



NATIONAL
DRUG COURT
INSTITUTE

PAINTING THE CURRENT PICTURE:

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

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The principal purpose of ONDCP is to establish policies, priorities, and objectives for the Nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug related health consequences. To achieve these goals, the Director of ONDCP is charged with producing the National Drug Control Strategy. The Strategy directs the Nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, State, and local entities.

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About the National Drug Court Institute (www.ndci.org)

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

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

Volume I, Number 2

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Introduction

Painting the Current Picture: A National Report Card on Drug Courts and Other Problem Solving Court Programs in the United States¹

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

Volume I, Number 2 provides summary results from the 2004 National Survey on Drug Courts and Other Problem Solving Courts, conducted by the National Drug Court Institute (NDCI) in the last half of 2004 and ending on December 31, 2004.

The NDCI National Survey instrument was sent to a Primary Point of Contact (PPC) in each state² in July 2004. To this end, each respective state identified for NDCI either the person responsible for tracking state drug court activity or the person most familiar with the state's drug court operations. The representative organizations ranged from the State Supreme Court (e.g., Louisiana), the Administrative Office of the Courts (e.g., Missouri, California), the Governor's Office (e.g., Texas), the Single State Agency for Alcohol and Drug Services (e.g., Oklahoma) or independent state commissions (e.g., Maryland). In those instances in which a state did not have a designated statewide drug court coordinator or director, the state Drug Court Association or Congress of State Drug Court Associations was asked to identify a PPC.

In addition to forwarding the survey instrument to an identified state drug court PPC, NDCI also courtesy-copied the survey instrument to, on average, 2 additional officials in each state, totaling 168 surveyors nationwide. These included the president of the state drug court association, designated members of the Congress of State Drug Courts Associations, National Association of Drug Court Professionals (NADCP) Board Members, and other individuals possessing comprehensive knowledge regarding drug court and other problem solving court activities in their state. Once NDCI received the completed survey from the PPC, the data were compiled and forwarded back to the PPC and other surveyors for final confirmation to ensure a thorough and accurate snapshot of the number and type of operational drug courts and other problem solving court programs in the United States as of the concluding date of the survey.

Specific to this volume and in addition to reporting the type and aggregate number of operational drug courts and other problem solving court programs throughout the United States, sections are dedicated to major drug court research scholarship since the release of Volume I, as well as state-specific drug court legislation and the amount of each state's appropriation supporting such court programs (Table V). This year's report also provides key information about drug court models, populations, and capacity, as well as the number of confirmed drug-free babies born to active female drug court participants in 2004. Finally, a new feature found in this volume includes a list of national organizations serving as a resource to the drug and other problem solving court field.

Timeline of Drug Courts and Other Problem Solving Courts in the United States



Figure 1

Drug Courts: A National Phenomenon

“Drug courts are one of the most significant criminal-justice system initiatives in the past 20 years,” according to John Walters, Director of the Office of National Drug Control Policy (Walters, 2005). As demonstrated by the timeline on page 1, drug courts have grown exponentially, quickly becoming a national phenomenon. Drug courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law

There were 1,621 drug court operations in the United States (Table I).

enforcement, treatment, mental health, social services, and child protection services to actively and forcefully intervene and break the cycle of substance abuse, addiction, and crime. As an alternative to less effective interventions, drug courts quickly identify substance abusing offenders and place them under strict court monitoring and community supervision, coupled with effective, long-term treatment services (Huddleston, Freeman-Wilson, & Boone, 2004).

In this blending of systems, the drug court participant undergoes an intensive regimen of substance abuse and mental health treatment, case management, drug testing, and probation supervision while reporting to regularly scheduled status hearings before a judge with specialized expertise in the drug court model (Fox & Huddleston, 2003). In addition, drug courts may provide job skills training, family or group counseling, and many other life-skill enhancement services.

No other justice intervention brings to bear such an intensive response with such dramatic results—results that have been well documented through the rigors of scientific analysis. From the earliest evaluations, researchers have determined that drug courts provide “closer, more comprehensive supervision and much more frequent drug testing and monitoring during the program than other forms of community supervision. More importantly, drug use and criminal behavior are substantially reduced while offenders are participating in drug court” (Belenko, 1998; 2001). To put it bluntly, “we know that drug courts outperform virtually all other strategies that have been attempted for drug-involved offenders...” (Marlowe, DeMatteo, & Festinger, 2003).

As of December 31, 2004, there were 1,621 drug court operations in the United States (Table I). Remarkably, the growth does not appear to be slowing down. Currently, 215 jurisdictional teams are formally planning a drug court (Pierre, 2005), and another 263 jurisdictions submitted applications to the

Bureau of Justice Assistance (BJA), U.S. Department of Justice in response to the 2005 Drug Court Discretionary Grant solicitation (Mankin, 2005). In total, the number of

The number of operational drug courts has increased by 37 percent in the past year alone.

Table I

Operational Drug Court Programs in the United States	
Year	To Date ³
1989	1
1990	1
1991	5
1992	10
1993	19
1994	40
1995	75
1996	139
1997	230
1998	347
1999	472
2000	665
2001	847
2002	1,048
2003	1,183
2004	1,621 ⁴

operational drug courts has increased by **More than 16,200 participants graduated from drug court in 2004.** 37 percent in the past year alone (Table II and Table III). It is clear that drug court and drug court principles are becoming institutionalized as a way of doing business in the courts.

Now numbering 811, adult drug courts comprise the majority of operational problem solving court programs in the United States (Table III and Figure II). However, unlike the first generation of adult drug court programs, which **69 percent of adult drug courts today have a probationary or post plea condition.** tended to be diversionary or pre-plea models, 69 percent of adult drug courts today have a

probationary or post plea condition, suggesting that drug courts are working more often with a higher-risk offender population. This trend seems quite appropriate in light of research conducted by the Treatment Research Institute at the University of Pennsylvania, which concluded that high-risk clients who have more serious antisocial propensities or drug-use histories performed substantially better in drug court when they were required to attend frequent status hearings before the judge (Marlowe, Festinger, & Lee, 2004).

Combined, new DWI and reentry drug courts represent almost a 200 percent increase from December, 2003.

The increase in probationary or post-plea drug courts can also be explained by the fact that increasing numbers of drug courts are treating target populations that require a post-conviction probationary sentence. This is especially true for drug courts that accept impaired drivers or offenders who are being released from jail or prison custody. Combined, new DWI and reentry drug courts represent almost a 200 percent increase from December, 2003.

