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Journal

Journal of Psychoactive Drugs, 36(3)

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Publication Date

2004-09-01

Peer reviewed

Perspectives on the Drug Court Model Across Systems: A Process Evaluation†

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Abstract—Drug courts have been in existence since 1989, yet few process evaluations have appeared in the literature to help inform the discussion about their effectiveness. This article reports findings from a process evaluation of a drug court program in San Mateo, California. The evaluation was designed to document the history of the program, to examine program strengths and areas of improvement, to assess the roles and relationships among the various agencies involved and to describe the impact of the drug court on the justice and drug treatment systems. Methods included review of available drug court program documents, interviews with key stakeholders, and focus groups with drug court participants. The main findings were: support for the continuation of drug court, enhanced collaboration among all agencies, and an increased awareness of the needs of substance-using clients in the criminal justice system. Potential lessons for other drug courts include the importance of building strong collaborations and maintaining good communication, recognizing competing interests in developing procedures for drug court, and considering changes in eligibility criteria as experience with the drug court model expands.

Keywords—criminal justice, drug court, evaluation, substance use

Prison and jail systems in the United States have seen rapid and continuing population increases in the past 20 years, largely attributable to the incarceration of drug-involved offenders. While the number of persons incarcerated for violent and nonviolent crimes increased

by 82% and 207% respectively between 1980 and 1997, the number incarcerated for drug offenses increased by more than 1000% (Schiraldi, Holman & Beatty 2000). The increased incarceration of drug-involved offenders was related to continuing high levels of drug use in the United States, and

†This work was funded by the San Mateo County Drug and Alcohol Services and supported by The National Institute on Drug Abuse San Francisco Treatment Research Center (P50 DA09253). The authors wish to thank the staffs of San Mateo County and the participants in the drug court that made this evaluation possible.

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to the development of harsher drug penalties (U.S. General Accounting Office 1997). Recognizing the policy limitations of incarceration, federal, state, and local jurisdictions responded to the problem by implementing alternatives such as deferred entry of judgment (drug diversion) programs, the attachment of conditions to pretrial release or probation in order to encourage drug treatment, and drug courts (Belenko 1998).

Drug court programs use the authority of the court to support participation in drug treatment, with the expectation that this will change drug-using behavior and decrease crime (U.S. General Accounting Office 1997). In "Defining Drug Courts: The Key Components," the general nature of drug court interventions were developed which include the integration of services, reliance on a nonadversarial approach, early entry into treatment, provision of a continuum of services, frequent monitoring, continued judicial involvement, and interdisciplinary coordination (Drug Courts Program Office 1997).

Since the initial drug court was started in Dade County, Florida, in 1989 (National Institute of Justice 1995), the number of new drug courts has grown dramatically. There were 140 drug courts nationwide in 1996 and over 275 jurisdictions had drug courts by 1998 (Belenko 1998; U.S. General Accounting Office 1997). There are currently 1,000 drug courts nationally (Deschenes et al. 2003).

While the number of drug courts has expanded rapidly, research investigating their effectiveness has grown more slowly. Deschenes and colleagues (2003) observed that many drug court evaluations were funded at the local level, or mandated as a requirement of receiving federal drug court implementation funds. These efforts tended to be modest in scope, and often limited to process evaluation. Much of the drug court evaluation research has never been published, except through research reviews or summaries, making such work relatively inaccessible to both academic and practitioner communities (Guydish et al. 2001; Belenko 1999). Of the approximately 100 program evaluation reports listed in the Drug Court Publications Resource Guide (Freeman-Wilson & Wilkosz 2001), fewer than 25 had been published (Deschenes et al. 2003). In particular, very few process evaluations documenting the development of drug courts have been incorporated into the peer-reviewed literature (e.g., Logan et al. 2000).

It is important to publicize findings of process evaluations so that information is accessible to those who are in positions to improve drug court implementation (Peters, Haas & Murrin 1999), to inform the direction of future research, to build a scientific basis for interventions (Deschenes et al. 2003), and to facilitate the development of new drug courts in other settings (Logan et al. 2000).

Working in partnership with local government agencies in San Mateo County, California, the authors conducted both process and outcome evaluations of a drug court located in the southern part of the county. Outcome evaluation

findings were reported separately (Wolfe, Guydish & Termond 2002). This article reports on the process evaluation effort, with the goals of describing methods and findings, and adding to the limited published literature in this area.

