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EXECUTIVE SUMMARY
Treatment Services in Adult Drug Courts

Report on the 1999 National Drug Court Treatment Survey

Prepared by National TASC

National TASC

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Report on the 1999 National Drug Court Treatment Survey

Executive Summary

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National Treatment Accountability for Safer Communities
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Executive Summary

In October 1999, National Treatment Accountability for Safer Communities (TASC), in cooperation with the Office of Justice Programs, Drug Courts Program Office and the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, developed and distributed a questionnaire designed to describe substance abuse treatment services and other treatment services currently used by adult drug courts and to identify significant issues faced by adult drug courts in obtaining and delivering high-quality comprehensive treatment services. Surveys were distributed to 263 operating adult drug courts, and 212 courts (81 percent) responded.

Background

The use of illicit drugs and alcohol is a central factor in the soaring rate of incarceration in the United States. The Bureau of Justice Statistics (1998, 1999c) estimates that two-thirds of Federal and State prisoners and probationers could be characterized as drug involved. Substance abuse treatment has been shown to reduce substance abuse and criminal activity of substance-involved offenders. Drug courts offer a mechanism to provide access to treatment for substance-involved offenders while minimizing the use of incarceration by means of a structure for integrating treatment with justice supervision.

Drug courts operate within the context of larger justice and treatment systems. Thus, they depend on the quality and quantity of services and resources that exist within their local communities. At the same time, drug courts have raised awareness about the treatment and other needs of substance-involved offenders. The courts have served as a catalyst to modify traditional service delivery paradigms and develop more effective strategies for this population. Although drug courts can (and should) influence and inform their communities about their participant populations, the responsibility for financing, managing, and allocating treatment services generally rests with executive agencies. Consequently, the results of this survey must be examined with the understanding that drug courts do not operate in a vacuum but, rather, operate in a political and cultural climate over which they may have limited control.

Major Findings

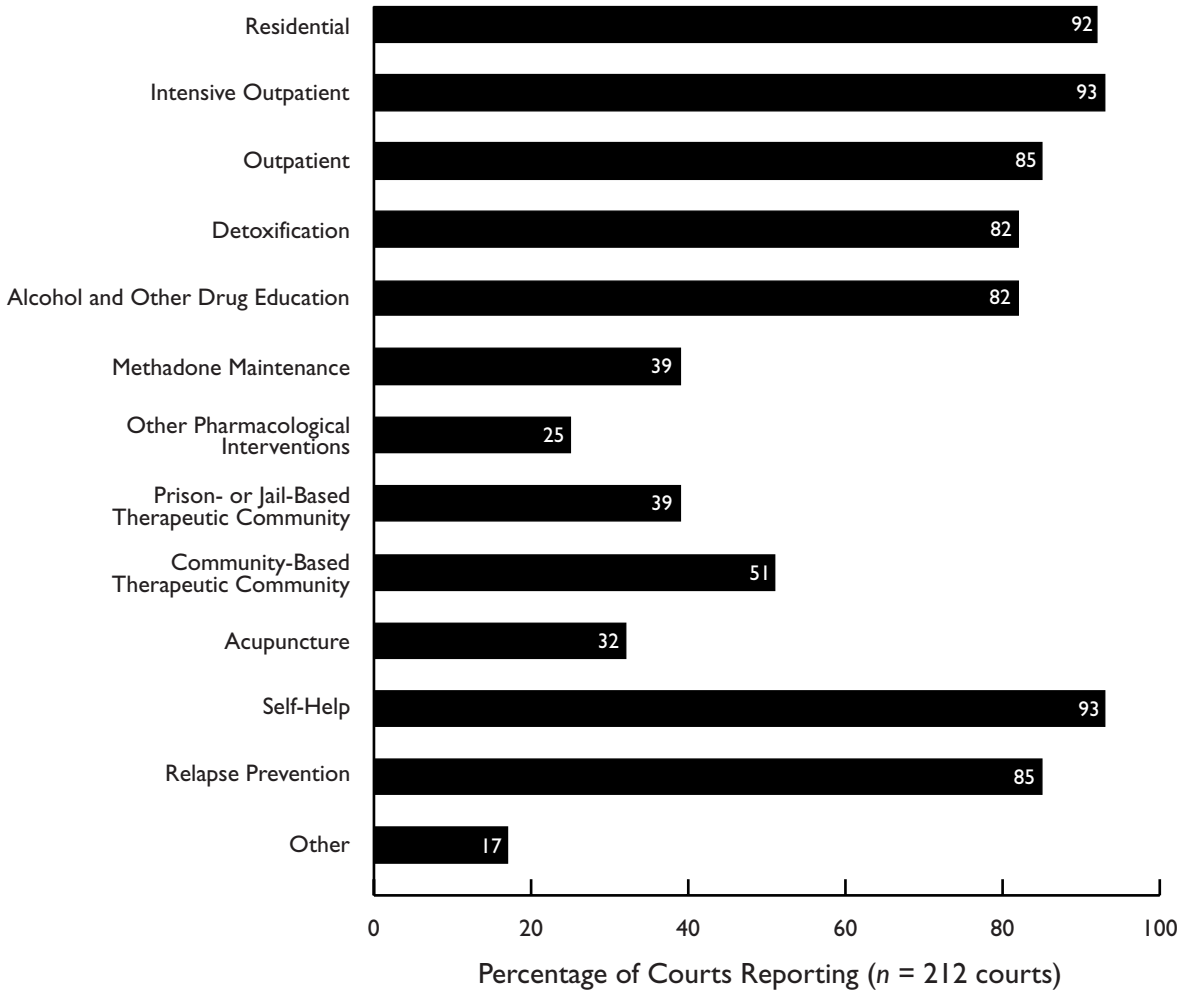
The results of this national survey show clearly that treatment services designed for and used by drug courts comport with scientifically established principles of treatment effectiveness. Overall, the structure of drug court treatment is consistent with the principles established by the National Institute on Drug Abuse (1999) and is delivered according to the Drug Court Key Components and related Performance Benchmarks (Office of Justice Programs, 1997). The standards promulgated in these documents present succinct descriptions of treatment delivery methods that have been effective with offender and other populations and serve as a guide to present survey findings in the context of effective professional practices.