Table II

Drug Court Types by Year		
	12/31/03	12/31/04
Adult:	666	811
Juvenile:	268	357
Family:	112	153
DWI:	42	176
Reentry:	42	68
Tribal:	52	54
Campus:	1	1
Total	1,183	1,621

Table III

Number & Type of Operational Drug Court Programs in the United States (December 2004)⁺

	Total Drug Courts				Federal Judicial District				Total Drug Courts				Federal Judicial District										
	Adult	Post-Plea	Juvenile	Family	Tribal*	DWI	Designated DWI	Hybrid DWI	Campus	Reentry Drug Court	Federal Judicial District	Adult	Post-Plea	Juvenile	Family	Tribal*	DWI	Designated DWI	Hybrid DWI	Campus	Reentry Drug Courts	Federal Judicial District	
Alabama	18	15	0	1	1	1	0	0	0	0	0	9	4	4	1	4	0	0	1	1	0	0	0
Alaska	12	5	0	0	1	1	5	3	2	0	0	24	6	6	0	4	3	4	5	5	0	0	2
Arizona	39	8	6	2	12	3	3	0	0	0	0	7	0	0	0	5	0	0	2	2	0	0	0
Arkansas	26	25	23	2	1	0	0	0	0	0	0	20	15	15	0	4	1	0	0	0	0	0	0
California	158	91	57	8	39	22	0	4	0	2	0	33	6	6	6	13	3	5	6	6	0	0	0
Colorado	18	8	0	0	6	1	2	0	0	1	0	165	79	79	0	5	28	0	51	0	51	0	1
Connecticut	3	3	3	0	0	0	0	0	0	0	0	25	15	14	5	5	2	1	2	2	0	0	0
Delaware	14	9	3	6	3	0	0	0	0	2	0	7	2	2	0	3	0	2	0	0	0	0	0
D.C.	5	2	1	1	1	0	1	0	1	0	0	61	27	-	-	19	12	0	3	3	0	0	0
Florida	90	42	24	27	28	17	0	1	1	0	2	47	31	31	0	10	2	3	1	1	0	0	0
Georgia	29	18	4	14	6	1	0	4	4	0	0	28	16	16	16	6	2	0	4	2	2	0	0
Guam	2	1	0	1	1	0	0	0	0	0	0	15	8	5	3	3	0	0	2	2	0	0	2
Hawaii	10	4	4	4	1	0	0	0	0	1	0	7	7	-	-	-	0	-	-	-	-	-	0
Idaho	40	22	22	0	10	1	1	6	2	4	0	7	1	0	1	4	1	0	0	0	0	0	1
Illinois	38	17	0	0	3	0	0	1	1	0	17	27	12	0	0	12	3	0	-	-	-	-	0
Indiana	18	12	1	11	4	0	0	1	0	1	0	4	0	0	0	0	4	0	0	0	0	0	0
Iowa	11	6	-	-	3	1	0	0	0	0	1	53	36	35	1	13	1	0	3	3	0	0	0
Kansas	4	1	0	1	2	0	1	0	0	0	0	41	24	17	12	6	3	1	3	0	3	0	4
Kentucky	43	30	30	30	11	2	0	0	0	0	0	25	12	5	8	5	6	0	2	0	2	0	0
Louisiana	39	24	23	1	15	0	0	0	0	0	0	3	2	1	1	0	1	0	0	0	0	0	0
Maine	14	5	5	0	6	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maryland	18	7	7	0	9	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Massachusetts	30	17	17	0	5	0	0	1	0	1	0	26	14	14	0	8	3	0	1	1	0	0	0
Michigan	67	25	-	-	14	5	2	21	-	-	0	35	13	1	12	10	6	5	1	1	0	0	0
Minnesota	7	5	4	5	2	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0
Mississippi	12	9	8	2	2	0	0	1	0	1	0	6	3	3	2	1	0	2	0	0	0	0	0
Missouri	124	53	35	23	18	10	0	19	2	17	0	43	12	12	6	8	2	1	20	20	0	0	0
Montana	13	2	0	2	2	4	4	1	0	1	0	1,621	811	558	214	357	153	54	176	90	86	1	68

⁺2004 tribal data was derived from the American University Drug Court Clearinghouse and Technical Assistance Project. (2004, November 9). *Summary of drug court activity by state and county*. Washington, DC: Author.