METHODS

The evaluation was designed to document the history of the program, to examine strengths and weaknesses, to assess the roles and relationships among the agencies involved and to describe the impact of the drug court on the justice and treatment systems. Research methods included a review of written materials, interviews with key stakeholders and client focus groups.

Review of Written Materials

The project team assembled and reviewed documents describing the San Mateo drug court, including a program practices and standards manual, a participant's guide, and two grant proposals for federal funding. Information in these documents was used to describe the development of the drug court and to generate interview questions for the key stakeholders.

Key Stakeholder Interviews

Agencies involved in the drug court program included both criminal justice agencies (Probation, Court, District Attorney, Private Defender, and Release On Own Recognition Program), and drug treatment agencies (County Manager, Department of Alcohol and Drug Services, and treatment providers). Agency heads were asked to identify one or two persons who could best represent the experience of that agency with respect to the drug court. A total of 16 face-to-face interviews were conducted. Participants were asked to describe their role in drug court, and to comment on strengths and limitations of the drug court, impacts of the drug court on their work, communication within the drug court team, and client services. Interviewees received the questions in advance of the interview and all sessions were tape-recorded.

Client Focus Groups

Two focus groups were conducted with clients participating in the drug court. One group included clients who had been in drug court for less than six months, and the other included clients who had been in drug court for more than six months. Participants reflected a convenience sample, drawn from among those persons who came to the program site for routine drug testing on the day that focus groups were scheduled. Each participant completed informed consent procedures and received a copy of focus group questions shortly before the group began. Questions concerned how participants decided to enter drug court, services received, impressions about the drug court process,

impact of drug court on their life, and suggestions for improving the drug court.

There were a total of 11 participants in the two focus groups. The average age was 34 (range 19 to 54 years), and the racial/ethnic breakdown of the sample was 36% Caucasian, 27% African-American, and 36% Hispanic. Most (73%) were male, 82% were single, 45% were employed and 73% had graduated from high school. The primary drug of choice was methamphetamine (45%), followed by crack/cocaine (37%) and alcohol or marijuana (18%).

RESULTS

Results are discussed below in five sections: (1) history and development of the drug court; (2) perceived strengths of drug court components; (3) areas of improvement for drug court components; (4) comments on interagency collaboration; and (5) perceived impact of drug court.

History and Development of the Drug Court

The San Mateo County experience with drug-involved offenders paralleled that of other jurisdictions. Many offenders were entering the criminal justice system with substance use issues, and available approaches were not effective with this population. Information about the Dade County drug court stimulated interest within the local judiciary. Respondents reported that initial county-level discussions in 1993 were difficult, reflecting the challenges inherent in changing criminal justice systems, drug treatment systems, and how these systems interact. Two of the early challenges included determining whether to create a post-plea or pre-plea drug court, and the negotiation of specific eligibility criteria for drug court participation.

The first San Mateo drug court began in October of 1995 as the result of these discussions and negotiations. The principles guiding the development of the drug court were: (1) that recovery was a process which could lead to success but also included setbacks, (2) that there should be immediate and progressive sanctions combined with appropriate rewards, and (3) that completion of the drug court program would result in the suspension or reduction of any jail sentence, reduction of the period of probation/diversion, or a possible reduction or dismissal of charges for those in the diversion track. Strategies designed for use in the drug court included: (1) immediate, long term and comprehensive drug treatment, (2) integration of treatment with other services such as educational and vocational assessments, and social services, (3) coordinated and comprehensive court supervision, and (4) inclusion of progressive sanctions and incentives.

Description of Drug Court

Eligibility criteria. The San Mateo (southern) drug court serves both pre-plea and post-plea participants, and

has both diversion and trial tracks. In the diversion track, eligibility criteria are geared towards nonviolent, first time offenders charged with specific drug offenses as defined in Penal Code 1000.5. This is a voluntary pre-plea program. Exclusion criteria for this track include a prior conviction for any offense involving controlled substances, or a current alleged offense involving violence or threatened violence. Additional exclusions include prior revocation of probation or parole, and prior diversion or prior felony conviction within the five years preceding the current alleged offense.

The post-plea trial track is geared towards defendants who are charged with drug offenses and may benefit from treatment, but do not qualify for diversion. Eligibility criteria include cases where the defendant is charged with a diversion violation or a probation violation, and cases not eligible for diversion where specific offenses (11377 HS, 11350 HS) are involved. Trial track exclusion criteria include having prior charges or convictions involving violence or threats of violence, the use or possession of firearms, and death, injury, or the use of force against another person. Also excluded are those residing outside the county, on state parole, or enrolled in methadone maintenance.

