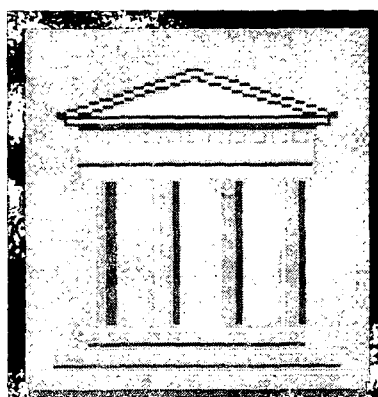


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**AN EVALUATION of the
MISDEMEANOR DRUG TREATMENT COURT
at the HAYWARD HALL OF JUSTICE**



Institute for Court Management
Court Executive Development Program
Phase III Project
May 2000

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AN EVALUATION OF THE MISDEMEANOR DRUG TREATMENT COURT AT THE HAYWARD HALL OF JUSTICE

EXECUTIVE SUMMARY

The Superior Court of California, County of Alameda, Hayward Hall of Justice implemented a misdemeanor pre-plea diversion drug court effective March 1998. This treatment court provides intensive judicial supervision, and treatment and coordination between the judicial system and the community. It marshals various available resources to address the multiple needs of the drug abuser and coordinates these services for the first time offender.

The goals of the program are: to reduce recidivism; to reduce alcohol and other drug (AOD) use in the individual; to reduce alcohol and other drug related offenses including domestic violence and child abuse; and to produce productive members of society.

The drug treatment court program is available to any eligible Penal Code Section 1000 misdemeanor pre-plea offender. Eligibility is determined through a screening process by the district attorney prior to the first court hearing (arraignment). Excluded are cases involving violent offenses, felony convictions, and other exclusions based on Penal Code Section 1000. The program requires a minimum participation period of eighteen (18) months. Graduation requires negative urine tests for at least six months, completion of community service work, payment of all fines and fees, demonstration of literacy, a general education diploma and/or job skills.

The Drug Court Service Coordinator/Case Manager, assisted by court staff, monitors the programs, helps assess the success of the drug court, and reviews and makes recommendations for modifications to protocols of the Drug Treatment Court. The ultimate authority for the Drug Treatment Court is with the court. An Addiction Severity Index (ASI) is used for screening in

addition to being used as an intake evaluation instrument. A Management Information System (MIS) is used for data input and tracking purposes.

For the Drug Treatment Court to be successful, both incentives and sanctions are necessary. Sanctions are prompted by positive tests, new arrests, failure to participate, failure to appear, failure to report, failure to pay fees, or failure to comply with community service work orders. Sanctions include jail time, increased treatment and supervision, or termination from the drug court program. Incentives are initiated by negative tests, good reports, full participation, family or community support, and payment of fees. Incentives include a reduction in the length of diversion, a reduction in the intensity of supervision, and a reduction in program fees or program requirements.

Offenders are advised of the consequences in an orientation by the judge and drug court service coordinator at the first Drug Treatment Court appearance. In addition, the participant signs a written program contract which includes a drug treatment agreement, a waiver of confidentiality, and a community policing registration form. All decisions regarding incentives and sanctions are made by the drug court judge, with input from the drug court team comprised of the prosecutor (district attorney), public defender/defense attorney, drug court service coordinator, and the treatment providers. Removal from the program, and reinstatement of the criminal charges, are prompted by failure to participate, attempts to adulterate a urine sample, or new arrests.

Eligibility and admittance to the program for new referrals is determined at their first Drug Treatment Court appearance. If admitted into the program, the defendant is then referred to a treatment program by the drug court coordinator. Attendance at Alcoholics Anonymous and Narcotics Anonymous (AA/NA) is required before the next court hearing as well as registration with the Community Policing Agency where the participant resides or was arrested.

The court has created information linkages with the participant, drug court coordinator, district attorney, public defender/defense attorney, treatment providers and the arresting agency through the community policing effort. This information is transmitted by FAX or on-line through the county database system, which includes a copy of the signed contract and specifics of the treatment plan requirements. These linkages allow for immediate notification to the court of failures to appear or participate, and for expedited service of warrants in the three police jurisdictions covered by the court.

The Drug Court Service Coordinator/Case Manager, under direction from the court, is responsible for monitoring criminal conduct of the offender by obtaining the arrest history prior to each court appearance through the county's criminal database system, monitoring the treatment plan compliance by contacting the treatment providers, and, on site urine testing. Contacts with Community Policing Officers, including reports from beat officers, are monitored by the drug court service coordinator and kept in the participant's file. The Drug Court Service Coordinator/Case Manager also coordinates information reported to the court by other agencies, other courts or other programs, of problems the participant may be experiencing. This information is also kept in the participant's file.

Random urine testing begins at the first drug treatment court appearance and continues periodically (a minimum of once a week for the first 90 days) throughout the program. Responses to a positive test or a negative test are increased or reduced drug testing requirements, more or less supervision, and increased treatment.

The initial assessment to determine appropriate treatment will be determined by the drug court service coordinator. Special populations (e.g., pregnant women, HIV positive offenders, etc.) receive appropriate treatment referrals and assessments that are on-going throughout the

program. The participants are directed to contact their treatment provider immediately after the initial court hearing.

The treatment providers include community programs (e.g., Second Chance, East Bay Community Recovery Project), 12 step programs, sober living environments, and live-in programs, if appropriate. The programs provide testing, counseling, supervision, education, rehabilitation, and acupuncture, if available. The treatment providers report progress to the court as scheduled, more frequently at first, less frequently later in the program, and immediately upon any program failure. After sufficient sobriety is attained, defendants are referred to educational and job training. Health care and housing issues are addressed at appropriate times. For example, homelessness, if that is a barrier, is addressed immediately as are life-threatening illnesses. After care services are monitored by a Drug Treatment Court Alumni Group.

Drug courts and community policing programs are natural partners. They share the same communities, are committed to developing partnerships with other agencies and organizations, and pursue the same goal of creating a safe drug-free society. Their linkage is an important first step in creating a comprehensive, system-wide coordinated approach to the drug using offender.

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PROGRAM ABSTRACT

The San Leandro-Hayward Misdemeanor Drug Treatment Court was implemented in March 1998. It has the working support of the public defender, district attorney, chiefs of police and sheriff, mayors of the cities in this jurisdiction, some line officers working undercover as narcotic officers, and the support of the presiding judge of the Superior Court. It is the only Misdemeanor Pre-Plea Drug Treatment Court in Alameda County and serves an urban and suburban community population of approximately 260,000. It is an adult drug court for misdemeanor offenses only and currently there are approximately 100 participants. Eligibility for Drug Court is available to any pre-plea offender per Section 1000 of the California Penal Code. Excluded are cases involving violent offenses and prior felony convictions. Eligibility is determined through a screening process by the district attorney. The Drug Court structure is a deferred prosecution. Adjudication is deferred and the defendant is diverted to the treatment program after being charged. The length of the Drug Court Program is eighteen (18) months.

The goals of the program are: to reduce recidivism; to reduce alcohol and other drug (AOD) use in the individual; to reduce alcohol and other drug related offenses including domestic violence and child abuse; and to produce productive members of society.

Given the combination of drug treatment and criminal justice goals underlying the strategy of the misdemeanor drug treatment court at the Hayward Hall of Justice, the main purpose of the empirical assessment, or analysis, has been a process or operational evaluation that examines and describes the operations of the drug treatment court since implementation.

For the drug treatment court to be successful, both incentives and sanctions are necessary. Sanctions are prompted by positive tests, failure to participate, failure to appear/report, new charges, failure to pay fees, or failure to comply with community service work orders. Sanctions include jail

time, increased treatment and supervision, or termination of diversion. Incentives may be initiated by negative tests, good reports, full participation, payment of fees, and family or community support. Incentives may include reductions in the length of diversion or intensity of supervision, and a reduction in program fees or program requirements.

Offenders are advised of consequences in an orientation by the drug court judge and program coordinator at the first drug treatment court appearance. In addition, the participant signs a written program contract which includes a drug testing agreement, waiver of confidentiality, and community policing registration. All decisions about incentives and sanctions are made by the judge, with input from the drug court team comprised of prosecutor, defense attorney, program coordinator, and treatment provider. Removal from the program and reinstatement of the criminal charges is prompted by failure to participate, attempt to adulterate a urine sample, or new charges.

The court has created information linkages with the participant, drug court coordinator/case manager, district attorney, public defender, the treatment provider, and the arresting agency through the community policing effort. The information is transmitted by FAX or on-line and includes a copy of the signed contract and some specifics of the treatment plan. Confidentiality waivers are obtained as a condition of participation. Linkages allow for immediate notification to the court of failures to appear/participate and for expedited service of warrants in the three police jurisdictions covered by the court.

INTRODUCTION

The San Leandro-Hayward Misdemeanor Drug Treatment Court began in March 1998. To date 176 participants have been admitted into the program, 11 have graduated, 58 have failed the treatment program and 107 are currently active participants (see figure 1). This program is available to any eligible Penal Code Section 1000¹ misdemeanor pre-plea offender.

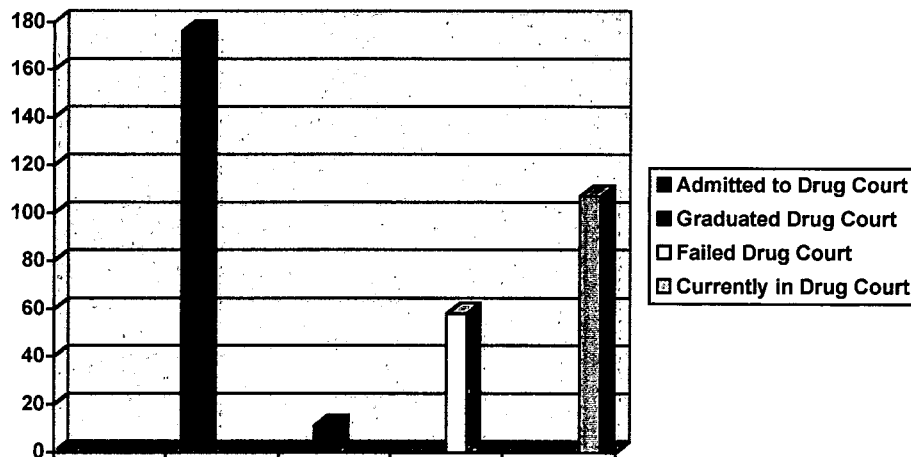


Figure 1

Eligibility is determined through a screening process by the district attorney prior to the first court hearing (arraignment). Excluded are cases involving violent offenses, felony convictions and other exclusions based on Penal Code Section 1000. The program requires a minimum participation period of eighteen months. Graduation will require negative urine tests for at least six months, community service work, payment of all fines and fees, demonstration of literacy, a general education diploma (GED), and/or job skills.

¹ Special proceedings in narcotics and drug abuse cases whereby all of the following apply to the defendant: (1) The defendant has no conviction for any offense involving controlled substances prior to the alleged commission of the charged offense. (2) The offense charged did not involve a crime of violence or threatened violence. (3) There is no evidence of a violation relating to narcotics or restricted dangerous drugs other than a violation of those listed. (4) The defendant's record does not indicate that probation or parole has ever been revoked. (5) The defendant's record does not indicate that they have successfully completed or been terminated from diversion or deferred entry of judgment pursuant to this chapter within five years prior to the alleged commission of the charged offense. (6) The defendant has no prior felony conviction within five years prior to the alleged commission of the charged offense.

The drug court team is comprised of the drug court coordinator,² district attorney, public defender and the drug court judge. Research and development of a "participant ID" card, and becoming part of the National Association of Drug Court Professionals (NADCP) mentor network are future goals.

The main goal, as measured by the outcome evaluation, is to provide a high level of support. This support is necessary to enable drug abusing defendants to successfully complete a diversion program and lead drug free lives, and also to develop and nurture a working relationship with the community and law enforcement agencies to promote the recovery of eligible defendants in the treatment court. The end result is to reduce recidivism, reduce alcohol and other drug use in the individual, produce productive members of society and reduce alcohol and other drug offenses including domestic violence and child abuse.

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² *The Drug Court team member who is responsible for all initial interviews and drug testing. Is the liaison with community policing and treatment providers. Reports weekly to the court, determines treatment plans and assists clients with housing, educational goals, and detoxification services. Responsible for maintaining statistical data, evaluation information and all case management activities.*

Of the 277 people placed on diversion in 1997 prior to implementation of the misdemeanor drug treatment court in the San Leandro-Hayward jurisdiction, only 25 offenders completed the program. 108 are still on diversion and 144 offenders have defaulted from the program and have been sentenced on criminal charges or have outstanding bench warrants (see figure 2).

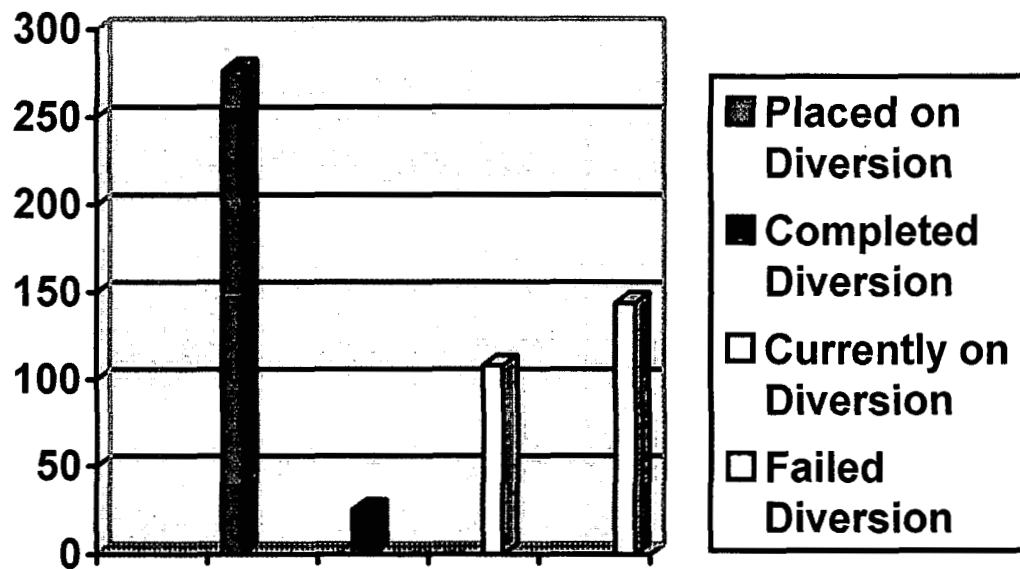


Figure 2

In a random sample of these pre-drug court cases, fifteen “successes” and fifteen “failures” were reviewed. Of the successful defendants, eleven have had no further contact with the criminal justice system, three were arrested for further alcohol and other drug use and one was arrested for domestic violence and drugs. By contract, nine “failures” were rearrested, eight for further alcohol and other drug abuse and one for spousal abuse. Six have had no further contact with the system.

