

Planning and Implementing Drug Courts in Texas: A Resource Guide



Texas Association of Drug Court Professionals

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INTRODUCTION

History of Drug Courts in Texas

The first drug court was developed in Miami, Florida in 1989. Due to its widespread attention as an effective treatment strategy, in 1993 Judge Larry Gist of Jefferson County started Texas' first drug court. Later that year, Travis County developed Texas' second drug court under the leadership of Judges Jon Wisser and Joel Bennett. During the next five years, five additional drug courts were started. In 2001, the 77th Texas Legislature passed and Governor Rick Perry signed House Bill 1287. H.B. 1287 codified the U.S. Department of Justice's Ten Key Components of drug courts (see Ten Key Components on page 7). The bill also required counties with populations over 550,000 to start drug courts by September 1, 2002. The Legislature established a \$750,000 annual appropriation for drug court grants and designated the Governor's Criminal Justice Division (CJD) to oversee the funds.

In addition, the 77th Legislature passed Senate Bill 558, which established the Drug Demand Reduction Advisory Committee (DDRAC). The purpose of the committee is to develop and coordinate a statewide strategy to reduce demand for drugs in Texas. In its inaugural report in January of 2003, DDRAC identified drug courts, including family and juvenile courts, as a priority strategy for breaking the cycle of addiction and crime. The report stated, "A growing body of research shows that using the authority of the court to enhance motivation for treatment is a cost-effective way to reduce drug use and criminal behavior."¹

In 2003, the 78th Legislature enacted House Bill 2668, which mandated treatment for first-time, low-level, nonviolent adult drug offenders. H.B. 2668 in effect paved the way for statewide implementation of the drug court model.

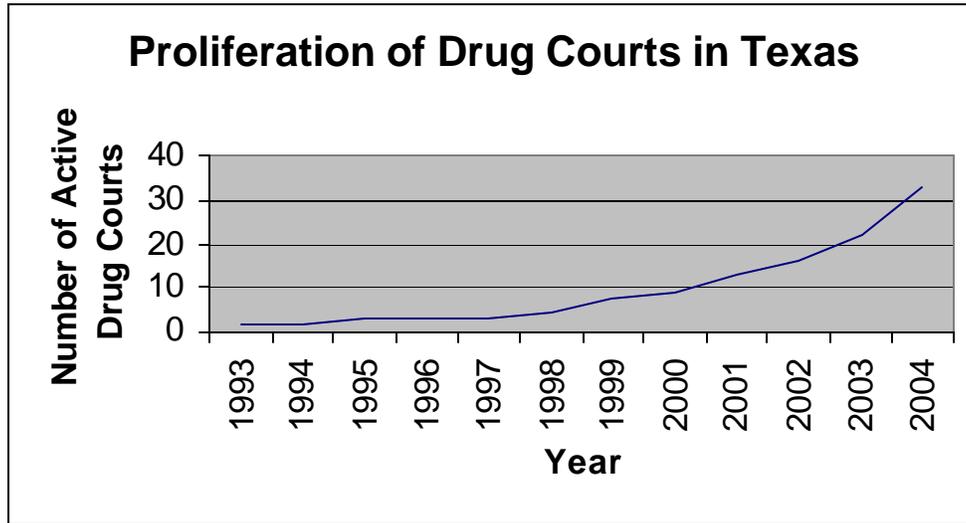
There are several varieties of drug courts. In Texas each jurisdiction determines which track to pursue. Texas has adult pre-and post-adjudication adult courts, juvenile, family and reentry courts, among others. See page 12 for a more detailed description of the various types of courts. Appendix B contains a list of active Texas drug courts and contacts for each court at the time of printing.

Although state leadership has supported drug courts by codifying federal guidelines and mandating the programs in certain counties, the proliferation of Texas drug courts has historically lagged behind comparable states. A 2003 study funded by the Department of Justice identified active drug courts throughout the nation. The report identified 133 active drug courts in California, 83 in New York, 73 in Florida, and 12 in Texas². Fortunately, since this research was completed the Texas drug court movement has made significant progress. Local success stories, support from state government, and grassroots efforts have increased awareness of the program. At the end of 2004, Texas had 34 active drug courts serving 20

¹ Demand Reduction Advisory Committee. (2003, January). *Toward a Drug Free Texas: A Coordinated Demand Reduction Strategy*. p. 63.

² American University, School of Public Affairs, Justice Programs Office, OJP Drug Court Clearinghouse and Technical Assistance Project. (2003, November 7). *Summary of Drug Court Activity by State and County*. Retrieved September 30, 2004 from <http://spa.ward.american.edu/justice/drugcourts.asp>

out of Texas' 254 counties. Thirteen courts are in the planning or exploratory phase. The following chart depicts the recent growth trend.



What are Drug Courts?

The term “drug court”³ refers to a specialized docket that has been specifically designated and staffed to handle cases involving non-violent drug-abusing offenders through an intensive, judicially monitored program of drug treatment and rehabilitation services

Drug courts represent a non-traditional approach to defendants⁴ who are substance abusers. Rather than focusing only on the crime and punishment, drug courts attempt to address the underlying conditions which lead to criminal behavior such as addiction, job skills, and thinking errors. Drug courts differ from “drug impact courts” by one primary goal – changing behavior as opposed to disposing of drug cases.

Drug courts have a unique relationship between the justice system and the drug treatment community. It structures treatment intervention around the authority and personal involvement of a drug court judge. Drug courts depend on the creation of a non-adversarial courtroom atmosphere. The judge is part of a dedicated team consisting of court officers, staff and treatment providers who work together toward a common goal of breaking the cycle of drug abuse and deviant behavior.

Because of the unique problems and opportunities that present themselves in working with drug-involved participants, treatment and rehabilitation strategies must be “reality-based.” Drug court programs must recognize:

- Addicts are most vulnerable to successful intervention during the crisis of initial arrest and incarceration. Therefore intervention must be immediate and up-front.
- Preventing gaps in communication and ensuring participant accountability is critical. Court supervision must be highly coordinated and very comprehensive.

³ In this guide, the terms “drug court” and “drug treatment court” are used interchangeably.

⁴ In this guide, the term “defendant” will be used to cover the range of persons who can be in a drug court program – criminal offenders, juvenile delinquents, civil defendants, or persons on probation.

- Addiction to drugs is a longstanding, debilitating and insidious condition, so treatment must be long-term and comprehensive.
- Addiction to drugs seldom exists in isolation from other serious problems that undermine rehabilitation. Treatment must include other available services and resources such as educational assessments and vocational assessments along with job training and placement.
- Relapse and intermittent advancement are part of the recovery process, so a continuum of progressive sanctions and incentives must be integral to the drug court treatment strategy.

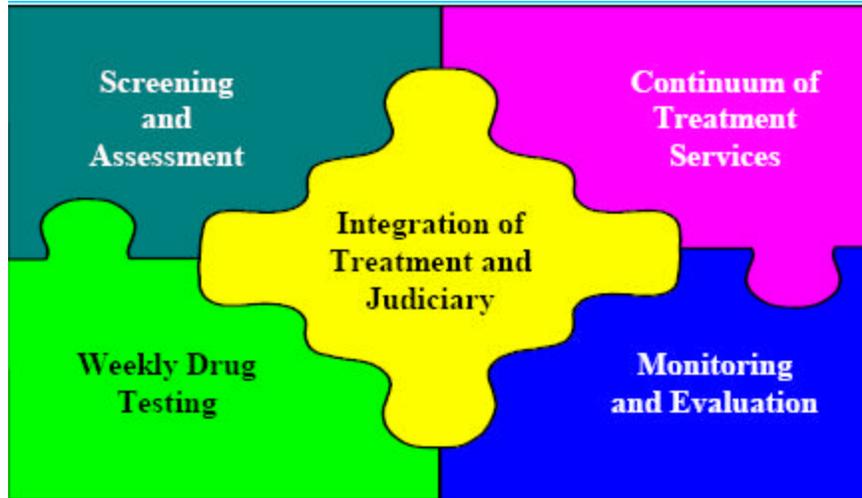
The purpose of drug court is to:

- Improve public safety by reducing recidivism;
- Reduce costs associated with criminal case processing and re-arrest;
- Reduce overcrowding in jail, detention centers and prisons;
- Introduce participants to an ongoing process of recovery designed to achieve total abstinence from illicit/illegal drugs;
- Promote self-sufficiency and empower substance abusers to become productive and responsible members of the community; and
- Reunify families and protect children.

This resource guide was developed by the Texas Association of Drug Court Professionals (TADCP) to assist Texas jurisdictions in planning and implementing drug courts. This guide is not intended as a comprehensive “how to” handbook. It describes the basic ingredients for drug court operations and refers the reader to more exhaustive resources. A drug court planning team should not end their research here; rather, this guide is meant as an introduction to the drug court model.

Thank you for your interest in making Texas safer by breaking the cycle of addiction and crime.

TEN KEY COMPONENTS



In 1997, the National Association of Drug Court Professionals, through a grant from the U.S. Department of Justice, published a guide titled *Defining Drug Courts: The Key Components*. This publication defines drug courts as having the following ten characteristics:

1. Integration of alcohol and other drug treatment services with justice system case processing;
2. Use of a non-adversarial approach, involving prosecution and defense counsel to promote public safety while protecting participants' due process rights;
3. Early identification and prompt placement of eligible participants into the drug court program;
4. Access to a continuum of alcohol, drug, and other related treatment and rehabilitation services;
5. Frequent alcohol and other drug testing to monitor abstinence;
6. A coordinated strategy to govern program responses to participants' compliance;
7. Ongoing judicial interaction with each drug court participant;
8. Monitoring and evaluation of the program goals to gauge effectiveness;
9. Continuing interdisciplinary education to promote effective drug court planning, implementation, and operations; and
10. Forging partnerships among other drug courts, public agencies, and community organizations.

These traits differentiate drug courts from other types of judicial programs involving drug cases and should drive the planning and implementation of any drug court. These ten key components are usually required for federal and state drug court funding. They are codified in **Texas Health and Safety Code, §469.001**. The ten key components are referenced throughout this guide as "Key #_."

❖ *Defining Drug Courts: The Key Components* also provides performance benchmarks that give guidance in implementing the components. This document can be accessed online at <http://www.nadcp.org/docs/dkeypdf.pdf>

DEVELOPING PROGRAM OPERATIONS & PROCEDURES

Planning for a drug court must be a detailed and thorough process. It should include as many perspectives as possible. The **first step** in this journey is to have a judge or representative of the interested jurisdiction visit at least one (preferably more than one) existing drug court and observe both a staffing and a court session. Readers of this guide are encouraged to make notes while reading this guide, and feel free to ask the drug court program you visit how they handled certain issues. A list of Texas drug courts can be found in Appendix B. Many of our well established drug courts have provided mentoring services to dozens of programs, both from Texas and across the nation.