The court process. Release on Own Recognizance Program (OR) staff screen all defendants booked into the county jail for drug court eligibility, and advise eligible defendants about the drug court. Those who choose to participate are typically released and scheduled for a hearing in the drug court. In the initial hearing the judge explains the rules, procedures and expectations of the defendant. Drug court participants receive case management through OR staff for 90 days, after which their case is transferred to probation.

Drug court rules require that participants appear in court, attend meetings with caseworkers and all ordered treatment sessions, submit to urine testing, make no threats against staff or participants, and do not possess drugs, alcohol or weapons. Fees are assessed for drug court participation, but 80% of fees can be reduced with successful completion of the program. Violation of these rules results in graduated sanctions. Common violations include positive urine tests, failure to attend a class or counseling session, failure to comply with contract requirements, and/or an arrest for a new drug offense. Sanctions include increased level of drug treatment, time in a detoxification program, placement in another treatment program, time in jail, or termination from drug court. Defendants are encouraged to comply with drug court rules through the use of incentives, e.g. reduced fees, shorter participation periods, dismissal of charges, and encouragement by the drug court team. Graduation occurs after successful completion of an aftercare phase, which requires remaining drug free for three months. The expected time from drug court entry to drug court completion (graduation) is 12 months.

The treatment process. All participants are assessed by Alcohol and Drug Services staff. This evaluation includes the Addiction Severity Index (McLellan et al. 1980), a psychosocial assessment, and, if indicated, the Beck Depression Inventory (Beck 1972). At the end of the assessment, strengths are identified and recommendations made for level of treatment, and findings are discussed with the drug court team.

In both the diversion and trial tracks there are three treatment phases. In Phase I, clients are placed into treatment as soon as possible (usually within six weeks) and remain in treatment for at least six months. Participants in this phase complete the alcohol and drug use assessment, attending treatment as ordered, and have their urine tested twice per week. Participants meet with their OR case manager twice weekly for 90 days, and thereafter participate in at least five probation group sessions. They attend 12-Step meetings, participate in required drug education and HIV/AIDS classes, and follow-up on any needed medical services. Participants who meet these requirements and remain drug free for three months move on to Phase II. In this treatment phase, urine testing and probation visits are required twice per month. Court-ordered treatment and 12-Step attendance continues and, in addition, participants enroll in job counseling, GED or education/literacy classes. Clients who complete these requirements and remain drug free advance to Phase III, where they attend weekly counseling sessions, continue job counseling and education classes, and complete urine testing when requested.

Perceived Strengths of Drug Court Components

Overall rating. Key stakeholders were asked to provide an overall rating of the success of the drug court on a scale from 0 (unsuccessful) to 5 (extremely successful). Stakeholders rated the drug court as a successful model that addressed the problems of drug abuse, with an average rating of 4 (very successful). Most (82%) supported continuation of the drug court even if it meant contributing part of their departmental budget. Comments such as "I have been in the field 23 years, drug court works better than any other system I've seen" reflect the sentiments offered. Focus group participants also rated the drug court highly. One participant stated, "I chose drug court to change my life around. Had been in and out (of jail) many times but every time I got out, I went back to drugs. I was kind of reluctant (to accept drug court) at first . . . think it's the best choice I ever made."

Screening/eligibility. Key stakeholders rated the effectiveness of the screening/eligibility process on a scale of 0 (not at all effective) to 5 (extremely effective). The average rating for this question was 3 (somewhat effective). Specifically, respondents were concerned about limitations in the eligibility criteria and felt that some clients who might benefit from drug court were excluded. The screening staff were viewed as capable and having excellent outreach and

communication skills. Respondents commented that the screening process provided comprehensive information about the client saying, for example, "it's not fly-by-night reports that come back to drug court—we get the feeling that we know who we're dealing with." Others commented on the strength of the drug court team in reviewing cases; "[The drug court's] strength is that it's a team process."

Intake/assessment. The substance abuse assessment done by Alcohol and Drug Services was one of the program components that took longer to develop. In general, the majority of those interviewed valued the assessment process. As one respondent noted, "the strength of the assessment should be one of the primary factors" in determining which treatment program is the most appropriate for the participant.