Fifteen successful pre-drug court diversion defendants reviewed (see figure 3):

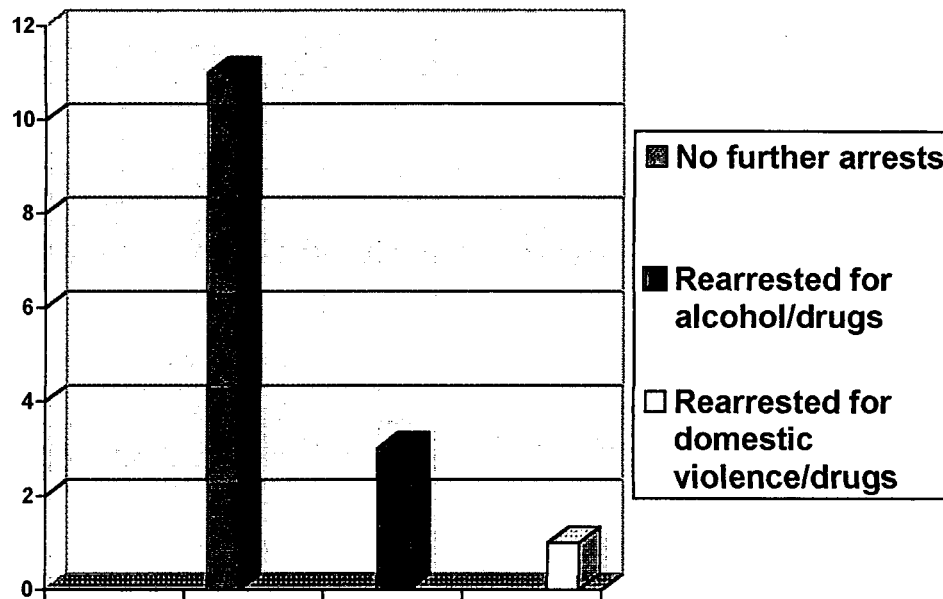


Figure 3

Fifteen unsuccessful pre-drug court diversion defendants reviewed (see figure 4):

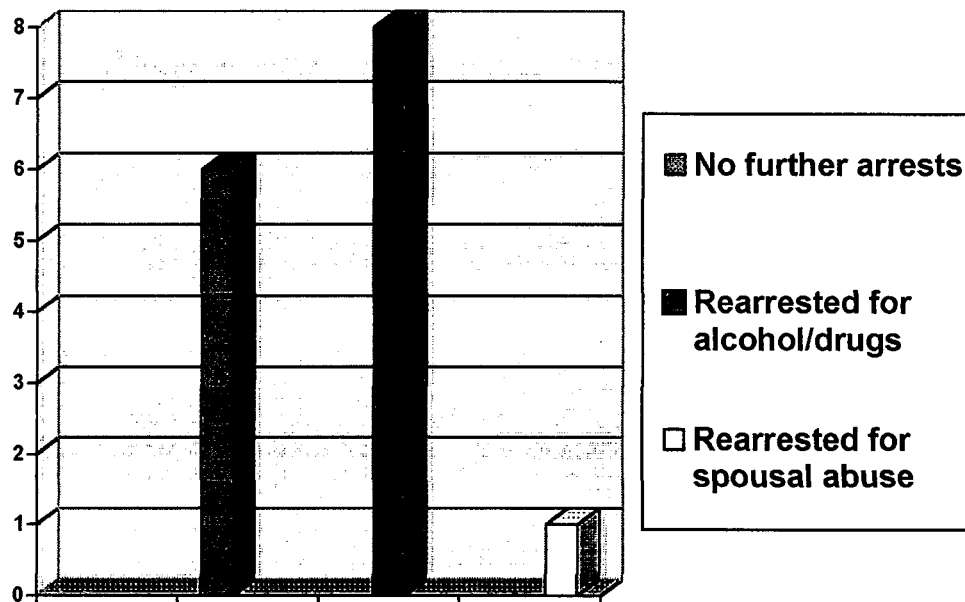


Figure 4

Participation in the Drug Treatment Court is composed of phases (see figure 5).

- Phase I: Beginning with the day of admission, participant appears in court weekly, drug tests weekly, attends three support groups weekly and attends one individual session per month.
- Phase II: After completion of ninety days in the program with at least thirty days drug free, participants appear in court every other week, drug tests weekly, attends three support groups weekly and attends one individual session prior to each court appearance. Participant must also be employed or enrolled in school.
- Phase III: After completion of 180 days in the program with at least sixty days drug free, participants appear in court once per month, drug tests weekly, attends three support groups weekly and one individual session prior to each court appearance. Participant must also be employed or enrolled in school.

DRUG TREATMENT COURT PROFILE

Phase	Length in Program	Court Appearance Requirement	Drug Test Requirement	Support Group Meeting Requirement	Individual Support Session Requirement
PHASE I	Day 1 - 90	Weekly	Weekly	3 per week	1 per month
PHASE II	91 - 180 days (with 30 days drug free)	Every other week	Weekly	3 per week	2 per month
PHASE III	181 - 540 days (with 60 days drug free)	Once per month	Weekly	3 per week	1 per month

Figure 5

The defendant is referred by the judge to the Drug Court Coordinator, who is in the court room the day of the referral. The Drug Court Coordinator then administers an on-site urine drug test

on the defendant that day, completes an alcohol and drug assessment, and develops a treatment plan. Defendants are required to attend Narcotics Anonymous/Alcoholics Anonymous (NA/AA) groups as well as other recovery and educational activities while awaiting treatment program admission. It is the intent to place defendants in treatment within five days. The group and recovery/educational oriented activities take place in the jury deliberation room of the court. The Drug Court Coordinator develops an activities calendar and makes it available to all defendants. The Drug Court Coordinator also administers random on-site urine drug testing, which includes telephoning participants and asking them to report for testing. The level of drug court coordination/case management varies from participant to participant. Participants have various degrees of needs which include: medical, psychiatric, substance abuse, and homelessness. To that extent these participants require more intensive one-on-one attention. The Drug Court Coordinator identifies the appropriate agencies and makes referrals on the participant's behalf. These referrals are monitored until the issues are resolved. Coordination of these services, including building relationships with agencies throughout the county, ensures that all the court's requirements are being fulfilled and that the participant is receiving the needed services.

All defendants are given written instructions on how to contact their Community Policing Agency (CPA) and are given a "Community Policing Registration" form. The form is returned to the Drug Court Coordinator after it is signed by the CPA. The Drug Court Coordinator is the liaison between the court and the community policing agency. They work together to develop, maintain, and update working protocols. These protocols include: communication of participant information between policing agencies and the court; development of strategies for addressing the needs of the drug court participant, and confidentiality of individuals in drug and alcohol treatment. Officers appear in court to report on the progress of the participant thus encouraging positive interaction

between participant and police. On-going training relative to issues of addiction, treatment and recovery, are developed and presented by drug treatment court staff as part of the police/sheriff education requirements. The Drug Court Coordinator gathers pertinent employment/school records, police contact, drug test results and any other pertinent information about each defendant and reports to the drug treatment court on a weekly basis. The participant, the public defender/defense attorney and the district attorney are present during any reporting by the Drug Court Coordinator. The participant is given the chance to address the court at this time. The Drug Court Coordinator immediately advises the court of any defendant who is not complying with the drug treatment court contract. At this time a bench warrant may be issued and their Community Policing Agency (CPA) is notified to arrest the defendant within twenty-four hours. The defendant is then required to report to the court the day after his or her release for an evaluation to determine if they are to continue participating in the program.

The Drug Court Coordinator coordinates all information exchanges between the court, community policing agency and the treatment programs. Clients sign a release of information and these are forwarded to the agencies providing services.

The intensity of alcohol and drug treatment is based on the initial assessment which is complied by the Drug Court Coordinator using the Addiction Severity Index (ASI). Once a defendant is assessed they are referred to an identified alcohol and drug treatment provider where they are expected to follow that treatment program's protocols and procedures. In an effort to avoid duplication in the cost of the assessment, a review is made to determine any alcohol and drug assessment done by another agency, such as California's Welfare to Work Program, Mental Health, or Child Protection Services.

Incentives are given after successful completion of the program. Incentives include reduction in length of program, reduction in intensity of supervision, reduction of program fees, and reduction in progress contacts and requirements. Rewards include a graduation ceremony with certificate and mementos provided by donations from local community businesses. Weekly prize drawings for submitting a negative urine test may include gift certificates or tickets to sporting events.

Consequences or sanctions for drug use while in the program include jail time, community service work, increased treatment/supervision, and termination from the program. Sanctions are prompted by positive urine tests, failure to participate, failure to appear, a new arrest, or failure to pay fees or complete community service work.

ENROLLMENT WITH COMMUNITY POLICING

All participants of the Drug Treatment Court are required to register with the Police Department in their area of residence or with the Alameda County Sheriff's Department. Participants have one week after program acceptance to register with their community policing agency. Participants may register in court if the police agency representatives are available.

DRUG TESTING

All participants are drug tested on a weekly basis. Failure to drug test may result in the court imposing sanctions. Participants are observed while producing a drug test sample. The Drug Court Coordinator, at the request of the treatment provider or the court, may test any participant at random and more frequently than once a week. Drug testing is performed at the court, and results are documented in the participant's file. Positive drug tests may be sent to an outside lab for verification. If a participant denies use that resulted in the positive reading, a fee of \$25 is imposed. If the participant initially denies drug use and gives a positive test that is confirmed by the lab, the

participant may be terminated from the drug court program. Participants that need to test outside the county may do so by: 1) advising the necessary coordinator of their travel needs; and 2) by paying the necessary lab fees to test at their site (\$25). The out of county test results are faxed by the lab to the Drug Court/Service Coordinator.

ENROLLMENT IN A DRUG AND ALCOHOL PROGRAM

Participants are referred to a Drug and Alcohol Treatment Program provider within five days after admission into the drug treatment court. The treatment provider develops a treatment plan for the participant that incorporates the court's treatment requirements which may include support groups, individual sessions, parenting classes, domestic violence awareness groups, and HIV/AIDS education. The treatment provider submits to the court a report on the progress of each participant in their program, which includes program participation, attendance, payment of fees, and drug test results (if offered). The treatment program generally has a representative present during the Drug Court Treatment Session.

DRUG TREATMENT COURT CONTRACT

The court contract requires a minimum of three support groups per week and one individual session per month. The program consists of three phases:

- Phase I - Beginning with the day of admission, participant appears in court weekly, drug tests weekly, attends three support groups weekly, and one individual session per month.
- Phase II - After completion of ninety days in the program with at least thirty days drug free, participants appear in court every other week, drug test weekly, attend three support groups weekly, and one individual session prior to each court appearance. Participants must be employed or in school.

- Phase III - After completion of 180 days in the program with the last sixty days drug free, participants appear in court once a month, drug test weekly, attend three support groups weekly and one individual session prior to each court appearance. Participants must be employed or in school.

After graduation from the Drug Court Program each treatment provider offers its own after care program. These may vary from monthly check-ins by telephone to personal contact. The Drug Court Service Coordinator will follow up with all graduates by telephone and will initiate contact at three months, six months and twelve months after graduation. Participants sign a release of information allowing the Drug Court Service Coordinator to contact them with the intention of instituting an alumni association.

WARRANT PROTOCOL

● Issuance of Bench Warrants: When the court issues a bench warrant for a drug treatment court client, the following are accomplished:

A. The drug treatment court liaison or law enforcement liaison to the court telephones the community policing service. The warrant notification includes: 1) name, date of birth, height, weight, hair and eye color; 2) address and telephone number; 3) any social security number and California driver's license number; 4) the alleged offense(s) and bail amount -- all warrants issued are identified with the bail set at \$5,555 to designate Drug Treatment Court; 5) booking number and court docket number (warrant number); and 6) the next court date.

B. The warrant is immediately placed into the CORPUS³ system by the courtroom clerk.

³ An acronym for *Criminal Oriented Records Production Unified System* which is a computer system in Alameda County that is accessible through on-line remote terminals via telephone lines or microwave to a Data Processing mainframe computer for all Alameda County criminal justice agencies. Stored in this system is information regarding bookings, charges, complaints, court actions, dispositions, and custodial status of persons known to the system for criminal offenses.

The warrant can then be immediately confirmed by the arresting agency and the jail will have a hard copy of the holding order. In the event the courtroom clerk cannot enter the warrant, the clerk notifies the CORPUS clerk immediately to have the warrant placed into the system. The warrant must be in the system at the end of the court day.

C. In the event CORPUS is not operational, the following is accomplished by the drug treatment court liaison or law enforcement liaison to ensure warrant notification has been made: the designated person telephones the appropriate Community Oriented Policing Service (COPS) unit and a copy of the Minute Order showing the warrant issued by the court is then faxed to that unit.

COURT FEES

The total cost for the eighteen month drug treatment court program is \$900. Participants begin paying this fee upon admission to the program if they are employed full time or upon entering Phase II of the program. Participants sign a contract stating the amount they are committing to pay the court on a monthly basis. If they are considered low income, participants are allowed to work off part of the court fee by performing volunteer work. Participants must inform the Drug Court Coordinator of the place, type of volunteer work they will be performing, and the length of time. A time sheet is issued to each participant performing volunteer work. The time sheet must be signed by the individual's supervisor. Participants are responsible to pay all treatment program fees. Movement to Phase II or Phase III may be delayed due to non-payment of treatment program fees.