Drug court populations have shifted since drug courts began their proliferation in the early 1990s. The majority of drug courts report that they include adjudicated offenders in their target populations, either exclusively or in addition to diverting low-level and first-time offenders from further justice processing. Adult drug court participants include both felony and misdemeanor offenders, including offenders with drug charges, drug-related offenses, and probation violations. More than 60 percent of drug courts report that they exclude participants with minimal substance involvement and that they reserve drug court slots for participants whose substance abuse and related criminal activity are severe enough to warrant significant interventions. Since drug courts that receive Federal funds are prohibited from admitting offenders with current or prior violent felony convictions, almost all drug courts exclude violent offenders, as demonstrated by the survey findings.

More than a quarter (27 percent) of drug courts have fewer than 50 participants in their program, 42 percent have between 50 and 150 participants, and 31 percent have more than 150 participants. Almost all drug courts report being at or under their stated capacity. Drug courts that were selected for followup interviews report limiting admissions based on availability of treatment and court staff (including judicial staff).

A broad continuum of primary treatment services is available to drug courts (see figure A). Most drug courts report having access to residential (92 percent), intensive outpatient (93 percent), and regular outpatient (85 percent) treatment, and almost all drug courts (93 percent) encourage or require participation in self-help activities, such as Alcoholics Anonymous or Narcotics Anonymous. Almost two-thirds (64 percent) of the courts report that they can provide eight or more treatment interventions. These findings suggest that most drug courts have access to a broad continuum of care.