Judicial Leadership

Committed judicial leadership is critical to the success of the implementation of any drug court. The development of a drug court program should be discussed among all judges of the court, but at least one judge should be the court representative to champion the cause and lead the planning process. Almost every drug court in Texas and across nation started because of the persistence and dedication of a single judge who was committed to the concept.

Steering Committee

After a judge has committed to the project, the planning begins. The next step is to select members of the steering committee. The steering committee should be comprehensive and include **executive-level** personnel or policy makers from various agencies. These executive administrators can facilitate cooperation, resolve potential conflicts, and provide buy-in at the upper echelon of each participating agency. It is vital to have upper-level policy leaders involved with the initial drug court vision, so that mid- and lower-level employees are confident that drug court is a priority mission.

Members of the steering committee should include some or all of the following individuals (depending on the type of drug court):

- Judges
- Clerk
- Court Administration
- District/County Attorney
- Commissioner's Court
- Pretrial Supervision Services
- Community Supervision
- Treatment Providers
- Education
- Mental Health
- Child Protective Services
- Law Enforcement (sheriff, police, school truancy officers)
- Social Service Agencies (such as homeless coalitions and shelters)

Appendix F can be used as a tool to identify members of your Steering Committee.

Planning Team

The Planning Team has the task of writing the policies and procedures and implementation of the drug court. Like the Steering Committee, it is important for the Planning Team to be comprehensive in its identified members. The team typically consists of middle-level staff from the steering committee stakeholder agencies.

Planning Team members must be familiar with the Ten Key Components of Drug Courts in order to build a system which meets state and federal guidelines. The Planning Team may wish to observe an existing drug court.

❖ A useful site is the “Planning Section” on the website of the Office of Justice Programs of American University at <http://spa.american.edu/justice/pubindex.asp#98>

Drug Court Team

Drug courts are unique non-adversarial programs that involve working with a team of individuals who are all dedicated to the participants’ recovery. The Drug Court Team usually consists of:

- Judges
- Assistant District/County Attorney
- Public Defender/Defense Attorney
- Treatment Providers
- Probation Officers/Case Managers
- Administrative Staff
- Assessment Specialist
- Law Enforcement Officers
- School representatives (juvenile courts)
- Child Protective Services (family courts)



Depending on the size of the jurisdiction, many personnel will serve on both the Planning Team and the Drug Court Team.

The Drug Court Team meets prior to each drug court session and acts as a multi-disciplinary case manager with respect to the individual drug court participants. To the greatest extent possible, the team operates on the basis of professional consensus.

Between drug court dates, team members interact and share information about drug court participants, especially instances of noncompliance. Communication among team members is **essential** to the success of any drug court program.

A more detailed breakdown of the roles and responsibilities of the Drug Court Team can be found on page 29.

Advisory Board

An Advisory Board is created to provide guidance and support on issues critical to the ongoing operation of the drug court. Some of its responsibilities are to assess and measure the success and effectiveness of the court. The Advisory Board builds relationships with community partners and makes recommendations on grant funding. The board may serve as a valuable complement to the drug court team.

The Steering Committee may serve as an Advisory Board once the drug court program is operational.

Mission Statement

A mission statement evolves from the VISION of what will be achieved. Mission statements focus on the results of the program's activities and should answer the question "How will this program make a difference?"

A mission statement should express the following:

"To" – achieve specified goals (why). A general statement of all the essential purposes or results that the program would like to achieve. It is better to include too many goals in the mission statement than eliminate one that may later prove to be important.

"For" – identified customers (for whom). The mission statement should include an identification of who your customers are, even if it may seem obvious.

"By" – providing services (what). A simple statement of what services are to be performed.

Sample Mission Statement

The mission of the Dallas County DIVERT Court Program is to enhance public safety by providing a judicially supervised regimen of treatment and innovative case management to substance abuse offenders with the goal of returning sober, law-abiding citizens to the community and thereby closing the "revolving door" to the criminal justice system.

Goals and Objectives

Goals and objectives that are clearly defined demonstrate accountability to federal, state, and local funding agencies and policy makers, which can ultimately ensure the continuation of the court.⁵

Goals are general statements reflecting the overall impact that you intend the program to attain.

Objectives are specific explanations of how the goal will be accomplished. Objectives should be achievable, measurable activities or action steps to implement each goal and should set the direction for the court.

Examples of a goal statement:

- The goal of the X County drug court is to enhance public safety.
- The goal of the X County drug court is to boost cost effectiveness for the justice system.

⁵ The National Association of Drug Court Professionals and the Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. (1997, January). *Defining Drug Courts: The Key Components*, p. 10.

- The goal of the X County drug court is to decrease recidivism.
- The goal of the X County drug court is to assist participants in maintaining a sober and responsible lifestyle.

Examples of an objective:

- At least 54% of persons receiving drug court services will reduce the frequency of use of alcohol and other drugs as measured by random drug tests.
- Persons will enter drug treatment within 10 days of entering the Drug Court.

Objectives should be **"SMART"**

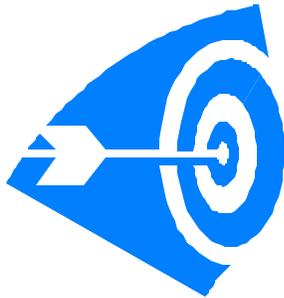
Specific
Measurable
Achievable
Realistic
Time-bound

Target Population

The design and structure of drug court programs reflect the unique strengths, circumstances and capacities of each community. It is unfortunate that drug courts do not have the resources to treat all persons with drug and alcohol addictions. The question then becomes – what population can best be served with the available resources?

Variables such as availability of treatment, transportation, and caseloads will limit the capacity of the program, so the first step is to identify the resources that will be available to the court by asking questions such as the following: How many supervising officers are required or available? How much residential treatment is available? Will the court have to underwrite costs for treatment?

❖ One of the best resources for defining your target population is the guide, ***Taking Aim: How to Develop and/or Redefine Your Target Drug Court Population***, published by the Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project. It can be found in the Planning Section of the Justice Programs Office website (School of Public Affairs, American University) at <http://spa.american.edu/justice/pubindex.asp#98>



Taking Aim walks you through the targeting process and includes helpful worksheets and exercises to aid the planning team. While the guide was designed to aid the development of courts in the adult criminal justice system, the information can easily be adapted for Family, Juvenile and Tribal Courts. The fundamental principles of targeting are universal and applicable to any drug court program, but the mechanics of targeting will differ based on the structure of the court. The differences involve the type of data needed and the sources for the data. For example, a Family Court would need to examine abuse and neglect/dependency case filings rather than gathering statistics on criminal charges. Similarly, juvenile planning would need to identify treatment providers and other services geared toward juveniles⁶.

Among the issues to consider when targeting for your drug court are the following:

- What services available within your community? (See Appendix I.)
- What is the demographic of your community?

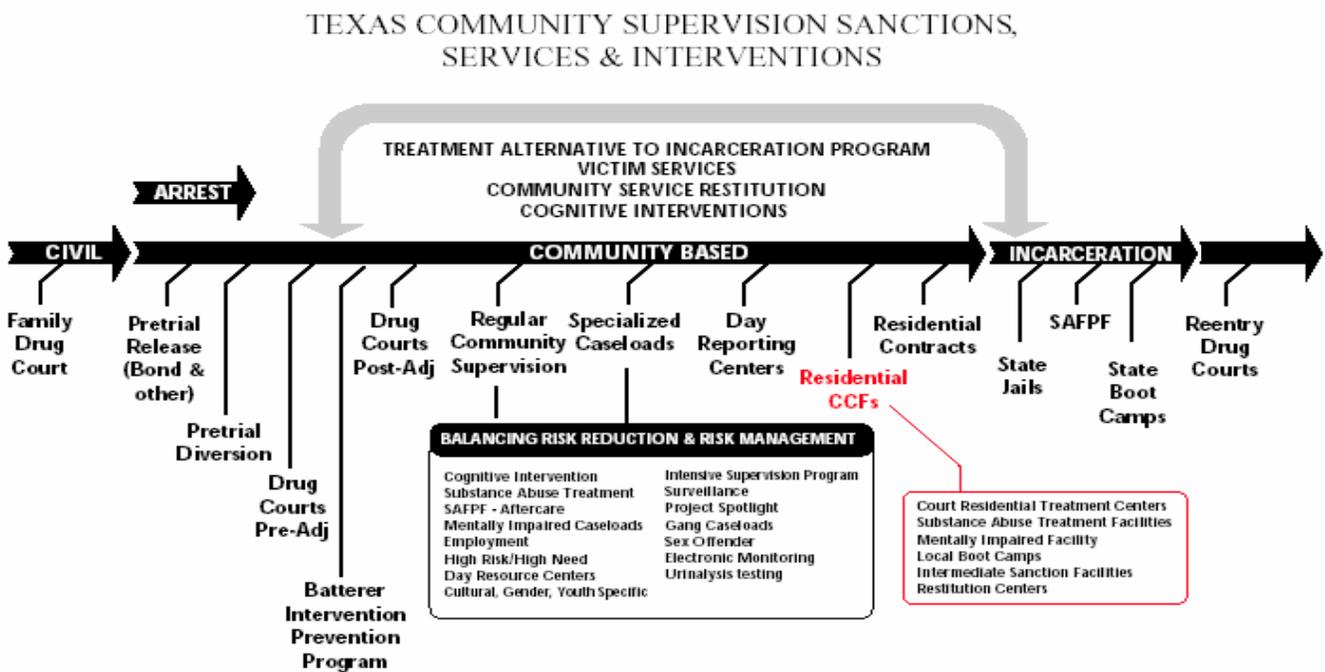
⁶ American University, School of Public Affairs, Justice Programs Office, OJP Drug Court Clearinghouse and Technical Assistance Project. (2002, March). *Taking Aim: How to Develop and/or Redefine Your Target Drug Court Population*. Retrieved September 2003, from <http://spa.american.edu/justice/pubindex.asp#98>

- What are the sources for your data?
- What kinds of crimes are being committed in your community?
- What are the practical constraints you must consider – hours of operation, staffing, funding?