RELEASE OF INFORMATION

All participants must sign: 1) the drug court contract; 2) a release of information between the provider and the Drug Court Service Coordinator for the purpose of reports on progress; 3) a release of records consent if they are providing information to other agencies; and 4) a release of information for the purpose of follow-up after completion of the program.

REVIEW OF RELEVANT LITERATURE

The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity.⁴ Focusing on individuals whose criminal justice involvement stems from alcohol and other drug use, drug courts offer a compelling choice for individuals to participate in treatment. In exchange for successful completion of the treatment program, the court may dismiss the original charge, reduce or set aside a sentence, offer some lesser penalty, or offer a combination of these.

Drug courts transform the roles of criminal justice practitioners and Alcohol and Other Drug (AOD) treatment providers. The judge is the central figure in a team effort that focuses on sobriety and accountability as the primary goals. Because the judge takes on the primary role of trying to keep participants engaged in treatment, providers can effectively focus on developing a therapeutic relationship with the participants.⁵ In turn, treatment providers keep the court informed of each participant's progress so that rewards and sanctions can be provided.

Drug courts create an environment with clear and certain rules. The rules are definite, easy to understand, and most important - compliance is within the individual's control. The rules are based on the participant's performance and are measurable. For example, the participant either appears in court or does not, attends treatment sessions or does not, the drug tests reveal drug use or abstinence. The participant's performance is immediately and directly communicated to the judge, who rewards progress or sanctions noncompliance. A drug court establishes an environment that the participant can understand - a system in which clear choices are presented, and in which individuals are encouraged to take control of their own recovery.⁶

⁴ Steven Belenko, Ph.D., *Research on Drug Courts: A Critical Review*, National Drug Court Institute Review, 1998.

⁵ Richard C. Boldt, *Rehabilitative Punishment and the Drug Treatment Court Movement*, Washington University Law Review, 1998.

⁶ Fred Setterberg, *Drug Court*, California Lawyer, 1994.

A unique aspect of the San Leandro-Hayward Drug Treatment Court is the collaborative effort with the local police agencies. The Hayward and San Leandro Police Departments, as well as the Alameda County Sheriff's Department, have appointed liaisons to the court who help monitor the participant's behavior. For instance, if a defendant misses a court or treatment date, the judge immediately issues a bench warrant and the police agency expedites service of that warrant. Defendants are required to register with the appropriate police agency which is provided with the terms and conditions of diversion. The close supervision of the defendant, both in court and out in the community, facilitates the defendant's recovery from drug abuse and encourages adoption of a law-abiding life style.

The San Leandro-Hayward Drug Treatment Court is a recognized National Association of Drug Court Professionals/Community Oriented Policing Services (NADCP/COPS) mentor site, one of eight in the United States and has hosted a national conference on linkages between community policing and drug treatment courts attended by 170 people nationally.

This misdemeanor court, the only one in Alameda County, has the unanimous support of the judiciary. The court is developing a fee for services schedule to recoup some of the costs from program participants. This fee schedule will be implemented slowly on some Phase II⁷ and all Phase III⁸ participants, with an estimated implementation date of July 1, 2000. The assessment and collection of these fees needs to be carefully implemented, and the results analyzed to allow for maximum recoupment while keeping program failures to a minimum. It is not the intention to fail a participant simply because they lack an ability to pay.

⁷ Phase II clients appear in court every other week, test weekly, attend six support groups and one individual session per month.

⁸ Phase III clients appear in court once per month, test weekly, attend twelve group sessions and one individual session per month.

The time between arrest and admittance into the program is approximately three weeks for out-of-custody defendants and one week for in-custody defendants. The district attorney requires the time to review the police report, receive any drug test results and determine statutory eligibility and suitability for the Drug Treatment Court.

The district attorney notes on the court copy of the complaint if the defendant is eligible for statutory pre-plea diversion. At arraignment, the Drug Treatment Court Program is explained to the defendant (who may be referred to counsel if requested) and the case is set within six days on the Drug Treatment Court calendar. After observing an afternoon session, the defendant is asked if he or she would like to participate and, if so, completes a Drug Treatment Court Contract. The participant is then under the direct supervision of the Drug Court judge. Treatment providers and police agencies attend every session and the paperwork for treatment and community policing is completed immediately.

The court has requested a much quicker arraignment date for all potential Drug Treatment Court participants. However, district attorney participation in this program could not be obtained without the three week delay for out of custody matters. While not optimum, this delay has not proved to have a detrimental impact on this misdemeanor drug treatment court program.

The Drug Court Coordinator is qualified as a Certified Addictions Specialist by the American Academy of Health Care Providers to perform drug and alcohol assessments. This qualification has been accepted and endorsed by the county probation department, district attorney, public defender and the local drug treatment service providers.

The San Leandro-Hayward Misdemeanor Drug Court is currently participating in the Drug Evaluation Network Study (DENS) Project which is being conducted by the Treatment Research Institute/Delta Metrics of the University of Pennsylvania.

Observed drug tests are conducted weekly by the Drug Court Service Coordinator in a specially designed restroom facility adjacent to the court room. The toilet water is colored, hot water at the sink is tapped off, and Roche on-site test cups are used. If an objection is raised by a male regarding female observation of the test, a male deputy sheriff or male deputy probation officer is available to administer the test. State licensed test labs are available to retest samples if necessary. In addition, random drug tests are conducted at any time at the discretion of the Drug Court Service Coordinator.

The Drug Court Service Coordinator position in this project is also the case manager. Position duties include: drug and alcohol assessment and referral; identification of treatment facilities and the securing of client admission; assisting clients with entitlement benefits, such as medical insurance, disability benefits, Section 8 Housing and California's Welfare to Work Program; assisting clients with coordinating needed medical and dental care for themselves as well as their family; assisting clients with housing problems (helping them to locate housing and securing rental deposits); providing progress reports to the Housing Authority of clients whose termination from housing assistance was stayed pending their completion of the Drug Treatment Court Program; reports to the Juvenile Court where termination of parental rights may be an issue; assisting clients with employment, including following up on job leads, completing job applications and developing resumes; assisting clients in identifying resources to help family members assess alcohol and other drug treatment services; acting as liaison between community based organizations, the clients and the court; case conferencing with all treatment providers and discussion of individual client progress; troubleshooting with clients on issues related to non-compliance with the court contract; gathering the necessary documentation to recommend to the

court promotion to Phase II or Phase III; and weekly progress reports to the court during the Drug Treatment Court session.

Treatment providers provide support to the court in several ways. They assist the Drug Court Service Coordinator/Case Manager in developing the treatment plan in assessing other treatment, psycho-social, and psychiatric needs of the clients who are referred. The community based organizations extend their services to families of the clients. This provides the means to assist other drug/alcohol users living with the clients to also enter treatment. The treatment providers also attend Drug Treatment Court sessions every Thursday providing clinical insight to the judge on behalf of the client. Treatment providers also make recommendations which may be needed to enable the client to successfully complete treatment and continue in recovery.

The *East Bay Community Recovery Project* has sought and received funding from the Center for Substance Abuse Treatment (CSAT) to provide specific methamphetamine treatment services to the Drug Treatment Court clients. This provides group and intensive individual counseling as well as after care. This program is free of charge to all drug court participants and there is no waiting period. Clients are admitted as soon as they are referred to the program. The program consists of eight week and sixteen week educational support groups. Clients are required to attend three in-house groups per week and three Alcoholics Anonymous/Narcotics Anonymous (AA/NA) groups per week, for a total of six groups per week. Counseling staff from the *East Bay Community Recovery Project* attend every Drug Treatment Court session and provide progress reports to the judge.

Second Chance is a community-based organization which receives funding from Alameda County Department of Behavioral Health Care Agency to provide treatment services to individuals with drug and alcohol problems in the city of Hayward. *Second Chance* has graciously allowed the

San Leandro-Hayward Misdemeanor Drug Court to use existing treatment slots on a consistent basis, and has provided treatment on demand to meet the needs of the clients. All Drug Treatment Court clients are required to contribute toward their treatment costs and each client is financially assessed by the provider for their ability to pay fees. A client may pay up to a maximum of \$40 per month for their treatment.

The biggest barrier to assessing services has been with residential treatment. Because of the high cost and high demand, the waiting period for an available bed can be as long as three to four months. The San Leandro-Hayward Misdemeanor Drug Court continues to work with the Department of Behavioral Health in addressing this need and minimizing the waiting period. The Drug Court maintains an open dialog with the Department of Behavioral Health and the director of the agency encourages providers to identify treatment slots specifically for Drug Treatment Court referrals.

At each court appearance an up-to-date arrest history is available showing any new arrests as well as any new convictions. Because Alameda County is in the process of retooling the entire computer system, the Drug Court Service Coordinator is currently maintaining manual statistics on test results, employment, failures to appear, family or lifestyle changes, etc. The Drug Court Service Coordinator is currently working with court technology staff to create a more effective database system with anticipation of a small system being available July 1, 2000.

The drug court contract requires a minimum of three support groups per week and one individual session per month. This criteria does not change when a client moves to Phase II and Phase III. In Phase I, clients appear in court weekly, drug test weekly, attend three support groups weekly, and one individual session each month. Phase II clients appear in court every other week, test weekly, attend three support groups weekly and one individual session per month. In Phase III

the client appears in court once a month, drug tests weekly, attends three group sessions weekly and one individual session per month. The treatment provider and Drug Court Service Coordinator/Case Manager may recommend to the court a change in the required groups and individual session.

The Drug Treatment Court is totally dependent on whatever ancillary services the treatment providers have in their organizations. Currently there is access to methadone treatment, domestic violence classes/support groups, anger management classes, parenting classes, teen services, and medical services in addition to psychiatric services for dual diagnosis issues.

Each treatment provider has its own after care services which vary from monthly check-ins by the client to weekly telephone contact. It is the intent of the San Leandro-Hayward Misdemeanor Drug Court to conduct follow-ups with all the graduates by mail and by telephone. Contact will initiate at three months, six months, nine months and twelve months after graduation from the program. The Drug Treatment Court will encourage graduates to form and join an alumni association and ask them to return as mentors to new Drug Treatment Court clients.

The goal is to assist the client in making a "bond" with the treatment provider so that they may continue attending treatment services after graduation from the Drug Treatment Court Program.

THERAPEUTIC JURISPRUDENCE and DRUG TREATMENT COURTS

The concept of therapeutic jurisprudence has become increasingly familiar during the last decade. Therapeutic jurisprudence proposes that the substantive rules and procedures of the legal system and the roles of legal practitioners produce therapeutic and anti-therapeutic consequences. It holds that scholars and practitioners must recognize this and modify behavior and systems to account for it, without violating traditional legal norms.⁹ Therapeutic jurisprudence does not

⁹ Peggy Fulton Hora and William G. Schma, *Therapeutic Jurisprudence*, Judicature 8, 1998.

replace other legal principals, and other considerations often override therapeutic ones. Therapeutic jurisprudence is, rather, a perspective from which to view the daily practice of law and justice and balance insights gathered with other pertinent considerations.

Drug treatment courts (also called drug courts) are the most recent and widespread example of the application of therapeutic jurisprudence in the criminal justice system. Therapeutic jurisprudence and drug treatment courts developed simultaneously but independently, and only after achieving a measure of separate existence was it discovered that they were not only compatible but natural companions.¹⁰ Therapeutic jurisprudence provides a theoretical underpinning for drug treatment courts, which provide a concrete test and application of therapeutic jurisprudence theory.

Drug treatment courts are based on the premise that court-ordered drug treatment works. A drug treatment court is a judicially supervised treatment-driven program for non-violent substance abusing criminal offenders. It represents a collaborative effort of every segment of the criminal justice community, including the court, prosecutor, defense attorney, case manager/drug court service coordinator, and treatment provider.¹¹

Besides front-loading treatment upon entry into the system, rather than back-loading it after adjudication, the most distinguishing characteristic of a drug treatment court is continuous judicial supervision throughout the individual's contact with the criminal justice system.

The therapeutic values of the drug court treatment approach are compelling. One of the hallmarks of the disease of addiction is denial. A Drug Treatment Court Judge is specially trained to break down denial, and the drug treatment court experience itself forces the addict to face denial,

¹⁰ Peggy Hora, William G. Schma and John T.A. Rosenthal, *Therapeutic Jurisprudence and the Drug Treatment Court Movement: Revolutionizing the Criminal Justice System's Response to Drug Abuse and Crime*, Notre Dame Law Review 101, 1998.

¹¹ Michael L. Prendergast, *Drug Courts: Diversion that Works*, The Judges' Journal, 1995.

accept personal responsibility and garner self-esteem which are all crucial therapeutic steps in the recovery process.

Individual judges, trial courts, and entire state court systems are adopting a new, problem-solving orientation to their work, one well removed from the traditional model of the “dispassionate, disinterested magistrate.”¹² In the new model, “problem” is defined expansively to include “a wide range of behavioral and social problems that arise in a community.”¹³ Various approaches are being tested which include therapeutic jurisprudence, which explore the role of the law in fostering therapeutic or anti-therapeutic outcomes. Therapeutic jurisprudence attempts to combine a “rights” perspective - focusing on justice, rights, and equality issues with an “ethic of care” perspective - focusing on care, interdependence, and response to need.¹⁴

In 1990 The Commission on Trial Court Performance Standards developed and published a set of standards relevant to this issue. One standard recognizes an obligation on the part of courts to anticipate and adjust their operations to meet new conditions and three standards hold courts responsible for their standing with the public.¹⁵

Therapeutic jurisprudence is one source of guidance as the judiciary thinks through the philosophical and practical issues associated with these changes in their role and public expectations. The fundamental principal underlying therapeutic jurisprudence is the selection of a therapeutic option--an option that promotes health and does not conflict with other normative values of the legal system. In essence, it “proposes the exploration of ways in which, consistent with

¹² Michael D. Zimmerman, “A New Approach to Court Reform,” *Judicature* 82(3) (November-December 1998).

