

Best Practices in Drug Court: What's Practical What's Possible in 2011

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Beyond the Bench
December, 2011

Best Practices in Drug Courts

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Goals of Workshop

- Present portion of slides from NADCP on Best Practices
- Discuss what is working or not working in your court due to limited resources
- Brainstorm ideas with colleagues
- Choose one challenge to discuss with your collaborative court team

Meta-Analyses

Citation	Institution	Number of Drug Courts	Crime Reduced on Avg. by . . .
Wilson et al. (2006)	Campbell Collaborative	55	14% to 26%
Latimer et al. (2006)	Canada Dept. of Justice	66	14%
Shaffer (2006)	University of Nevada	76	9%
Lowenkamp et al. (2005)	University of Cincinnati	22	8%
Aos et al. (2006)	Washington State Inst. for Public Policy	57	8%

Cost Analyses

Citation	No. Drug Courts	Avg. Benefit Per \$1 Invested	Avg. Cost Saving Per Client
Loman (2004)	1 (St. Louis)	\$2.80 to \$6.32	\$2,615 to \$7,707
Finigan et al. (2007)	1 (Portland, OR)	\$2.63	\$11,000
Carey et al. (2006)	9 (California)	\$3.50	\$6,744 to \$12,218
Barnoski & Aos (2003)	5 (Washington St.)	\$1.74	\$2,888
Aos et al. (2006)	National Data	N/A	\$4,767
Bhati et al. (2008)	National Data	\$2.21	N/A

Best Practices Research

*Shannon Carey et al. (in process). *What works? The 10 Key Components of Drug Courts: Research Based Best Practices*. Portland, OR: NPC Research.

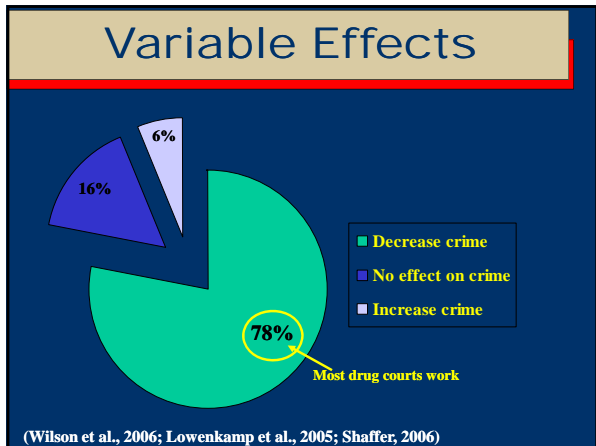
*Shannon Carey et al. (2008). *Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes and costs*. Portland, OR: NPC Research.

*Shannon Carey et al. (2008). *Drug courts and state mandated drug treatment programs: Outcomes, costs and consequences*. Portland, OR: NPC Research.

*Michael Finigan et al. (2007). *The impact of a mature drug court over 10 years of operation: Recidivism and costs*. Portland, OR: NPC Research.

Deborah Shaffer (2006). *Reconsidering drug court effectiveness: A meta-analytic review*. Las Vegas, NV: Dept. of Criminal Justice, University of Nevada.

* www.npcresearch.com



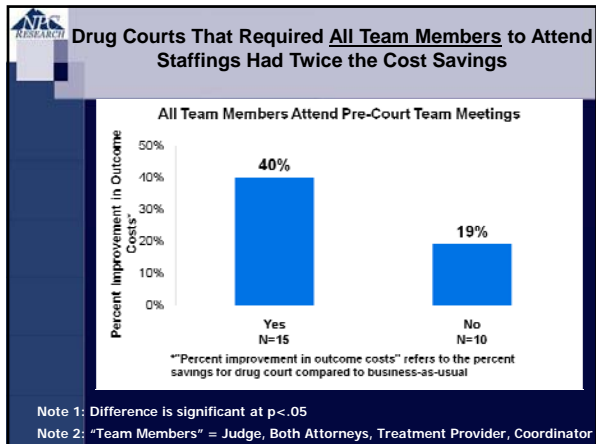
Best Practices Research

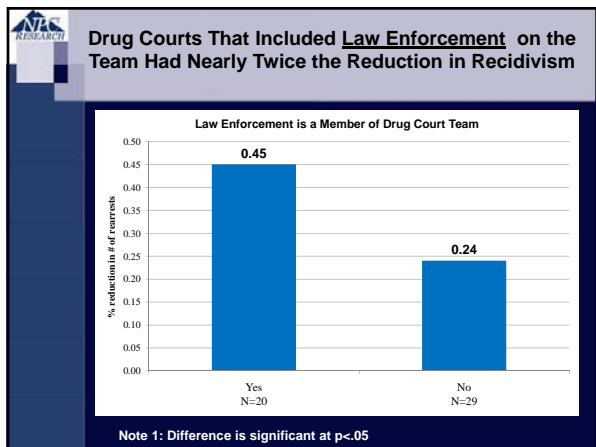
Practices Presented Show Either:

- Significant reductions in recidivism
- Significant increases in cost savings
- or both