Total of 1,621 Operational Drug Courts in the United States (December 2004)⁵

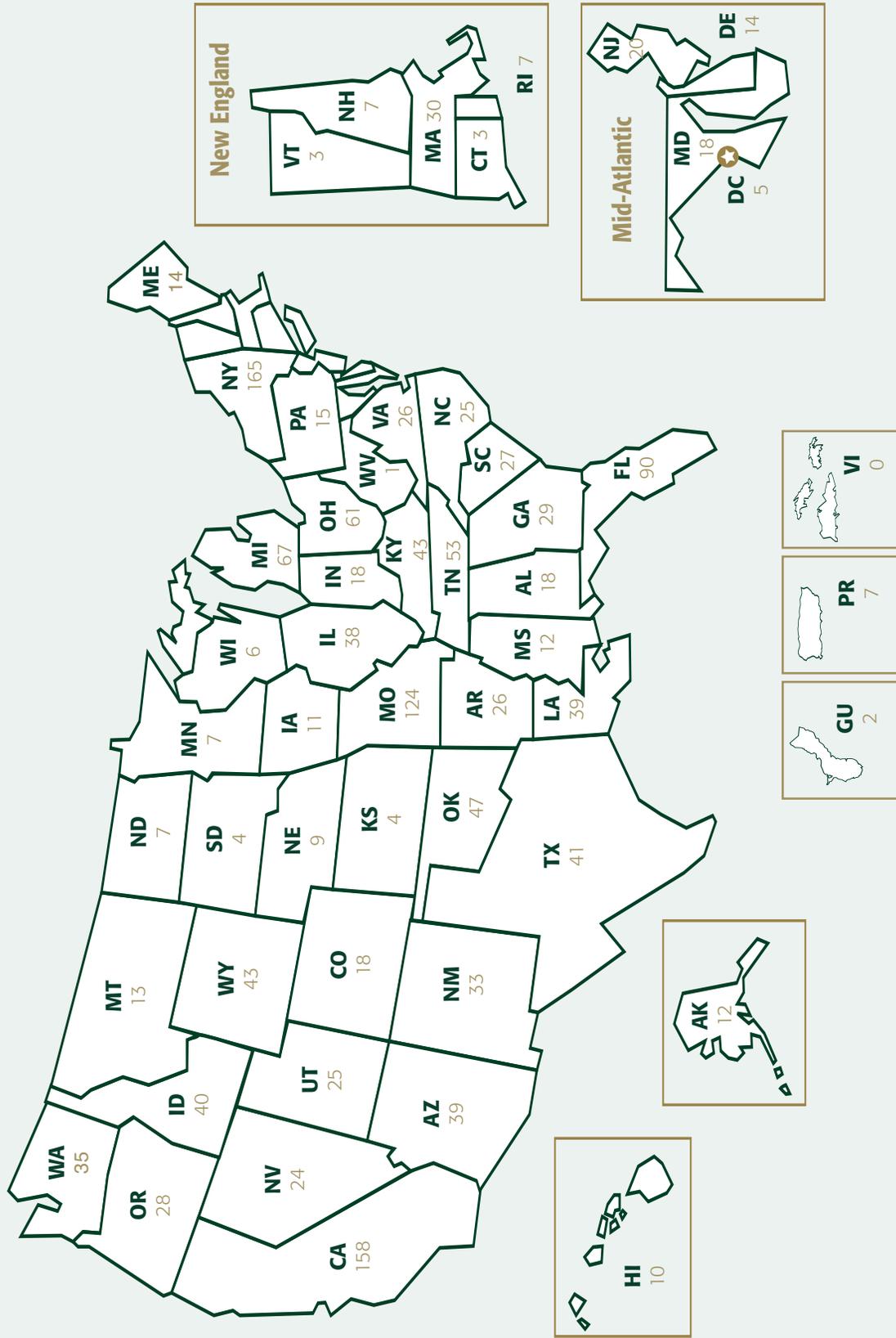
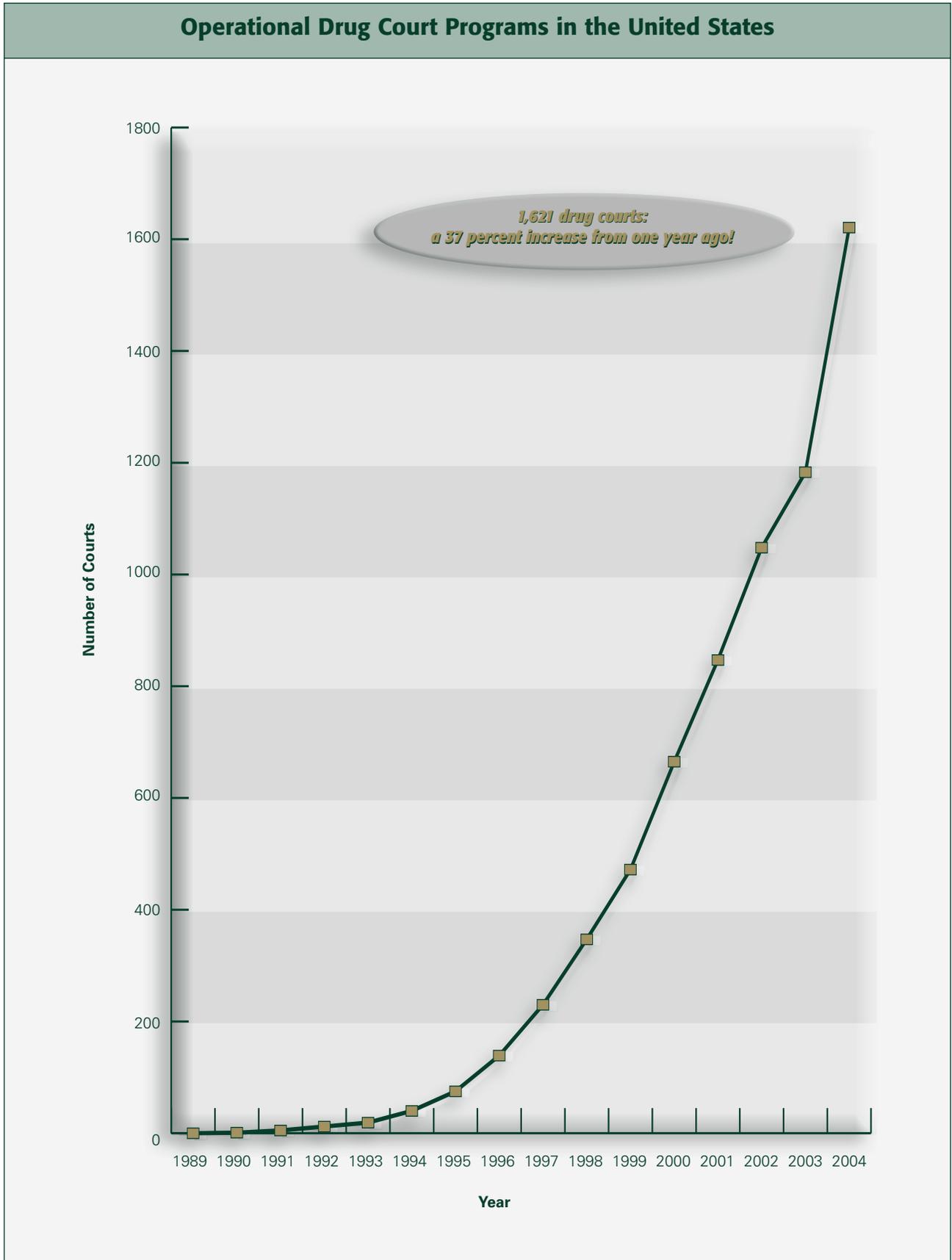


Figure II

Figure III



Drug Court Capacity

Certainly such an increase in drug courts suggests that the need for real solutions to

More than 70,000 drug court clients are being served at any given time throughout the United States.

issues such as substance abuse, child abuse and neglect, and driving under the influence is being met. In fact, more than 70,000 drug court clients are being served at any given time,

throughout the United States and its territories.⁷ In addition, more than 16,200 participants graduated from drug court in 2004.⁸ Given that only approximately two-thirds of the jurisdictions provided usable data on these items, the actual number of clients being served by drug courts nationally is certainly higher.

Implementing new drug courts is undoubtedly one way to expand capacity and reach more

