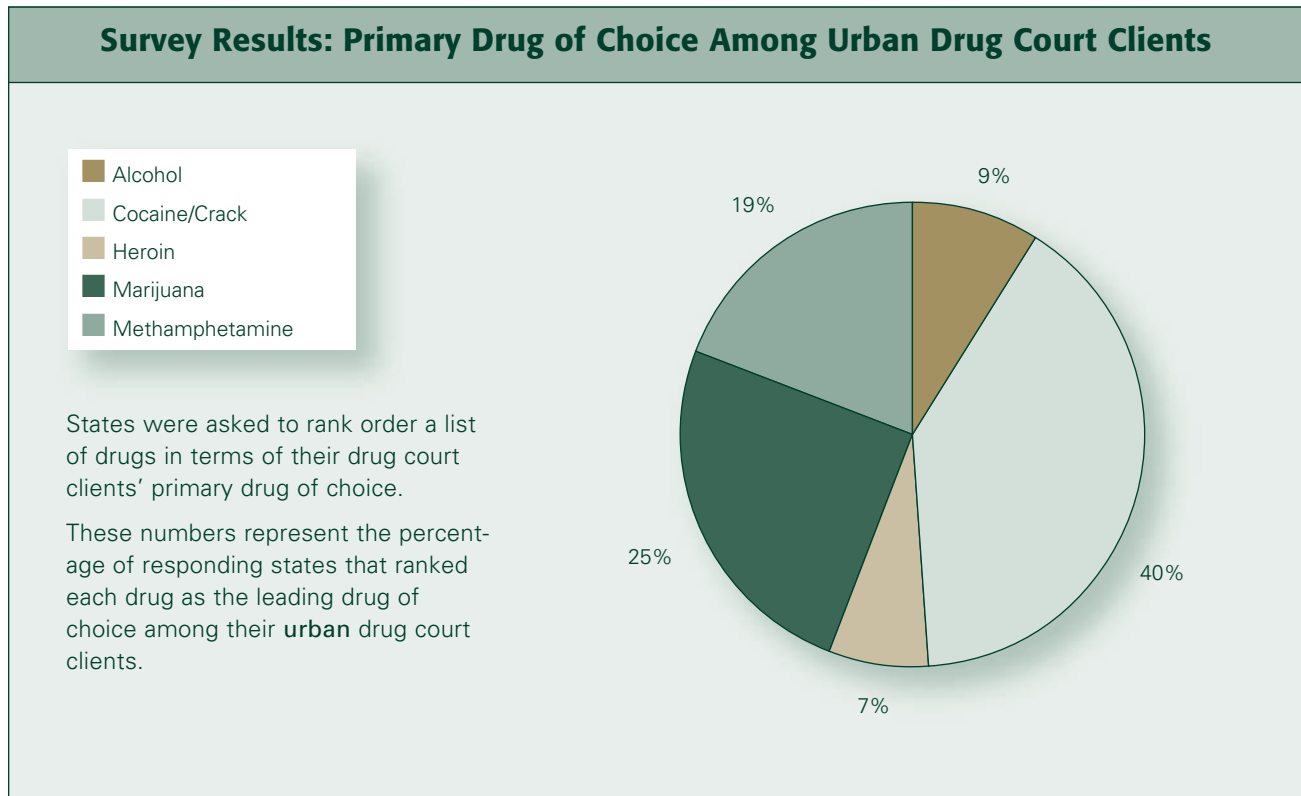


Figure 5

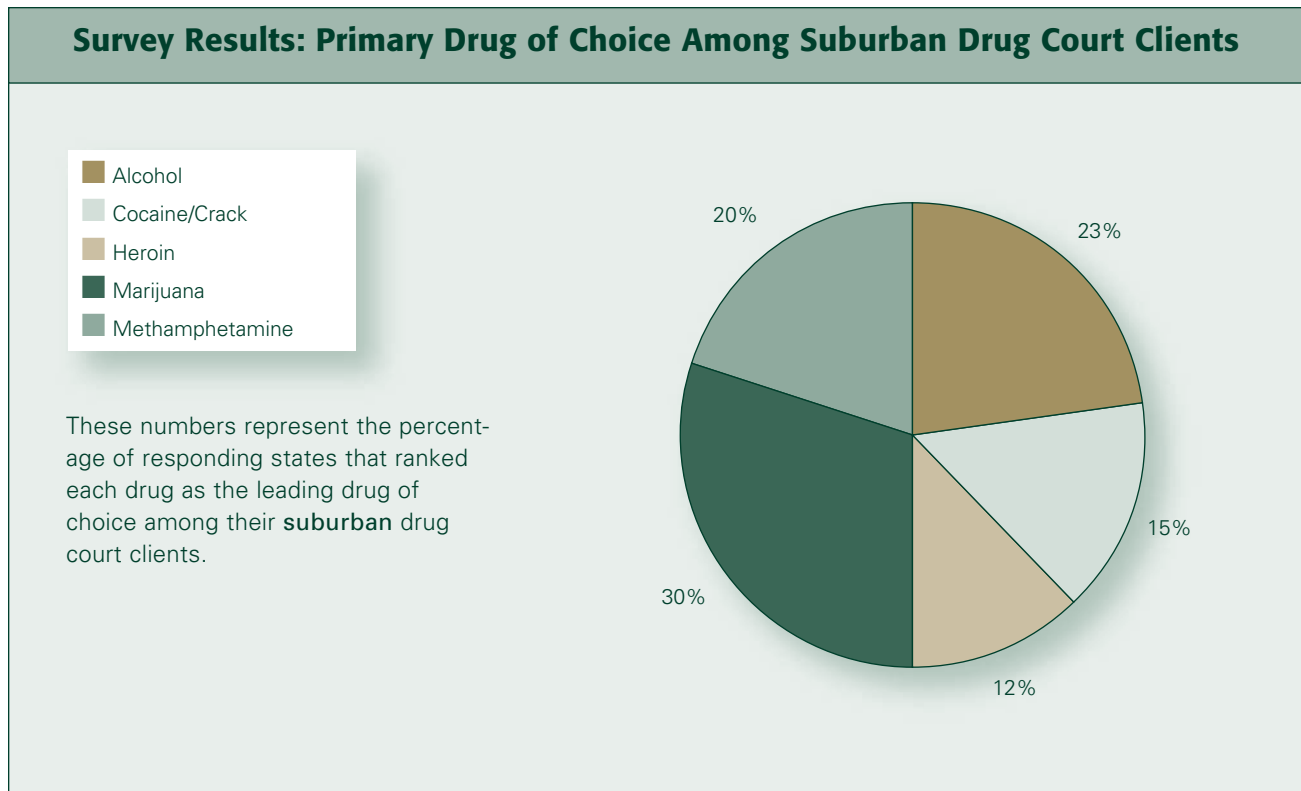
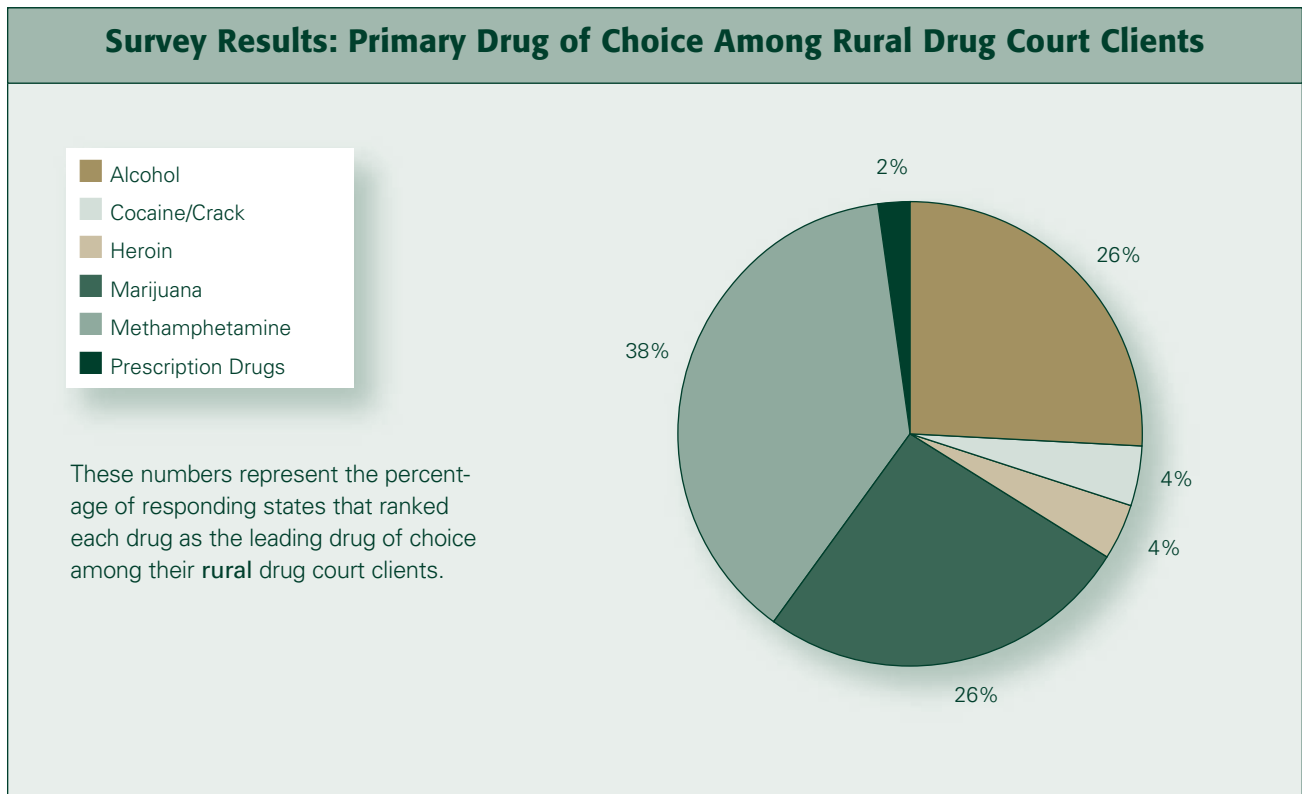


Figure 6



### Methamphetamine Use Among Drug Court Participants

Methamphetamine, a “pandemic” as described by Peter Carlyle, Prosecuting Attorney of Honolulu, Hawaii, is having a devastating effect on our nation. The increasingly widespread production, distribution, and use of meth are now affecting urban, suburban, and rural communities nationwide.

In a recent report by the National Association

*The number of methamphetamine users and addicts appears to be on the rise within drug court client populations.*

of Counties (NACo), 87% of the 500 responding law enforcement agencies report increases in meth-related arrests starting 3 years ago; 58% of counties report that methamphetamine was their highest drug