Targeting is a continual process even after you begin your drug court operation. You may find that your numbers are not meeting your expectations or the profile of client has changed. You need to continually evaluate your offender profile. For example, many Texas drug courts have seen a rise in the number of participants who use methamphetamine rather than crack/cocaine. This calls for a shift in the type of treatment needed – often residential instead of outpatient – and in the profile of the client base – often young white male versus general demographic.

Structure/Model

The following graphic illustrates the continuum of sanctions along which adult drug courts may be designed and implemented.⁷ The juvenile system has a similar configuration but with somewhat different terminology, i.e. petition vs. indictment, TYC vs. prison.



The following are descriptions of the different models of drug courts. (For a list of Texas drug courts that follow these models, see Appendix B.)

⁷ Graphics and definitions adapted from the Texas Department of Criminal Justice website, Texas Intermediate Sanctions Bench Manual. Considerable information about drug courts, legal status, and other intermediate sanctions are included in the bench manual. See <http://www.tdcj.state.tx.us>.

Civil Family Drug Courts:

These are family court cases in which children have been or are likely to be removed from parental custody. Return is predicated on the custodial parent/guardian completing treatment. In some cases criminal indictment may be pending.

Criminal Adult or Delinquent Juvenile Drug Courts:

Pre-Adjudication

Pre-indictment (for juveniles, pre-petition) and pre-trial diversion:

Cases are "diverted" from regular prosecution. Indictment and conviction or adjudication is deferred for a conditional period. If the defendant successfully graduates, the case is not filed. In some instances, charges have been filed but are dismissed upon successful graduation.

Pre-trial conditional release and supervision:

As a condition of bond, defendants abide by the conditions of release (drug court treatment and supervision) and appear for trial or plea. Neither prosecution nor adjudication is deferred, necessarily. Upon successful graduation, charges may be dismissed, a lesser charge filed, deferred adjudication is considered, or a lesser sentence is agreed following adjudication.

Post Adjudication

Deferred-adjudication and regular probation:

Drug court conditions are imposed as conditions of probation.

Modification of orders once on probation, in lieu of revocation:

An offender is failing various conditions of community supervision and may be assigned to a drug court in lieu of revocation to prison.

Reentry from jail or detention, State Jail, SAFPF, or prison:

An offender has been sent to a community corrections facility, jail or detention, State Jail, Substance Abuse Felony Punishment Facility (SAFPF) or prison, and subsequently returns to the community. Reentry drug courts provide support, intensive supervision and treatment immediately following reentry to enhance successful reintegration.

Eligibility Criteria

Developing eligibility criteria is not synonymous with defining the target population, although they often overlap. Targeting is broader and looks at the community at large to define the size of the target population that could benefit from the Drug Court. Creating eligibility criteria defines who will be offered the chance to enter the drug court – it is a subset of the target population.⁸ For example, you may decide that one person may fit the

⁸ Ibid., American. *Taking Aim*.

profile of an ideal candidate but may be ineligible because they live outside the County. Most courts take violent offenses into account when determining eligibility criteria. Although most state and federal grants stipulate that violent offenders are to be excluded from the programs, the definitions of “violent offender” may vary. For example, federal regulations do not classify prior misdemeanor convictions involving violence as a “violent offense” (28 C.F.R. §93.3). Be sure to check with your funding agency to determine any participant restrictions and relevant definitions.

Co-occurring Disorders:

Participants often have more than one serious problem, risk, or need. In addition to substance and justice problems, many have emotional, psychiatric, educational disability, medical or neurological impairments. These are identified as co-occurring disorders. Participants cannot be excluded from drug court simply because they are disabled. However, they must be able to benefit from the program modality and understand the sanctions, incentives, and services. If the program is unable to serve an individual due to these limitations, ethical considerations suggest referral to and follow-up with an appropriate alternative program.

❖ The Texas Correctional Office on Offenders with Medical or Mental Impairment (TCOOMMI) can offer assistance regarding the statewide mental impairment initiative. Their website is www.tdcj.state.tx.us/tcomi/tcomi-home.htm

Entry Process

Referral and Pre-Intake

Participants are referred for consideration by a number of different sources, depending upon the type of court. The chart below indicates some sources of referrals:

	Type of Drug Court				
	Family	Adult	Adult Reentry	Juvenile	
Source of Referral	Jail or detention center interviews		X		X
	Defense Attorney	X	X	X	X
	Prosecutor		X	X	X
	Judge & Court Staff	X	X	X	X
	CSCD/CSOs (probation)		X	X	
	Child Protective Services	X	X		
	Pre-release Officer in TYC, SAFPF, State Jail			X	X

Voluntary Admission

Participants volunteer for a drug court program. They are generally presented with some incentive for participation in addition to treatment, such as release from jail or detention, participation in lieu of conviction or adjudication, a lesser sentence, being able to conditionally remain outside of prison, or having children returned with supervision. Since the choice may be between two circumstances that have complex requirements and potentially adverse consequences, participants should verbalize their wish to participate and

sign an agreement to voluntarily enter the program. Once a participant agrees to enter the program, the drug court modality of "coerced treatment"⁹ and accountability begins.

Intake/Admission Steps

Key Component #3 stresses the importance of expedited entry into the drug court. Admission must be as close to the arrest in criminal courts or removal of the child in Family courts as possible. These events can be traumatic experiences and can force participants to confront their substance abusing behavior. This is a critical window for intervening and introducing the concept of drug treatment.

For Juvenile Drug Court Programs entry occurs upon the completion of the adjudication or probation modification process to insure the immediate delivery of services and to insure success.

For criminal pre-adjudication courts, the national standard for entrance is to have the person before the judge and, most importantly, in treatment within ten days of arrest, which is a dramatic departure from normal case processing which can be months after a person is arrested.

A parent may voluntarily enter the family drug court program at a 262 hearing. A 262 hearing occurs at the 30-day mark of the civil case. At this hearing family individual history is discussed such as drug/alcohol abuse. At this time the parent(s) may be ordered to observe drug court and decide whether they would like to participate.

The following are suggested steps for admitting a potential participant to the program. Ideally, these would be accomplished over time, but they may occur nearly simultaneously (as during court sessions).

Screening

Screening determines whether a person is a potential candidate for the program. Screening may be accomplished through examining criminal history and other records, discussing the case with defense or prosecution bar, interviewing the potential participant (and family members if the participant is a juvenile), and by structured questions at a jail or detention center to determine if the individual may meet broad entrance eligibility.

Assessment

A standardized, validated substance abuse instrument is applied by a credentialed professional to determine the participant's severity of use, dependence, or addiction. All participants should be assessed either prior to entering the program or within the first ten days of program admission.

The following websites offer information on the most common substance abuse screening and assessment tools:

⁹ "Coercion means that a criminal justice offender is given a choice between entering and complying with a drug treatment program, or receiving alternative consequences prescribed by the law. Participation is mandatory and noncompliance is threatened with sanctions up to and including incarceration"

Coerced Drug Treatment for Offenders: Does it Work? Retrieved on September 30, 2004 from http://www.iupui.edu/~iutox/Impaired_Driving/Coercive%20Treatment.htm

- ❖ <http://www.nicic.org/pubs/2003/period243.pdf> (National Institute of Corrections, Topics in Community Corrections. Annual Issue 2003: Offender Assessment)
- ❖ <http://www.niaaa.nih.gov/publications/asi.htm> (Addiction Severity Index)

The assessment will produce an **Individualized Treatment Plan**. The plan will provide a basis for discussion by the Drug Court Team on whether a person is eligible for the Court and where the participant will be placed in treatment. It also provides guidance to the supervising officer of the types of ancillary services that will be needed to assist the participants. The plan may recommend all or some of the following:

- Outpatient treatment
- Inpatient treatment/residential treatment
- Halfway house or transitional housing placement
- Frequent and random drug testing
- Counseling (individual and group)
- Self help/sober support activities
- Educational/vocational programs

Staffing

Potential candidate profiles are reviewed by the Drug Court Team during regular meetings before each court sessions. The team has the final decision on whether a candidate is appropriate for the court. The team reviews the treatment plan and agrees on a course of action. All decisions regarding a participant's entrance into the program should be agreed upon in advance.

Intake

Many courts invite potential candidates to visit the court and observe court proceedings before they volunteer to enter the program. Because the program is voluntary, it is important that potential candidates be fully informed of the requirements of the court:

- Provide a participant manual and answer questions.
- Discuss basic requirements of each Phase so the person knows specifically what is required to move from one phase to the next and graduate.
- Length of program participation is clearly established.
- Payment of fees is discussed, a sliding scale is established, and a determination of indigency made. Fees, sliding scale, and indigency may change over the course of the program.
- Treatment options and treatment requirements are made clear.
- Sanctions are specific and clear.
- Incentives are specific and clear.

Some courts find it helpful to provide a forum for potential candidates to meet current participants to answer questions and provide encouragement.

Court Session, Court Orders, and Beginning of Phase I

Participant agrees to participate and is formally admitted into the program in the courtroom setting.

PROGRAM STRUCTURE

Phases

Phases are the steps identified by the drug court team through which clients must progress to complete the drug court program. Most drug courts have three or four phases, beginning with an intensive phase that focuses on stabilization and introduction to substance abuse education. The length of time a participant spends in the program depends on individual progress.

Each phase has a prescribed amount of time and participants move through the phases based on a successful completion of the requirements and the individual needs of the participant. As the participant progresses through the program, the treatment plan may be revised/updated as the participant's needs evolve.

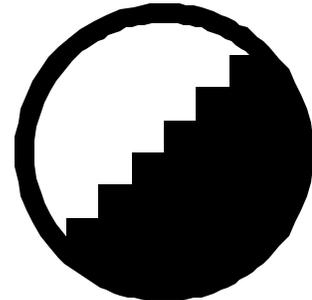
Keep in mind if non-compliance occurs during the later phases, the participant's supervision requirements may be increased and/or a participant may be moved back a Phase.

Each phase consists of specified treatment objectives, therapeutic and rehabilitative activities, and specific requirements for advancement into the next phase. Specifics vary from court to court, but all should include:

Supervision contacts – number of times a participant reports to a probation officer or other supervisory personnel. During early phases, contact is usually two times per week and gradually decreases. The Texas Department of Criminal Justice specified the following minimum reporting requirements in its FY04-05 Special Grant Conditions:

- Twice per week in the office, and once per month in the field during Phase I, with at least one of the visits with a community supervision officer or court officer;
- Twice per month in the office and once every two months in the field during Phase II, with at least one of the visits with a community supervision officer or court officer;
- Once per month in the office and once every three months in the field during Phase III, with at least one of the visits with a community supervision officer or court officer.