Key Component #1

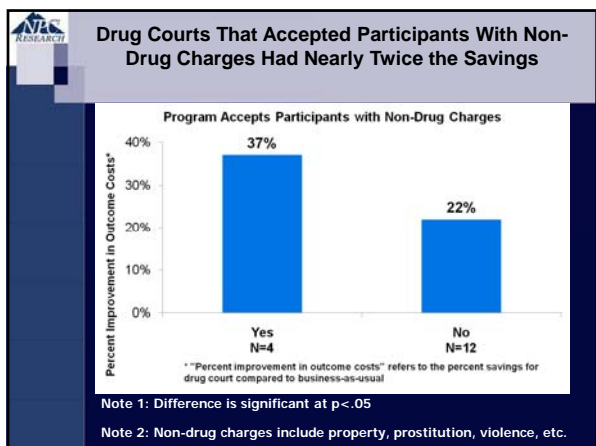
Realization of these [rehabilitation] goals requires a **team approach**, including cooperation and collaboration of the judges, prosecutors, defense counsel, probation authorities, other corrections personnel, law enforcement, pretrial services agencies, TASC programs, evaluators, an array of local service providers, and the greater community.

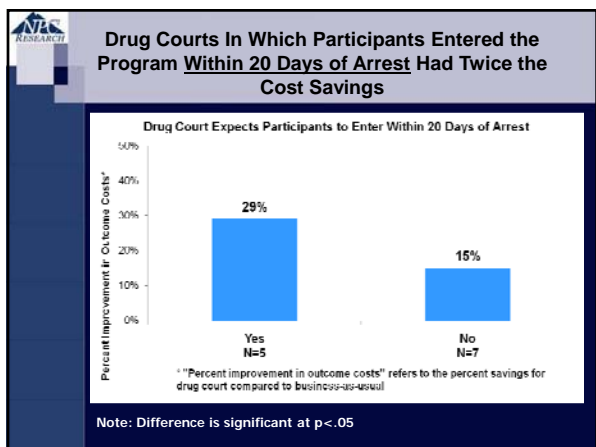




Key Component #3

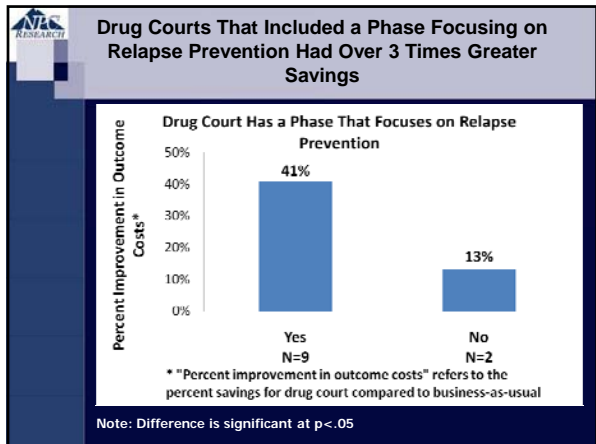
Eligible participants are identified early and promptly placed in the drug court program.





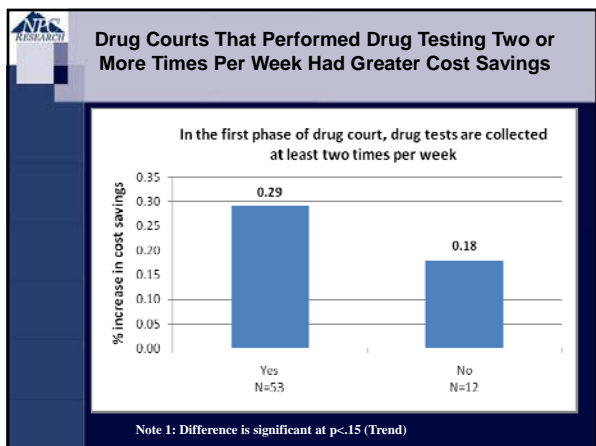
Key Component #4

Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.