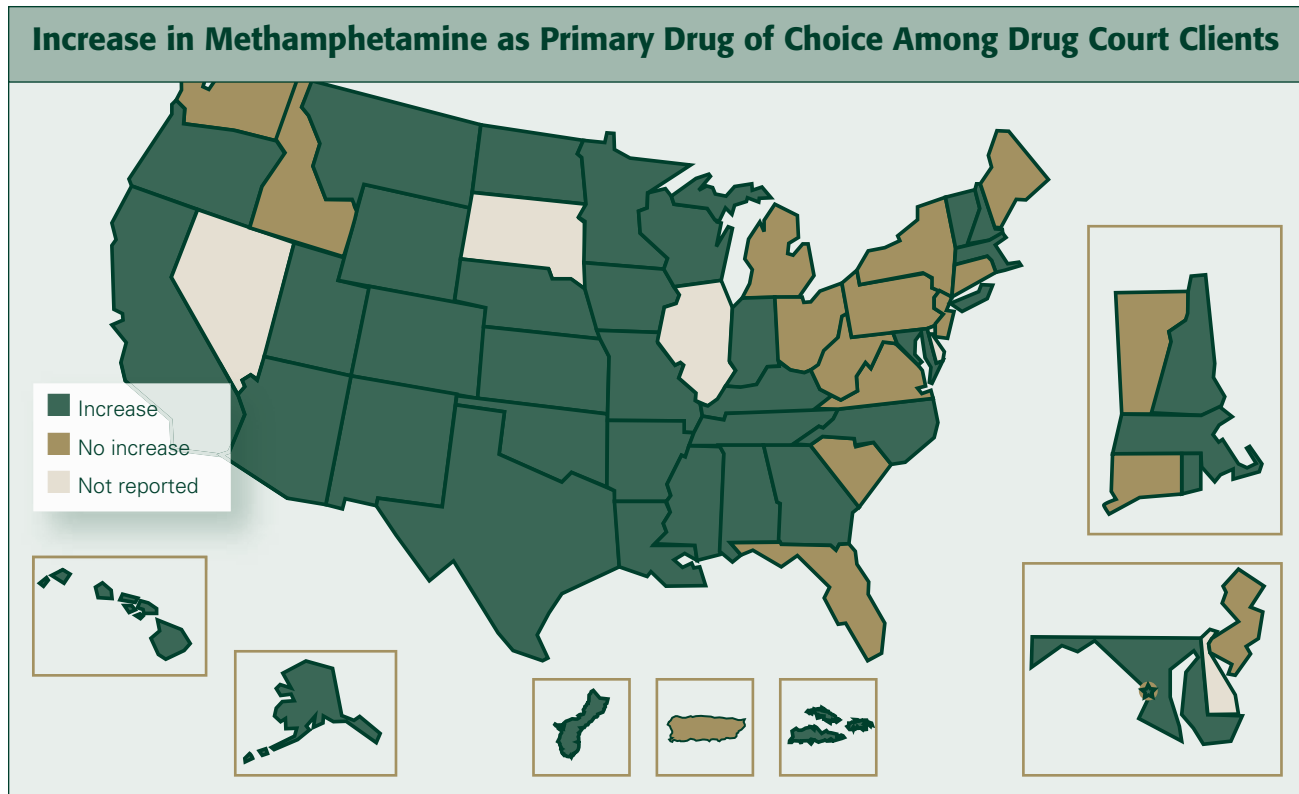
problem; and 50% of counties estimated that 1 in 5 of their current jail inmates was arrested because of meth-related crimes (Kyle &

Hansell, 2005). Furthermore, 73% of hospital officials surveyed report that emergency room presentations involving methamphetamine have increased over the last 5 years, and 68% reported continuing increases during the last 3 years (Hansell, 2006).

The number of methamphetamine users and addicts appears to be on the rise within drug court client populations. When asked “in the past year, has your state seen an increase in drug court clients who report methamphetamine as their primary drug of choice,” 34 states and territories answered “Yes,” 15 answered “No,” and 4 could not answer the question due to lack of data.

*34 U.S. states and territories report an increase in drug court clients who present with methamphetamine as their primary drug of choice.*

Figure 7



In the juvenile drug court in Guam, 100% of clients report methamphetamine as their primary drug of choice (E. Barrett-Anderson, personal communication, August 16, 2006) and in Georgia, Hawaii, Iowa, Mississippi, Nebraska, and Oregon, 75% or more of drug courts statewide report a significant increase in meth use among drug court populations. States such as Connecticut, Florida, Idaho, Maine, Michigan, New Jersey, New York, North Dakota, Ohio, South Carolina, Vermont, Virginia, Washington, and West Virginia report no increase.

*“We are thirty years deep in the meth epidemic in Butte County, California, and drug courts are the only thing that has worked with this population,” says Helen Harberts, Special Assistant District Attorney.*

The effects of methamphetamine on the user are destructive. Methamphetamine addicts suffer from unique post-use responses that range from violence, paranoia, and agitation

to cognitive impairments such as memory loss, confusion, insomnia, depression, and boredom. Most alarming is the neurological and physical damage and psychotic symptoms that can persist for months or years after use has ceased. Therefore, in order to ensure the methamphetamine-addicted offender is abstinent and progressing in recovery, a long-term view of treatment and accountability are required (Huddleston, 2005).

Drug courts take into account the special issues of methamphetamine addicts, offering more intensive treatment regimens, ongoing judicial supervision, home visits, mental health treatment, and services ranging from dental care to housing assistance. The drug court is unprecedented in its ability to effectively intervene with the

*Drug court is unprecedented in its ability to effectively intervene with the methamphetamine abusing population and unparalleled by any other criminal justice response.*



methamphetamine abusing population and unparalleled by any other criminal justice response. In the largest controlled study of methamphetamine treatment efforts conducted to date, approximately 1,000 individuals actively using methamphetamine were evaluated across eight treatment sites using different

***The drug court site produced superior results compared to the other seven sites.***

treatment modalities. The drug court site produced superior results compared to the other seven sites. Treatment retention rates were significantly higher at the drug court site, as was the percentage of negative drug tests while participants were in treatment (Rawson et al., 2004). At discharge and at 6 and 12 months post admission, drug court participants demonstrated significantly less drug use as evidenced by urine test and self report than non-drug court participants. In addition, superior post-treatment outcomes were associated with longer stays in treatment (Marinelli-Casey et al., 2006).

**Drug Courts in Action:  
A Graduate's Perspective**

*Before I ever got into drug court, I had an amazing husband who I loved with my whole heart and soul. We had an incredible daughter and a beautiful home we had bought together. I had a great job with a promising future. I was well liked by coworkers and friends. To the outside world, my life must have seemed perfect. The thing no one knew was that I was a meth addict, actively using and hating myself. Every morning when I awoke, I felt only shame and self-loathing. I knew that I was worthless. I wanted to ask for help, but I didn't know how. I knew that if anyone was to find out what I was really like, no one would want to have anything to do with me, and I would lose everything that I had ever cared about.*



Son of Idaho drug court graduate, born drug free.