Figure A. Types of Dedicated and External Treatment Programs

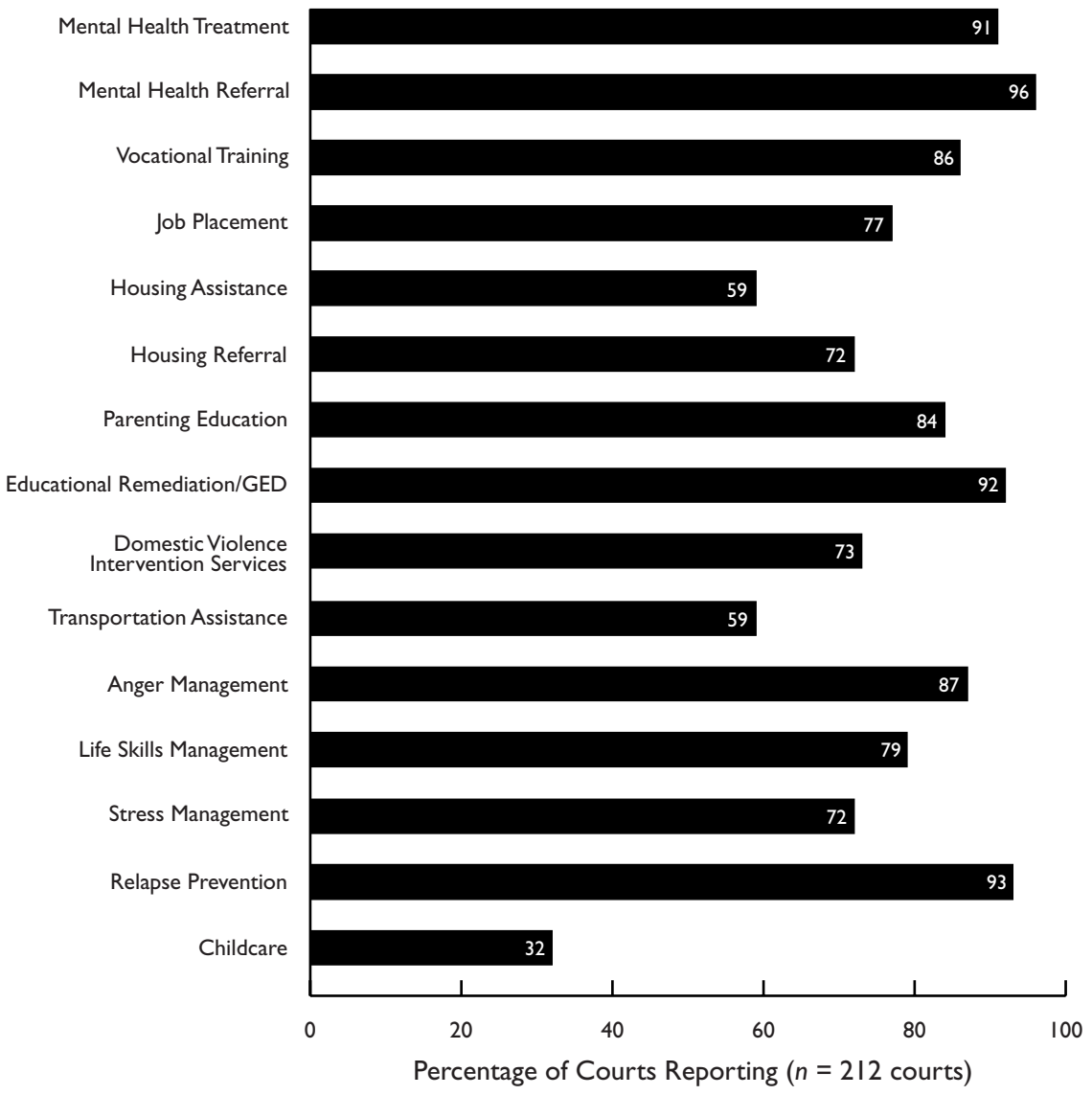


A significant proportion (58 percent) of drug courts report that they can provide culturally competent programming, and 77 percent report that gender-specific and women-only programs are available.

A number of support services are also available to drug courts (see figure B), including the following:

- Mental health treatment (91 percent).
- Capacity to refer to mental health treatment (96 percent).
- Educational remediation/general equivalency diploma (GED) (92 percent).

Figure B. Support Services Available to Program Participants



- Vocational training (86 percent).
- Relapse prevention programming (93 percent).

However, some services that are essential for some clients are less frequently available from drug courts:

- Housing assistance (59 percent).
- Transportation assistance (59 percent).
- Childcare (32 percent).

The greatest frustrations described by drug courts include limited access to residential treatment, treatment for mental health disorders, and specialized services for women, racial and ethnic minorities, and the mentally ill. Problems with client engagement and retention in treatment are also identified. Followup interviews with a sample of respondents suggest that, while services may be available, they may be limited in quantity or otherwise very difficult to access.

Most drug courts report having dedicated services or slots for participants in addition to using services that are external to the drug court program for some participants. Drug courts generally report that their dedicated and external providers meet State or local licensing requirements.