¹³ Herman Goldstein, “Improving Policing: A Problem-Oriented Approach,” *Crime and Delinquency* 25(2) (April 1979).

¹⁴ “The Influence of Legal Education on Moral Reasoning,” *Minnesota Law Review* 76 (1991).

¹⁵ Commission on Trial Court Performance Standards, *Trial Court Performance Standards with Commentary*, Washington, D.C.: U.S. Department of Justice, Bureau of Justice Assistance, 1997.

principals of justice, the knowledge, theories and insights of the mental health and related disciplines can help shape the law.”¹⁶

A 1995 report from the U.S. Department of Health and Human Services highlighted findings of seven research projects that supported the effectiveness of drug treatment. One research effort in particular, *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment*, clearly demonstrated the benefits of treatment as it relates to criminal activity. The study showed that the level of criminal activity declined by two-thirds as a result of drug treatment. The longer users stayed in treatment, the greater the reduction in their criminal activity. Among the key findings in other treatment studies demonstrated that treatment was more effective than law enforcement as a means to reduce the demand for illicit drugs.

¹⁶ D.B. Wexler and B.J. Winick, *Law in a Therapeutic Key*, Durham, N.C., 1996.

METHODOLOGY

For this review the main purpose of the empirical assessment, or analysis, has been a process or operational evaluation that examines and describes the operations of the San Leandro-Hayward Misdemeanor Drug Treatment Court since implementation in March 1998.

This evaluation describes the drug court as it has actually been implemented and includes basic descriptive information about the participants and program operations. Some evaluations have compared the characteristics and outcomes for drug court clients to other drug offenders in this jurisdiction. Basic program outcomes, such as percentages retained in the drug court for various time periods and drop out rates, are a part of this drug court's process evaluation. Key indicators are described, such as how the drug court program has been implemented, whether it is meeting its operational goals and objectives, the characteristics of offenders who participate, the services provided, and the participant outcomes.

EVALUATION COMPONENT

The local evaluation of the San Leandro-Hayward Misdemeanor Drug Treatment Court (SL-HMDTC) is comprised of process, outcome and impact evaluation components. Within the process evaluation quantitative data regarding referrals, intakes and discharges will yield various types of client profiles, while quantitative information will be available through interviews with key stake holders. The process of program implementation is tracked through evaluation team attendance at staff meetings, as well as satisfaction measures administered to clients and program staff. The outcome evaluation will follow a simple time series, quasi-experimental design, primarily focusing on client recidivism and substance use trends, as well as SL-HMDTC linkages with community services. For select outcome indicators, data from both the intervention clients and a matched comparison cohort is analyzed. In addition, a standardized instrument Addiction Severity

Index (ASI) will be administered regularly to assess trends over time regarding alcohol and drug-related offenses appearing in the San Leandro-Hayward Misdemeanor Court system. To the extent possible, a cost analysis will also be conducted to assess the overall benefits and costs of the program, as compared to similar programs serving as alternatives to the San Leandro-Hayward Misdemeanor Drug Treatment Court Program.

PROCESS EVALUATION

The process evaluation will be implemented from both quantitative and qualitative perspectives. Review of intake forms will generate demographic and historic profiles for individuals referred and/or accepted into San Leandro-Hayward Misdemeanor Drug Treatment Court. In addition, information from the discharge forms and service utilization tracking will help assess program effectiveness and compatibility with the designated target population. This information will be tracked with a Management Information System (MIS) developed on an Access database in collaboration with feedback from the program staff.

As part of the qualitative process evaluation, individual interviews (with five randomly selected active intervention clients) will be conducted every six months to assess program satisfaction and subjective perceptions regarding alcohol and other drug use, community support, housing issues, employment status, and crime issues. In addition, a subset (10 percent from each group) of dropped out clients and those successfully completing the program will also be individually interviewed regarding their experiences during the post-program participation, as well as with program satisfaction. Staff satisfaction forms will also be administered every six months to compile staff feedback regarding their perceptions and satisfaction with the program.

Documentation of the history of program development and implementation will be tracked through regular attendance of staff meetings by the evaluation team.

OUTCOME EVALUATION

The outcome evaluation will be comprised of a simple time series, quasi-experimental design. A comparable randomly selected comparison (mated on age, gender, ethnicity, offender status [first vs. multiple] and/or original misdemeanor type offense), will be used from the Oakland court systems for analysis of re-arrest rates within the same time-frame as the intervention cohort. To tandem with the San Leandro-Hayward Misdemeanor Drug Treatment Court's anticipation that a measurable level of client change should occur following ninety days of program participation, rearrest rates for the comparison cohort will be reviewed at baseline and at ninety days following the initial offense.

The outcome evaluation will primarily focus on the following three indicators: 1) client recidivism, as measured through rearrest date from Management Information System Department of the Alameda County Justice System. Rearrest from the Oakland system for a randomly selected, matched comparison cohort will also be reviewed. The evaluation team will also attempt to request information through the program regarding number of client incidents documented by the Community Policing Agency; 2) changes in alcohol and substance use and related issues, as assessed through administration of the Addiction Severity Index at baseline and biannually following program entry; drug test results, and drug program completion status; and 3) employment status, as tracked through changes in employment/vocational training status prior to and following the program entry. In addition, to the extent feasible, linkages between San Leandro-Hayward Misdemeanor Drug Treatment Court and community services may also be reviewed. Determination of linkages may include assessment of the number of treatment providers actively providing services to the drug treatment court clients, review of the interim period between the drug treatment court referral and client entry into a drug treatment program, implementation of a common data set to be

used by all treatment providers servicing the drug treatment court clients, and development of a consistent communication protocol between Community Policing and the San Leandro-Hayward Misdemeanor Drug Treatment Court program regarding client progress.

IMPACT EVALUATION

The impact evaluation will primarily assess: 1) the impact of the San Leandro-Hayward Misdemeanor Drug Treatment Court program on the prevalence of incarceration due to alcohol and other drug related offenses with the Alameda County justice system; 2) the establishment of linkages between the Alameda County Justice system and community-based organizations; and 3) the overall cost-benefits of the San Leandro-Hayward Misdemeanor Drug Treatment Court program. Review of the overall trends of incarceration rates will be viewed as a snapshot of the current average daily population appearing within both the misdemeanor and felony courts of Alameda County at baseline, and twelve and twenty-four months of San Leandro-Hayward Misdemeanor Drug Treatment Court program initiation, with information collected through the Management Information Systems Department of the Alameda County Justice System. Analysis of trends regarding linkages between the Alameda County justice system and community-based organizations will also consist of a snapshot regarding availability of treatment slots with the San Leandro-Hayward community areas at baseline, and twelve and twenty-four months of drug treatment court program initiation. Cost analysis and effectiveness data will be collected and contrasted to clients involved in comparable alternative treatment programs, as well as from a fiscal perspective with relation to the drug treatment court program and community-based organization treatment providers.

FINDINGS AND RECOMMENDATIONS

Through implementation of the process, outcome, and impact evaluation components, information regarding the development, implementation, effectiveness and impact of an adult misdemeanor drug court program can be assessed. Both the implementation process and client profiles will be documented through process evaluation, while outcome evaluation will provide information regarding the immediate effectiveness of the program within the community, based on client outcomes and linkages between the court system and community-based organizations. Review of cost-benefit data and trends across time within the Alameda County Criminal Justice system will yield preliminary information regarding the potential for long-term impact of the drug court program. Finally, participation in the national cross-site evaluation component will allow for replication of similar programs across the United States as well as dissemination regarding the strengths and weaknesses of various program components.

Drug courts and community policing programs are natural partners. They share the same communities, are committed to developing partnerships with other agencies and organizations and pursue the same goal of creating a safe and drug-free society. Their linkage is an important first step in creating a comprehensive, system-wide coordinated approach to the drug using offender.

The San Leandro-Hayward Misdemeanor Drug Treatment Court is exploring the possibility of becoming part of the National Association of Drug Court Professionals (NADCP) Community Policing/Community-Based Court Mentor Network. The mentor project develops innovative linkages between community policing agencies, drug courts and other community-based courts. The mentor project also fosters the development of educational and training resources at the local, regional and state levels. Additionally, the referral system will link selected courts to request for

assistance from jurisdictions seeking to create or improve linkages with law enforcement and to promote community involvement and participation in this process.

The San Leandro-Hayward Misdemeanor Drug Treatment Court is also interested in developing a participant identification card. The identification card will have a bar code that identifies the bearer as a Drug Treatment Court participant. After the participant has completed the intake process the drug court service coordinator will issue the card. The participant ID card will enable the community policing agencies to run these cards through their computer and access pertinent information immediately, such as outstanding warrants. The participant ID card will record the number of policing contacts the participant has had. The ID card will also record where the participant had contact with the policing agency, how many times contact was made, and where they had gone for alcohol and drug treatment.

Effective and timely treatment allows intervention early in the cycle of addiction. Early intervention is critical in order to reach first time offenders, who stand to benefit from treatment. Intervention as early as possible in the drug use continuum simplified the task of the treatment provider and makes treatment less expensive and more successful. The drug user has had less time for the more insidious effects of drug use to take hold. At this stage, criminal behavior is less entrenched, other high-risk behaviors are less ingrained, general health is better, and recovery and rehabilitation are less problematic.

Frequent court-ordered drug testing is essential as it is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress. The test results are objective measures of treatment effectiveness, as well as a source of important information for periodic review of treatment progress. It also helps shape the ongoing interaction between the court and each participant which promotes frankness and honesty among all parties.

Drug testing is central to the drug treatment court's monitoring of participant compliance. It is both objective and cost-effective. It gives the participant immediate information about his or her own progress, making the participant active and involved in the treatment process rather than a passive recipient of services.

Drug courts have been more successful than any other form of community supervision in closely supervising drug offenders in the community through frequent monitoring and close supervision including mandatory frequent drug testing, placing and retaining drug offenders in treatment programs, providing treatment and related services to offenders who have not received such services in the past, generating actual and potential cost savings and substantially reducing drug use and recidivism while offenders are in the program. Drug courts have demonstrated the feasibility of employing a team-based, problem solving approach to adjudicating offenders with drug problems in a way that appears to reduce system costs and improve public safety.

Findings have shown that:

1. Drug courts have been successful in engaging and retaining offenders in programmatic and treatment services who have substantial substance abuse and criminal histories but little prior treatment engagement.
2. Drug courts provide more comprehensive and closer supervision of the drug-using offender than other forms of community supervision.
3. Drug use and criminal behavior are substantially reduced while clients are participating in drug court.
4. Criminal behavior is lower after program participation, especially for graduates, although few studies have tracked recidivism for more than one year post-program.

5. Drug courts generate cost savings, at least in the short term, from reduced jail/prison use, reduced criminality and lower criminal justice system costs.

6. Drug courts have been quite successful in bridging the gap between the court and the treatment/public health systems and spurring greater cooperation among the various agencies and personnel within the criminal justice system, as well as between the criminal justice system and the community.

Drug courts have played an important role in recent years in fostering a changing role of criminal courts toward a more problem-solving approach. Such a perspective recognizes the importance of dealing with underlying substance abuse problems, especially for non-violent drug offenders. Drug courts provide more comprehensive and closer supervision of drug-involved offenders in the community than other forms of community supervision (including probation and parole) and deliver a higher “dosage” of drug treatment and related services than previous criminal justice-based programs. It is this close supervision and treatment engagement that may account for the promising outcomes.

It is recommended that future research on the San Leandro-Hayward Misdemeanor Drug Treatment Court address:

- Collected data on post-program outcomes for an extended follow-up period.
- Collect follow-up data on outcomes other than rearrest.
- Conduct an extensive cost-benefit analysis on the drug court.
- Conduct further research on the drug court treatment services that allow determination of the specific factors that affect treatment outcomes.
- Develop baseline measures that describe how drug offenders have historically been adjudicated in Alameda County.

- Conduct a follow-up evaluation to see whether changes in the drug court or other trends can affect the operation or impact.
- Evaluate the drug court program with a large enough sample size to generate sufficient statistical power to draw reasonable conclusions about the impact of the drug court.

CONCLUSIONS

Effectiveness of the Drug Court Approach Compared with Traditional Case Disposition Process

- **Reduction in Drug Use**

Traditional Adjudication Process: Defendants convicted of drug offenses are either sentenced to a period of incarceration or referred for probation supervision. Few jurisdictions require frequent drug testing to monitor drug use after conviction. If they do they lack the capacity to promptly respond when a defendant has tested positive. Few jails or prisons provide any comprehensive treatment services for inmates and none provide long-term rehabilitation support once the defendant is released. In jurisdictions which require as a condition of probation a completion of a treatment program, there is generally no monitoring of whether defendants who complete such programs actually cease or reduce their use of drugs. This has led many justice system officials to conclude that the traditional case disposition process lacks the capacity to bring about any significant reduction in drug use by persons convicted of drug offenses.¹⁷

Drug Court Experience: Because drug court programs test defendants for drug use regularly (usually at least weekly), information regarding drug use by defendants under drug court supervision is available and known to the court on an on-going basis, and is reopened with appropriate sanctions.

¹⁷ U.S. Dept. of Justice, National Institute of Justice Drug Use Forecasting 1994 Annual Report on Adult Arrestees: Drugs and Crimes in America's Cities. 1995.

- **Reductions in Recidivism**

Traditional Adjudication Process: Most criminal justice system professionals estimate that at least 45 percent of defendants convicted of drug possession will recidivate with a similar offense within two to three years.¹⁸

Drug Court Experience: In comparison, drug court programs are experiencing a significant reduction in recidivism among participants.

- **Intensive Supervision Provided Where Little Existed Before**

Traditional Adjudication Process: Under the traditional adjudication process, supervision of defendants released prior to trial usually consists of a weekly call-in and possibly periodic reporting to a pre-trial service agency during this period; after conviction, supervision usually consists of monthly reporting to a probation officer with urinalysis generally conducted periodically.