*I hit rock bottom when I found out that we were going to have a baby and I couldn't stop using. The night before I was arrested, I begged to God to please help me stop because I didn't want to hurt our baby. No matter how badly I wanted to quit using, and no matter how badly I wanted and loved the child inside me, I didn't have the strength. I was completely powerless over my addiction. The very next day I was arrested, and that is when I was introduced to drug court.*

*When I was first accepted into drug court, I made myself a deal. All I had to do was make it the five months until my baby was born, and then I could end it all. I was so tired of living with the guilt and shame of what I had done to the people I loved the most, that I was ready to kill myself. I knew my children would be better off without someone like me as a mother, and I wanted my husband to find someone worthy of his love. I was sure that I had never brought anything but pain to anyone I had ever come in contact with. For the first month I was in drug court, this was my plan, and I thought about it every day.*

*However, drug court had other plans for me. For the first time in a long time, I was made to feel and to deal with these feelings. I was finally surrounded by people just like me, who under-*



*stood exactly what I was going through. I was given a counselor and made to attend weekly groups. I was required to see the judge on a regular basis and there were lots and lots of homework assignments. Gradually, before I even knew it was happening, things began to turn around for me. I began to feel hope. I began to dream about a future without fear and self-loathing. For the first time in a long time, I wanted to live.*

*I am not the same person I was three years ago. I received the most amazing gifts in drug court—things like insight to my fears, understanding of my disease, confidence, and self-esteem. From my weakness has come my strength.*

*Drug court does amazing things with very limited resources. As I have told my mentees on the numerous occasions they have called to tell me how much they hate their counselor, or the judge, or the drug court coordinator, no one involved in drug court wants to see you fail. They don't do it for the money, or for the hours, or for the weekends off. They don't do it for the glamour and prestige that comes from working with a bunch of addicts. They do it because they truly care. To them, we are not bad people trying to get good, but, rather, sick people trying to get well.*

*We lie to them, we fight them, and, I am willing to bet, we sometimes even break their hearts, and yet, they are still there. They acknowledge our failures, and they are still there. They acknowledge our shortcomings, and they are still there. They make us confront our weaknesses, and they are still there.*

*They know, in our pasts, we have almost destroyed the lives of those who love us more than anything in the world, and done things so horrific we can hardly bear to speak of them, and, the damndest thing is, they are STILL there. Well, I am here today as a testament to what becomes of a person when drug court is always "there." And as long as I live, I will be grateful to drug court for being there.*

*Thank you.*

## **Drug-Free Babies**

Consumption of illicit drugs during pregnancy, particularly cocaine and opioids, is highly associated with complications during delivery and can lead to serious consequences for the developing fetus or newborn (Lester et al., 2003). In addition to increasing the risk of infections that can be transmitted from mother to fetus such as hepatitis or sexually transmitted diseases, most illicit drugs readily cross the placenta and can constrict blood flow and oxygen supply to the fetus. Newborns may be physiologically addicted to drugs and may suffer withdrawal symptoms during their earliest hours or days of life (Vidaeff & Mastrobattista, 2003). Such newborns tend to interact less with other people and may be hyperactive, tremble uncontrollably, or exhibit learning deficits that can continue through five years of age or later. Behavioral and learning problems may first emerge in children who were exposed to cannabis in utero when they are over 4 years old (e.g., Merck Research Laboratory, 2005).

The added costs to society of caring for drug-exposed babies can be exceptional. Cost estimates vary considerably depending upon the level of care the child receives and may not always be proportional to the degree of damage suffered. Sadly, seriously drug-exposed newborns may have shortened life expectancies, which paradoxically could cost society proportionately less in medical expenses (but with an incalculably greater cost in human tragedy). Speaking generally, the additional medical costs associated with the delivery of a drug-addicted baby are estimated to range from approximately \$1,500 to \$25,000 per day (Cooper, 2004). Neonatal intensive care expenses can range from \$25,000 to \$35,000 for the care of

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*During 2005, a total of 844 drug-free babies were born to active female drug court clients.*

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low-birth-weight newborns and may reach \$250,000 over the course of the first year of life (Office of Justice Programs, 1997). Continuous care expenses through the age of 18 years for developmentally delayed children can be as high as \$750,000 (Janovsky & Kalotra, 2003).

In the *Painting the Picture* survey, 65% of respondents (34 states and territories) provided usable data on confirmed births of drug-free babies to their drug court participants. During the preceding 12 months, a total of 844 drug-free babies were reported to have been born to active female drug court clients. Respondents were instructed that this number should refer only to births from active female participants in their programs; therefore, it does not include drug-free children born to male participants or to previous graduates of the programs. As such, it could substantially underestimate the impact of drug courts and other problem-solving courts on all drug-free deliveries. Especially given a 65% response rate, the actual number of drug-free deliveries can be expected to be appreciably higher. The total number of all births to drug court participants was not assessed; therefore, it is not possible to ascertain from these data the percentage of drug-free births out of all births.

### **Drug Court Legislation and State Appropriations**

Variations in individual state government law and structure determine whether or not enabling or authorizing legislation is necessary for drug court implementation and operation. Some states have passed legislation specifically defining what drug courts are or specifying certain critical elements of the drug court structure (for example, defining eligibility criteria). Other states have passed legislation to create funding mechanisms for drug courts, such as special fines, fees, or assessments.

Other states with thriving drug court programs have not seen a need to pass legislation to fund program operations.

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*In all, 74% of U.S. states and territories now report authorizing drug court legislation.*

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“Appropriations” for drug court, as presented in Table 4, represent earmarked funds in a state’s budget either from drug court-specific legislation or from other statutory appropriations. “Appropriations” does not include local governmental or private funding, federally funded discretionary or formula awards, block grants, or client fees, and may not include funds used for drug courts from the budgets of state agencies like corrections, substance abuse treatment, or administrative offices of the courts.