Court appearances – number of times a participant must appear in court. Persons in early phases should have frequent, even weekly, court contacts. Research has shown that higher risk offenders should also have more contact with the court regardless of their progress within the phases. ¹⁰



¹⁰ Festinger, D. S., Marlowe, D. B., Lee, P. A., Kirby, K. C., Bovasso, G., & McLellan, A. T. (2002, October 1). Status hearings in drug court: when more is less and less is more. *Drug and Alcohol Dependence*, Vol. 68, Issue 2, p. 151-157.

Support group attendance – attendance at support group meetings is monitored by attendance sheets and sponsors are verified by case managers. Support groups can include organizations such as Alcoholics Anonymous, Narcotics Anonymous and Save our Sobriety.

Length of time drug free – most courts require a set number of days for the participant to be drug free (i.e., no positive tests for alcohol or drugs) before phase advancement or graduation.

Education/work – completion of GED, attendance at ESL classes, high school attendance, vocational training, and/or full-time employment are often conditions of advancement and graduation.

Fees – Texas law allows drug courts to charge up to \$1000 per participant in program fees (Texas Health and Safety Code §469.004). In most programs, program fees must be paid before graduation.

Frequency of drug testing – the number of times a participant is tested will vary according to phase and compliance within program.

Treatment – successful completion or engagement within treatment is required for phase advancement.

Compliance with other court orders – because of the holistic approach of drug courts, participants are often given additional conditions such as child support, visitation, participation in incest recovery, or other orders.

An example of Phase Advancement Criteria can be found in Appendix D.

Relapse

Drug courts recognize that relapse is an integral part of recovery, but continuing drug usage is not condoned. Relapse prevention planning is a critical component of any treatment plan.

The court must work closely with treatment providers to address relapse in a therapeutic fashion. Continued use should result in ever increasing sanctions from the court. Participants who are unable to refrain from using should be placed in a residential treatment facility. Residential treatment facilities are able to provide intensive services away from the home and negative peers. Upon the successful completion of the residential treatment program, participants re-enter the drug court program where they left off.

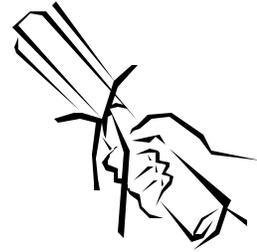
Termination Criteria

It is essential to develop a termination criterion for all programs. These criteria will clearly define what type of non-compliant behaviors or new offenses will cause a participant to be terminated from the program. For example, the commission of a violent offense while participating in the drug court program may create the basis for the immediate termination of program participation.

Drug courts take a therapeutic jurisprudence approach when dealing with participants and their behaviors. Communication between the treatment providers, mental health professionals, and the supervising officers is essential in identifying and creating individualized sanctions for each participant dependent on his/her behaviors. However, once all possible sanctions have been imposed and the participant does not make a change in behavior, termination is the next viable option. Repeated non-compliant violation of probation and/or drug court rules can cause a participant to be terminated upon the exhaustion of all possible sanctions available to the drug court judge.

Successful Graduation

Once all phases of the program have been completed and all requirements are satisfied, the participant becomes eligible to graduate. Graduation from the drug court program is a memorable event for the drug court team, the families, and most importantly for the participant. Drug court graduation ceremonies highlight the accomplishments of graduates and provide words of inspiration and support as they begin the next step in their recovery. For family drug courts, graduation holds a special significance as it symbolizes the family reunification that has been achieved.



Often, drug courts ask keynote speakers to participate in graduation ceremonies. In many instances the keynote speaker may draw media coverage and publicity for your program. Many jurisdictions invite members of the media to spread awareness to the community and help identify potential sources of local support (e.g., local foundations, non-profit organizations, community service organizations, etc.)

Another important part of graduation for many programs is to bestow a small award to the graduate in recognition of his or her achievement. Certificates, plaques, medallions, t-shirts, and even graduation rings are among the items used. Often, these items are donated by local businesses or civic groups.

Many jurisdictions encourage alumni groups. Borrowing from the philosophy of AA/NA support groups, the alumni offer encouragement, provide mentorship, and hold each other accountable.

PROGRAM SERVICES

Supervision and Case Management

Judicial Supervision

Key Component #7 identifies the importance that ongoing judicial supervision plays in a drug court.

In a traditional court, the judge is a neutral agent among various competitors. In a drug court, the judge is an active participant in a partnership between the participants, the treatment providers and the court. In a traditional court setting, judges interact only with representatives of the parties. In a drug court, the judge interacts directly with the participants. This close interaction communicates to the participants that someone in authority cares about them and is closely watching what they do.

Pre-hearing Staffings

The Drug Court Team meets prior to each drug court session to discuss intakes, possible disciplinary actions, graduations and other actions which may take place during the court session. These pre-hearing meetings, referred to as "staffings," are the time for open

discussion regarding actions that will be taken so that a unified front is presented in the courtroom. To the greatest extent possible, the team operates on the basis of consensus.

Court Hearings

Drug court hearings are a departure from normal court proceedings. During court, phase advancements are announced, achievements are celebrated, progress is monitored and sanctions are dispensed. Participants describe their efforts toward sobriety to an audience of their peers, court staff and the judge. Hearings are used to reinforce the drug court's policies and ensure effective supervision. Hearings also give participants a sense of how they are doing in relation to others.

Case Management

Not all courts use probation officers to supervise participants. In this guide, "Case Manager" will be used as a generic term for the various types of officers who fulfill the role of monitoring participant's compliance with conditions imposed by the drug court judge, juvenile probation officers, probation officers, treatment providers, child protective services and/or court staff.

Case Managers work closely with treatment providers, family members, employers, and social service agencies to implement the team approach to each participant's recovery. While primarily concerned with drug and alcohol use, the drug court also considers underlying issues which would impair an individual's success in treatment and may compromise compliance with program requirements. It is the Case Manager's role to make referrals for these and other needs:

- Skills testing and an educational assessment
- Job training and job-readiness training
- School or other educational services
- Job placement services
- Family counseling
- Life skills classes
- Public assistance/Medicaid

The size of caseload will vary according to the type of court and status of the participant within the program. CJAD Special Grant Conditions call for caseloads of no more than 45:1 ratio.¹¹

Field supervision is also an important element. It is constructive to visit participants in their home situations to assess lifestyles, living arrangements and recovery. Random drug testing can also be conducted during field visits.

Substance Abuse Treatment Services

Treatment is an integral part of all drug court programs and is used to provide counseling and techniques of self-examination that promote continued abstinence from drugs and alcohol.

¹¹ Texas Department Of Criminal Justice Community Justice Assistance Division. *FY 2004-2005 Special Grant Conditions Revised March 5, 2004.*

A seamless continuum of services that is responsive to the needs of each participant (Key #4) is necessary. Some of the various treatment modalities are described below:

Detoxification Services – Monitors the decreasing amount of alcohol and other drugs in the body, manages withdrawal symptoms, and motivates the individual to participate in appropriate treatment programs for alcohol and other drug dependence.

Residential Treatment – Highly structured environment in combination with moderate to high intensity treatment and ancillary services to support and promote recovery. Services often include individual and group counseling, structured physical activities, nutritional counseling, stress reduction, vocational training, relapse prevention support, social skills training, educational services and 12-step substance abuse programs.

Halfway Houses – Offer a living space, plus treatment services directed toward preventing relapse, applying recovery skills, promoting personal responsibility and reintegration.

Intensive Outpatient (IOP) – Provides structured outpatient evaluation and treatment of participants who require extensive programming. Services often include individual and group counseling, support, social skills training, and 12-step substance abuse programs. In an outpatient setting, patients can continue to function with minimal disruption to work and family life.

Supportive Outpatient (SOP) – Outpatient evaluation and treatment that focuses on long-term recovery and relapse prevention. Services often include individual and group counseling, stress reduction, relapse prevention support, social skills training, educational services and 12-step substance abuse programs.

❖ To find licensed treatment providers in your area, you can search the website maintained by the Department of State Health Services, Substance Abuse Services division (formerly the Texas Commission on Alcohol and Drug Abuse) at <http://www.tcada.state.tx.us/treatment/index.shtml>.

Alcohol and Drug Testing

Frequent, random and monitored testing tracks participants' progress and holds them accountable for their actions, which is why it is an essential characteristic of all drug courts (Key #5).

An effective drug court must have the capacity to:

- Conduct frequent and random tests of participants;
- Obtain test results immediately; and
- Maintain a high degree of accuracy in test results.

Drug testing is designed to deter future usage, to identify participants who are maintaining their abstinence and those who have relapsed, and to guide the court when making treatment and sanction decisions. **Research shows that with greater frequency of tests, drug use declines substantially and the potential for both short and long term positive outcomes is increased.**¹²

¹² Martin, T. J., Spohn, C. C., Piper, R. K., Frenzel-Davis, E. *Phase III Douglas County Drug Court Evaluation Final Report: Executive Summary*. Retrieved September 2004, from <http://www.ised.org/Research&Evaluation/Default.asp>

Tests are most commonly conducted in probation offices or treatment centers. To determine which testing method will best meet the needs of your court, consider:

- The volume of tests that will be conducted;
- The availability of male and female officials to conduct the testing;
- The turnaround time needed for obtaining results;
- The need for confirmation of results;
- The drugs that will be analyzed; and
- Chain of custody procedures.



Smaller jurisdictions that conduct a limited number of tests might want to consider using on-site manual testing for routine tests with an outside laboratory used to conduct confirmation and analysis when needed.

Each court must develop policies regarding drug tests. Some issues to consider:

- When and under what circumstances will **confirmation testing** be performed?
- Who will pay for the test if the positive test result is confirmed or negated?
- How will **randomization** be assured?
- What protections are in place to guard against **adulteration**?
- Will adulterated or diluted test results be considered the same as a positive test result, and what is the threshold that designates a diluted test? (Note: the national norm for a diluted test is 20 or below, but some courts consider 15 or lower.)

Test Types

There are five primary types of drug tests: urine, blood, hair, saliva, and sweat patches. The most common is the urine test which has the benefit of being inexpensive and less intrusive than the blood test.

Urine Tests

- Least expensive of the test methods (~\$25-\$50).
- Detect use primarily within the past week (longer with regular use).
- Can be affected by abstaining from use for a period of time before the test.

Hair Tests

- Considered a relatively unobtrusive method of drug testing.
- Currently many times more expensive than urine tests (~\$100-\$150).
- Detect substance use over a longer period (up to 90 days) but do not usually detect use within the past week.
- Require a sample of hair about the diameter of a pencil and 1.5 inches long. They can not be done with a single hair.
- Not significantly affected by brief periods of abstinence from drugs.