The survey findings indicate that providers dedicated to drug courts use cognitive behavioral approaches and address criminal thinking to a greater extent than external providers. This suggests that dedicated providers are more likely than external service providers to use treatment strategies that address the specific criminal rehabilitation needs of the various offender populations.

Drug courts have informal relationships established with both dedicated and external providers. Thirty-eight percent of drug courts contract for services directly, although 41 percent report participating in decision-making regarding treatment policies and procedures. Fifty percent of drug courts have no formal agreements with external, or nondedicated, treatment providers.

Screening and clinical assessments are routinely conducted in drug courts to identify needs of participants. Drug courts report that screening, assessing, and determining drug court eligibility occur quickly, and most participants are able to enter treatment less than 2 weeks after drug court admission. However, not all drug courts use screening or assessment instruments that have proved reliable and valid, and some do not appear to use appropriate clinically trained staff to conduct assessments.

Objective, professionally accepted criteria and tools are not uniformly used to make treatment placement decisions. Thirty-four percent of drug courts use the American Society of Addiction Medicine Patient Placement Criteria (ASAM–PPC–II). Seventy-four percent of drug courts report that clinical judgment is used to determine the level of care to which participants are assigned, and 51 percent report using clinical judgment only. Most placement decisions are made with input from both justice and treatment professionals, although 74 percent of drug courts indicate the judge can override a clinical recommendation and require program admission.

Drug courts are experiencing a variety of difficulties related to engaging and retaining clients in treatment and clients who are deemed "unmotivated." Fifty-nine percent of drug courts indicate that "lack of motivation for treatment" is used as a criterion to exclude people from drug court admission. Fifty-six percent of drug courts report that participants are discharged early from treatment because they have a poor attitude or lack motivation. Other reasons for early discharge from treatment include failure to appear in court (59 percent), failure to engage in treatment (70 percent), and missing too many treatment appointments (64 percent).

Most drug courts require participants to be engaged in treatment services for at least 12 months and report using a phased approach, whereby intensive treatment[1] is conducted for the first 3–4 months, followed by less intensive treatment and aftercare.

Counseling interventions (group and individual) are a primary component of drug court treatment, and drug courts report that the majority of counselors in their dedicated and external programming meet State or local licensing or certification requirements. Survey results suggest that counselors in dedicated programs receive more information and training on issues related to criminal justice populations than counselors in external programs.

A number of mechanisms in drug courts continually assess client progress, including drug and alcohol testing, case management, and regular status hearings. Drug courts have implemented a variety of responses, including sanctions and incentives, to modify treatment plans and encourage participant compliance.

Case management services are provided by a wide range of justice and treatment professionals, and the primary functions of case management are well covered. However, most drug courts rely primarily on existing treatment or justice staff for these services. Few drug courts report using objective third-party clinical case managers. This approach can be problematic if philosophical orientation or agency allegiance is too strong in the direction of either justice or treatment.

There appears to be a wide recognition by drug courts that participants may suffer from mental disorders, including co-occurring substance abuse and mental health problems. Sixty-one percent of drug courts report screening for mental health problems. Very few drug courts use a scientifically validated instrument to screen for mental health problems, although it appears that most drug courts refer participants to mental health professionals for clinical assessments. Thirty-seven percent of drug courts report that the presence of a mental disorder is used to exclude people from admission to drug court.

Drug courts report having fairly limited access to methadone maintenance (39 percent) or other pharmacological interventions such as naltrexone (25 percent). Detoxification services are available to 82 percent of drug courts, which use the services in conjunction with additional treatment interventions, not as primary treatment.

Most drug courts do not currently have management information systems to track clients through all drug court processes or to conduct outcome evaluations. Most use client tracking systems designed for microprocessors, and drug court data are not tied into larger justice or treatment management information systems.

Policy Considerations

As the number of drug courts continues to grow, and as the process of integrating substance abuse treatment and criminal justice case processing continues to evolve, the drug court field is confronted with many challenges. Some of these challenges have been identified by this survey and raise issues that must be considered to establish policies consistent with the goal of dealing more effectively with the devastating impact of drugs and drug-related crime. Following are six policy considerations that have emerged as a result of the responses to this survey and a discussion of the implications of each proposed policy for drug courts.

Policy Consideration #1: Drug courts should establish and formalize more effective linkages with local service delivery systems and State and local alcohol and drug agencies.