### **New Drug Court Legislation**

Arizona, Georgia, Hawaii, Massachusetts, Minnesota, New Mexico, and North Dakota report having new drug court legislation in 2007 where there was none in 2004. In all, 74% of U.S. states and territories surveyed now report authorizing drug court legislation (39 of 53 states and territories).

### **Drug Court Appropriations**

Not surprisingly, 67% of states and territories report that state appropriations and/or budgets fail to meet the demand for drug court services. However, 19% of states surveyed reported that their appropriation met the demand and need for drug court. Another 14% of states could not answer the question. Of the states that reported sufficient funding for drug courts, all had implemented statewide sustainability strategies that enhance institutionalization and generate substantial funding to potentially take the drug court model to scale.

Amazingly, state appropriations for drug court total \$179.37 million nationwide. For every federal dollar invested to start, imple-

Table 4

<b>Drug Court Legislation &amp; State Appropriations (April 2007)</b>			
<b>State</b>	<b>Bill Number</b>	<b>None</b>	<b>Appropriations</b>
Alabama		X	\$1.35 million
Alaska	HB 172 (2001); HB 4 (2002); HB 451 (2004); HB 342 (2004)		Integrated
Arizona	HB 2620, Chapter 296		\$1 million
Arkansas	ACA 16-98-301		\$5.1 million
California	Health and Safety Code 11970.1 – 11970.4		\$26 million
Colorado	CRS 16-11-214 18-1.3-103(5)		\$1.3 million
Connecticut	HB 6137		\$1.63 million
Delaware		X	Integrated
D.C.		X	\$2.84 million
Florida	HB 175		\$2.6 million
Georgia	HB 254 (2005)		\$1 million
Guam	Public Law 28-150		\$518,037
Hawaii	Act 40 (2005)		\$4.56 million
Idaho	Chapter 56, Title 19, Idaho Code		\$1.36 million
Illinois	730 ILCS 1661; 705 ILCS 4101; SB 2654; 705 ILCS 105/27.3d; 55 ILCS 5/5-1101		0
Indiana	IC 12-23-14.5		0
Iowa		X	\$2.1 million
Kansas		X	0
Kentucky		X	\$6.10 million
Louisiana	LSA-RS 13:5301- 13:5304		\$13.3 million
Maine	L.D. 2014Sec. 1 4MRSA 421, 422, 423, Chapter 8		\$1.17 million
Maryland		X	\$4.9 million
Massachusetts	HB 3556		\$600,000
Michigan	2004-Act No. 224; 2006-Act No. 620		\$4.44 million
Minnesota	Article 1, Section 4 of 2005 Public Safety Appropriations Bill		\$450,000
Mississippi	MS Code §9-23-1 through -23; §9-23-51; § 99-19-73		\$4.5 million
Missouri	Section 478.001-478.009 RSMO		\$5.25 million
Montana	HB 819 (pending)		\$2 million (pending)
Nebraska	LB454, LB 538, LB 1060		\$2 million
Nevada	NRS 176.0613		\$3.97 million
New Hampshire		X	0
New Jersey	L.2001, C.243		\$31.4 million
New Mexico	31-21-27		\$9.54 million
New York		X	Integrated
North Carolina	N.C.G.S. 7A-790		\$1.31 million
North Dakota	HB 1191 (2003)		\$267,481
Ohio		X	0
Oklahoma	Title 22 Section 417 et seq		\$19.6 million
Oregon	HB 2485		\$1.25 million
Pennsylvania		X	0
Puerto Rico		X	0
Rhode Island		X	\$815,176
South Carolina	33.7. (PCC: Drug Court Funding)		\$2.15 million
South Dakota	Tribal Drug Courts Only		-
Tennessee	TCA Title 16, Chapter 22		\$3.5 million
Texas	HB 1287 (2001); HB 2668 (2003)		\$750,000
Utah	SB 281 (2000); SB 135 (2005)		\$4.1 million
Vermont	18 VSA 4251		\$415,000
Virgin Islands		X	0
Virginia	Code of Virginia § 18.2 – 254.1		\$2.5 million
Washington	RCW 2.28.170 Drug Courts		\$620,000
West Virginia	W.Va Code 61-11-22(f)(1)-(5); W.Va Code 60A-10-10; W.Va. Code 62-11C-5(d)(10)		0
Wisconsin	2005 Wisconsin Act 25		\$755,000
Wyoming			\$3.2 million

ment, and expand drug courts, the states invest \$4.40. These state investments show how critical federal investments can be to starting and sustaining innovations in criminal justice.

### **Problem-Solving Courts: Emerging Variations**

The most popular type of problem-solving court is undoubtedly the drug court (Berman & Feinblatt, 2005). However, many jurisdictions have implemented a number of other problem-

*As of December 31, 2007, there are 1,057 other<sup>1</sup> operational problem-solving courts in the United States. That represents 513 new problem-solving courts from 2004 to 2007, a 94% increase.*

solving courts designed to address social issues that emerge in the traditional court system such as mental illness, homelessness, domestic violence, prostitution, parole violation, and community reentry from custody. While drug courts, mental health courts, and community courts have received the lion's share of attention to date, they represent just the tip of the iceberg of possibilities. Other problem-solving courts currently in operation include reentry courts, domestic-violence courts, and homeless courts. All 50 state-court chief justices and court administrators have endorsed the

*Adding the total number of operational drug courts and other problem-solving courts, there are 3,204 problem-solving courts in the United States as of December 31, 2007*

further expansion of problem-solving justice, as has the American Bar Association. The interest in problem-solving court justice is not confined to the United States. Drug courts, community courts, and domestic-violence courts have recently been introduced in England and Wales. Problem-solving courts are also operational or being planned in South Africa, Canada, Scotland, New Zealand, Australia, Ireland, Bermuda, Jamaica and other countries (Berman & Feinblatt, 2005).

## **Keeping the Fidelity of the Drug Court Model**

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

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

(NADCP, 1997).