Blood Tests

- Considered the most intrusive method of testing.
- Currently the most expensive method of testing.
- Considered the most accurate method of testing.
- Currently the least common method of testing (due to cost).

Saliva Tests

- Considered a relatively unobtrusive method of drug testing

- Still relatively uncommon because only detects recent use (within hours)
- Easy to administer.

Sweat Patch Tests

- Require the wearing of a patch for an extended period of time.
- Still relatively uncommon
- Detect usage over a period of time (up to 2 weeks) but do not detect alcohol.

Two relatively new technologies that are being used by drug courts are alcohol monitors, popularly known as a **SCRAM™** (Secure Continuous Remote Alcohol Monitor), and eye testing.

The **SCRAM™** is an ankle bracelet that provides continuous, 24-hour monitoring of alcohol concentration through the skin. Alcohol passes through the system quickly so it is often difficult to “catch” participants drinking. Some courts use the SCRAM™ for persons who are suspected of drinking and for people who may need to travel for their work.

Eye testing requires a participant to look into a machine that observes a series of 30-second light displays that measure “nystagmus” or eye movement, which indicates specific categories of drugs. It detects and identifies eight different categories of drugs, including marijuana, depressants, opiates, stimulants and inhalants. The eye test requires no urine, and uses a 30-second self-administered test with immediate results. Montgomery and Jefferson Counties currently use eye testing.

Drug analysis results should only be used to assist the court and treatment providers to evaluate the participant’s progress. Drug test results should NOT be used as evidence of a new crime. It is critical to note that drug testing is a tool of the program, and although relapse is expected, it should be quickly and consistently addressed through the appropriate use of sanctions and incentives.

Sanctions and Incentives

Key Component #6 addresses a coordinated strategy to govern drug court responses to compliance. This strategy, commonly referred to as “sanctions and incentives,” is a fundamental part of any drug court program.

Because addiction is a chronic condition, it is important for judges and drug court staff to realize that relapse is common and is part of the recovery process, particularly in the first several months following a participant’s admission into the program. The early stages of treatment will focus on strategies to identify situations that stimulate cravings and relapse and help the participant develop skills to cope with these situations.

Although drug courts recognize that addicts have a propensity to relapse, *continuing use is not condoned*. Drug courts should impose appropriate responses for continuing drug or alcohol use, and responses should increase in severity for continued failure to abstain.

A participant’s progress is measured not only by abstinence and compliance with the treatment, but also with overall compliance with court rules.

While cessation of drug use is the definitive goal, it is a long term goal and can often seem overwhelming. Therefore, courts must also recognize incremental progress, such as



showing up at court, arriving at treatment on time, attending and participating in the treatment sessions, cooperating with staff, and submitting to regular drug testing.

Drug courts reward cooperation as well as respond to non-compliance. Small rewards for incremental successes have an important effect on a participant's sense of accomplishment. Many courts give entertainment or grocery gift certificates, reduction in community service hours, fee waivers, or other small rewards as incentives. Likewise, swift, short-term sanctions applied as a direct result of a prohibited or undesirable activity are effective tools in gaining a participant's attention and helping curb the behavior.¹³

There has been a significant body of research on the effective use of sanctions and incentives in recent years. A listing of some articles of note is at the end of this section. Among the more significant findings are that:

Sanctions must be Predictable, Controlled, and Consistent

Participant's ability to perceive fairness in sanctions and incentives (i.e., that they are applied equally) is extremely important. Many courts develop a matrix or continuum of responses to ensure predictable and controlled responses. Whether this matrix is absolute or flexible is at the jurisdiction's discretion. If courts choose a more flexible matrix, the judge must articulate *why* different people are receiving different responses. Providing a written copy of sanctions during orientation can emphasize predictability and accountability.

Sanctions should be imposed as close to the behavior as possible

Sanctions need not be painful, humiliating, or injurious, but they must be of sufficient intensity, and they must be delivered as soon as possible after every infraction. Undesirable behavior must be reliably detected and sanctioned at every instance; otherwise, the participant is effectively placed on an intermittent schedule and the perception of fairness is at risk. Confirmation drug testing is an important tool in resolving discrepancies and helping disrupt the user's denial.

Separate Judicial and Treatment Responses

Participants should perceive a difference between treatment responses and judicial/program responses to avoid negative associations with treatment. For example, a relapsing participant might require residential treatment, but this should be described and understood as a treatment response and not a punishment. To maintain the distinction, the participant should simultaneously receive a program sanction, such as community service or increased court contacts.¹⁴

In applying incentives and sanctions, remember the ultimate goal is not punishment; it is a change in behavior.

¹³ The National Association of Drug Court Professionals and the Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. (1997, January). *Defining Drug Courts: The Key Components*, p. 24.

¹⁴ *Court Responses to Client Behavior: Rethinking Incentives and Sanctions*. C. West Huddleston, L.A.D.A.C., National Drug Court Institute. Presented by Robert Koch to the Texas Drug Court Conference, March 26, 2004.

Appendix E contains a listing of sample Sanctions and Incentives from the Harris County Family Intervention Drug Court and an example of a Sanction and Incentive matrix.

❖ **Sanctions & Incentives Resources:**

Harrell, A. (1998). [Drug Courts and the Role of Graduated Sanctions](http://www.ncjrs.org/pdffiles/fs000219.pdf). Washington, DC: National Institute of Justice.

Marlowe, D. B., & Kirby, K. C. (1999, Spring). Effective Use of Sanctions in Drug Courts: Lessons from Behavioral Research. *National Drug Court Institute Review*, Volume II, Issue 1. <http://ndci.org/admin/docs/ndcir21.doc>

Tauber, J. (2000, June). [The Critical Need for Jail or detention as a Sanction in the Drug Court Model](http://www.ndci.org/publications/EffectiveSanctionsFactSheet.pdf). *NCDI Drug Court Practitioner Fact Sheet 2, No. 3*.
<http://www.ndci.org/publications/EffectiveSanctionsFactSheet.pdf>

Ancillary Services

Key Component #4 discusses the need for a continuum of services to assist participants' recovery. A drug court is a comprehensive therapeutic experience, only part of which takes place in a designated treatment setting.¹⁵

Ancillary services include all of the community based organizations and other entities that are able to provide supportive services and address the recovery support needs of participants and their families.

Creating positive connections within communities is essential for the prevention of recidivism and establishing positive role models for the participants of drug court programs. Examples of businesses or organizations to approach for support include:

- Community Health Organizations
- Community Based Organizations (CBO's) or Civic Groups
- Employment/Training Agencies (local workforce board)
- Local Housing Authority
- Schools, Colleges, Vocational Training Schools
- Arts (theaters, non-profit groups)
- Private Foundations
- Faith-Based Communities/Agencies
- Governmental Entities (city, county, state and federal agencies)
- Libraries
- Recreational Facilities
- Private Therapists
- Locally Owned Businesses
- Mental Health Agencies or Support Services
- Gender Specific Support Services

¹⁵ The National Association of Drug Court Professionals and the Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. (1997, January). *Defining Drug Courts: The Key Components*, p. 17-21.

Many local business and foundations may be able to provide incentives for the program participants such as gift certificates, coupons for sporting or entertainment events, offer to purchase back to school supplies/clothing, or assist a family in paying for necessities such as electricity or water bills.

The Court must ensure that all services are sensitive to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.

Please refer to Appendix I for a Community Resource Mapping exercise.

RECORD KEEPING AND EVALUATION

Key Component #8 emphasizes the importance of monitoring and evaluating the achievement of program goals. "The goals of the program should be described concretely and in measurable terms to provide accountability to funding agencies and policymakers. And, since drug courts will increasingly be asked to demonstrate tangible outcomes and cost-effectiveness, it is critical that the drug court be designed with the ability to gather and manage information for monitoring daily activities, evaluating the quality of services provided, and producing longitudinal evaluations."¹⁶

Evaluation typically involves assessing one or more of five program domains:

- the need for the program,
- the design of the program,
- the program implementation and service delivery,
- the program impact or outcomes, and
- program efficiency.

Establishing the program goals, objectives, and an evaluation design prior to implementation will help define the parameters of data collection. Too often courts try to collect data after program initiation and find they have not collected the appropriate data. Courts collect a lot of data, but the data may not be appropriate for the goals of your program, so **plan carefully what information you need so you do not find that you have overlooked an important piece of information.**

Goal – A general statement reflecting the overall impact that you intend the program to attain.

Objective – Explains how the goal will be accomplished. Follows the SMART Rule: Specific, Measurable, Achievable, Realistic, and Time-bound.

Many courts contract with a qualified **independent evaluator** to develop and conduct evaluations. Graduate students are often a very cost efficient resource for evaluation services. If an independent evaluator is not feasible, you may conduct your own evaluation based on guidance available in the field.

¹⁶ The National Association of Drug Court Professionals and the Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. (1997, January). *Defining Drug Courts: The Key Components*, p. 27.

Management Information Systems (MIS)

A reliable Management Information System (MIS) is an essential tool for tracking the drug court's performance. Although some courts choose to design their own MIS, the drug courts in Buffalo, New York and Jacksonville, Florida co-designed a Drug Court Management Information System (DCDMIS-98) using Microsoft Access 97, and these courts have donated this system for public use by drug courts nationwide. This system can be accessed at <http://spa.american.edu/justice/publications/mis.html>.

Texas adult probation departments have access to the Community Supervision Tracking System (CSTS) and juvenile probation departments have access to Caseworker 5. Both of these systems provide some level of information management.

The Behavioral Health Integrated Provider System, or BHIPS, is an Internet-based case management software developed by the Texas Commission on Alcohol and Drug Abuse (now the Department of State Health Services). State-funded or licensed treatment providers will most likely use BHIPS to meet their state and federal requirements for reporting.



Essential Data Elements

No matter how your court collects data, there are essential data elements to collect. Most performance measurement data can be divided into two categories: outputs and outcomes.

Output – An output demonstrates the level of activity of a project and is usually quantifiable. Output measures reflect the amount of services being provided and are not intended to show success.

Example: Number of drug court clients served – 80.

Outcome – An outcome demonstrates the impact of a project in a targeted area and may be quantifiable or qualitative. Outcome measures reflect the extent to which the goals of the project have been achieved, i.e., the results or benefits of the project.

Example: Number of drug court clients that successfully complete the program – 60.