Most drug courts do have **dedicated** services, generally outpatient, that are tied directly to the drug court program. In addition, all drug courts report using **external** services, services that are available in the mainstream treatment system, for some or all of their participants. Therefore, drug court treatment extends beyond the boundaries of the drug court program itself.

However, the relationship of drug courts to local treatment components does not appear to be well structured. Drug courts have relatively informal relationships with both dedicated and external service providers. Thirty-eight percent of drug courts contract directly for dedicated services, and 23 percent participate in contract development but do not hold funds. Forty-one percent participate in the development of policies and procedures related to treatment, but 13 percent have no formal agreements with their dedicated providers. Eleven percent of drug courts have established qualified service organization agreements with dedicated providers, and 28 percent have memorandums of understanding or other formal agreements in place with dedicated providers.

Fifty percent of drug courts have no formal relationships with external service delivery providers, and few participate in decisionmaking related to treatment policies and procedures. Survey results clearly indicate that all drug courts are dependent on accessing services through local treatment and other service delivery agencies but have not succeeded in formalizing these linkages. In addition, some drug courts are unable to provide a full continuum of services to participants either because the services do not exist in the community or because the drug court has difficulty accessing them.

Implications for drug courts:

Drug courts should focus on establishing linkages with various State and local service delivery agencies and should dedicate resources to formalize and manage these relationships. Treatment administrators, including State and county substance abuse authorities (e.g., single State alcohol and other drug agencies, or SSAs), often have responsibility for contracting with service providers and have considerable expertise designing and monitoring the delivery of treatment services. Collaboration with agencies that have the primary responsibility for funding and managing treatment services can help drug courts clarify their needs and goals, as well as augment current services. In addition, this collaboration can help emphasize why drug court participants should receive a high priority for receiving services. SSA directors and other high-level administrators can help drug courts design service systems and can provide support to drug courts in monitoring and managing treatment services. In addition, treatment administrators can help identify additional funding sources for treatment acquisition, can help drug court participants access medical and behavioral health benefits, and may be able to provide needed education and training for drug court professionals.

TASC programs exist in many communities across the country, and some are integrated with drug courts. One of the hallmarks of TASC is the development and continual updating of written agreements between justice and treatment systems. Drug courts can receive assistance from TASC to develop qualified service organization agreements and memorandums of agreement or understanding to clarify roles, responsibilities, and relationships with both dedicated and external treatment providers, as well as other service providers. These agreements can serve as a basis for continual dialog and program improvements.

Finally, drug courts should advocate for the benefits of collaborative efforts between justice and treatment systems. Close collaboration substantially improves outcomes for participants in terms of reduced substance abuse and reduced criminal activity. Providers need to

understand the benefits of working with drug court and other justice clients, including increased retention so that counselors can use their expertise and knowledge, support through justice leverage, increased client participation, and potentially increased revenues.

Policy Consideration #2: States and localities should explore the development of drug court treatment standards.

Although most drug courts require treatment providers and counselors to meet State and local licensing requirements as a minimum standard for providing services to drug court participants, they also recognize that State or local licensing standards may be inappropriate or insufficient to ensure the adequate provision of services for drug court participants or other offender clients. Cognitive behavioral and social learning models have been demonstrated to be effective in changing the behavior of offenders. Additionally, confronting criminal thinking patterns and teaching offenders problem-solving skills, socialization, prosocial values, and the restructuring of thoughts and actions have proved effective in reducing recidivism (Office of National Drug Control Policy, 2000). Drug courts have incorporated these methods into their programming to a greater extent than the mainstream treatment system.

Drug court treatment primarily consists of individual and group counseling. Outpatient drug court treatment may be supplemented by residential treatment when needed and by a number of additional requirements designed to hold participants accountable. These additional activities may include frequent alcohol and drug testing, reporting to case managers and/or probation officers, attending frequent court status hearings, and participating in other services designed to improve skills and promote social competency and productivity. States and localities should consider establishing drug court treatment standards that recognize that these other activities are essential therapeutic components to achieve positive outcomes for drug court participants.

Drug courts should continue to work toward treatment standards even though the cost restraints of managed care may limit the range and availability of services. It is unlikely that the level and intensity of services required for drug court participants will be supported by managed care. Pressures to reduce treatment expenditures and manage costs associated with Medicaid are driving States to shorten lengths of stay in treatment and increasing the thresholds for admission to intensive treatment.