As of December 31, 2007, there are 1,057 other<sup>2</sup> operational problem-solving courts in the United States. Controlling for teen courts,<sup>3</sup> that represents 513 new problem-solving courts from 2004 to 2007, a 94% increase. Adding the total number of operational drug courts and other problem-solving courts, there are 3,204 problem-solving courts in the United States as of December 31, 2007. Although not all problem-solving court models may adhere to each of the Ten Key Components of drug courts, the parentage of most problem-solving court models can be traced to these principles and practices.



**Total of 3,204 Problem-Solving Courts in the United States (December 2007)**

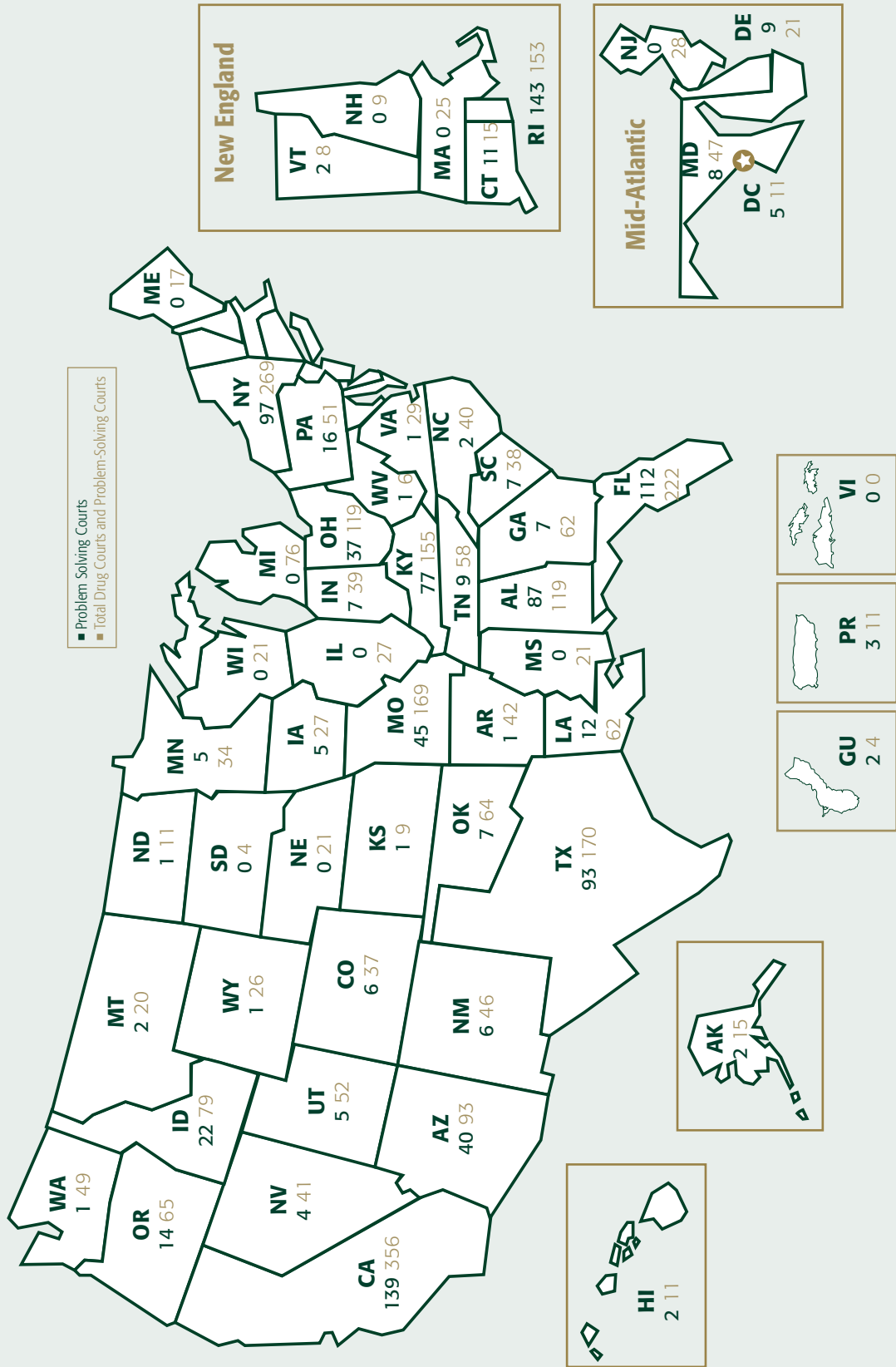


Figure 8



## Definitions of Problem-Solving Courts

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The definitions of problem-solving courts, as found in the scientific and scholarly literature, are included below.

- **Adult Drug Court:** “A specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders and to increase the offender’s likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, and use of appropriate sanctions and other habilitation services” (Bureau of Justice Assistance, 2005, p. 3).
- **Back on TRAC: Treatment, Responsibility, & Accountability on Campus:** The Back on TRAC clinical justice model adopts the integrated public health-public safety principles and components of the successful drug court model and applies them to the college environment. It targets college students whose excessive use of substances has continued despite higher education’s best efforts at education, prevention, or treatment and has ultimately created serious consequences for themselves or others. Back on TRAC operates within the confines of existing resources and without interrupting the student’s educational process. It unites campus leaders, student development practitioners, treatment providers, and health professionals with their governmental, judicial, and treatment counterparts in the surrounding community. (Monchick & Gehring, 2006).
- **Community Court:** Community courts bring the court and community closer by locating the court within the community where “quality of life crimes” are committed (e.g., petty theft, turnstile jumping, vandalism, etc.). With community boards and the local

police as partners, community courts have the bifurcated goal of solving the problems of defendants appearing before the court, while using the leverage of the court to encourage offenders to “give back” to the community in compensation for damage they and others have caused (Lee, 2000).