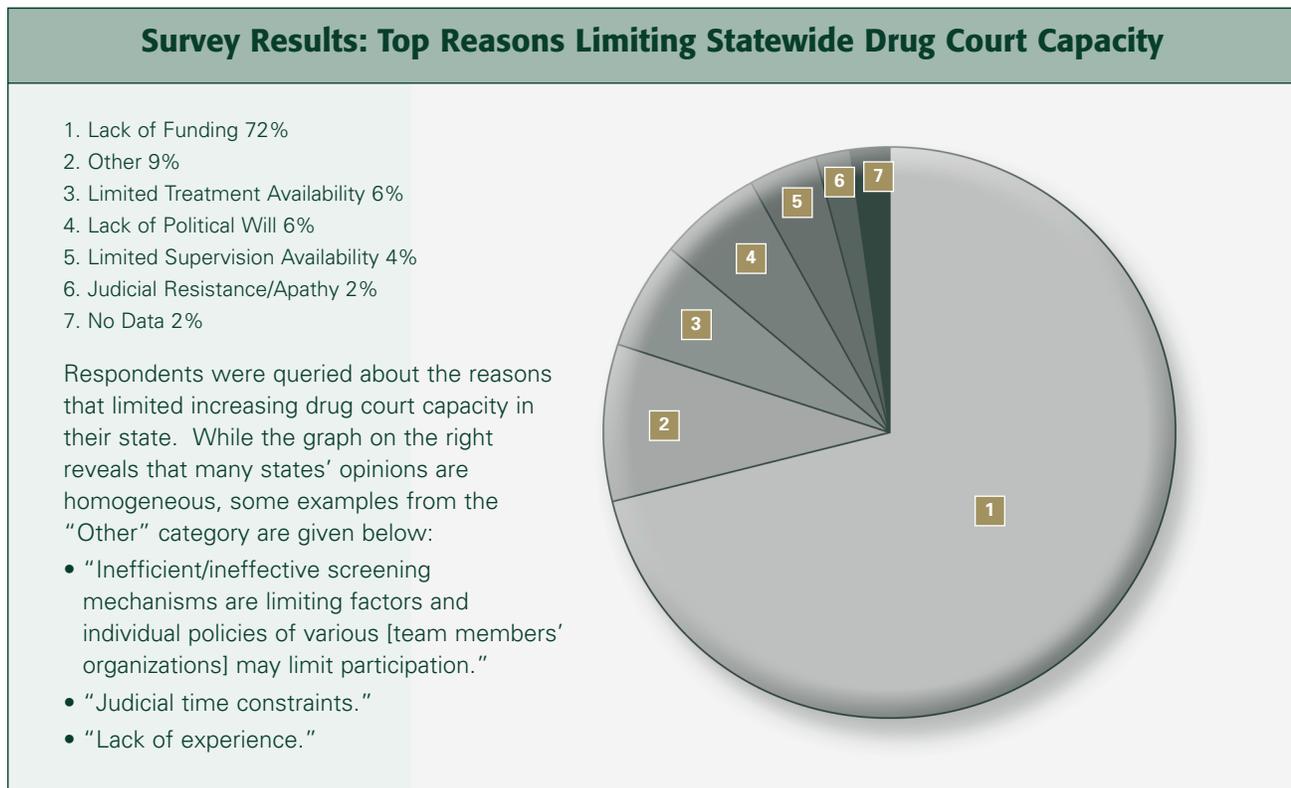
Table IV

Drug Court Systems: Taking the Model To Scale	
These four cities together represent more than 8,000 active drug court participants in the U.S.	
Minneapolis, MN	– 3,600
Ft. Lauderdale, FL	– 2,600
Santa Clara, CA	– 1,300
Buffalo, NY	– 650

people in need. However, starting new courts is only part of the answer. To truly reduce a given community's crime and substance abuse problem, each drug court may have to expand its capacity to achieve its full impact.

Many drug courts throughout the nation have overcome capacity barriers by expanding their

Figure IV



eligibility criteria, accepting larger numbers of offenders, or in some cases serving all offenders who have a substance abuse-related problem. As Table IV demonstrates, several of these drug courts have taken the model “to scale” to serve significant numbers of drug offenders in their communities.

Such drug courts have successfully overcome the typical barriers that limit program

72 percent of responding jurisdictions reported that a lack of funding was their biggest issue.

population expansion. These barriers commonly include a lack of sufficient funding, limited availability of treatment or supervisory services, or insufficient political will.

Other courts, however, have experienced trouble even reaching full capacity once operational. This is oftentimes due to limiting factors outside the control of the court. Generally such factors include limited or absent key services necessary to serve the needs of the target population of participants. With two-thirds of states reporting, current drug court capacity rests at 87 percent.

When surveyed about the biggest impediments to increasing their drug court capacity, 72 percent of responding jurisdictions reported that a lack of funding was their biggest issue (Figure IV).

Drug Courts: New Evidence

In February 2005, the U.S. Government Accountability Office (GAO) published an extensive review of drug court research, which concluded that most adult drug court programs evidenced:

- Lower rearrest and conviction rates for drug court participants than comparison group members.
- Fewer recidivism events for drug court participants than comparison group members.
- Recidivism reductions for participants who had committed various categories of offenses.

- Recidivism reductions that were maintained for substantial intervals of time after the participants had completed the drug court program.
- Positive cost/benefit/ratio for the drug court participants.

GAO also provided some opportunities for advancement in the drug court field. Implicit in the GAO’s analysis is a mandate to improve the quality of local drug court research to such levels that a more exhaustive national examination can be performed. Echoing an earlier commentary from online substance abuse policy organization, JOIN Together, GAO concluded that while the review may have established the efficacy of drug courts, exactly what about drug courts work is still open to question (Marlowe, 2004). Having discovered a successful model for rebuilding lives, the research community must fine-tune the approach through investigation of its constituent components. “To the extent that research can help discern best practices for drug courts, the models for effective programs can be enhanced” (GAO, 2005).

In most of the evaluations reviewed [by the GAO], adult drug court programs led to statistically significant reductions in recidivism.

Drug-Free Babies

Alcohol consumption during pregnancy is the leading known cause of birth defects. Fetal Alcohol Spectrum Disorders (FASD) may include stunted growth, facial deformities, small head circumference, mental retardation, and behavior abnormalities (e.g., Merck Research Laboratory, 2005). Consumption of illicit drugs during pregnancy, particularly cocaine and opioids, is highly associated with complications during delivery and can lead to serious consequences for the developing fetus or newborn (e.g., Lester et al., 2003). In addition to increasing the risk of infections that can be transmitted from mother to fetus,

such as hepatitis or sexually transmitted diseases, most illicit drugs readily cross the placenta and can constrict blood flow and oxygen supply to the fetus. Newborns may

During 2004, a total of 460 drug-free babies were born to active female drug court clients.

be physiologically addicted to drugs and may suffer withdrawal symptoms during their earliest hours or days of life (e.g., Vidaeff & Mastrobattista, 2003).

Such newborns tend to interact less with other people, may be hyperactive, tremble uncontrollably, or exhibit learning deficits that can continue through 5 years of age or later. Behavioral and learning problems may first emerge in children who were exposed to cannabis in utero when they are over 4 years old (e.g., Merck Research Laboratory, 2005).

The added costs to society of caring for drug-exposed babies can be exceptional. Cost estimates vary considerably depending upon the level of care the child receives and may not always be proportional to the degree of damage suffered. Speaking generally, the additional medical costs associated with the delivery of a drug-exposed baby are estimated to range from approximately \$1,500 to \$25,000 per day (e.g., Cooper, 2004). Sadly, seriously drug-exposed newborns may have shortened life expectancies, which paradoxically could cost society proportionately less in medical expenses (but with an incalculably greater cost in human tragedy). Neonatal intensive care expenses can range from \$25,000 to \$35,000 for the care of low birth-weight newborns and may reach \$250,000 over the course of the first year of life (Office of Justice Programs, 1997). Continuous care expenses through the age of 18 years for the developmentally delayed child can be as high as \$750,000 (Janovsky & Kalotra, 2003).