Incentives/sanctions. Both incentives and sanctions were valued elements of the drug court. The two strongest incentives identified by almost all of those interviewed, including the participants, were not being convicted or not going to jail. One drug court participant stated, "I would have done anything to beat jail." Another commented, "I did not have a criminal history, had never been to the penitentiary. The opportunity not to have to experience that was very important to me." The graduation ceremony was viewed as another strong incentive for clients and for team members. One team member commented, "For many [clients] this is the first graduation they ever had."

The use of sanctions, although uncomfortable for some, was accepted as a tool for motivating participants and encouraging accountability. One respondent commented, "The strongest part of drug court is the sanctions system." Flexibility in viewing individual clients and determining sanctions was a positive aspect of the drug court but had the potential for being a weakness if the standards were not applied consistently. One stakeholder observed, "The sanctions and incentives are only as good as the judge involved."

Areas of Improvement for Drug Court Components

Eligibility. Respondents commented on the stringent drug court eligibility criteria. When the drug court began, eligibility criteria were established as a result of negotiations among the key players. Several stakeholders expressed interest in expanding or redefining the eligibility criteria, now that there was some experience with the process. Particular concerns were that the eligibility criteria limited the ability to serve some populations, for example, individuals who were dually diagnosed. One stakeholder responded, "Drug court involves a lot of time and effort . . . and therefore would be better to use it with the more complicated cases." A few stakeholders expressed interest in including clients on methadone, but others did not support this view. Another concern was the limited number of persons of color, who were not represented in the drug court at the same rate they were represented among

drug-involved offenders. Broadening eligibility criteria may help the drug court serve more persons in this population.

Screening. Some referrals to drug court came from the in-custody calendar and, in order to limit the time a person is in custody, screening information must be gathered quickly. That screening was not always timely was mentioned as an area in need of improvement, and also as a practical limitation in the screening process.

Assessment. Some respondents viewed the drug and alcohol assessments done at the program level as duplicative and others felt it should occur earlier as part of the screening process. In some cases, participants were referred to drug treatment before an assessment was completed. One stakeholder commented that the assessment "should be one of the primary factors" in determining which treatment program is the most appropriate for the participant. Concern was expressed that placement decisions were sometimes influenced by cost or geography rather than based on the results of the clinical assessment. Preexisting relationships with individual treatment providers were viewed positively when they facilitated access to treatment for drug court participants, but negatively when they preempted the standard assessment and referral process.

Incentives/Sanctions. One view expressed was that some clients, particularly those more experienced with the criminal justice system, might not perceive the threat of jail as an effective sanction. For some clients, respondents commented, it may be easier to take the jail time and drop out of drug court. One controversial issue for many of those interviewed was the use of sanctions following a single failed urine drug test because of problems with consistency in reading and interpreting urine test results. Several stakeholders expressed a desire to have treatment program staff more involved in the decisions about sanctions, because of their knowledge of and experience with the clients.

Comments on Interagency Collaboration

Several aspects of the structure of drug court received comment, organized here into several areas: team structure, personnel, orientation and training, team membership, and services.

Team structure. One of the strengths identified was the involvement of several disciplines working together in a team approach to help the client. This team process improved communication and increased the understanding, for each player, about the roles and perspectives of their colleagues. It also strengthened the role of each individual because one had to articulate his or her perspective in order to participate actively in the process. One respondent commented, "This is a . . . program that is far beyond any one individual's ego or personality. The principle is doing the right thing and helping people get treatment."

A few participants commented that the collaborative process could be strengthened. One concern was the unequal status of all stakeholders in discussions, because drug court

was within the criminal justice system. A few felt that the court should have less of a leadership role and that decision-making about how the drug court functions should be the result of collaborative discussions among all stakeholders.

Another concern was expressed about data access. Participating agencies needed data to report to funders, and to support grant writing efforts to maintain support for the drug court. Obtaining these data was made more difficult by staffing issues and changes in computer programs, so that many respondents expressed a need for improved data systems and access.

There was confusion among respondents about the management structure of the drug court. Some stakeholders discussed participation in a management team meeting for the drug court as a whole, whereas others were only aware of precourt team meetings where specific cases were discussed. While regularly scheduled management team meetings had been held for two years, some stakeholders had learned of these meetings only recently. Half of those interviewed had never attended a monthly management meeting. Of those who had attended, the average rating for level of participation in these meetings was 4 (very involved) on a scale from 0 (no involvement) to 5 (extremely involved). One of the interview questions asked if there were other agencies that should be involved in the management team. Several agencies were suggested, including representatives from the Board of Supervisors, Department of Mental Health, drug treatment providers, Housing Department, Department of Public Health, Child Protective Services, and agencies that work with domestic violence.