- **Domestic Violence Court:** A felony domestic violence court is designed to address traditional problems of domestic violence such as low reports, withdrawn charges, threats to victim, lack of defendant accountability, and high recidivism, by intense judicial scrutiny of the defendant and close cooperation between the judiciary and social services. A permanent judge works with the prosecution, assigned victim advocates, social services, and the defense to ensure physical separation between the victim and all forms of intimidation from the defendant or defendant’s family throughout the entirety of the judicial process; provide the victim with the housing and job training needed to begin an independent existence from the offender (Mazur and Aldrich, 2003); and continuously monitor the defendant in terms of compliance with protective orders and substance abuse treatment (Winick, 2000). Additionally, a case manager ascertains the victim’s needs and monitors cooperation by the defendant, and close collaboration with defense counsel ensures compliance with due process safeguards and protects defendant’s rights.

Variants include the misdemeanor domestic violence court which handles larger volumes of cases and is designed to combat the progressive nature of the crime to preempt later felonies, and the integrated domestic violence court in which a single judge handles all judicial aspects relating to one family, including criminal cases, protective orders, custody, visitation, and even divorce (Mazur and Aldrich, 2003).



• **DWI Court:** A DWI court is a distinct post-conviction court system dedicated to changing the behavior of the alcohol-dependent repeat offender arrested for driving while impaired (DWI). The goal of the DWI court is to protect public safety by using the drug court model to address the root cause of impaired driving: alcohol and other drugs of abuse. Variants of DWI courts include drug courts that also take DWI offenders, which are commonly referred to as “hybrid” DWI courts or DWI/drug courts. (Loeffler & Huddleston, 2003). DWI courts often enhance their close monitoring of offenders using home and field visits, as well as technological innovations such as Ignition Interlock devices and the SCRAM transdermal alcohol detection device (Harberts & Waters, 2006).

• **Family Dependency Treatment Court:** Family dependency treatment court is a juvenile or family court docket of which selected abuse, neglect, and dependency cases are identified where parental substance abuse is a primary factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes (Wheeler & Siegerist, 2003).

• **Federal District Drug Court:** Federal district drug court is a post-adjudication, cooperative effort of the Court, Probation, Federal Public Defenders, and U.S. Attorneys’ Offices to provide a blend of treatment and sanction alternatives to address behavior, rehabilitation and community re-integration for non-violent, substance-abusing offenders. These courts typically incorporate an early-discharge program designed to replace the final year of incarceration with strictly-supervised

release into the drug court regimen. The Federal programs incorporate the Ten Key Components in a voluntary, but contractual, program of intense supervision and drug testing lasting a minimum of 12–18 months.<sup>4</sup>

• **Gambling Court:** Operating under the same protocols and guidelines utilized within the drug court model, gambling courts intervene in a therapeutic fashion as a result of pending criminal charges with those individuals who are suffering from a pathological or compulsive gambling disorder. Participants enroll in a contract-based, judicially supervised gambling recovery program and are exposed to an array of services including Gamblers Anonymous (GA), extensive psychotherapeutic intervention, debt counseling, group and one-on-one counseling participation and, if necessary, drug or alcohol treatment within a drug court setting. Participation by family members or significant others is encouraged through direct participation in counseling with offenders and the availability of support programs such as GAM-ANON (M. Farrell, personal communication, April 7, 2005).

• **Juvenile Drug Court:** “A juvenile drug court is a docket within a juvenile court to which selected delinquency cases, and in some instances status offenders, are referred for handling by a designated judge. The youth referred to this docket are identified as having problems with alcohol and/or other drugs... Over the course of a year or more, the team meets frequently (often weekly), determining how best to address the substance abuse and related problems of the youth and his or her family that have brought the youth into contact with the justice system” (National Drug Court Institute & National Council of Juvenile and Family Court Judges, 2003, p. 7).

• **Mental Health Court:** Modeled after drug courts and developed in response to the overrepresentation of people with mental



illnesses in the criminal justice system, mental health courts divert select defendants with mental illnesses into judicially supervised, community-based treatment. Currently, all mental health courts are voluntary. Defendants are invited to participate in the mental health court following a specialized screening and assessment, and they may choose to decline participation. For those who agree to the terms and conditions of community-based supervision, a team of court staff and mental health professionals works together to develop treatment plans and supervise participants in the community. (Council of State Governments, 2005).

- **Reentry Drug Court:** Reentry drug courts utilize the drug court model, as defined in The Key Components, to facilitate the reintegration of drug-involved offenders into communities upon their release from local or state correctional facilities. Reentry drug court participants are provided with specialized ancillary services needed for successful reentry into the community. These are distinct from reentry courts, which do not utilize the drug court model, but work with a similar population (Tauber & Huddleston, 1999).

- **Tribal Healing to Wellness Court:** A Tribal Healing to Wellness Court is a component of the tribal justice system that incorporates and adapts the wellness concept to meet the specific substance abuse needs of each tribal community (Tribal Law & Policy Institute,

2003). The tribal healing to wellness court team includes not only tribal judges, advocates, prosecutors, police officers, educators, and substance abuse and mental health professionals, but also tribal elders and traditional healers. “The concept borrows from traditional problem-solving methods utilized since time immemorial...[and] utilizes the unique strengths and history of each tribe” (Native American Alliance Foundation).

- **Truancy Court:** Rather than take the traditional punitive approach to truancy, truancy courts assist in overcoming the underlying causes of truancy in a child’s life by reinforcing education through efforts from the school, courts, mental health providers, families, and the community. Guidance counselors submit reports on the child’s weekly progress throughout the school year that the court uses to enable special testing, counseling, or other necessary services as required. Truancy court is often held on the school grounds and results in the ultimate dismissal of truancy petitions if the child can be helped to attend school regularly (National Truancy Prevention Association, 2005). Many courts have reorganized to form special truancy court dockets within the juvenile or family court. Consolidation of truancy cases results in speedier court dates and more consistent sentencing, and makes court personnel more attuned to the needs of truant youth and their families (National Center for School Engagement).