Implications for drug courts:

Providers, case managers, and substance abuse administrators should work together to deliver services that are most appropriate for drug

court participants. Drug court professionals should stay abreast of the research findings related to effective treatment strategies for justice clients and make sure that policymakers and funders are aware of these findings.

As drug courts proliferate in States and in local jurisdictions, efforts should be made to develop criteria and standards to delineate the components of effective treatment for drug court participants and other offender clients. Traditional treatment criteria simply may not be adequate for treatment delivered in drug courts and other justice system venues.

Those who develop licensing and certification standards should be aware of the clinical techniques that have proved effective for offender clients and of the contribution that nonclinical services can make to positive outcomes. These strategies and techniques should be considered when licensing programs that work primarily with offender clients.

To ensure a full range of appropriate services for participants, drug courts often must supplement core treatment services (services eligible for reimbursement under managed care) with pretreatment, alcohol and other drug testing, case management, and continuing care activities. The St. Louis drug court has developed a comprehensive network of services using managed care principles and blending funds from treatment and justice (Alcoholism and Drug Abuse Weekly, 1999). This type of funding and service model may be of interest to other drug courts attempting to develop and fund a treatment network.

Policy Consideration #3: Drug court professionals and drug court treatment providers need skill-based training and technical assistance to improve engagement and retention of participants.

Responses to the survey across several topic areas indicate that drug courts are struggling with engaging and retaining participants in treatment. Fifty-nine percent of drug courts indicate that lack of motivation for treatment is used as a criterion to exclude people from drug court admission. Fifty-six percent report that participants are discharged early from treatment because they have a poor attitude or lack motivation. Other reasons for early discharge from treatment include failure to appear in court (59 percent), failure to engage in treatment (70 percent), and missing too many treatment appointments (64 percent). Drug court judges and coordinators ranked improving staff skills to engage and retain drug court participants in treatment as the most needed improvement in the court's treatment component.

Implications for drug courts:

Because drug courts can impose sanctions as leverage and provide incentives as encouragement, they can provide the structure to achieve positive results with treatment-resistant clients. Lack of motivation by drug-addicted offenders, short of participants' refusal to enter the program, should be seen as a challenge rather than a justification for excluding or discharging participants. Enhancing the skills of both justice and treatment practitioners may help reduce dropout and treatment discharge rates and improve outcomes.

In addition, a number of studies have shown that case management is effective in retaining clients in treatment. According to Marlatt et al. (1997), case management can also encourage entry into treatment and reduce the time to treatment admission. Case management may be an effective adjunct to substance abuse treatment because (1) case management focuses on the whole individual and stresses comprehensive assessment, service planning, and service coordination to address multiple aspects of a client's life; and (2) a principal goal of case management is to keep clients engaged in treatment and moving toward recovery and independence (Center for Substance Abuse Treatment, 1998b). Studies of TASC case management programs have indicated that TASC clients remain in treatment longer than non-TASC clients, with better posttreatment success (Inciardi and McBride, 1991; Longshore et al., 1998; Hubbard et al., 1989; Hepburn, 1996).

When dealing with drug court participants or other justice clients, treatment providers must strengthen their skills regarding motivational counseling. Justice clients rarely come into treatment because they want to be there. Treatment providers must be able to overcome client resistance and motivate clients to remain in treatment and achieve a drug-free lifestyle. Treatment providers and other drug court professionals also must be aware of new treatment technologies that may improve retention rates of the drug court population. For example, Project MATCH (National Institute on Alcohol Abuse and Alcoholism, 1999) indicates that new technologies like motivational enhancement therapy and other nonconfrontational approaches may work well with this population.

Influencing the delivery of treatment services via treatment network development also supports client engagement and retention. Treatment needs to be available to capitalize on motivational opportunities created by drug courts. In addition, culturally competent approaches, strength-based counseling, gender-specific programming, and more emphasis on wraparound services (job preparation, job placement,

GED tutoring, childcare, domestic violence counseling, etc.) may all improve retention rates and outcomes for certain drug court populations.

Policy Consideration #4: Drug courts should improve the methods and protocols for screening, assessing, and placing participants in treatment.