These data elements include, but are not limited to:

- Type of case and offense category (e.g., pre-adjudication, post-adjudication, reentry, misdemeanor, felony, DWI, etc.)
- Characteristics of program participants (e.g., sex age, race/ethnicity, family status, employment status, educational level, treatment or mental health history, drug court assessment, drug of choice, duration of treatment & drug court enrollment, reason for discharge, etc.)
- Total number of individuals arrested for eligible drug offenses
- Number of individuals arrested for eligible drug offenses who are *screened or assessed* for participation in the drug court
- Number of days from arrest to enrollment in the drug court
- Number of intakes or participants served
- Number of currently active clients
- Number of individual drug tests given
- Number of positive drug tests (If a test is positive for one or more substances, count it as one positive test.)

- Number of drug court judicial contacts
- Number of drug court clients that successfully completed the program (i.e., graduate)
- Number of drug-free babies born to participants of drug court
- Number of family reunifications due to *family* drug court graduations
- Number of drug court clients that unsuccessfully terminated the program and why (absconded, rearrested, died, etc.)
- Number of drug court graduates that were re-arrested for a new and separate offense within one year of successful program completion from program inception to date (In the context of this guide only, re-arrest means any arrest for a new and separate offense.)
- Number of drug court graduates that were re-arrested for a new and separate offense within two years of successful program completion from program inception to date. (In the context of this guide only, re-arrest means any arrest for a new and separate offense.)

These data elements are only suggestions. Different funding sources may require different performance measures or define the measures differently. Be sure to check with your funding agency to ensure that you comply with all evaluation requirements. *Defining Drug Courts: The Key Components* contains a lengthy discussion of evaluations, including other examples of useful data elements.

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• In August of 2002, Southern Methodist University completed a cost-benefit analysis of the Dallas County DIVERT adult drug court program and found that for every dollar spent on an offender's drug treatment through DIVERT, the community can expect \$9.43 in cost avoidance over a 40-month post-treatment period. This report can be accessed online at <http://faculty.smu.edu/tfomby/DivertFinal.pdf>.
• Also, according to a study of three Texas adult drug courts issued in January of 2003 by the Criminal Justice Policy Council, the two-year re-arrest rate was significantly lower for drug court completers versus the comparison group. (Dallas: 10.2% vs. 51%; Jefferson: 26.2% vs. 43.7%; Travis: 24.5% vs. 45.5%.) This report can be accessed online at <http://www.cjpc.state.tx.us/reports/alphalist/03drugcrts.pdf>.
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❖ Evaluation Resources:

Lists of Drug Court Evaluations - <http://spa.american.edu/justice/pubindex.asp#50>
http://www.ncjrs.org/drug_courts/publications.html#3

Drug Court Monitoring, Evaluation, and Management Information Systems. (1998, May) Drug Court Programs Office, Office of Justice Programs, U.S. Department of Justice. <http://www.ncjrs.org/html/bja/monitor/welcome.html>

Initial Process and Outcome Evaluation of Drug Courts in Texas. Criminal Justice Policy Council. (2003, January). <http://www.cjpc.state.tx.us/reports/alphalist/03drugcrts.pdf>

ROLES AND RESPONSIBILITIES OF DRUG COURT TEAM

Drug Courts alter the traditional roles of both justice practitioners and treatment providers. While the judge is the central figure, the drug court team must work together to support the sobriety and accountability of participants in the program.

❖ For a more detailed breakdown of core competencies and sample tasks, go to http://dcpi.ncjrs.org/dcpi_adult.html.

The Team meets prior to each drug court session and acts as a multi-disciplinary case management team with respect to individual participants. To the greatest extent possible, the Drug Court Team operates on the basis of consensus.

The Judge plays an active role in the treatment process. The judge encourages appropriate behavior and discourages and/or sanctions inappropriate behavior. A drug court judge must be knowledgeable about various treatment methods and their limitations. The Judge should attend conferences and training seminars as required by drug court grants or other funding sources. The Judge works collaboratively with the Advisory Committee and the Team on the structure and operations of the court.

The District/County Attorney's Representative reviews cases for eligibility and insures that the participant would not represent an unacceptable risk to the public and meets the eligibility/exclusionary criteria. The Assistant District/County Attorney is a member of the Drug Court team and attends all drug court sessions.

The Public Defender's Representative protects the rights of the participants before they become a program participant and protects the welfare of participants during court, especially if they face termination. The public defender is a member of the team and attends all drug court sessions.

Treatment Providers have primary responsibility for educating the participants and helping them deal with their alcohol and other substance abuse issues. Treatment Providers have the role of providing feedback to the team of each participant's progress in drug court.

Surveillance Officers have the responsibility for informing the team of any noncompliance and compliance issues regarding the home visits of juvenile drug court participants and provide information as well as respond to any questions from the Drug Court team. Surveillance Officers are members of the Team and attend all drug court sessions.

Case Managers have the primary responsibility for providing direct supervision of participants and reporting about their adjustment to members of the Drug Court team. They are also responsible for monitoring drug test results, compliance with court ordered services and completing paperwork, such as progress reports. They are members of the team and attend all drug court sessions.

Program Director has the responsibility, during the drug court sessions, of preparing any necessary paperwork (detention orders) for the Judge, recording drug court sessions and providing a synopsis to the Drug Court Judge. The program Director attends all drug court reviews and updates the policy and procedures manual as necessary. The Program Director

has responsibility for budgeting, grant writing and maintaining court statistics. The Program Director is a member of the Drug Court Team and attends all court sessions.

Law Enforcement Representatives provides input concerning any issues regarding drug court participants. The representatives may assist with field visits. Law Enforcement Representatives assist with the detention and transport of drug court participants who have been sanctioned for a period of detention. Depending upon the type of court, the representatives are member of the drug court team and attend all drug court sessions.

Child Protective Services (CPS) protects the children in their custody and at the same time works with the parents who are participating in the drug court program to reunify with their children. CPS provides weekly client progress and monitors the goals set for each participant. CPS also provides individual and family therapy when deemed necessary.

Between drug court dates, all drug court team members are encouraged to interact with other members, sharing pertinent information about drug court participants, especially those regarding noncompliance. Communication among team members is **essential** to the success of any drug court program.

ETHICS AND CONFIDENTIALITY

Drug courts alter the traditional relationships between justice system officials and treatment providers. Participants may waive certain rights in order to enter a drug court program; however, the fundamental rights of each participant to representation and due process should not be jeopardized.

Eligible participants must be given the opportunity to consult with an attorney prior to entering the program. Participants should be clearly informed of the requirements of the drug court program, including possible sanctions to which they may be exposed for noncompliance. While the drug court team may make recommendations regarding participant placement, sanctions, incentives, etc. all judicial decisions remain the responsibility of the judge.

Two Federal laws and a set of regulations guarantee the strict confidentiality of information about persons – including participants – receiving alcohol and drug abuse assessment and treatment services. The legal citations for these laws and regulations are **42 U.S.C. SS 290dd-3 and ee-3 and 42 C.F.R. Part 2**. These laws and regulations are designed to protect patients' privacy rights in order to attract people into treatment.

These regulations state that information cannot be disclosed without written consent of the participant. However, **federal laws do not protect any information regarding suspected child abuse or neglect from being reported.**

Typically, Drug Court files are maintained in a separate location from traditional cases. Treatment information and progress reports should be kept separate from court files, by one or more of the methods described below:

- Maintained in a separate treatment file, located in the Case Manager or Treatment Provider's office;

- Discarded/shredded after team meetings and/or drug court sessions;
- Maintained in locked cabinets, separate from the court files.

The following statement is part of the Dallas County DIVERT Policies and Procedures regarding ethics and statements of clients:

The primary purpose of this program is treatment. Therefore, any statements made by anyone participating in DIVERT shall not be used against him or her in any subsequent adversarial proceeding. However, spontaneous statements made by the participant in open court, which refer to unrelated criminal activity and which are not related to the participant's participation in the DIVERT Program, may be admissible in other criminal proceedings and such admissibility shall be determined in an evidentiary hearing according to the Rules of Evidence.

APPENDICES

Appendix A. Helpful Websites & Online Publications:

National Association of Drug Court Professionals
www.nadcp.org

National Drug Court Institute
www.ndci.org

Bureau of Justice Assistance Drug Court Clearinghouse at American University
<http://spa.american.edu/justice/drugcourts.asp>

Bureau of Justice Assistance Drug Court Discretionary Grant Program
<http://www.ojp.usdoj.gov/BJA/grant/drugcourts.html>

Office of the Governor, Criminal Justice Division
<http://www.governor.state.tx.us/divisions/cjd>

Texas Department of Criminal Justice – Community Justice Assistance Division
<http://www.tdcj.state.tx.us/cjad/cjad-home.htm>

Defining Drug Courts: The Key Components
<http://www.ojp.usdoj.gov/BJA/grant/DrugCourts/DefiningDC.pdf>

Drug Court Publications Resource Guide – Fourth Edition
<http://www.ndci.org/publications/ResourceGuide2002Edition.pdf>

Bureau of Justice Assistance Drug Court Planning Initiative (DCPI)
<http://dcpi.ncjrs.org/index.html>

National Criminal Justice Reference Service – In the Spotlight: Drug Courts
http://www.ncjrs.org/drug_courts/summary.htm

Texas Association of Drug Court Professionals
www.tadcp.org

Appendix B. Current Texas Drug Courts and Contact Information (as of Dec. 2004)

County	Drug Court Name	Type †	Start Date	Contact	Email	Phone
Angelina	Angelina County Adult Drug Court	Adult, post	9/01/04	James Johnson	jeddie@angelinacounty.net	936-633-7646
Bexar*	Bexar County Family Drug Treatment Court	Family, civil	04/03	Gay Lynn Shaner	gshaner@bexar.org	210-335-2959
	Bexar County Juvenile Drug Treatment Court	Juvenile, pre	3/01/99	Randa Bruce Gonzalez	rbruce@bexar.org	210-531-1818
	Bexar County Court at Law #1 Drug Court	Adult, post, mis.	09/02	Kathy English	kenglish@co.bexar.tx.us	210-335-2571
	Bexar County Court at Law #9 Drug Court	Adult, post, mis.	2003	Kathy English	kenglish@co.bexar.tx.us	210-335-2571
	Bexar County Felony Drug Court	Adult, post	1/06/04	Lori Rodriguez	lorir@co.bexar.tx.us	210-335-0584
Brazos	Brazos County Drug Court	Adult, post, DWI	12/9/04	Arlene Parchman	aparchman@co.brazos.tx.us	979-361-4418
Burnet	33rd Judicial District Drug Court (Burnet, San Saba, Blanco, Llano Counties)	Adult, pre & post	9/1/04	Jeanette Murray	cscdcso1@burnetcountytexas.org	512-756-5488
Dallas*	Dallas Initiative for Diversion & Expedited Rehabilitation and Treatment (DIVERT)	Adult, pre	1/6/98	Marsha Edwards	mhedwards@dallascounty.org	214-653-5340
	Dallas County Juvenile Diversion Project	Juvenile, pre	12/31/01	Maggie Williams	mjwilliams@dallascounty.org	214-698-5590
	Dallas County SAFPF Reentry Drug Court	Adult, post, reentry	02/15/01	Trina Willis	twillis@dallascounty.org	214-712-3055
El Paso*	243rd Judicial District Felony Drug Court	Adult, post	09/06/01	Rosemary Beltran	rbeltran@epcounty.com	915-577-9920
	El Paso County Criminal Court at Law #2 Drug Court	Adult, post, DWI	11/5/04	Leticia Medina	lemedina@epcounty.com	915-834-8232