In the *Painting the Current Picture* survey, 60 percent of respondents (32 states) provided usable data on confirmed births of drug-free babies to their drug court participants. During the preceding 12 months, a total of 460 drug-free babies were reported to have been born to active female drug court clients. Respondents

were instructed that this number should refer only to births from active female participants in their programs; therefore, it does not include drug-free children born to male participants or to program graduates. As such, it could substantially underestimate the impact of drug courts

“Drug court and problem solving court principles and methods have demonstrated great success in addressing certain complex social problems...”
(CCJ & COSCA, 2004).

and other problem solving courts on all drug-free deliveries. Especially given a 60 percent response rate, the actual number of drug-free deliveries can be expected to be appreciably higher.⁹

Problem Solving Courts: Emerging Permutations

In 2004, the Conference of Chief Justices (CCJ) and the Conference of State Court Administrators (COSCA) passed a new national joint resolution committing all 50 State Chief Justices and State Court Administrators to “take steps, nationally and locally, to expand and better integrate the principles and methods of well-functioning drug courts into ongoing court operations.” Among other strongly positive statements, the national CCJ/COSCA joint resolution declared that “drug court and problem solving court principles and methods have demonstrated great success in addressing certain complex social problems, such as recidivism, that are not effectively addressed by the traditional legal process” (CCJ & COSCA, 2004).¹⁰

Figure V

Keeping the Fidelity of the Drug Court Model

Defining Drug Courts: The Key Components

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

(NADCP, 1997).

models may adhere to each of the ten Key Components, the parentage of most problem solving court models can be traced to these principles and practices (Figure V).

As the literature on the drug court model continues to demonstrate its effectiveness on the offender and the justice system at large, many jurisdictions have implemented a number of problem solving courts designed to address other problems that emerge in the traditional court system. Often modeled after drug courts, problem solving courts seek to address social issues such as mental illness, homelessness, domestic violence, prostitution, parole violation, quality of life, and community reentry from custody.¹¹ Recently, several new problem solving courts have emerged, expanding the model to new populations; two such permutations are truancy courts and gambling courts. Currently, there are 937 problem solving courts other than drug courts in operation. Taken together, there are 2,558 total problem solving courts in the U.S.

There are 2,558 total problem solving courts in the U.S.

Definitions of Problem Solving Courts

Using the scientific and scholastic literature available, as well as interviews with key court professionals and scholars, NDCI presents the definitive descriptions for many of the problem solving courts discussed throughout this publication.

• **Adult Drug Court:** A specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders and to increase the offender's likelihood of successful rehabilitation through early, continuous, and intense

The publication *Defining Drug Courts: The Key Components* (NADCP, 1997) is the point of origin for those who would understand what CCJ/COSCA refers to as the “principles and methods of well functioning [adult] drug courts. Although not all problem solving court

judicially supervised treatment, mandatory periodic drug testing, community supervision and use of appropriate sanctions, and other rehabilitation services (BJA, 2003).

• **Campus Drug Courts:** (“Back on TRAC”— Treatment, Responsibility, and Accountability on Campus) are quasi-judicial drug court programs, within the construct of a university disciplinary process, that focus on students with substance abuse-related disciplinary cases that would otherwise result in expulsion from college. Similar to traditional drug courts, campus drug courts provide structured accountability while simultaneously rehabilitating the student. The overarching goal of the campus drug court is to decrease substance abuse involvement in a group not normally reached by the traditional interventions on campus. This is achieved through a collaborative systems model designed to encourage the student to make the necessary lifestyle changes that will contribute to their success, not only as a student, but also in their lives after they graduate from school (Asmus, 2002).

• **Community Court:** Community courts bring the court and community closer by locating the court within the community where “quality of life crimes” are committed (e.g., petty theft, turnstile jumping, and vandalism). With community boards and the local police as partners, community courts have the bifurcated goal of addressing the problems of defendants appearing before the court, while using the leverage of the court to encourage offenders to “give back” to the community in compensation for damage they and others have caused (Lee, 2000).

• **Domestic Violence Court:** A felony domestic violence court is designed to address traditional problems of domestic violence, such as low reports, withdrawn charges, threats to victim, lack of defendant accountability, and high recidivism, by intense judicial scrutiny of the defendant and close

cooperation between the judiciary and social services. A permanent judge works with the prosecution, assigned victim advocates, social services, and the defense to: ensure physical separation between the victim and all forms of intimidation from the defendant or his or her family throughout the entirety of the judicial process; provide the victim with the housing and job training he or she needs to begin an independent existence from the offender (Mazur and Aldrich, 2003); and continuously monitor the defendant in terms of compliance with protective orders and substance abuse treatment (Winick, 2000). Additionally, a case manager ascertains the victim’s needs and monitors cooperation by the defendant; and close collaboration with defense counsel ensures compliance with due process safeguards and protects the defendant’s rights.

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

• **DWI Court:** A DWI court is a distinct court system dedicated to changing the behavior of the alcohol/drug dependent offender arrested for Driving While Impaired (DWI). The goal of the DWI court is to protect public safety by using the drug court model to address the root cause of impaired driving: alcohol and other substance abuse. Variants of DWI courts include drug courts that also take DWI offenders, which are commonly referred to as “hybrid” DWI courts or DWI/drug courts.

The DWI court utilizes all criminal justice stakeholders (prosecutors, defense attorneys, probation, law enforcement, and others) along with alcohol or drug treatment professionals. This group of professionals comprises a “DWI

Court Team,” and uses a cooperative approach to systematically change participant behavior. This approach includes identification and referral of participants early in the legal process to a full continuum of drug or alcohol treatment and other rehabilitative services. Compliance with treatment and other court-mandated requirements is verified by frequent alcohol/drug testing, close community supervision, and interaction with the judge in non-adversarial court review hearings. During these review hearings, the judge employs a science-based response to participant compliance (or non-compliance) in an effort to further the team’s goal to encourage pro-social, sober behaviors that will prevent DWI recidivism (Loeffler & Huddleston, 2003).

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

- **Gambling Court:** Operating under the same protocols and guidelines utilized within the drug court model, gambling courts intervene in a therapeutic fashion as a result of pending criminal charges with those individuals who are suffering from a pathological or compulsive gambling disorder. Participants enroll in a contract-based, judicially supervised gambling recovery program and

are exposed to an array of services including Gamblers Anonymous (GA), extensive psychotherapeutic intervention, debt counseling, group and one-on-one counseling and, if necessary, due to the high rates of comorbidity, drug or alcohol treatment within a drug court setting. Participation by family members or domestic partners is encouraged through direct participation in counseling with offenders and the availability of support programs such as Gamblers Anonymous (GA). Participants are subject to the same reporting and court response components as drug court participants (Farrell, 2005).

- **Gun Court:** Developed largely from the intensive supervision precepts espoused by the drug court model, gun courts are a response to the increasing problem of weapons offenses. Defendants charged with illegal possession of a firearm are assigned to a special docket for prompt adjudication and placed under intensive supervision by a judge, case manager, and probation for immediate response to violation of court orders and recidivists instead of incarceration. Conditions of the program include gun surrender and continued non-possession of firearms with targeted random home visits to ensure compliance; random drug testing; drug and alcohol treatment, as necessary; conflict resolution and anger management; and a mandatory gun education program. Defendants are required to make weekly contact with case manager and attend periodic court hearings to monitor progress (Prezenza, 2005).