Drug Court Process: Drug court defendants come under the court's supervision very shortly after arrest and throughout the duration of the treatment program, are required to attend treatment sessions, undergo random urinalysis, and appear before the drug court judge on a regular and frequent basis.

- **Capacity to Promptly Deal with Relapse and Its Consequences**

Traditional Adjudication Process: It is particularly common for defendants on probation for drug offenses to fail to comply with probation conditions entailing attendance at treatment programs or abstaining from drug use. Frequently, their failure to comply is evidenced by a new arrest for a drug-related offense, generally becoming known to the justice system months after the defendant's drug use has resumed. It is common for this cycle to continue indefinitely once the defendant is

¹⁸ Drugs and Crime Facts, 1995. U.S. Dept. of Justice, Bureau of Justice Statistics.

released. At least 40 percent of offenders incarcerated are imprisoned for drug or drug related offenses and over 60 percent of the correctional population had substance abuse problems.¹⁹

Drug Court Experience: Recognizing that substance addiction is a chronic and recurring disorder, the drug court program maintains continuous supervision over the recovery process of each participant, through frequent court status hearings, urinalysis, and reports from the treatment providers to the supervising judge. Drug use or failure to comply with other conditions of the drug court program are detected and responded to promptly.

- **Capability to Integrate Drug Treatment with Other Rehabilitation Services to Promote Long-Term Recovery**

Traditional Adjudication Process: Although there are strong correlations between drug abuse and other attributes of social dysfunction, most courts do not address these problems when sentencing drug-using offenders. At best, they refer them to a treatment program and/or special skills class with no regular monitoring of their participation or its results, absent a violation of probation.

Drug Court Experience: In contrast, a fundamental premise of the drug court approach is that cessation of drug abuse requires not only well-structured treatment services but coordinated and comprehensive programs of other rehabilitation services to address the underlying personal problems of the drug user, and promotes his or her long-term re-entry into society. In addition to sobriety, most drug courts require participants to obtain a high school or general education diploma (GED) certificate; obtain and/or maintain employment; and develop mentor relationships within the community to sustain them after they leave the drug court program.

¹⁹ U.S. Dept. of Justice, Bureau of Statistics, National Corrections Reporting Program, 1995; A National Report: Drugs, Crime and the Justice System. 1995.

FINDINGS RESULTING FROM THE DRUG COURT EXPERIENCE

Despite their rigorous requirements, drug court programs are retaining a significant percentage of the defendants enrolled and, consequently, having a more significant impact on participants' lives than traditional pre-trial and/or probation supervision. They are making significant progress in terms of reducing drug use, employment status, educational development, and family relationships. Most clients eventually succeed in subsequent treatment programs in which they enroll.

Most drug court participants, even first offenders, appear to have significant histories of substance addiction. Responses from two recent surveys of 400 drug court participants in the final phase of participation in more than 50 different programs²⁰ indicated that the close supervision -- and encouragement -- provided by the drug court judge, coupled with the program's intensive treatment and rehabilitation services and on-going monitoring were the critical factors that promoted their success in the program.

The average cost for the treatment component of a drug court program ranges between \$900 and \$2,200 per participant, depending upon the range of services provided. Savings in jail bed days alone have been estimated at least \$5,000 per defendant - which does not factor in the value of the added capability to incarcerate the more serious offenders which many jurisdictions are also deriving from these programs. Most programs also report that a substantial percentage of participants who came into the program unemployed and on public assistance have become employed while in the program and are now self-supporting.

Many drug court participants who are parents of minor children and who have lost custody

²⁰ State Justice Institute. 1995 National Symposium on the Implementation and Operation of Drug Courts. Drug Courts: Participant Comments: Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project at the American University. 1997 Drug Courts: Participant Perspectives.

or are in danger of losing custody of their children because of their drug use regain custody upon completing the drug court program.

In addition to cost savings, all components of the justice system are reporting that the drug court programs are enabling their agencies to more efficiently allocate criminal justice resources. The caseloads assumed by the drug court judges have also permitted docket time of other judges to be freed up and made available for other matters.

Prosecutors and police in many jurisdictions report that the drug court has significantly enhanced the credibility of the law enforcement function, provides their agencies with a more effective response to substance abuse, and is a significant alternative to the "revolving door" syndrome that has frequently resulted from the traditional case process. Defendants are no longer released back into the community - and back using drugs - shortly after arrest but, rather, placed in a rigorous, court supervised treatment program which carries an important message to the community regarding the seriousness of illegal drug use.²¹

Drug court programs are considerably more effective than the traditional response of criminal prosecution. This conclusion was made by the U.S. Department of Justice's Bureau of Justice Assistance Drug Court Clearinghouse at the American University, which surveyed twenty drug court programs that have been in effect for at least one year. The results of this 1996 survey are contained in *Drug Courts: An Overview of Operational and Implementation Issues*. Among the findings are:

- The rate of recidivism for participants in drug court programs has been significantly reduced.

²¹ Police Foundation and Drug Strategies. *Drugs and Crime Across America: Police Chiefs Speak Out*. 1996.

- A significant decrease in drug use has been observed among drug court participants while involved in the program.
- There have been a significant number of drug-free babies born to women enrolled in drug court programs -- an unanticipated beneficial effect.
- Many programs are now expanding their targeted population based on the success of their initial experience.
- Prosecutors and law enforcement officials have demonstrated significant support for drug court programs and, in a number of jurisdictions, have contributed asset-forfeiture funds to augment available treatment resources.
- Drug court programs are also extremely cost-effective -- average treatment costs range from \$900 to \$2,200 per participant, compared with an average cost of \$5,000 per defendant for a minimal period of incarceration.

The drug court approach is far more effective than the traditional criminal case process for the significant number of offenders who seriously desire to address their substance addiction and turn their lives around.

Drug courts have had a major impact on our communities. However, they have the potential to accomplish much more. Drug courts can provide the nucleus for comprehensive, community-wide systems for dealing with all drug-using offenders. Such drug treatment courts would combine early drug testing and screening of arrestees, jail and prison-based treatment for those in need of incarceration, appropriate judicial monitoring, probation/case manager supervision, drug testing, and treatment and rehabilitation services for those under court control in the community. In the future, drug treatment courts will provide the foundation for an effective new community-wide, community-involved strategy to reduce drug use and crime in our communities.

For several decades, drug use has shaped the criminal justice system. Drug and drug-related offenses are the most common crime in nearly every community.²² Drug offenders move through the criminal justice system in a predictable pattern: arrest, prosecution, conviction, incarceration, release. In a few days, weeks, or months, the same person may be arrested on a new charge and the process begins again.

Early efforts to stem the tide on the skyrocketing segment of society using drugs only complicated the situation. Initial legislation redefined criminal codes and escalated penalties for drug possession and sales. These actions did little to curtail the illicit use of drugs and alcohol. As law enforcers redoubled their efforts, America's prisons were filled,²³ compromising federal and state correction systems' abilities to house violent and career felons.²⁴

Encouraged and supported by the Federal Government, some jurisdictions developed "Expedited Drug Case Management" systems and were the first programs to adopt the term "drug court" which sped up the processing of drug cases by accelerating the time between arrest and conviction. However, these efforts did little to address the problems of habitual drug use.

As offenders flooded the criminal justice system, many were not identified as having problems with alcohol and other drugs or were released to the community without referral to treatment. When they were identified, attempts by judges to refer offenders to treatment often had little impact either because the treatment programs were full or because cooperative working relationships between criminal justice and treatment providers were inadequate or nonexistent.

The traditional adversarial system of justice, designed to resolve legal disputes, has proven ineffective at addressing alcohol and other drug abuse. In response, some jurisdictions began to re-

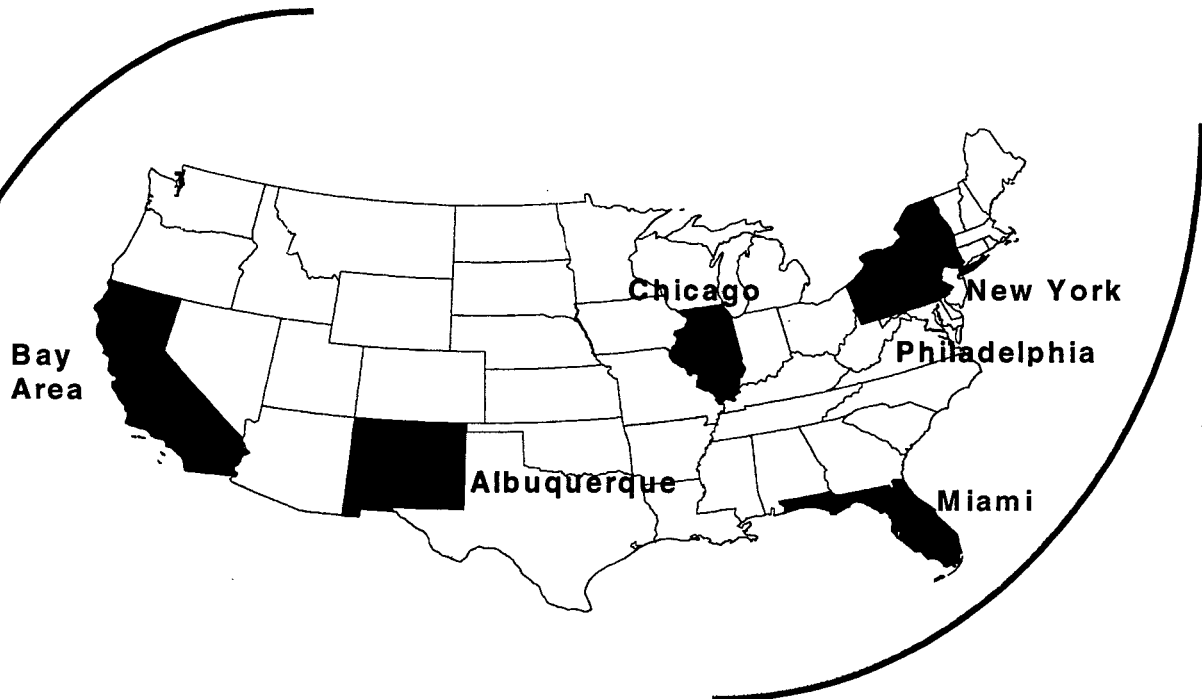
²² "Drug Strategies," Keeping Score, 1996.

²³ Drugs and Crime Facts 1994, U.S. Department of Justice, Bureau of Justice Statistics.

²⁴ National Drug Control Strategy: Reclaiming Our Communities from Drugs and Violence, The White House, February 1994.

examine the relationship between criminal justice processing and treatment services. It became apparent that treatment providers and criminal justice practitioners shared common goals: stopping the illicit use and abuse of all addictive substances and curtailing its related criminal activity. Thus, the concept of treatment-oriented “drug courts” was born.

The Drug Evaluation Network System



San Leondro/Hayward Superior Drug Court vs. All Other DENS Drug Courts End of Year 1999 Report

***A report of patients' drug, alcohol, family, medical, legal,
employment, and psychiatric problems upon evaluation.***

DENS COMPARISON DATA:
End of Year 1999 Report

<i>Demographic Variables</i>	San Leandro Hayward DC N = 58	CHI-SQ / T-TEST	All Other DENS DC N = 536
Average Age	31.7	0.02	35.0
Gender	56	0.01	535
% Male	53.6		69.7
% Female	46.4		30.3
Race	56	0.0001	531
% Caucasian	69.6		31.1
% African American	0.0		53.3
% American Indian	0		0.9
% Alaskan Native	0		0.0
% Asian/Pacific	5.4		1.3
% Hispanic/Mexican	16.1		9.0
% Hispanic/Puerto Rican	8.9		1.7
% Hispanic/Cuban	0		0.8
% Other Hispanic	0		1.9
Marital Status	58	NS	528
% Married/Remarried	13.8		14.0
% Widowed	1.7		2.3
% Separated/Divorced	32.8		28.8
% Single, Never Married	51.7		54.9
% In Controlled Environment Prior to Tx Admission	44.6	0.000	71.2

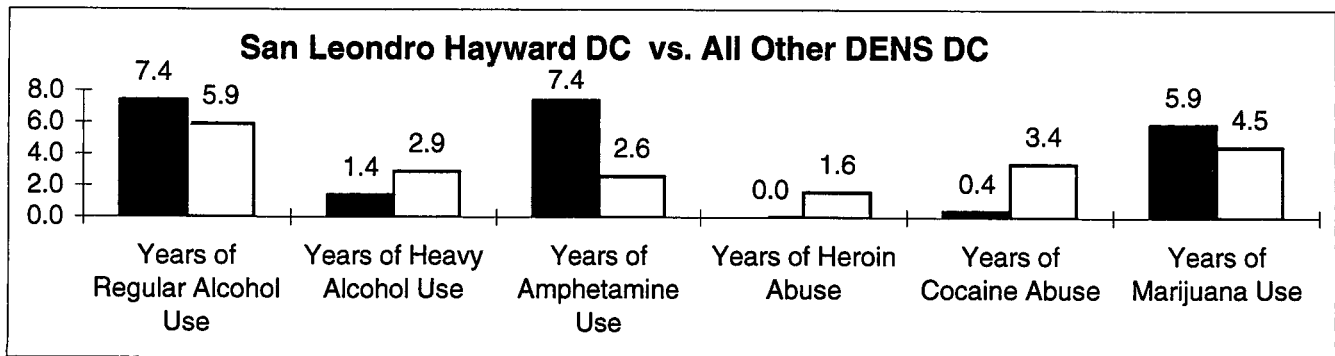
* Indicates that more than 10% data missing, test for significance not computed.