Fannin	384th Judicial District SAFPF Reentry Program	Adult, reentry	06/25/03	John Solis	jsolis@epcounty.com	915-546-2134
	409 th Judicial District Juvenile Drug Court	Female juveniles, post	06/01/04	Rosie Medina	rmedina@epcounty.com	915-849-2522
	65 th Judicial District Family Drug Court	Family, civil	10/99	Annabelle Casas- Mendoza	acasas@co.el-paso.tx.us	915-834-8216
	The Fannin County Drug Court	Adult, post	01/13/04	Hal Fowler	hfowler@netexas.net	903-583-7446
Fort Bend	Closing Addiction's Revolving Door (CARD) Drug Court Program	Adult, pre	01/22/02	Patricia Trevino	trevipat@co.fort-bend.tx.us	281-633-7243
	STARS (Sobriety Through Alternative Rewards & Sanctions) SAFPF Re-entry Court.	Adult, post, reentry	04/02/04	David Ogden	ogdendav@co.fort-bend.tx.us	281-633-7234
Harris*	Success Through Addition Recovery (STAR) Drug Treatment Court - Docket 1 (Reentry)	Adult, post, reentry	09/03	Mary Covington	mary_covington@justex.net	713-755-4610
	Success Through Addition Recovery (STAR) Drug Treatment Court - Docket 2	Adult, post	09/03	Mary Covington	mary_covington@justex.net	713-755-4610
	247 th Judicial District Family Intervention Court (FIC)	Family	03/29/04	Vickie Longwill	vlongwill@council-houston.org	713-755-5408
Hidalgo*	Hidalgo County Drug Court	Adult, pre	09/08/04	Jamie Torres	su011@hidalgococscd.com	956-661-4600
Jefferson	Jefferson County Drug Intervention Court (JCDI)	Adult, pre & post	04/30/93	Montie Morgan	mmorgan@co.jefferson.tx.us	409/951-2220
Lubbock	Treatment Rehabilitation Intervention Program (T.R.I.P.)	Adult, pre	10/01/04	Steve Rampy	steve.rampy@lubbockcscd.com	806-775-1233
Montgomery	Court Assisted Rehabilitation Experience (CARE) Program	Adult, post	09/23/99	Rusty Smith	rsmith@co.montgomery.tx.us	936-538-8107
Nueces	117 th District Court Drug	Adult, pre	01/15/04	Sharon	smiller@nueces.esc2.net	361-854-4122

	Court			Miller		
Tarrant*	Drug Impact Rehabilitation Enhanced Comprehensive Treatment (DIRECT)	Adult, pre	10/95	Mark Jennings	markjennings@tarrantcounty.com	817-884-3276
	Tarrant County Juvenile Services Drug Court Program	Juvenile, pre	02/99	John Haenes	jhaenes@tarrantcounty.com	817-838-4600 x244
Tom Green	Concho Valley DWI/Drug Court	Adult, pre, mis.	09/01/04	Arnold Patrick	patricka@conchovalleycscd.org	325-659-6544
	Concho Valley Felony DWI/Drug Court	Adult, pre	09/01/03	Fred Reyes	freyes@conchovalleycscd.org	325-659-6544
Travis*	Travis County Drug Diversion Court - The System of Healthy Options for Release and Transition (SHORT) Program	Adult, pre	08/93	Sharon Caldwell Hernandez	Sharon.Caldwell-Hernandez@co.travis.tx.us	512-854-4646
	Travis County Juvenile Drug Court	Juvenile	05/23/01	Kathy Bedford Smith	kathy.smith@co.travis.tx.us	512-448-7000
Tribal – Ysleta del Sur Pueblo	Na Peuykam Chibel Na Kurti (New Beginnings Court)	Juvenile, civil	09/01/00	Ruben Avila	ravila@elp.rr.com	915-860-7449

*Mandated counties per HB 1287.

†“Pre” means pre-adjudication. “Post” means post-adjudication. All courts are felony unless noted as “mis.” for misdemeanor.

and/or, where relevant, dismissal of the charges and/or, where relevant, the assignment of this case to a division other than Drug Court.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of the information may re-disclose it only in connection with their official duties.

Signature of Participant

Date

Interpreter (if applicable)

Notice to patients pursuant to 42 C.F.R. § 2.22

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

See 42 U.S.C. § 290DD-3 for federal law and 42 C.F.R. Part 2 for federal regulations.

Appendix D. Example Phase Advancement Plan

The treatment phase of the program is determined by the participant's progress; however it will be no less than one year, followed by 6 months of mandatory aftercare.

The length of time the participant spends in the program depends on individual progress and whether or not residential treatment had to be utilized. Each phase consists of specified treatment objectives, therapeutic and rehabilitative activities, and specific requirements for advancement into the next phase.

Please note: The participant may be required to **perform all or a select portion** of the treatment requirements in each phase. Actual requirements will be determined and included in the treatment plan, so the participant has a clear understanding of what will need to be accomplished in order to advance to another phase of the program. In order to advance from one phase of the program to the next, the participant will be required to do a phase advancement petition.

PHASE ONE

In this short term, approximately eight (8) weeks, the participant will be assigned a counselor who is a member of the Drug Court Team. The counselor will provide the participant with an orientation/overview of the Drug Court Program and will monitor his/her participation. This is where the participant will come to learn and understand how denial and addiction work, about the disease concept, recovery process and an introduction to working 12-Step. The participant's problems and needs will be assessed and a treatment plan will be developed. If the participant has shown personal motivation, involvement and compliance with treatment, he/she will be formally advanced into the next phase of the Drug Court Program. Minimum requirements may include the following:

1. Intake and assessment evaluation;
2. Develop individual treatment plan;
3. Individual counseling one time week.
4. Group counseling session (one to four times per week).
5. Form personal program goals in conjunction with treatment plan.
6. 12-Step Meetings (AA, NA or CA) – three times per week.
7. Random drug tests provided by participant – four to six times per month (minimum).
8. Orientation and overview of Drug Court;
9. Weekly court appearances; and
10. Seek employment or vocational training.

Criteria for advancement to Phase Two:

- ✓ No positive drug test results within the last thirty (30) days.
- ✓ Have a sponsor or at least a temporary sponsor.
- ✓ No unexpected or unexcused absences from scheduled services.
- ✓ Employed or positive response to vocational/educational goals.
- ✓ Documented required minimum attendance at 12-Step meetings.
- ✓ Acknowledgment of a substance abuse problem and a commitment to a drug-free lifestyle.
- ✓ Establish a payment plan for court cost.

PHASE TWO

The participant's treatment plan will be updated by the participant and the counselor. The counseling in this phase will focus on sober living. In addition, the counselor will begin to actively address issues related to personal, family, and housing needs to develop a plan to of meeting those needs. This phase of the program will be a minimum of 18 weeks long. Minimum requirements may include the following:

1. Update treatment plan;
2. Individual sessions available on an as needed basis, determined by counselor, treatment team and/or client;
3. Group counseling session (one – three times per week);
4. 12-Step meetings (AA,NA, or CA) - minimum of three (3) per week;
5. Begin vocational rehabilitation/education for those seeking employment;
6. Random urinalysis four (4) times per month – minimum;
7. Bi-weekly court appearances; and
8. Fellowship and recreation.

Criteria for advancement into Phase 3:

- ✓ No positive drug test results within the last sixty (60) days.
- ✓ Have a sponsor.
- ✓ Employed or positive response to vocational/educational goals.
- ✓ Documentation of required minimum attendance at 12-step meetings.
- ✓ Acknowledgement of a substance abuse problem and a commitment to a drug-free lifestyle.
- ✓ Actively making payments on court cost and treatment fees where applicable.
- ✓ No unexpected or unexcused absences from scheduled services.

PHASE THREE

In Phase 3 of the program the participant's treatment plan will be updated and reflect his/her progress, new treatment goals, and objectives for this phase. Counseling and meetings will focus on relapse prevention issues and help the participant to identify ways to cope with stressful situations. The participant will be exposed to weekly topics on education and recovery dynamics. In addition, the participant is encouraged to involve family members in recovery process so they can gain insight to the participant's activities in counseling, and to assist in discovering facts about addiction and recovery while dispelling myths associated with it. This phase will be a minimum of eighteen (18) weeks long. Minimum requirements may include the following:

1. Update treatment plan;
2. Group counseling session – one time weekly ;
3. Random drug tests provided by participant (minimum of 3 times per month)
4. 12-Step meetings (AA, NA, CA) - minimum of 3 meetings per week; and
5. Court appearances every three (3) weeks.

Criteria for advancement to Phase 4:

- ✓ No positive drug test results within the last ninety (90) days.
- ✓ Employed or positive response to vocational/educational goals.
- ✓ Documentation of required minimum attendance at 12-step meetings.
- ✓ Acknowledgement of a substance abuse problem and a commitment to a drug-free lifestyle.

-
- ✓ Actively making payments on court cost and treatment fees where applicable.
 - ✓ No unexpected or unexcused absences from scheduled services

PHASE FOUR

The main focus of this phase will be relapse prevention, **maintaining total abstinence** from all drugs, mentoring and daily living skills. The participant is encouraged to increase independent life styles, facilitate group discussions, provide support to members entering counseling, and to continue the learning process. During phase four the participant receives support that helps his/her continued success in the community as a productive and responsible citizen. This phase is a minimum of eight (8) weeks long. Minimum requirements may include the following:

1. Update treatment plan;
2. Individual sessions – on an as needed basis, determined by counselor, treatment team, an/or the client;
3. Group session and/or Mentoring Group session – one time per week;
4. Random drug tests provided by participant – minimum of two (2) times per month;
5. 12-Step meetings (AA, NA, or CA) – minimum of 3 per week;
6. Actively paying on court cost, Drug Court related fees, and treatment fees where applicable;
7. Focus on full-time vocational skills, employment and/or education goal setting;
8. Recreation, fellowship, and weekly mentoring with treatment counselor's supervision to other phases of program; and
9. Court appearance – once every four (4) weeks.