- **Juvenile Drug Court:** A juvenile drug court is a docket within a juvenile court to which selected delinquency cases, and in some instances, status offenders, are referred for handling by a designated judge. The youth referred to this docket are identified as having problems with alcohol and/or other drugs. The juvenile drug court judge maintains close oversight of each case through regular status hearings with the parties involved. The judge

NEW

NEW

both leads and works as a member of a team that comprises representatives from treatment, juvenile justice, social and mental health services, school and vocational training programs, law enforcement, probation, the prosecution, and the defense. Over the course of a year or more, the team meets frequently (often weekly), determining how best to address the substance abuse and related problems of the youth and his or her family that have brought the youth into contact with the justice system (BJA, 2003).

- **Mental Health Court:** Modeled after drug courts and developed in response to the overrepresentation of people with mental illness in the criminal justice system, mental health courts divert select defendants with mental illness into judicially supervised, community-based treatment. Currently, all mental health courts are voluntary. Defendants are invited to participate in the mental health court following a specialized screening and assessment, and they may choose to decline participation. For those who agree to the terms and conditions of community-based supervision, a team of court staff, social services, and mental health professionals works together to develop treatment plans and supervise participants in the community. Participants typically appear at regular status hearings where incentives are offered to reward adherence to court conditions, sanctions for non-adherence are handed down, and treatment plans and other conditions are periodically reviewed for appropriateness. Completion (sometimes called graduation) is defined according to specific criteria (Council of State Governments, 2005).

- **Reentry Drug Court:** Reentry drug courts utilize the drug court model, as defined in The Key Components, to facilitate the reintegration of drug-involved offenders into communities upon their release from local or state correctional facilities. These are distinct

from "reentry courts," which do not utilize the drug court model, but work with a similar population. The offender is involved in regular judicial monitoring, intensive treatment, community supervision, and regular drug testing. Reentry drug court participants are provided with specialized ancillary services needed for successful reentry into the community (Tauber & Huddleston, 1999).

- **Teen Court:** Teen court (also called peer court or youth court) is a program run by teens for teens, usually in conjunction with the offender's school. The underlying philosophy of these programs is that positive peer pressure will help youths be less likely to reoffend and that youths are more receptive to consequences handed down from their peers than those given by adults. Therefore, youths who commit minor offenses such as petty theft, possession of alcohol, disorderly conduct, or status offenses receive consequences for their behavior not from the juvenile court system but from a "jury" of their peers in teen court. Law enforcement officers, probation officers, teachers, and others may refer youths to these voluntary programs. To participate, youths must admit to having committed the offense and the teen juries deliberate primarily on dispositional issues, handing down "sentences" ranging from community service to apologies, jury duty, essays, and educational workshops. In most situations, successful completion of the program means that the youth will not have a juvenile record or, in the case of a school referral, the juvenile will avoid school suspension or expulsion (Vickers, 2004).

- **Tribal Healing to Wellness Court:** A Tribal Healing to Wellness Court is not simply a tribal court that handles alcohol or other drug abuse cases. It is, rather, a component of the tribal justice system that incorporates and adapts the wellness court concept to meet the specific substance abuse needs of each tribal

community. It therefore provides an opportunity for each Native community to address the devastation of alcohol or other drug abuse by establishing more structure and a higher level of accountability for these cases and offenders through a system of comprehensive supervision, drug testing, treatment services, immediate sanctions and incentives, team-based case management, and community support (Tribal Law & Policy Institute, 2003). This non-adversarial community-based system encompasses traditional Native problem-solving methods and restores the person to their rightful place as a contributing member of the tribal community. Tribal Healing to Wellness Courts utilize the unique strengths and history of each tribe and realigns existing resources available to the community in an atmosphere of communication, cooperation, collaboration and healing (Lovell, 2005).

NEW

- **Truancy Court:** Rather than employing the traditional punitive approach to truancy, truancy courts are designed to assist a child in overcoming the underlying causes of truancy in his or her life by reinforcing education through efforts from the school, courts, mental health providers, families, and the community. Guidance counselors submit reports on the child’s weekly progress throughout the school year, which the court uses to enable special testing, counseling, or other necessary services as required. Truancy court is often held on the school grounds and results in the ultimate dismissal of truancy petitions if the child can be helped to attend school regularly (National Truancy Prevention Association, 2005).

Drug Court Legislation and State Appropriations

Variations in individual state governments determine whether or not enabling or authorizing legislation is necessary for drug court implementation and operation. Some states have passed legislation specifically defining what drug courts are or specifying certain critical elements of the drug court structure (for example, defining eligibility criteria). Other states have passed legislation to create funding mechanisms for drug courts, such as special fines, fees, or assessments. However, many states with thriving drug court programs have not seen a need to pass legislation to implement, define, or fund their drug court programs.

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

Table V

Drug Court Legislation & State Appropriations			
State	Bill Number	None	Appropriations
Alabama		X	
Alaska	HB 172 (2001); HB 4 (2002); HB 451 (2004); HB 342 (2004)		\$486,900
Arizona	(Pending) ARS §13-3422; 42-6109		
Arkansas	Act 1266 2003		\$884,000
California	Health & Safety Code 11970.1-11970.4		\$21 million
Colorado	CRS 16-11-214 18-1.3-103(5)		\$1,057,341
Connecticut	HB6137		\$1,113,477
Delaware		X	
District of Columbia		X	
Florida	FS 397.334		\$22,480,263
Georgia		X	\$450,000
Guam	Bill No. PL26-125		\$214,000
Hawaii		X	\$2,614,571
Idaho	Chapter 56, Title 19, Idaho Code		\$2,660,000
Illinois	Adult- 730 ILCS 1661; JV- 705 ILCS 4101; Reentry- SB 2654		
Indiana	IC 12-23-14.5, (enacted July 1, 2002, amended July 1, 2004)		
Iowa		X	
Kansas		X	\$200,000-300,000
Kentucky		X	\$2,286,700
Louisiana	LSA-RS 13:5301 et seq.		\$11,829,890
Maine	L.D. 2014 Sec. 1. 4MRSA 421, 422, 423 Chapter 8		\$1,850,000
Maryland		X	\$1 million
Massachusetts		X	
Michigan	SB 998, PA 224		\$2,535,000
Minnesota		X	\$1.4 million
Mississippi	MSCODE 9-23-1 through 9-23-23; (Pending) Reg. Session SB2892		\$4.5 million
Missouri	Section 478.001-478.009 RSMo		\$1.6 million
Montana		X	
Nebraska	Bill No. LB454		
Nevada	Assembly Bill 29		\$6,326,241
New Hampshire		X	
New Jersey	L.2001, C. 243		\$27 million
New Mexico		X	\$5.3 million
New York		X	\$9.4 million
North Carolina	NC §Chapter 7A-791		\$1,062,476.75
North Dakota		X	\$60,000
Ohio		X	
Oklahoma	Title 22 Section 471 et seq.		\$3,960,000
Oregon	HB 3363		
Pennsylvania		X	
Puerto Rico		X	
Rhode Island		X	\$1,775,000
South Carolina	Session 114 H3632		\$300,000
South Dakota		X	
Tennessee	TCA 16-22-101 to 113 Drug Court Treatment Act of 2003		\$80,000
Texas	H.B.1287 (2001); H.B. 2668 (2003)		\$750,000
Utah	Bill S.B. 281, 200 General Session		\$2,025,180
Vermont	Bill No. 128		\$300,000
Virgin Islands		X	
Virginia	House Bill 1430 2004 General Assembly		\$520,000
Washington	RCW 2.28.170 Drug courts		\$5.3 million
West Virginia	WV Code 61-11-22(f)(1)-(5)		
Wisconsin		X	
Wyoming	Wyoming State Ann. Sections 5-10-101 et seq.		\$3.2 million