Table 6

<b>Primary State Points of Contact and Survey Respondants (December 2005)</b>			
<b>State</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
Alabama	Callie T. Dietz	334-954-5033	Callie.dietz@alacourt.gov
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Arkansas	John Millar	501-682-9400	john.millar@arkansas.gov
California	Nancy Taylor	415-865-7607	nancy.taylor@jud.ca.gov
Colorado	Ken Schlessinger	303-837-2343	ken.schlessinger@judicial.state.co.us
Connecticut	Maureen Derbacher	203-773-6707	maureen.derbacher@jud.state.ct.us
Delaware	Susan Hearn	302-255-0694	susan.hearn@state.de.us
District of Columbia	Eric Holder	202-585-7950	eric.holder@csosa.gov
Florida	Jennifer Grandal	850-922-5101	grandalj@flcourts.org
Georgia	Debra Nesbit	404-651-7616	nesbitd@gaaoc.us
Guam	Elizabeth Barrett-Anderson	671-475-3346	ebanderson@mail.justice.gov.gu
Hawaii	Marcia J. Waldorf	808-539-4155	Marcia.J.Waldorf@courts.state.hi.us
Idaho	Norma D. Jaeger	208-947-7406	njaeger@isc.state.id.us
Illinois	Dave Gasperin	217-785-7784	dgasperin@court.state.il.us
Indiana	Mary Kay Hudson	317-232-1313	mkhudson@courts.state.in.us
Iowa	David K. Boyd	515-281-5241	david.k.boyd@jb.state.ia.us
Kansas	Matt Dowd	785-291-4917	matthewdowd@shawneecourt.org
Kentucky	Connie M. Payne	502-573-2350	conniepayne@mail.aoc.state.ky.us
Louisiana	Scott Griffith	504-568-2025	sgriffith@lajao.org
Maine	Hartwell Dowling	207-287-4021	Hartwell.Dowling@maine.gov
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Massachusetts	Robert P. Ziemian	617-268-8305	ziemian_r@jud.state.ma.us
Michigan	Phyllis Zold-Kilbourn	517-373-5623	zoldp@courts.mi.gov
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Mississippi	Joey Craft	601-354-7408	jcrafft@mssc.state.ms.us
Missouri	Ann Wilson	573-526-8848	ann.wilson@courts.mo.gov
Montana	Hon. John W. Larson	406-523-4773	johlarson@mt.gov
Nebraska	Scott Carlson	402-471-4415	scarlson@nsc.state.ne.us
Nevada	Bill Gang	702-486-3232	bgang@nvcourts.state.nv.us
New Hampshire	Ray Bilodeau	603-271-6418	rbilodeau@courts.state.nh.us
New Jersey	Carol Venditto	609-292-3488	carol.venditto@judiciary.state.nj.us
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North Carolina	Kirstin Frescoln	919-571-4884	kirstin.p.frescoln@nccourts.org
North Dakota	Marilyn Moe	701-250-2198	MMoe@ndcourts.com
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Oklahoma	Todd Crawford	405-522-0218	tcrawford@odmhsas.org
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Texas	Colleen Benefield	512-475-4832	cbenefield@governor.state.tx.us
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West Virginia	Linda Richmond-Artimez	304.541.1906	lindaartimez@mail.courtsww.org
Wisconsin	Elliott Levine/Erin Slattengren	608-785-9531	levinee@mail.opd.state.wi.us
Wyoming	Heather Babbitt	307-777-6493	hbabbi1@state.wy.us

## Resource Organizations

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The following organizations serve in an official capacity as a resource for drug courts and other problem-solving courts. This list represents any national organization that receives federal funding for such activities.

**American Bar Association-Judicial Division** – DWI courts and other specialized courts

- [www.abanet.org](http://www.abanet.org)

**Center for Court Innovation** – Community courts, domestic violence courts, drug courts, and other problem-solving courts

- [www.courts.org](http://www.courts.org)

**Council of State Governments** – Mental health courts

- [www.project.org](http://www.project.org)

**Family Justice** – Drug courts

- [www.familyjustice.org](http://www.familyjustice.org)

**Justice Management Institute** – Community courts, drug courts

- [www.jmijustice.org](http://www.jmijustice.org)

**Justice Programs Office of the School of Public Affairs at American University** – Drug courts

- [www.spa.american.edu/justice/](http://www.spa.american.edu/justice/)

**National Association of Drug Court Professionals and the National Drug Court Institute** – Adult drug courts, campus drug courts, DWI courts, family dependency treatment courts, reentry drug courts

- [www.nadcp.org](http://www.nadcp.org)
- [www.ndci.org](http://www.ndci.org)

**National Center for State Courts** – Drug courts, DWI courts, and other problem-solving courts

- [www.ncsconline.org](http://www.ncsconline.org)

**National Council of Juvenile and Family Court Judges** – Juvenile drug courts

- [www.ncjfcj.org](http://www.ncjfcj.org)

**National Mental Health Association** – Mental health courts

- [www.nmha.org](http://www.nmha.org)

**National Treatment Accountability for Safer Communities** – Drug courts

- [www.tasc.org](http://www.tasc.org)

**National Truancy Prevention Association** – Truancy courts

- [www.truancypreventionassociation.com](http://www.truancypreventionassociation.com)

**National Youth Court Center** – Teen courts

- [www.youthcourt.net](http://www.youthcourt.net)

**The National Judicial College** – Back on TRAC, DWI courts, and other problem-solving courts

- [www.judges.org](http://www.judges.org)

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## End Notes

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<sup>1</sup>Other than drug courts.

<sup>2</sup> Other than drug courts.

<sup>3</sup> Teen courts were included in the Volume I, Number 2 of Painting the Current Picture. However, since the majority of teen and youth courts do not operate under the judicial branch, the survey for Volume II, Number 1 of Painting the Current Picture did not ask state points of contacts how many operational teen or youth courts existed in each state.

<sup>4</sup> Definition referenced from a collective review of the following programs:

- Court-Assisted Recovery Effort (C.A.R.E.) Program, Boston, MA
- Intensive Post-Sentence Drug Supervision Program, Brooklyn, NY
- Eugene Federal Drug Court Program, Eugene, OR
- Accelerated Community Entry (A.C.E.) Program, Grand Rapids, MI
- Portland Federal Drug Court Program, Portland, OR







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