Criteria for advancing to Aftercare:

- ✓ No positive urinalysis in the 8 weeks prior to phase up.
- ✓ Actively making payments on court cost.
- ✓ Meeting and maintaining all of requirement treatment requirements of phase 4.

GRADUATION

Once the participant has successfully completed the criteria for each phase as described in the treatment phases section, the participant will become a candidate for graduation from the Drug Court Program. Once the participant has completed the graduation process, the Assistant District Attorney and the Defense Attorney will initiate the appropriate paperwork to meet the guidelines for graduation.

Appendix E. Example of Sanctions & Incentives

Harris County Family Intervention Court **Sanctions & Incentives**

Behaviors Triggering Sanctions (including but not limited to):

Positive drug test

- Missed drug test (treated same as positive)
- Excessive absences from treatment activities
- Failure to follow service plan/lack of progress toward treatment goals
- Failure to perform/complete court-ordered community service or sanction
- Missed court appearance
- Missed appointment with any drug court team member
- Missed visitation
- Non-compliance with any order of the court

Sanctions

- Reprimand from bench
- Modification of visitation with children
- Increased 12-step attendance
- Watch videos and write report
- Write letter to children
- Write essay
- Create artwork to express feelings
- Community service (related to recovery)
- Spend day in court ("jury box" house arrest)
- Brief incarceration
- Phase reduction
- Pay for positive UA's
- Appearance moved to end of docket
- Extra UA's at participants' expense
- Termination from program

Rewards/Incentives

- Verbal recognition from bench
- Increased visitation with children
- Decreased court appearances
- Certificates for sobriety (30, 60, 90 days, etc.)
- Vouchers (grocery, clothing, etc.)
- Tickets to community activities
- Phase promotion
- Appearance moved to front of docket
- Credit for community service

Sample Sanctions Matrix

BEHAVIOR	SANCTION
Failure to comply with minimum weekly requirements for 12-Step meetings, such as AA and/or NA attendance.	Attend 7AA/NA meetings within 7 Days or until current. If client does not comply, then client will submit 10 newspaper articles pertaining to substance abuse. In addition, court will be scheduled on a weekly basis regardless of phase.
Failure to Comply with Individual and/or Group Counseling; Missed Sessions	Delay in phase advancement until current; continue to monitor progress. If additional counseling sessions are missed, client will be asked to write a 100 word essay (i.e. "Importance of Treatment").
Failure to Comply with the Requirements of Supervision.	If payments are in arrears, no short list. Failure to report 1 st time, client must report next business day. If chronic, an additional sanction will be imposed.
1 st Positive Urinalysis Results; Altered Urine Sample; Stall; No-Show	2 days jail (if admitted); 4 days (if denied) and \$36.00 for the cost of confirmation testing. 1 st no show with no indication of drug use: bring essay or assign a speaking engagement.
2 nd Positive Urinalysis Results; Altered Urine Sample; Stall; No-Show	Return to the beginning of current phase or return to the previous phase; 4 days jail (if admitted) 8 days (if denied) and \$36.00 for the cost of confirmation testing. Subject to clinical review.
Additional Positive Urinalysis Results; Altered Urine Sample; No-Show	Residential treatment. Subject to clinical review.
Any <u>denied</u> Positive Urinalysis later confirmed positive through GCMS confirmation testing.	Client will be responsible for the \$36.00 cost of confirmation testing.
Failure to complete residential treatment/halfway house phase	Spend remaining days in jail or discharge from program.
Failure to Appear for Court Hearing	Warrant for Arrest for Failure to Appear.
Re-arrest	New Charge to be staffed with the Team on the following Monday or Friday. The Court will determine if participate remains in custody or the conditions of release. The Asst. Dist Attorney will determine continued eligibility. If drug related offense, residential treatment or re-assignment to another phase.
Demonstrated or expressed unwillingness to participate in program requirements; repeated dishonesty; numerous positive urinalysis; etc.	Discharge from program

Appendix F. Identifying Your Steering Committee

	Name	Phone
Judge		
District/County Attorney		
Clerk		
Probation		
Sheriff		
Police Chief		
County Commissioner		
School (juvenile)		
Treatment Provider		
Treatment Provider		
Treatment Provider		
Mental Health		

Appendix G. Special Issues for Rural Courts¹⁷

Most rural courts serve a broad geographic area, often entailing multiple court facilities (with varying usage rates), located miles from each other which the judge(s) must travel to and serve, and are often located in different counties within the judicial district, each with distinct county governmental structures

During the past several decades, rural areas in the U.S. generally, and court systems in particular, have been faced with special challenges the most significant of which include: a shortage of both financial and expert resources to provide necessary court services; a high number of indigent residents, many of whom have been displaced by the loss of agricultural and related employment; limited access to public transportation coupled with the need to travel greater distances to employment opportunities, schools and services; lower per capita incomes compared with urban/suburban areas; lower educational achievement; and lower employment levels, particularly for fulltime work.

Among the major issues rural drug courts face:

1) Lack of Transportation

Rural areas are spread out, with little, if any, public transportation. Therefore, operating a drug court in a rural area necessitates developing transportation resources for drug court participants that will promote their capacity to travel to the various locations required for court hearings, drug testing, and meetings with the probation officer, treatment program attendance, and compliance with other program conditions. Unfortunately, what often ends up happening in most rural areas, however, is that participants who are otherwise eligible for the program either don't participate or end up dropping out.

2) Shortage of Treatment Facilities and Other Resources

Most rural areas have limited substance abuse treatment resources. So, given an area that is geographically disbursed, there are frequently only one or two treatment providers at most who can provide substance abuse treatment services. Tailoring these services to meet the individual needs of participants (for example, persons who have mental health conditions; who have been sexually abused, who do not speak English, etc.) is usually impossible. What is available often dictates who and who does not participate.

3) Lack of Ancillary/Support Services

Most drug court participants are in need of a wide range of support services – housing, job skill development, education, employment, etc. – to sustain their recovery and promote their reintegration into the community. Generally these services may be provided in urban centers but much less intensively outside of the urban center. So, to the extent these services are needed but not available, the chances of a participant's remaining drug free and moving out of the "drug culture" are jeopardized.

¹⁷ FREQUENTLY ASKED QUESTIONS SERIES: Rural Drug Courts, Caroline Cooper, Director, and BJA Drug Court Clearinghouse, February 27, 2003

4) High Incidence of Methamphetamine

Although methamphetamine is being detected in many urban as well as rural areas, it is particularly prevalent in rural areas which lend themselves to methamphetamine manufacturing. Treating the meth addict often requires treating a range of additional medical and dental conditions that can develop as well as the frequent social isolation of many long-term meth users. This becomes a special challenge for rural areas whose resources are limited and access to needed services so difficult to obtain.

Many rural areas have also experienced growing immigrant populations which require the availability of a wide range of interpreter and other services not frequently available locally.

To address these issues, many rural courts have adapted available technology to meet a wide range of needs, such as video arraignments; telephone conferencing, computer aided transcription of court proceedings; and automated credit card payment. Nevertheless, rural courts – like their urban counterparts – still struggle to assure that citizens who use these courts and/or are subject to their jurisdiction have access to the same services and court disposition processes as urban court users – e.g., that they dispense *equal justice* and assure *equal protection*.

Appendix H. Applicable Statutes

Texas Health and Safety Code, Chapter 469. Drug Court Programs

(House Bill 1287, 77th Legislature)

- Codifies 10 Key Components & defines drug courts
- Authorizes commissioners courts to establish drug courts
- Allows pre-adjudication (diversionary) or post-adjudication programs
- Describes elements of eligible offenses and prohibits violent offenders
- Allows reasonable program fees not to exceed \$1,000
- Allows urinalysis testing and counseling fees, as well as fees to cover treatment costs according to the participant's ability to pay
- Mandates drug courts in counties with a population of more than 550,000, and places certain stipulations on these counties:
 - Requires these counties to seek federal funding
 - Must have 100 participants within 4 months of operation
 - Failure to apply for federal or state monies will result in loss of C.S.C.D and Governor's Criminal Justice Division grant dollars

Note: These stipulations have been interpreted to apply only to the first adult drug court established in each mandated county and are not intended to hinder the implementation of additional drug courts or additional types of drug courts (i.e., family, juvenile, etc.).

The General Appropriations Act of the 77th Legislature appropriated \$750,000 per year in drug court grants to be administered by the Governor's Criminal Justice Division.

Texas Health and Safety Code, Section 461.017. Drug Demand Reduction Advisory Committee

(Senate Bill 558, 77th Legislature)

Creates a Drug Demand Reduction Advisory Committee (DDRAC) which brings together 14 state agencies to develop the direction of the state's efforts to counter illegal drug use and its consequences. DDRAC has identified drug courts as an effective tool in breaking the cycle of addiction and crime.

Texas Code of Criminal Procedure, Article 42.12, Sections 15(a) and (c)

(House Bill 2668, 78th Legislature)

Mandates treatment for first time, low-level, nonviolent adult drug participants, paving the way for statewide implementation of the drug court model.

Texas Government Code, Section 509.015

(House Bill 2668, 78th Legislature)

Requires the Community Justice Assistance Division (CJAD) of the Texas Department of Public Safety (TDCJ) to propose and the Texas Board of Criminal Justice to adopt best practices standards for substance abuse treatment under the conditions imposed by CCP Article 42.12, Sections 15(a) and (c).

Other statutes of note:

Texas Code of Criminal Procedure, Chapter 12. Limitation and Venue

Texas Code of Criminal Procedure, Article 16.16. If Insufficient Bail is Taken

Texas Code of Criminal Procedure, Chapter 17. Bail

Family Drug Courts (civil, child welfare cases) - Texas Family Code, Chapter 262.
Procedures in Suit by Governmental Entity to Protect the Health and Safety of Child

Juvenile Drug Courts – There is no specific statute authorizing Juvenile Drug Courts; however, the Juvenile Justice System is governed by both the entire Code of Criminal Procedure and the Family Code, Title 3, Chapters 51-60.

Appendix I. Mapping Community Resource Exercise

MAPPING COMMUNITY RESOURCES EXERCISE