Total of 2,558 Operational Problem Solving Courts in the United States (December 2004)¹³

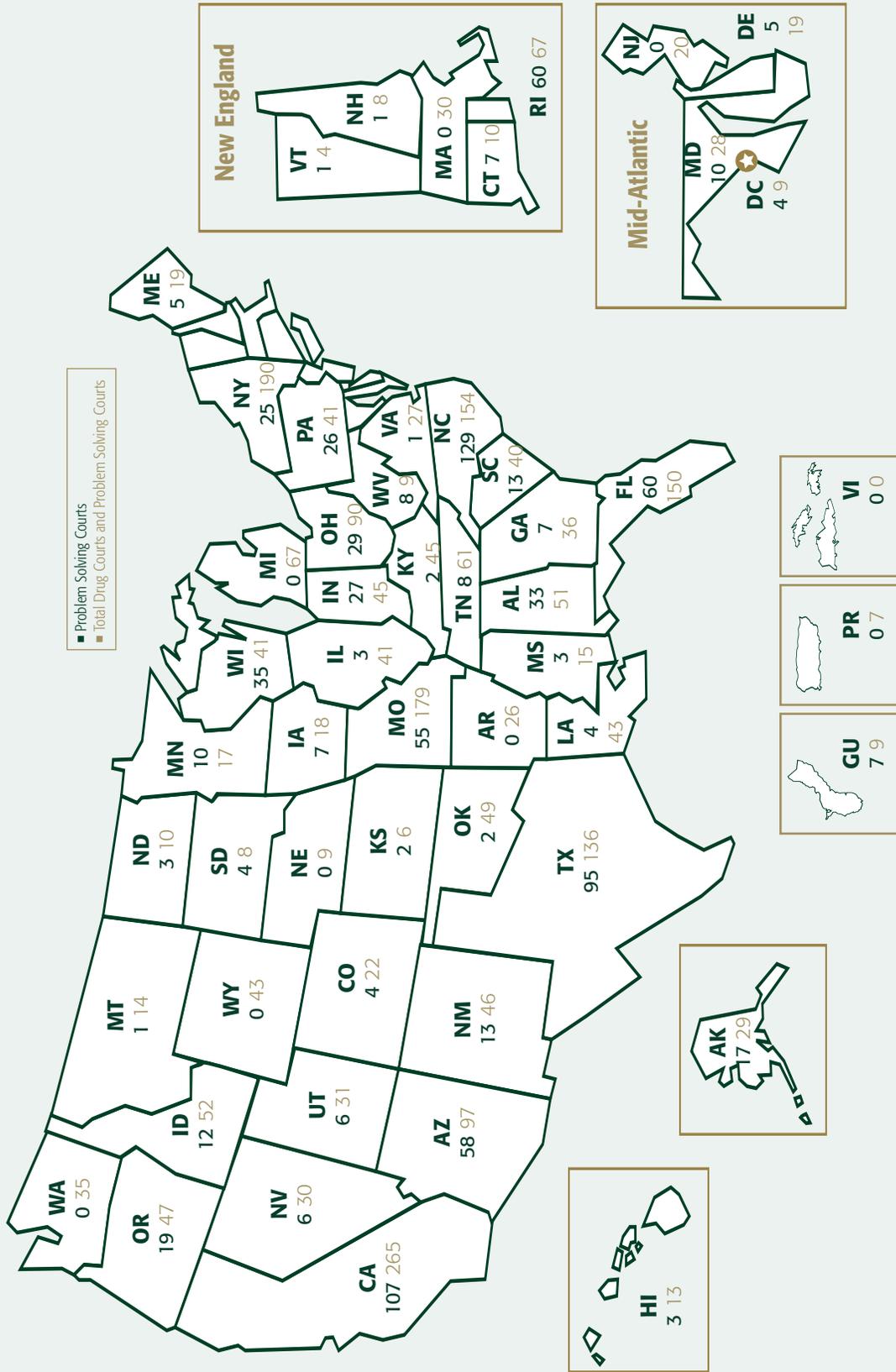


Figure VI

Table VII

Primary State Points of Contact and Survey Respondants			
State	Name	Phone	Email
Alabama	Foster Cook	205-917-3784	fcook@beapsy1.his.uab.edu
Alaska	Robyn Johnson	907-264-8250	rajohnson@courts.state.ak.us
Arizona	Theresa Barrett	602-542-9364	tbarrett@supreme.sp.state.az.us
Arkansas	John Millar	501-682-9400	john.millar@arkansas.gov
California	Nancy Taylor	415-865-7607	nancy.taylor@jud.ca.gov
Colorado	Dee Colombini	970-498-5872	dee.colombini@judicial.state.co.us
Connecticut	Maureen Derbacher	203-789-6404	maureen.derbacher@jud.state.ct.us
Delaware	Susan McLaughlin	302-577-2711	susan.mclaughlin@state.de.us
District of Columbia	Eric Holder	202-220-5528	eric.holder@csosa.gov
Florida	Michael McElroy	850-414-1507	mcelroy@mflcourts.org
Georgia	Michael Kendrick	404-463-4155	kendricm@gaoc.us
Guam	Lisa Baza/Jeanette Quintanilla	671-475-3361	lvbaza@mail.justice.gov.gu
Hawaii	Janice Bennett	808-599-3700	Janice.S.Bennett@courts.state.hi.us
Idaho	Norma D. Jaeger	208-947-7406	njaeger@isc.state.id.us
Illinois	Dave Gasperin	217-785-7784	dgasperin@court.state.il.us
Indiana	Mary Kay Hudson	317-234-2620	mkhudson@courts.state.in.us
Iowa	2003 survey data	N/A	N/A
Kansas	Don Noland	620-724-6213	distctgirks@ckt.net
Kentucky	Connie M. Payne	502-573-2350	ConniePayne@MAIL.AOC.STATE.KY.US
Louisiana	Jamie Pena/Scott Griffith	504-599-0297	jpena@lajao.org
Maine	John Richardson	207-287-4021	Hartwell.Dowling@maine.gov
Maryland	Gray Barton	410-946-4908	gray.barton@courts.state.md.us
Massachusetts	Robert P. Ziemian	617-268-8305	ziemian_r@jud.state.ma.us
Michigan	Phyllis Zold Kilbourne	517-353-5596	zoldp@courts.mi.gov
Minnesota	Dan Griffin	651-215-9468	Dan.Griffin@courts.state.mn.us
Mississippi	Joey Craft	601-354-7408	jcrafft@mssc.state.ms.us
Missouri	Ann Wilson	573-526-8848	ann.wilson@courts.mo.gov
Montana	Sherri D. Rafter	406-841-2970	srafter@state.mt.us
Nebraska	Jerry Watson	308-385-5208	jerryw@hcgi.org
Nevada	Bill Gang	702-486-3232	bgang@nvcourts.state.nv.us
New Hampshire	Ray Bilodeau	603-536-3326	rbilodeau@courts.state.nh.us
New Jersey	Carol Venditto	609-292-3488	carol.venditto@judiciary.state.nj.us
New Mexico	Peter Bochert	505-827-4834	aocpwb@nmcourts.com
New York	Ann K. Bader	212-428-2111	abader@courts.state.ny.us
North Carolina	Amy E Hargraves-Smith	919-571-4129	Amy.H.Smith@nccourts.org
North Dakota	Marilyn Moe	701-250-2198	MMoe@ndcourts.com
Ohio	Melissa Knopp	614-387-9427	knoppm@sconet.state.oh.us
Oklahoma	Brian Karnes	405-522-3870	BKarnes@odmhsas.org
Oregon	Christopher J. Hamilton	503-986-7019	christopher.j.hamilton@ojd.state.or.us
Pennsylvania	Robert J. Galarly	412-350-5043	robert.galarly@court.allegheeny.pa.us
Puerto Rico	None Provided	N/A	N/A
Rhode Island	Linda Lynch, Ed Morrone	401-458-5026	llynch@courts.state.ri.us
South Carolina	Heidi Osburn ¹⁴	N/A	N/A
South Dakota	Keith Bonenberger	605-773-4873	keith.bonenberger@ujs.state.sd.us
Tennessee	Kara Sanders	615-253-5568	kara.sanders@state.tn.us
Texas	Colleen Benefield	512-475-2440	cbenefield@governor.state.tx.us
Utah	Brent Kelsey	801-538-4305	bkelsey@utah.gov
Vermont	Karen Gennette	802-786-5009	karen.gennette@state.vt.us
Virgin Islands	Glenda Lake	340-693-6408	gllake@tcourt.gov.vi
Virginia	Kathy L. Mays	804-786-7595	kmays@courts.state.va.us
Washington	Earl Long	360-407-1109	longea@dshs.wa.gov
West Virginia	Anonymous	N/A	N/A
Wisconsin	Dan Wassink	608-266-8861	dan.wassink@wicourts.gov
Wyoming	Heather Babbitt	307-777-6493	hbabbi1@state.wy.us

Resource Organizations

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

American Bar Association-Judicial Division DWI courts and other specialized courts
(go to www.abanet.org)

Center for Court Innovation Community courts, domestic violence courts, drug courts, and other problem solving courts (go to www.problem-solvingcourts.org)

Council of State Governments Mental health courts (go to www.consensusproject.org)

Family Justice Drug courts (go to www.familyjustice.org)