DENS COMPARISON DATA:

End of Year 1999 Report

<i>Drug and Alcohol Lifetime History</i>	San Leandro Hayward DC N = 58	CHI-SQ / T-TEST	All Other DENS DC N = 536
Severity Ratings			
Alcohol	1.9	NS	2.0
Drug	3.7	NS	4
Which substance is the major problem?		NS	
% Drug	82.8		71.3
% Alcohol	12.1		10.3
% Alcohol and Drug	3.4		4.5
% Poly Drug	0.0		3.9
% Not Answered	0.0		2.2
% No Problem	1.7		7.8
History of use			
Years of Regular Alcohol Use	7.4	NS	5.9
Years of Heavy Alcohol Use	1.4	NS	2.9
Years of Amphetamine Use	7.4	0.0001	2.6
Years of Heroin Abuse	0.0	0.02	1.6
Years of Cocaine Abuse	0.4	0.0001	3.4
Years of Marijuana Use	5.9	0.03	4.5
History of treatment			
# Prior Alcohol Treatments	0.6	NS	0.3
# Prior Drug Treatments	0.4	0.03	1.0
% Never Treated - Alcohol	82.5	NS	84.9
% Never Treated - Drug	80.7	NS	57.7
% Never Abstinent	24.6	NS	20.7
Duration of Last Abstinence (months)	7.0	NS	9.1

* Indicates that more than 10% data missing, test for significance not computed.



DENS COMPARISON DATA:
End of Year 1999 Report

<i>Current Drug & Alcohol Use Past 30 Days</i>	San Leandro Hayward DC N = 58	CHI-SQ / T-TEST	All Other DENS DC N = 536
Composite Scores			
Alcohol	0.15	0.02	0.08
Drug	0.14	0.0001	0.09
Days of Use			
Number of Days Drank Any Alcohol	4.3	NS	2.6
Number of Days Drank Alcohol to Intoxication	0.5	NS	0.6
Number of Days Amphetamine Use	6.0	0.0001	1.1
Number of Days Heroin Use	0.0	0.0001	1.0
Number of Days Cannabis Use	5.2	0.003	1.5
Number of Days Cocaine Use	0.4	NS	1.2
Number of Days more than 1 Drug Used	0.5	NS	0.5
Severity of Use			
Money spent on alcohol during the past 30 days	\$21	NS	\$18
Money spend on drugs during the past 30 days	\$73	NS	\$123
Number of days experienced alcohol problems (past 30)	3.7	0.03	1.6
Number of days experienced drug problems (past 30)	9.4	0.02	6.2
Patient rating of need for treatment - alcohol problems	0.8	0.02	0.4
Patient rating of need for treatment - drug problems	2.2	0.008	1.6

* Indicates that more than 10% data missing, test for significance not computed.

DENS COMPARISON DATA:

End of Year 1999 Report

PERSONAL HEALTH VARIABLES

<i>Medical and Psychiatric Lifetime History</i>	San Leandro Hayward DC N = 58	CHI-SQ / T-TEST	All Other DENS DC N = 536
<i>Medical Variables</i>			
Severity Rating	1.3	NS	1.3
% with Chronic Medical Problems	37.9	NS	33.3
Average number of medical hospitalizations	1.7	NS	1.8
<i>Psychiatric Variables</i>			
Severity Rating	2.3	NS	1.6
% Ever treated - Inpatient	8.6	NS	12.5
% Ever treated - Outpatient	12.1	NS	17.4
% Ever prescribed psychiatric medications	12.3	NS	11.5
% Attempted suicide, Lifetime	14.0	NS	11.9
% Depressed, Lifetime	43.9	NS	50.4
% With violence problems, Lifetime	12.3	NS	21.3

* Indicates that more than 10% data missing, test for significance not computed.

DENS COMPARISON DATA:

End of Year 1999 Report

SOCIAL FUNCTION VARIABLES

<i>Employment, Legal and Family/Social Lifetime History</i>	San Leandro Hayward DC N = 58	CHI-SQ / T-TEST	All Other DENS DC N = 536
<i>Employment Variables</i>			
Severity Rating	0.8	0.0001	2.2
Years of Education	11.9	NS	11.4
% with Skill or Trade	67.2	NS	68.3
Longest Continuous Employment (average years)	3.7	NS	4.6
<i>Legal Variables</i>			
Severity Rating	0.0	0.0001	2.6
% Ever Incarcerated	13.8	0.0001	72.4
Number of Months Incarcerated, Lifetime	0.5	0.0001	10.1
Admission prompted by Criminal Justice System	82.8	0.0001	96.1
<i>Family/Social Variables</i>			
Severity Rating	2.0	0.008	1.2
% Living with someone who has a current alcohol problem	5.3	NS	7.9
% Living with someone who has a current drug problem	5.3	NS	9.2
% Abused physically, Lifetime	37.9	0.03	24.9
% Abused sexually, Lifetime	10.3	NS	14.0

* Indicates that more than 10% data missing, test for significance not computed.

DENS COMPARISON DATA:

End of Year 1999 Report

<i>Current Substance Abuse Status Past 30 Days</i>	San Leondro Hayward DC N = 58	CHI-SQ / T-TEST	All Other DENS DC N = 536
<i>Percent who used the following substances:</i>			
% Who drank any alcohol	58.6	0.004	38.8
% Who drank alcohol to intoxication	12.1	NS	9.4
% Who used Amphetamine	84.5	0.0001	17.9
% who used heroin	1.7	NS	8.1
% Who used more than one drug per day	12.1	NS	8.5
% Who used cocaine	8.6	NS	18.1
% Who used marijuana	51.7	0.0001	20.6
<i>For those Who Did Use During The Past 30 Days:</i>			
Average number of days of alcohol use	7.1	NS	6.9
% Who used alcohol daily	0.0	0.02	4.4
Average number of days of alcohol use to intoxication	4.1	NS	6.6
% Who used alcohol daily to intoxication	0.0	NS	6.0
Average number of days of Amphetamine use	7.1	NS	6.3
% Who used Amphetamine daily	0.0	NS	2.1
Average number of days of heroin	2.0	0.0001	11.8
% Who used heroin daily	0.0	NS	7.0
Average number of days of cocaine use	4.4	NS	6.8
% Who used cocaine daily	0.0	NS	1.0
Average number of days marijuana use	10.2	NS	7.8
% Who used marijuana daily	10.0	NS	0.0

* Indicates that more than 10% data missing, test for significance not computed.

DENS COMPARISON DATA:

End of Year 1999 Report

PERSONAL HEALTH VARIABLES

<i>Medical and Psychiatric Status Past 30 Days</i>	San Leandro Hayward DC N = 58	CHI-SQ / T-TEST	All Other DENS DC N = 536
Medical Status			
Average Composite Score	0.22	NS	0.16
% Who were prescribed medication for a medical problem	20.7	NS	19.6
% Who reported experiencing medical problems	34.5	NS	32.0
Of those who experienced medical problems			
Average number of days of problems in the past 30?	18.4	NS	15.5
Psychiatric Status - Average Composite Score	0.20	0.02	0.13
Percent who had a period in the past 30 days when they:			
Experienced serious depression	42.1	0.007	25.4
Experienced serious anxiety or tension	42.1	NS	30.6
Experienced hallucinations	7.0	NS	3.5
Experienced trouble understanding/concentrating	17.5	NS	17.8
Experienced trouble controlling violent behavior	5.3	NS	4.4
Experienced serious thoughts of suicide	1.8	NS	3.7
Attempted suicide	0.0	NS	1.7
Were prescribed meds for psychiatric/emotional problem	8.8	NS	5.0
% Reporting no psychiatric problems	43.9	0.0001	66.0
For those who reported psychological/emotional problems			
Average number of days in past 30	13.2	NS	11.9

* Indicates that more than 10% data missing, test for significance not computed.

DENS COMPARISON DATA:
End of Year 1999 Report

<i>Legal Status Past 30 Days</i>	<i>San Leondro Hayward DC N = 58</i>	<i>CHI-SQ / T-TEST</i>	<i>All Other DENS DC N = 536</i>
<i>Legal Status</i>			
Average Composite Score	0.02	0.0001	0.21
% Who were on probation or parole	10.3	0.0001	66.3
% Whose admission was prompted by criminal justice system	82.8	0.0001	96.1
% Who were awaiting charges, trial or sentence	1.7	0.0001	37.0
% Detained or incarcerated in past 30 days	50.0	0.0001	74.4
Average number of days detained or incarcerated	2.8	0.0001	18.6
% Reporting illegal activity in the past 30 days	1.7	NS	7.0
<i>For those who engaged in illegal activities for profit</i>			
Number of days in past 30	16.0	0.0001	7.8
Average illegal Income (past 30 days)	\$0	0.0001	\$190

* Indicates that more than 10% data missing, test for significance not computed.

DENS COMPARISON DATA:
End of Year 1999 Report

<i>Employment/Support Status Past 30 Days</i>	San Leandro Hayward DC N = 58	CHI-SQ / T-TEST	All Other DENS DC N = 536
<i>Employment/Support Status</i>			
Average Composite Score	0.65	0.002	0.8
% with someone contributing to their support	15.5	0.0001	46.7
% for whom this constitutes the majority of their support	12.5	0	56.5
Average number of days in the past 30 paid for working?	8.1	0.0101	4.4
<i>Average Income From Past 30 Days:</i>			
Employment	\$519	NS	\$273
Unemployment Compensation	\$17	NS	\$16
DPA	\$23	NS	\$45
Pension, Benefits or Social Security	\$20	NS	\$87
Mate, family or friends	\$44	NS	\$50
Illegal Income	\$0	NS	\$16
<i>Employment Problems</i>			
% Who reported experiencing employment problems	10.3	0.0001	40.3
<i>For those who experienced employment problems</i>			
Average number of days of problems in the past 30	17	NS	23.7
Average patient rating of need for employment counseling.	2.5	NS	2.2

* Indicates that more than 10% data missing, test for significance not computed.

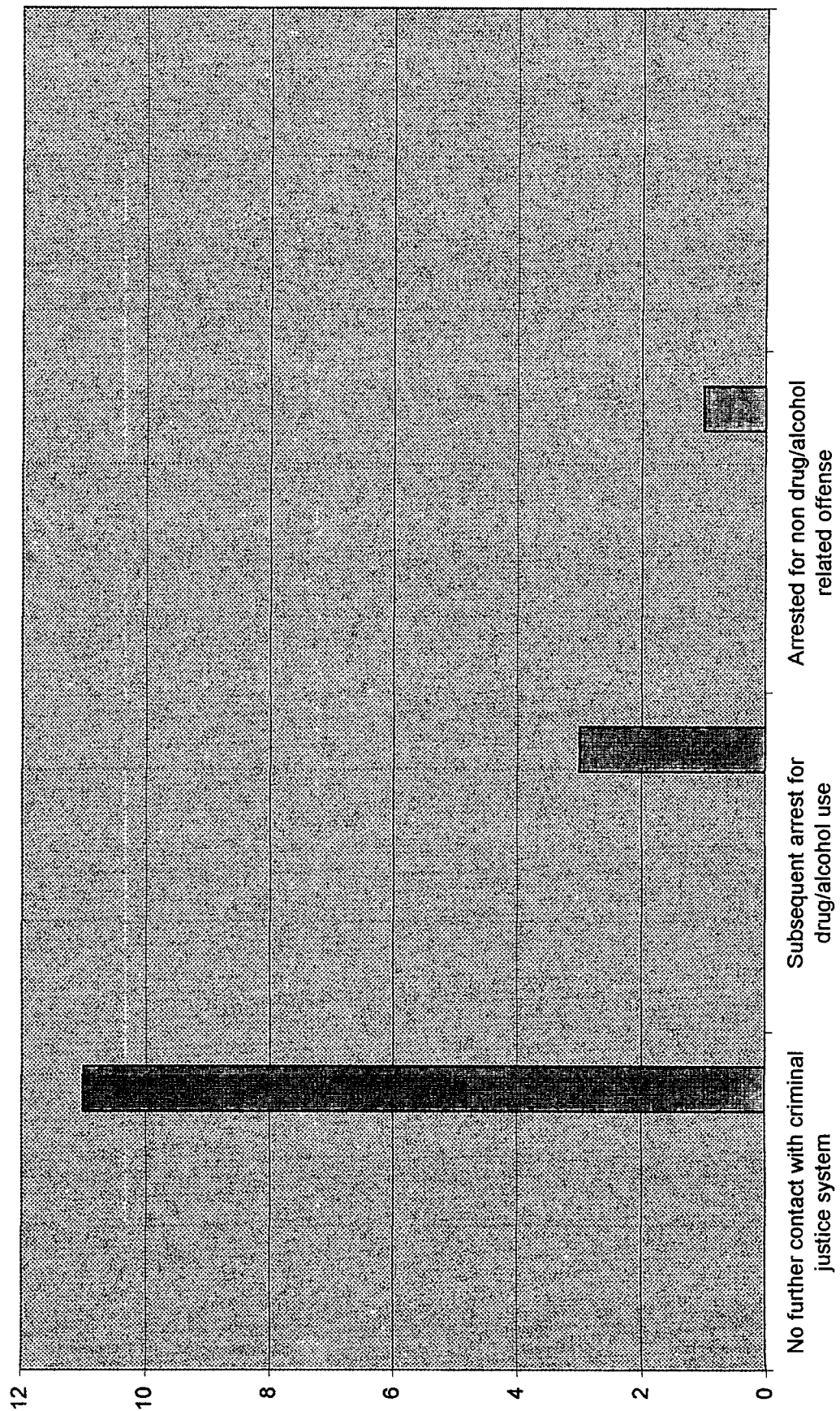
DENS COMPARISON DATA:

End of Year 1999 Report

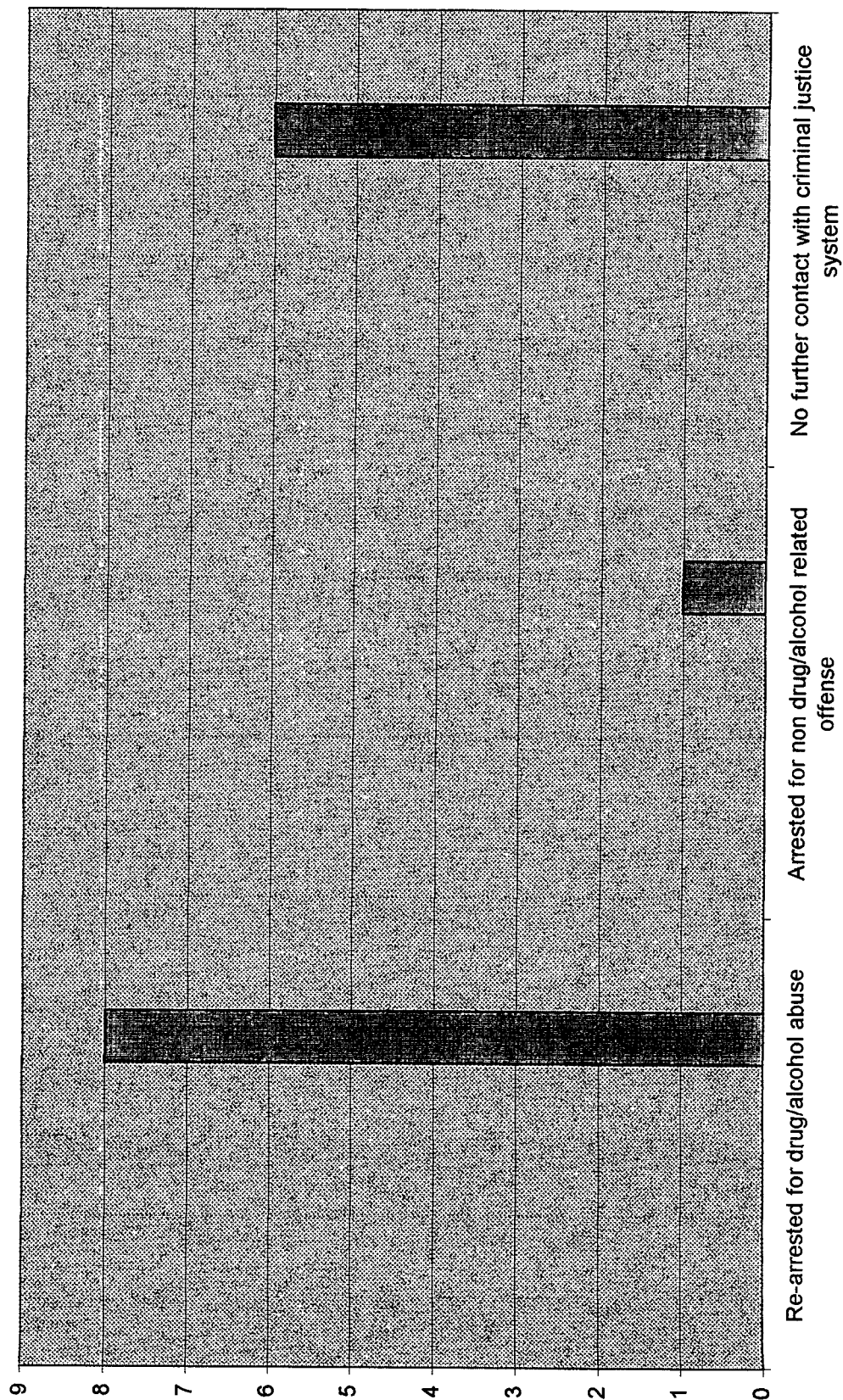
<i>Family/Social Relationships Past 30 Days</i>	San Leandro Hayward DC N = 58	CHI-SQ / T-TEST	All Other DENS DC N = 536
<i>With whom do you spend most of your free time?</i>		0.005	
% With family	41.4		48.8
% Alone	15.5		27.1
% With friends	43.1		24.0
<i>In the past 30 days, % who had serious problems with:</i>			
Mother	21.2	0.006	9.0
Father	18.8	0.006	7.2
Brothers/sisters	7.3	NS	7.1
Sexual partner/spouse	15.7	NS	10.0
Children	12.8	0.01	4.2
Neighbors	0.0	NS	3.8
Co-workers	0.0	NS	2.1
<i>% Who experienced serious conflicts with:</i>			
Family Member(s)	27.6	0.03	16.4
Other people (excluding family)	15.5	NS	8.1
<i>For those who experienced serious conflicts</i>			
Number of days conflict with family	11.4	0.03	5.5
Number of days conflict with other people (excluding family)	4.8	NS	4.2

* Indicates that more than 10% data missing, test for significance not computed.

Random Sampling Results of Pre-Drug Court (Diversion) Participants Who Completed Program Jan-Mar 1998



Random Sampling Results of Pre-Drug Court (Diversion) Participants Who Failed to Complete Program Jan-Mar 1998



APPENDIX A

COMPONENTS OF DRUG TREATMENT

COMPONENTS of DRUG TREATMENT

- I. Initiation of Abstinence - Stopping Use**
 - A. Avoidance Strategies**
 - 1. Measures to protect the client from exposure to environmental cues
 - B. Drug Detoxification**
 - 1. Use of medications to control withdrawal symptoms
 - C. Mental Health Assessment**
- II. Relapse Prevention**
 - A. Avoidance Strategies**
 - 1. Controlled re-entry to cue-rich environments
 - B. Drug Detoxification**
 - 1. Continuing detoxification as needed
 - 2. Anti-craving medications
- III. Mental Health Treatment**
 - A. Structure**
 - 1. Adherence to a regular daily lifestyle
 - 2. Minimize craving from the four "Fundamental Human Stressors"
 - a. H-ungry Three regularly spaced meals daily
 - b. A-angry Separate feelings of anger from losing control
 - c. L-oney Minimum of one positive social contact per day
 - d. T-ired Daily practice of sleep and hygiene
- IV. Recovery Tools**
 - A. Behavior that dissipates craving**
 - 1. Exercise
 - 2. Spiritual practices; prayer/meditation
 - 3. Talk - groups/counseling
 - a. Narcotics Anonymous
 - b. Alcoholics Anonymous
 - 4. Psychological tools
 - a. Acceptance
 - b. Letting go
 - 5. Baths: hot or cold
 - 6. Orgasm/safe sex
 - 7. Relaxation exercises

APPENDIX B

OUTPATIENT TREATMENT MODEL

OUTPATIENT TREATMENT MODEL

Phase I

Goal: Promote Detoxification and stabilization
Establish rapport; orient to expectations/requirements
Assess/evaluate individual defendant needs

Method: Acupuncture/Meditation
Standardize Treatment Regime
Sobriety Assessments
Address Health Care Needs (HIV/TP/STD)

Phase II

Goal: Motivate toward abstinence, drug-free lifestyle
Educate and process within didactic framework
Establish outside supports
Develop comprehensive treatment plan
- Modify drug seeking behavior
- Identify dysfunctional behavior

Method: Voluntary Acupuncture/Meditation
Standardize Plus Relapse Treatment Regime
Sobriety Assessments
Life Skills/Vocational Needs Defined

Phase III

Goal: Integrate ongoing treatment with needs and life commitments
Crisis intervention/support to emphasize sobriety maintenance
Facilitate educational/vocational goals with community
Develop discharge plan in coordination with court mandates

Method: Voluntary Acupuncture/Meditation as Requested
Individual After-Care Treatment
Link to Family Support
Link to Vocational/Educational/Employment

APPENDIX C

SITE DESCRIPTION

SITE DESCRIPTION

Drug Treatment Court: Superior Court of California, County of Alameda,
Hayward Hall of Justice, Department 518
24405 Amador Street
Hayward, CA 94544

Drug Court Calendar: Thursdays, 2:00pm-5:00pm

Drug Court Coordinator: Mondays-Fridays, 8:30am to 4:30pm

STAFFING AND FUNCTIONS

Drug Court Coordinator: Responsible for initial interviews, and drug testing; is the liaison with community policing and treatment providers; reports weekly to the court; determines treatment plans; assists clients with housing, educational goals, residential treatment, and detoxification services. Maintains statistical data, evaluation information, and all case management activities.

Assistant Public Defender: Legal counsel for the clients and attends all court sessions.

Deputy District Attorney: Determines eligibility and makes referrals to Drug Treatment Court. Attends the weekly drug court sessions.

Superior Court Judge: Presides over all drug treatment court cases.
Attends the weekly drug court session.

Court Room Clerk: Prepares the court calendar; completes docket minutes and makes entries; completes bench warrant preparation and notices.

Deputy Sheriff/Bailiff: Is the community police liaison. Maintains order in the court and administers drug tests as necessary.

PROGRAM ELIGIBILITY

Determinations made by the Deputy District Attorney:

- That the defendant has no previous conviction for an offense involving a controlled substance prior to the alleged commission of the charged offense.
- That the circumstances surrounding the offense charged did not involve a crime of violence or threatened violence.
- That there is no evidence of a violation relating to narcotics or restricted dangerous drugs other than a violation of the sections listed in the diversion statute.
- That the defendant's record does not indicate that probation or parole has been revoked without thereafter being completed.
- That the defendant's record does not indicate that he or she has successfully completed or been terminated from diversion or deferred prosecution within five years prior to the alleged commission of the charged offense.
- That the defendant has no previous felony conviction within five years prior to the alleged commission of the charged offense.

- That the defendant has no prior conviction for a serious or violent felony.
- That the defendant has no previous misdemeanor conviction involving a crime of violence or threatened violence within three years prior to the alleged commission of the charged offense.
- That the defendant is a resident of California.
- That the defendant will be scheduled to appear in the Drug Treatment Court the Thursday following arraignment to observe the Drug Treatment Court proceedings and make a decision regarding entry into the program.
- And, if the defendant decides to enter the program, that an appointment will be made immediately for an intake interview with the Drug Court Service Coordinator.

APPENDIX D

DRUG TREATMENT COURT CONTRACT

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF ALAMEDA, HAYWARD HALL OF JUSTICE
Misdemeanor Drug Treatment Court
24405 Amador Street, Hayward, CA 94544**

DRUG TREATMENT COURT CONTRACT

NAME: _____ **CASE NO.** _____ **PFN:** _____

1. I will participate in alcohol and/or other drug treatment as directed by the court, including 12-step meetings, as set forth in my treatment plan and I agree to be supervised by the drug treatment court services supervisor or other person designated by the drug treatment court. I will obey all rules of the treatment program and pay all treatment program fees. I will take urine tests when requested. I will obey all laws and be of good conduct.
2. I will attend all treatment meetings, court dates and other scheduled appointments and I will be on time.
3. I will fully participate in treatment and in all other programs to which I am referred by the court or the services supervisor to help maintain my sobriety and obtain a law-abiding lifestyle.
4. I will pay any fees or fines as directed by the court and will have an opportunity to "earn down" some fees for excellent program participation.
5. I understand that failure to fully participate, failure to appear, positive urine tests and other program failures will result in sanctions being imposed against me which may include being in custody pending a diversion termination hearing or summary termination of diversion and reinstatement of the criminal charges.
6. I agree that the court may generally rely on a presumptive chemical test result. I may request a further confirming test but if I test positive, I will not only bear the cost of the test but diversion may be terminated based on my failure to be candid with the court about my drug use.
7. I understand that any attempt to falsify a urine test is grounds for immediate termination of diversion and reinstatement of the criminal charges against me. I understand that a missed test will be considered a test which is positive for drugs and will be subject to the same sanctions as a test which actually tested positive for drugs.
8. I will sign a consent form waiving confidentiality of any medical, treatment or social service records. If I withdraw consent, I understand that I will be terminated from diversion.
9. I understand that, after a grant of diversion, statements made by me to any probation officer or drug program worker (including the Drug Treatment Court Coordinator) regarding the specific offense with which I am charged will not be used against me in any action or proceeding while participating in the drug treatment court. I further understand that such statements, while confidential, may be used against me if I attempt to commit perjury at a later date.
10. I understand that a failure to appear for a court date or any other breach of this agreement will result in an immediate bench warrant.
11. I agree to keep the court, treatment provider and the services coordinator informed of my current address and telephone number(s), including any beeper number, and to report any changes within two calendar days.
12. I agree that I will not use, possess or associate with persons who use or possess any controlled substance or illegal drug such as marijuana, heroin, cocaine (powder, base or "crack"), methamphetamine, PCP, or LSD. I will not use or possess alcohol. I will not use or possess any other drug without a prescription. I will not eat foods containing poppy seeds or take over-the-counter medications prohibited by the court which may result in a false positive urine test.

DATE : _____

Signature of Defendant

APPENDIX E

CONSENT to PARTICIPATE and RELEASE of INFORMATION

**SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF ALAMEDA
HAYWARD HALL OF JUSTICE
24405 Amador Street
Hayward, CA 94544**

DRUG TREATMENT COURT

**CONSENT TO PARTICIPATE IN THE DRUG TREATMENT COURT PROGRAM AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME: _____

CASE NO: _____

PFN _____

DOB _____

SS# _____

I, the undersigned, hereby authorize _____ to release
to _____ the following
information:

I hereby acknowledge that I have been informed of the requirements for the Drug Treatment Court Program for the supervision and treatment of persons who are allowed by the court to participate as a result of a drug-related offense. I understand the terms and conditions required for participation in the Drug Treatment Court Program.

I hereby consent to participate in the Drug Treatment Court Program for _____ in the manner that is satisfactory to the court.

I hereby authorize the San Leandro-Hayward Drug Treatment Court to disclose and to redisclose records obtained in the course of my assessment and treatment for substance abuse to the Court the District Attorney or my defense attorney.

I understand that my records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. Furthermore, that this consent to release information will expire 60 days after I am terminated from the above program, or upon expiration of my pre-plea diversion period, whichever is later. I also understand that this consent may not be revoked by me unless there is a formal and effective termination of my participation in the above program but may thereafter be revoked by me in writing at any time.

The disclosure of records authorized herein is required for the purpose of communicating my progress in the Drug Treatment Court Program. Such disclosure is limited to reports concerning my entry into and performance in the Drug Treatment Court Program, any failure on my part to comply with the terms and conditions of the program, and my successful completion of the program.

The nature and method of disclosure or redisclosure of the above information is hereby authorized to consist of unrestricted oral or written communication between those indicated above.

Signature _____

Date: _____

Witness _____

Date: _____

Distribution: Original - Treatment Program

Yellow - Court File

Pink - Drug Treatment Court Specialist

APPENDIX F

FEE AGREEMENT

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF ALAMEDA
Hayward Hall of Justice**

Drug Treatment Court

Name: _____ Case No: _____

Program Fees: \$ _____ Total. (Monthly Installments of \$ _____.)