Survey results indicate that drug courts routinely conduct screening and clinical assessments to identify the treatment and other service needs of participants and to determine eligibility. Drug courts report that screening, assessing, and determining drug court eligibility occur fairly quickly, with most participants entering treatment in less than 2 weeks from admission to the drug court program. However, not all drug courts use screening or assessment instruments that are proved to be reliable and valid. Additionally, some drug courts indicate that they do not use appropriately trained clinical staff to conduct assessments.

Objective, professionally accepted criteria and tools are not uniformly used by drug courts to make treatment placement decisions. Thirty-four percent of drug courts use ASAM–PPC–II. Seventy-four percent report that clinical judgment is used to determine the level of care to which participants are assigned, and 51 percent report using clinical judgment only.

Implications for drug courts:

Screening and assessment in drug courts should be structured to more closely adhere to methods and instruments that have been supported by research. Improvements in this area will also lead to greater transferability of information among and about drug courts. The survey reveals considerable inconsistencies among drug courts in terms of screening and assessment instruments and levels of treatment services, indicating wide variation regarding the substance use severity of participants, as well as the methods for addressing substance abuse. Developing standard definitions and using standardized assessments and rational protocols for addressing substance use in drug courts will enable evaluators and policymakers to better assess the effectiveness of drug courts and suggest and provide support for program improvement. A number of publications by the Center for Substance Abuse Treatment describe appropriate screening and assessment instruments and methods (see Treatment Improvement Protocols (TIPs) 3, 7, and 11), and the Drug Courts Program Office published a *Guide for Drug Courts on Screening and Assessment* (Peters and Peyton, 1998). These documents provide guidance on conducting screening and assessment and provide information (and copies, in some cases) on screening and assessment instruments that have proved effective and are available at low or no cost.

The Addictions Severity Index is the most widely used instrument for assessing substance abuse treatment and other needs of adults; it is in the public domain and, thus, free of charge. A number of screening instruments were examined by Peters et al. (2000) for their appropriateness with justice system populations. The Simple Screening Instrument, also in the public domain, proved highly reliable for use with adult offenders.

The importance of consistent and appropriate participant placement criteria is described in Center for Substance Abuse Treatment TIP 13, The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders. In addition, ASAM–PPC–II is available from the American Society of Addiction Medicine and should be available through most State alcohol and other drug agencies.

Policy Consideration #5: Drug courts should implement effective management information systems to monitor program activity and improve operations.

The survey indicates that most drug courts do not have management information systems that are capable of tracking participants through all drug court processes or that are adequate to support outcome evaluations. Most drug courts use client tracking systems designed for microprocessors, and drug court data are not tied in with larger justice or treatment management information systems. Although 43 percent of drug courts indicate that they have conducted outcome evaluations, most drug courts report that they are unable to obtain needed information in a format that would allow them to assess ongoing program results.

Implications for drug courts:

Drug courts need to have good management information systems in place to demonstrate program effectiveness, make ongoing operational improvements, and secure scarce resources. The technology exists to develop integrated data systems that can be used to support decisionmaking in drug courts and to support criminal justice and treatment systems and policymakers.

Drug courts should advocate for adequate budgets to cover the costs of automated management information systems, and funders and policymakers should be encouraged to support the development of good information systems for drug courts. Drug courts need the support of judicial, executive, and legislative organizational entities to thrive and continue to improve.

A number of drug court information systems have been developed with Federal support, and commercial products are available. The Buffalo/Jacksonville system is an ACCESS-based PC system. The New York City Treatment Drug Court system is tied to the State criminal justice system and provides client tracking, progress, and outcome information. The State of Delaware is implementing a drug court system that takes case information from the court's automated system and adds information from case managers and treatment providers through secure Internet connections. This system enables any number of agencies to partner with the drug court and makes client activities and status reports available to the court on a real-time basis. Information systems that have been developed in the public domain can be viewed at www.drugcourttech.org.

Policy Consideration #6: To achieve greater impact within the communities they serve, drug courts should strive to expand capacity and demonstrate that they are integral to the justice and substance abuse treatment systems.