Justice Management Institute Community courts, drug courts (go to www.jmijustice.org)

Justice Programs Office of the School of Public Affairs at American University Drug courts
(go to www.spa.american.edu/justice/)

National Alliance for the Mentally Ill Mental Health Courts (go to www.nami.org)

National Association of Drug Court Professionals and the National Drug Court Institute
Adult drug courts, campus drug courts, DWI courts, family dependency treatment courts, reentry drug courts (go to www.nadpc.org or www.ndci.org)

National Center for State Courts Drug courts, DWI courts, and other problem solving courts (go to www.ncsconline.org)

National Council of Juvenile and Family Court Judges Juvenile drug courts
(go to www.ncjfcj.org)

National Mental Health Association Mental health courts (go to www.nmha.org)

National Treatment Accountability for Safer Communities Drug courts
(go to www.nationaltasc.org)

National Truancy Prevention Association Truancy courts
(go to www.truancypreventionassociation.com)

National Youth Court Center Teen courts (go to www.youthcourt.net)

Native American Alliance Foundation Native American healing to wellness courts
(go to www.native-alliance.org)

The National Judicial College Campus drug courts (Back on TRAC), DWI courts, mental health courts and other problem solving courts (go to www.judges.org)

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End Notes

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- ² The word “state” in this document represents all U.S. states, districts, and territories when used in this context.
- ³ All data, except for the years 1990, 2003, and 2004, were obtained from the Drug Court Activity Update: October 15, 2003 (American University, 2003, October 15). Data from 1990 were obtained from the Miami-Dade County, FL Adult Felony Drug Court (Koch, 2004); data from 2003 and 2004 were obtained from the National Survey of Drug Courts and Other Problem Solving Courts, National Drug Court Institute.
- ⁴ This figure represents the total number of adult drug courts, juvenile drug courts, family dependency treatment courts, DWI courts, reentry drug courts, tribal healing to wellness courts, campus drug courts, and federal district drug courts, and federal district drug courts.
- ⁵ NDCI received 2004 survey results from all states except Iowa. Therefore, in order to not artificially deflate the actual number of operational drug courts, 2003 survey data were used for Iowa.
- ⁶ NDCI received 2004 survey results from all states except Iowa. Therefore, in order to not artificially deflate the actual number of operational drug courts, 2003 survey data were used for Iowa.
- ⁷ 77 percent (41) of jurisdictions reporting as of December 31, 2004.
- ⁸ 74 percent (39) of jurisdictions reporting as of December 31, 2004.
- ⁹ An important caveat to this figure is that the total number of all births to drug court participants was not assessed; therefore, it is not possible to ascertain from these data the actual percentage of drug-free births.
- ¹⁰ Conference of Chief Justices/Conference of State Court Administrators, 2004.
- ¹¹ For a review of current problem solving court research, see “Just the (Unwieldy, Hard to Gather But Nonetheless Essential) Facts, Ma’am: What We Know and Don’t Know About Problem Solving Courts,” by Greg Berman and Anne Gulick, published in the *Fordham Urban Law Journal*, Vol. XXX, No. 3 (March 2003).
- ¹² NDCI received 2004 survey results from all states except Iowa. Therefore, in order to not artificially deflate the actual number of operational problem solving courts, 2003 survey data were used for Iowa.
- ¹³ NDCI received 2004 survey results from all states except Iowa. Therefore, in order to not artificially deflate the actual number of operational problem solving courts, 2003 survey data were used for Iowa.
- ¹⁴ At the printing of this publication, this correspondent is no longer employed in this position.



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