As part of your Drug Treatment Court Contract, your are now being directed to pay the fees indicated above. The fees indicated are based upon your ability to pay with your current employment, and the court has taken into account your current excellent program participation to earn down these fees to their current level. Should there be a negative change in this excellent participation level, please be informed that these fees could increase significantly.

The fees are due to be paid at the Criminal Division Counter, Room 104, on the first floor of this building. The fees must be paid at least 2 working days prior to your next court appearance.

At each of your next court appearances, you will be given a reminder notice of your monthly installment by the courtroom clerk.

Should you fail to pay any of the installments, your participation in the Drug Treatment Court Contract will be jeopardized, and criminal proceedings may be reinstated. You have the right to inform the court at any time if there is some change in your financial ability to pay, and community service may be assigned in lieu of the fees, but only at the discretion of the court. Please keep the court and the Drug Treatment Court Coordinator informed at all times of your employment status.

You have done so well in the program to date.

I hereby acknowledge that I have read and understand the conditions of this order. If I fail to pay any of the installments, I will still appear at my next scheduled court appearance date and will explain to the court my failure to pay. I understand that failure to pay the fee and fail to appear in could result in criminal proceedings being reinstated.

Dated: _____

Drug Court Participant Signature

APPENDIX G

COMMUNITY POLICING REGISTRATION

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF ALAMEDA, HAYWARD HALL OF JUSTICE
Misdemeanor Drug Treatment Court
24405 Amador Street, Hayward, CA 94544**

COMMUNITY POLICING REGISTRATION

NAME: _____ **DOB:** _____ **PFN#** _____

You are required to contact the following Community Policing Agency within five (5) working days of admission into the Drug Treatment Court. Failure to register with the required agency will be considered a violation of your terms and agreement and you may be subject to court proceedings.

YOU ARE TO CONTACT:

<input type="checkbox"/>	SHERIFF'S DEPARTMENT Sgt. Tom McCarthy (510) 667-7596 (He has voice mail—leave a message and he will return your call.)	(Official Agency Stamp)
--------------------------	--	-------------------------

<input type="checkbox"/>	HAYWARD POLICE DEPARTMENT Jane Ross or Cheryl Gomes Hayward Police Department 300 Winton Avenue, 2nd Floor Hayward	(Official Agency Stamp)
--------------------------	--	-------------------------

<input type="checkbox"/>	SAN LEANDRO POLICE DEPARTMENT Go to Police Station at 901 East 14th Street, 2nd Floor Investigation Division San Leandro See Secretary between 8am-5pm Monday through Friday	(Official Agency Stamp)
--------------------------	---	-------------------------

YOU MUST GET THIS FORM STAMPED AND RETURN IT TO WILMA WITHIN FIVE (5) WORKING DAYS.

APPENDIX H

ADDICTION SEVERITY INDEX and RATING

INSTRUCTIONS

1. Leave No Blanks - Where appropriate code:
X = question not answered
N = questions not applicable
Use only one character per item.
2. Item numbers circled are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up (see Manual).
3. Space is provided after sections for additional comments.

ADDICTION SEVERITY INDEX

SEVERITY RATINGS

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each ratings is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. Note: These severity ratings are optional.

Fifth Edition

SUMMARY OF PATIENTS RATING SCALE

- 0 - Not at all
- 1 - Slightly
- 2 - Moderately
- 3 - Considerably
- 4 - Extremely

G1. I.D. NUMBER

--	--	--	--

G2. LAST 4 DIGITS
OF SSN

--	--	--	--

G3. PROGRAM NUMBER

--	--	--

G4. DATE OF
ADMISSION

--	--	--	--	--	--

G5. DATE OF
INTERVIEW

--	--	--	--	--	--

G6. TIME BEGUN

		:		
--	--	---	--	--

G7. TIME ENDED

		:		
--	--	---	--	--

G8. CLASS:

- 1 - Intake
- 2 - Follow-up

--

G9. CONTACT CODE:

- 1 - In Person
- 2 - Phone

--

G10. GENDER:

- 1 - Male
- 2 - Female

--

G11. INTERVIEWER
CODE NUMBER

--	--

G12. SPECIAL:

- 1 - Patient terminated
- 2 - Patient refused
- 3 - Patient unable to respond

--

GENERAL INFORMATION

NAME _____

CURRENT ADDRESS _____

G13. GEOGRAPHIC CODE

--	--	--

G14. How long have you
lived at this address?

--	--	--	--

G15. Is this residence owned
by you or your family?

--

G16. DATE OF
BIRTH

--	--	--	--	--	--

G17. RACE

- 1 - White (Not of Hispanic Origin)
- 2 - Black (Not of Hispanic Origin)
- 3 - American Indian
- 4 - Alaskan Native
- 5 - Asian or Pacific Islander
- 6 - Hispanic - Mexican
- 7 - Hispanic - Puerto Rican
- 8 - Hispanic - Cuban
- 9 - Other Hispanic

--

G18. RELIGIOUS PREFERENCE

- 1 - Protestant
- 2 - Catholic
- 3 - Jewish
- 4 - Islamic
- 5 - Other
- 6 - None

--

G19. Have you been in a controlled
environment in the past 30 days?

- 1 - No
- 2 - Jail
- 3 - Alcohol or Drug Treatment
- 4 - Medical Treatment
- 5 - Psychiatric Treatment
- 6 - Other

--

G20. How many days?

--	--

ADDITIONAL TEST RESULTS

G21. Shipley C.Q.

--	--	--

G22. Shipley I.Q.

--	--	--

G23. Beck Total Score

--	--

G24. SCL-90 Total

--	--	--

G25. MAST

--	--

G26.

--	--	--

G27.

--	--	--

G28.

--	--	--

SEVERITY PROFILE

9									
8									
7									
6									
5									
4									
3									
2									
1									
0									
PROBLEMS	MEDICAL	EMP/SUP	ALCOHOL	DRUG	LEGAL	FAM/SOC	PSYCH		

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.)

M2. How long ago was your last hospitalization for a physical problem? Years Months

M3. Do you have any chronic medical problems which continue to interfere with your life? ☐

M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0 - No 1 - Yes ☐

M5. Do you receive a pension for a physical disability? (Exclude psychiatric disability.) ☐
0 - No
1 - Yes _____

Specify

M6. How many days have you experienced medical problems in the past 30 days?

FOR QUESTIONS M7 & M8 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

M7. How troubled or bothered have you been by these medical problems in the past 30 days? ☐

M8. How important to you now is treatment for these medical problems? ☐

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient's need for medical treatment? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

M10. Patient's misrepresentation? ☐
0 - No 1 - Yes

M11. Patient's inability to understand? ☐
0 - No 1 - Yes

COMMENTS

EMPLOYMENT/SUPPORT STATUS

E1. Education completed Years Months

E2. Training or technical education completed Months

E3. Do you have a profession, trade or skill? ☐
0 - No
1 - Yes _____
Specify

E4. Do you have a valid driver's license? ☐
0 - No 1 - Yes

E5. Do you have an automobile available for use? (Answer No if no valid driver's license.) 0 - No 1 - Yes ☐

E6. How long was your longest full-time job? Years Months

E7. Usual (or last) occupation? ☐
Specify in detail

E8. Does someone contribute to your support in any way? ☐

E9. (ONLY IF ITEM 8 IS YES) Does this constitute the majority of your support? ☐

E10. Usual employment pattern, past 3 years. ☐
1 - full time (40 hrs/wk)
2 - part time (reg. hrs.)
3 - part time (irreg., daywork)
4 - student
5 - service
6 - retired/disability
7 - unemployed
8 - in controlled environment

E11. How many days were you paid for working in the past 30? (include "under the table" work.)

How much money did you receive from the following sources in the past 30 days?

E12. Employment (net income)

E13. Unemployment compensation

E14. DPA

E15. Pension, benefits or social security

E16. Mate, family or friends (Money for personal expenses)

E17. Illegal

E18. How many people depend on you for the majority of their food, shelter, etc.? ☐

E19. How many days have you experienced employment problems in the past 30?

FOR QUESTIONS E20 & E21 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

E20. How troubled or bothered have you been by these employment problems in the past 30 days? ☐

E21. How important to you now is counseling for these employment problems? ☐

INTERVIEWER SEVERITY RATING

E22. How would you rate the patient's need for employment counseling? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23. Patient's misrepresentation? ☐
0 - No 1 - Yes

E24. Patient's inability to understand? ☐
0 - No 1 - Yes

COMMENTS

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.) ☐
0 - No 1 - Yes

L2. Are you on probation or parole? ☐
0 - No 1 - Yes

How many times in your life have you been arrested and charged with the following:

- | | | |
|-----------------------------------|--|--|
| L3. - shoplifting/vandalism | | |
| L4. - parole/probation violations | | |
| L5. - drug charges | | |
| L6. - forgery | | |
| L7. - weapons offense | | |
| L8. - burglary, larceny, B&E | | |
| L9. - robbery | | |
| L10. - assault | | |
| L11. - arson | | |
| L12. - rape | | |
| L13. - homicide, manslaughter | | |
| L14. - prostitution | | |
| L15. - contempt of court | | |
| L16. - other | | |

L17. How many of these charges resulted in convictions?

How many time in your life have you been charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication

L19. Driving while intoxicated

L20. Major driving violations (reckless driving, speeding, no license, etc.)

L21. How many months were you incarcerated in your life? Months

L22. How long was your last incarceration? Months

L23. What was it for? (Use codes 3-16, 18-20. If multiple charges, code most severe)

L24. Are you presently awaiting charges, trial or sentence? ☐
0 - No 1 - Yes

L25. What for? (If multiple charges, use most severe)

L26. How many days in the past 30 were you detained or incarcerated?

L27. How many days in the past 30 have you engaged in illegal activities for profit?

FOR QUESTIONS L28 & L29 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

L28. How serious do you feel your present legal problems are? (Exclude civil problems)

L29. How important to you now is counseling or referral for these legal problems?

INTERVIEWER SEVERITY RATING

L30. How would you rate the patient's need for legal services or counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. Patient's misrepresentation?

L32. Patient's inability to understand?

COMMENTS

FAMILY HISTORY

Have any of your relatives had what you would call a significant drinking, drug use or psych problem - one that did or should have led to

Mother's Side

	Alc	Drug	Psych
H1. Grandmother	<input type="text"/>	<input type="text"/>	<input type="text"/>
H2. Grandfather	<input type="text"/>	<input type="text"/>	<input type="text"/>
H3. Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>
H4. Aunt	<input type="text"/>	<input type="text"/>	<input type="text"/>
H5. Uncle	<input type="text"/>	<input type="text"/>	<input type="text"/>

Father's Side

	Alc	Drug	Psych
H6. Grandmother	<input type="text"/>	<input type="text"/>	<input type="text"/>
H7. Grandfather	<input type="text"/>	<input type="text"/>	<input type="text"/>
H8. Father	<input type="text"/>	<input type="text"/>	<input type="text"/>
H9. Aunt	<input type="text"/>	<input type="text"/>	<input type="text"/>
H10. Uncle	<input type="text"/>	<input type="text"/>	<input type="text"/>

Siblings

	Alc	Drug	Psych
H11. Brother	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
H13. Sister	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Direction: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relatives from that category. Code most problematic relative in cases of multiple members per category.

FAMILY/SOCIAL RELATIONSHIPS

F1. Marital Status ☐

- | | |
|---------------|-------------------|
| 1 - Married | 4 - Separated |
| 2 - Remarried | 5 - Divorced |
| 3 - Widowed | 6 - Never Married |

F2. How long have you been in this marital status? (If never married, since age 18).

Years	Months		

F3. Are you satisfied with this situation? ☐

- 0 - No
1 - Indifferent
2 - Yes

F4. Usual living arrangements (past 3 yr.) ☐

- 1 - With sexual partner and children
2 - With sexual partner alone
3 - With children alone
4 - With parents
5 - With family
6 - With friends
7 - Alone
8 - Controlled environment
9 - No stable arrangements

F5. How long have you lived in those arrangements? (If with parents or family, since age 18).

Years	Months		

F6. Are you satisfied with these living arrangements? ☐

- 0 - No
1 - Indifferent
2 - Yes

Do you live with anyone who: (0 - No 1 - Yes)

F7. Has a current alcohol problem? ☐

F8. Uses non-prescribed drugs? ☐

F9. With whom do you spend most of your free time: ☐

- 1 - Family
2 - Friends
3 - Alone

F10. Are you satisfied with spending your free time this way? ☐

- 0 - No
1 - Indifferent
2 - Yes

F11. How many close friends do you have? ☐

Direction for F12-F26: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relative from that category.

Would you say you have had close, long lasting, personal relationships with any of the following people in your life:

- F12. Mother
F13. Father
F14. Brothers/Sisters
F16. Children
F17. Friends

Have you had significant periods in which you have experienced serious problems getting along with:

PAST 30 DAYS IN YOUR LIFE

- F18. Mother
F19. Father
F20. Brothers/Sisters
F21. Sexual partner/spouse
F22. Children
F23. Other significant family
F24. Close friends
F25. Neighbors
F26. Co-Workers

Did any of these people (F18-F26) abuse you:

PAST 30 DAYS IN YOUR LIFE

F27. Emotionally (make you feel bad through harsh words)? ☐

F28. Physically (cause you physical harm)? ☐

F29. Sexually (force sexual advances or sexual acts)? ☐

How many days in the past 30 have you had serious conflicts:

F30. With your family? ☐

F31. With other people? (excluding family) ☐

FOR QUESTIONS F32-F35 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

F32. Family problems ☐

F33. Social problems ☐

How important to you now is treatment or counseling for these:

F34. Family problems ☐

F35. Social problems ☐

INTERVIEWER SEVERITY RATING

F36. How would you rate the patient's need for family and/or social counseling? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37. Patient's misrepresentation? ☐
0 - No 1 - Yes

F38. Patient's inability to understand? ☐
0 - No 1 - Yes

COMMENTS

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