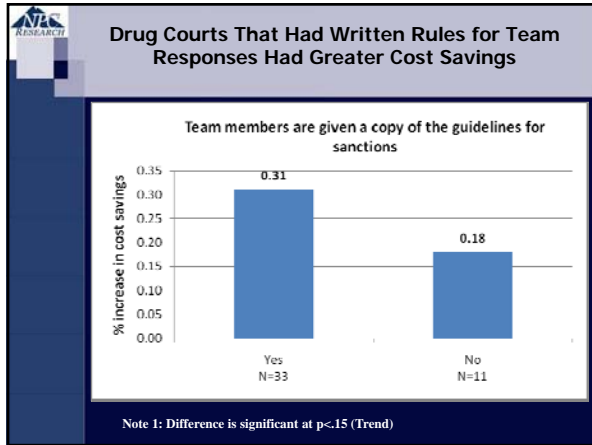
Key Component #5

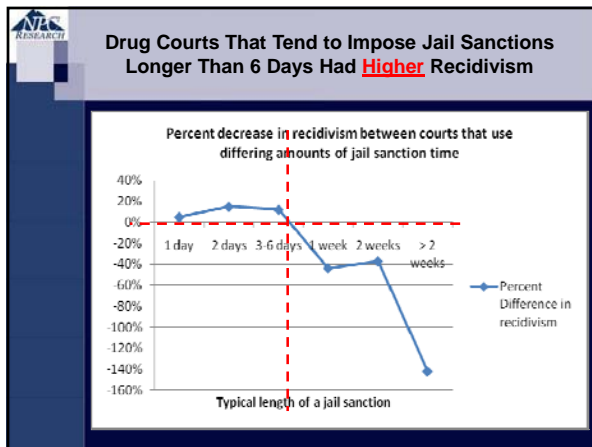
Abstinence is monitored by frequent **alcohol** and other drug testing.



Key Component #6

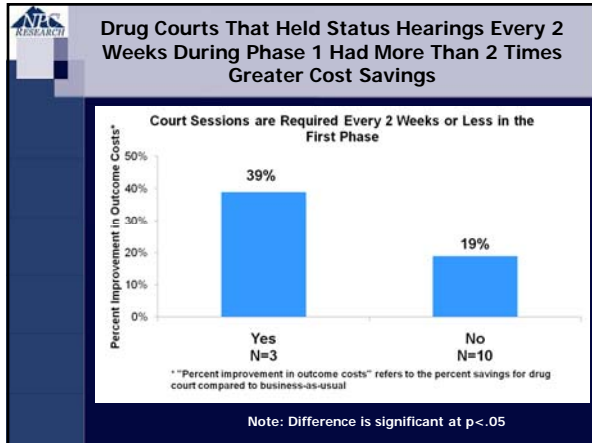
Drug courts establish a coordinated strategy, including a continuum of responses, to continuing drug use and other noncompliant behavior . . . Responses to or sanctions for noncompliance might include . . . escalating periods of jail confinement.

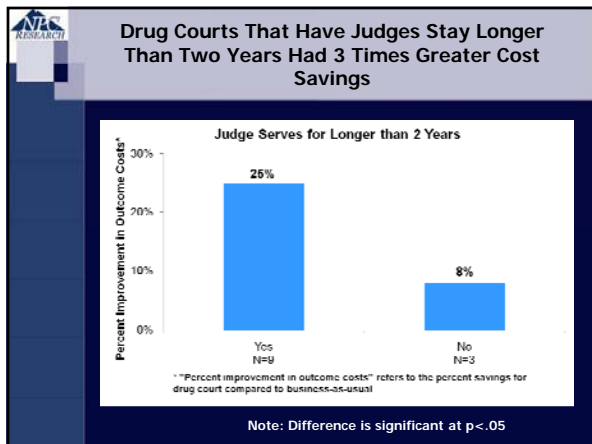


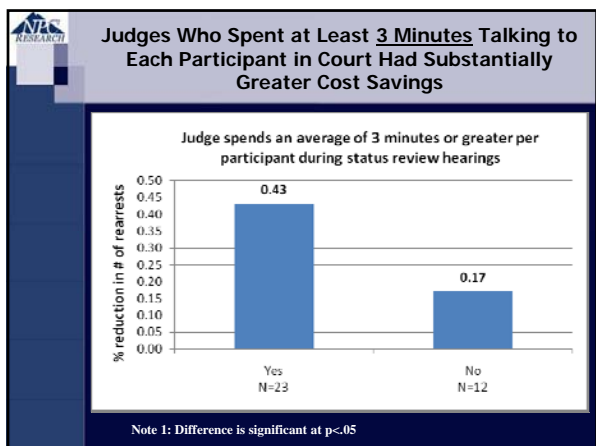


Key Component #7

Ongoing judicial interaction with each drug court participant is essential.





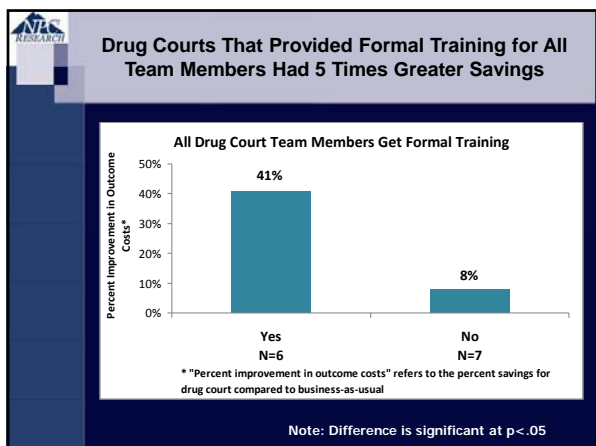


Key Component #8

Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Key Component #9

Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.



Recipes for Failure

- **Stepped Care**
- **Start with less and ratchet up if you need to**

"It's more economical"

"It's less burdensome on clients"

Recipe for Success

- **Send us the high-value cases**
- **Fidelity to the 10 Key Components until proven otherwise!**
- **Ongoing judicial authority**
- **Inter-agency team approach**
- **Branching model**
- **Get it right the first time**