Most drug courts work with relatively small populations. Approximately 75 percent of survey respondents report working with fewer than 150 participants. In addition, nearly all drug courts report being at or under their stated capacity. Factors related to capacity are complex and are usually tied to local or Federal restrictions on eligibility criteria, lack of treatment capacity, lack of personnel resources (including judicial time), and other issues. As a result of such challenges, drug courts often are not able to meet their capacity and consequently are having a limited impact on the problems that substance-involved offenders create in the overall justice system and in the community. Another complicating factor relating to drug court capacity is the lack of integration of the drug court approach into existing justice and substance abuse treatment systems. Even though drug courts have expanded from serving less serious adult offenders to working with juveniles, adults charged with drug-related criminal and civil offenses, DUI offenders, and more serious offenders with more complex needs for services, full integration of the drug court approach is limited to a few jurisdictions. In San Bernardino, CA, Las Vegas, NV, Ft. Lauderdale, FL, Denver, CO, and Minneapolis, MN, the drug court approach is applied to all drug and drug-related cases. There are many challenges to meet to achieve acceptance of the drug court approach, stable funding, and integration of drug courts into the mainstream justice and substance abuse treatment systems.

Implications for drug courts:

Drug courts need to systematically examine all issues related to eligibility and capacity in an effort to determine whether and how these

issues are preventing them from reaching as many potential participants as possible. Are the eligibility requirements too stringent, screening out more participants than are screened into the program? If the eligibility criteria are inclusive, are they being applied fairly? Is there a lack of treatment capacity in the community, and, if so, can the drug court partner with other community-based agencies and organizations to increase the availability of and access to treatment and other collateral services? Is the drug court willing and/or able to commit the necessary resources—in funds and staff—to reach its full capacity or to expand its capacity?

Beyond accepting more participants into the drug court program, drug courts need to look at related issues such as the management and staffing necessary to support an expanded program. Since many drug courts operate with existing staff or have added only a single drug court coordinator or case manager, drug courts will likely need to support additional staff to manage the activities related to expanded populations. Working with larger populations may also require additional judicial staff, and some drug courts have addressed this issue by assigning court commissioners or other qualified persons to fulfill some traditional duties of drug court judges.

To gain acceptance and integration of the drug court approach into the mainstream justice and treatment systems, there must be continued concrete efforts to gain support within the justice system and the wider community. Drug courts need to look beyond the core drug court team (judge, prosecutor, treatment provider, defense counsel, coordinator) to other agencies and organizations that can be helpful in planning for and sustaining increased capacity and services. These might include local health and mental health departments, local social service agencies, State alcohol and other drug agencies, probation departments, schools and colleges, local sheriff or police departments, local departments of corrections, community organizations, business leaders, media, and leaders in the faith community.

Efforts must be made to educate judges, justice system personnel, State and local policymakers, the media, and the general public so that there is a clear understanding of drug court concepts, operations, and successes. Similar outreach and education must be extended to substance abuse treatment providers, health officials, and others involved in substance abuse issues so that drug court treatment is seen as closely linked to overall efforts to reduce substance abuse within the community. Results of national and local evaluations must be shared widely, as they become available, to help demonstrate that drug courts are effective. In addition, drug courts can carefully track offender outcomes within their own programs.

To ensure that drug courts continue to follow best practices and produce the best outcomes, drug court professionals must maintain high professional standards by continuing to examine current practice and by developing more tools for continuing education.

Future Research Possibilities

The survey results identify a number of areas for future research, including the following:

- Examination of the actual use of available treatment services.
- Clarification and standardization of treatment and other terminology in drug courts.
- Analysis of the relationship between drug courts and the larger treatment and justice systems, with a focus on developing strategies for integrating drug courts into mainstream funding and decisionmaking cycles.

Conclusion

Drug courts represent a significant collaboration of the justice system, treatment systems, and other partners. This spirit of cooperation, which strengthens the effectiveness and options of all partners, would be even more beneficial if it were carried through to broader systems.

Drug courts can partner with treatment providers and administrators, TASC programs, and other offender management efforts to generate sufficient resources and support at the local, State, and national levels to incorporate drug court activities into a larger strategy for managing substance-involved justice populations. This movement will provide the foundation for an effective, community-based strategy to reduce the drug use and criminal activity of the significant numbers of substance-involved offenders that are burdening our systems and our society.

Drug courts have demonstrated considerable success, and policymakers have been quick to respond to this success by replicating and supporting this model. However, results of this survey indicate that drug courts can be more successful and attain greater impact by continuing to improve operations and expand to larger and more significant populations. Attaining the full potential of drug courts will require continued partnerships and increased sophistication to develop optimal service delivery, funding mechanisms, and information management.

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