Most of the team activity occurred prior to the court session where specific cases were discussed and reviewed. This was seen as a valuable process where opinions could be shared and issues discussed. Many commented that the inclusion of mental health workers in these meetings, in addition to drug treatment and criminal justice representatives, had strengthened the process. The presence of drug treatment providers at the precourt session team meetings was controversial. Some stakeholders valued their expertise and welcomed their presence. Others were concerned that such representation involved a conflict of interest because all providers could not attend regularly, and those who did attend developed stronger referral relationships with the court. As one respondent stated, "[I] want to see referrals based on clinical assessments rather than on relationships with providers."

Personnel. Respondents commented positively about the people involved in the drug court system. One stated, "The success of the judge is crucial to the success of [the] client. [The] relationship and how much [the] client feels they care, affects success." Another commented, "The system is as good as the people providing the service." The members of the drug court team were viewed by everyone, including focus group participants, as being helpful, caring,

willing to work with clients, and sharing a common passion for the drug court. Staffs were also seen as knowledgeable about the recovery process, for example, "They don't want to see anybody relapse but if they do, they know how to handle the situation."

One concern expressed was the rotation of judges through drug court. The role of the judge was viewed as significant to the success of drug court, and to the collaborative relationship of all those involved. The continuity provided by having consistent judges in this role was seen as vital to the success of the program.

Orientation and training. The drug court evolved over time, partly as a result of trial and error, and no staff orientation existed. Many stakeholders felt that a formal orientation process for new staff would now be helpful. It was suggested that an orientation process might address role definitions, names and contact information for the various players, available services for clients, definitions of court and legal terms, and a description of the drug court process. The majority of stakeholders recommended the development of written drug court policies and procedures, which could be used as part of staff orientation and training. Drug court participants also identified the need for an updated brochure to summarize all of the requirements and expectations of the program. Many respondents expressed a desire to have more interdisciplinary training opportunities to further team building, and to increase knowledge about addiction treatment and court operations.

Services. Drug treatment services were initially hard to access and led to lengthy waiting periods before drug court participants could begin treatment. Stakeholders reported that clients were usually in treatment within six weeks of entering drug court. Respondents pointed to a need for more drug treatment, particularly residential slots and services for perinatal women. Respondents noted that mental health providers had become more involved in the drug court team, but felt that this involvement should be expanded along with increased mental health services. Medical and dental services were identified as difficult services to access for drug court participants because of waiting lists, cost, and lack of insurance in this population. An array of other service needs were identified by respondents, including housing, linkage with domestic violence programs, transportation, day care and aftercare programs, job training and employment, and clean and sober living environments. Drug court clients suggested expanding the number of drug testing sites and hours of operation to facilitate compliance with drug testing, and they identified transportation as a key issue in trying to access services and keep appointments.

Views on the Impact of Drug Court

Stakeholders identified increased paperwork and meetings as the major workload difference created by their involvement in the drug court. Although some agencies and providers added staff dedicated specifically to the drug court,

the majority redistributed the workload or reallocated staff. A few respondents commented that they would like to see increased staffing, particularly for case management services. In some agencies, caseloads increased but the amount of work per case was perceived as less because of the involvement of a team. One comment reflects the benefit of team involvement, "I think the drug court client is an easier client than my average client here. The burden . . . is the court time, but I think it's appropriate that they go [to court]."

Drug court did impact how stakeholders did their job, or the type of work they were involved in. Examples included: (1) extended relationships with clients lasting for longer periods of time than with clients not in drug court, (2) enhanced understanding of and skill working in the political process (e.g. working with Boards of Supervisors), (3) increased sensitivity to the needs of clients, (4) increased appreciation for the possibility of using the criminal justice system as a therapeutic tool, (5) enhanced ability to work within a team, and (6) enhanced understanding of the addictive process and treatment services.

The impact of the drug court was also positive for clients participating in focus groups. One commented, "Nothing but good happening to me since drug court—learning how to deal with my issues, identifying my problem, having people to talk to." Another stated, "[drug court is] not like any other court—they care for you, they help you. If they see you slipping, they'll talk about it rather than throw the book at you." The drug court supports accountability: "You're accountable—they see you, they know when . . . something is wrong. I know that I have to do what I am supposed to do or I will get caught." One of the challenges for participants was losing friends and family in order to maintain sobriety. They expressed loneliness and sadness even while being grateful to be out of that life and looking towards a brighter future.

DISCUSSION

The goals of the process evaluation were to document the history and development of the drug court; to examine its strengths and limitations; to assess how system components related; and to describe its impact on the court and treatment systems. The findings from the interviews with key stakeholders and focus groups of drug court clients have shown considerable similarity in views about the functioning of the drug court.

One positive outcome identified as a result of working within the drug court model was the collaboration and communication among the departments and programs. Program personnel and criminal justice staff became more aware of each other's scope of work. Both groups expressed an increased awareness of the workings of the court, the types of drug treatment, the addiction process and the needs of clients with substance abuse problems. Many experienced

a change in attitude about clients who have a substance abuse problem and what they need to be successful. For some, this was the recognition that treatment can work and for others it was recognition of the role of sanctions as a tool for keeping a client engaged. All stakeholders seem to benefit from the unique relationship that exists in the drug court model, where helping the client remain drug and crime free and return to a productive life were seen as core values.

The collaboration developed through the drug court process created a groundwork for county-level implementation of the California Substance Abuse and Crime Prevention Act of 2000. The purpose of the Act is to divert persons convicted of nonviolent drug possession offenses into treatment rather than incarceration. It changed both sentencing laws and parole violations laws while mandating drug treatment for up to one year. Counties with established drug courts were potentially in a position to accommodate this legislation more smoothly because of the collaborations developed through the drug court team building process.

Some of the lessons learned from this evaluation can be applied in other jurisdictions. Chief among these is the importance of communication for successful implementation of a drug court. Every drug court requires a multidisciplinary effort. The court is a legal entity with a language and system of working all its own. Similarly, drug treatment has its own language and system of working, as do the county health systems that fund treatment. The adversarial approach of the courtroom can be quite different from the bureaucratic systems of a county department or the direct service approach of a treatment agency. Successful collaboration among these groups requires all players to learn the language and to respect the perspective of the others on the team. The importance of communication in this effort was recognized and mentioned by almost all stakeholders, and drug court created an opportunity for this collaboration to begin.

Another lesson concerns competing interests. In San Mateo, the court system required that potential clients be screened for eligibility, and that the timing of the screening be based on the court calendar. However, the treatment system generally required more time than the court calendar allowed. Thus, the referral to treatment was often made prior to the completion of an assessment. To postpone the court calendar would infringe on a client's rights. This problem may not be uncommon if screening resides in the

criminal justice system while alcohol and drug assessment resides in the treatment system. Merging these responsibilities into a single office under the management of a single supervisor might alleviate some of the tensions. Nevertheless, it is likely that the court calendar will often make the timing of screening and assessment difficult to accomplish prior to the client's appearance in court.

A third lesson in developing drug courts is the importance of eligibility criteria. The decisions made in San Mateo came about as a result of careful negotiations among key players. However, as the county has gained experience in working within the drug court structure, many stakeholders now believe that more clients, with differing eligibility, may be appropriate for this model. It has been estimated that only 3% to 5% of eligible arrestees are seen through drug courts in California (California Society of Addiction Medicine 2000). Two areas of concern regarding eligibility criteria that arose in the San Mateo evaluation were: (1) whether to include clients on methadone maintenance, and (2) how to address racial and ethnic disparities that exist between clients in drug courts and drug treatment versus those in prison. In the California Drug Court Partnership Act technical report, it was noted that the demographics of drug court clients were similar to drug treatment clients but differed from those arrested or incarcerated (California Department of Alcohol and Drug Programs 2002). Further research is needed to explore whether arrest and charging practices may systematically limit drug court eligibility for some ethnic groups. Systematic data collection is needed to assess screening and eligibility practices for systematic bias. The challenge for all drug courts is how to set eligibility criteria such that the greatest numbers of clients are served while retaining the integrity of the drug court model.

The benefits of drug court were evident to all stakeholders. The pressing problems of prison overcrowding and recidivism among those caught up in the criminal justice system suggest that new and creative approaches to dealing with the problem of drug abuse in our communities be tried and evaluated. Drug court provides an alternative to incarceration that addresses the presumed problem that initially led to the arrest of the client. Establishing a drug court in a county system can bring together professionals from disparate county service systems, and especially criminal justice and drug abuse treatment systems, to serve both the recovery needs of the offender and the public safety needs of the community.

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