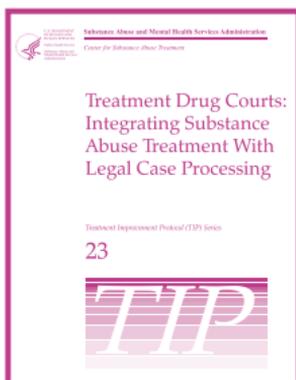


# Quick Guide

## *For Administrators*

Based on TIP 23

*Treatment Drug Courts:  
Integrating Substance Abuse  
Treatment With Legal  
Case Processing*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

# Contents

---

Why a Quick Guide? . . . . .	2
What Is a TIP? . . . . .	3
Introduction . . . . .	4
What Are Treatment Drug Courts? . . . . .	4
Values and Perspectives . . . . .	7
Program Planning . . . . .	12
Program Design . . . . .	16
Implementation . . . . .	26
Program Evaluation . . . . .	28
Program Costs and Financing . . . . .	29

# Quick Guide

---

*For Administrators*

Based on TIP 23

*Treatment Drug Courts:  
Integrating Substance Abuse  
Treatment With Legal  
Case Processing*

This Quick Guide is based entirely on information contained in TIP 23, published in 1996. No additional research has been conducted to update this topic since publication of the original TIP.

## WHY A QUICK GUIDE?

The purpose of a *Quick Guide* is to provide succinct, easily accessible information to busy substance abuse treatment practitioners.

This *Quick Guide* is based on *Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing*, number 23 in the Treatment Improvement Protocol (TIP) Series, published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. The *Quick Guide* will help substance abuse treatment providers collaborate with criminal justice agencies in drug courts or treatment drug courts to integrate substance abuse treatment into the pretrial processing of criminal cases, an innovative approach to dealing with the rise in the prosecution of drug offenses and crimes fueled by drug abuse.

The *Quick Guide* is divided into sections to help readers quickly locate relevant material. For more in-depth information on the topics in this *Quick Guide*, readers should refer to TIP 23.

## WHAT IS A TIP?

The TIP Series was launched in 1991. The goal of these publications is to disseminate consensus-based, field-tested guidelines on current topics to substance abuse treatment providers.

### *TIP 23, Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing*

- Describes the successes of “drug court” defendants (lower incarceration rates, longer periods before rearrests)
- Looks at the link between substance abuse treatment and the pretrial processing of criminal cases
- Examines the range of drug court models (supervised release, conditional release mechanisms, deferred judgment programs)
- Advocates for the integration of court processing and treatment services
- Discusses the legal and ethical issues raised by programs that integrate substance abuse treatment and pretrial case processing.

*To order a copy of TIP 23 and other TIP products, see the inside back cover of this Quick Guide.*

## INTRODUCTION

Drug courts or treatment drug courts, an innovative approach to handling drug-related cases, integrate substance abuse treatment with the pretrial processing of criminal cases.

Implementing a drug court means

- Changing operating procedures in the court and other agencies
- Changing the philosophies of participating agencies to emphasizing the defendant's potential for rehabilitation through treatment
- Establishing new working relationships between substance abuse treatment personnel and criminal justice practitioners
- Identifying new roles for both treatment practitioners and justice system personnel, especially judges, prosecutors, and defense lawyers handling cases involving substance abusers.

## WHAT ARE TREATMENT DRUG COURTS?

Recently developed treatment drug courts are based on the premise that drug possession and use are not simply law enforcement/criminal justice problems but are public health problems

with deep roots in society. In drug court programs, the court (especially the judge) fills a role beyond that of passing judgment.

In drug court programs, criminal justice agencies collaborate closely with the substance abuse treatment community and other societal institutions.

Drug courts are based on an understanding that substance abuse is a chronic, progressive, relapsing disorder *that can be successfully treated*.

The postarrest period provides a good opportunity for introducing interventions that will break the drug-and-crime cycle.

Key principles of drug courts include

- Early identification of defendants in need of treatment and referral to treatment after arrest
- Early and professional diagnosis of the defendant's treatment needs
- Matching the defendant's needs to specific treatment programs
- Court-monitored treatment and judicial review and supervision of the defendant's progress

- Holding defendants accountable using graduated sanctions and rewards
- Providing aftercare and support services following treatment completion.

### The Diversity of Drug Court Models

Jurisdictions have developed a range of drug court models.

1. Supervised release or conditional release in which the defendant is released from pretrial custody to substance abuse treatment and regular or random urine screening
2. The defendant's acceptance into a treatment program shortly after arrest, with the understanding that further prosecution will be held in abeyance until
  - The defendant successfully completes the program (the charge will be dismissed)
  - The defendant does not complete the program (prosecution will go forward on the original charge)
3. Deferred judgment or postplea diversion programs, under which the defendant pleads guilty to a criminal charge (e.g., unlawful possession of drugs) with the understanding that sentence will be deferred until

- The defendant successfully completes the program (the guilty plea will be vacated and the charge dropped)
  - The defendant fails to complete the program (sentence will be imposed on the original charge)
4. Jail-based treatment programs for pretrial defendants who are not released from custody and for defendants participating in a conditional release, diversion, or deferred adjudication treatment program who relapse to using alcohol or illegal drugs.

*(For more information, see TIP 23, pages 1–5.)*

## VALUES AND PERSPECTIVES

Successful collaboration among the criminal justice, substance abuse treatment, and public health systems requires that practitioners in each system understand the values and perspectives of the other systems.

Significant differences in the philosophies, activities, and structures of the criminal justice system, substance abuse treatment system, and

public health system pose a challenge to collaboration; however, they share important values.

### Justice System

The justice system is based in law, State and local procedures, and the local legal culture. Judges, prosecutors, and defense lawyers approach a case involving a substance-abusing individual as a legal matter and focus on whether the defendant is guilty or innocent of the criminal charge. The differences between traditional courts and drug courts are summarized in exhibit 23–1.

### Substance Abuse Treatment System

The treatment system's primary purpose is to end or alleviate a client's substance abuse. Substance abuse treatment providers recognize that some types of substance abuse involve the use of illegal drugs, but their primary concern is not with its illegality. The goals of treatment are to

- Provide a system of services to help individuals, their families, and communities recover from substance abuse
- Decrease the number of people at risk for substance abuse.

## Exhibit 23–1

### Traditional Court and Drug Court Characteristics

Traditional Court	Drug Court
Court team comprises judge, prosecutor, defense counsel, etc.	New court team is created to achieve goals of supportive treatment interventions
Adversarial	Nonadversarial
Process case; apply the law	Restore defendant to a productive, noncriminal member of society
Judge exercises limited role in supervision of defendant	Judge plays central role in monitoring defendant's progress in treatment
Interventions for substance abuse at discretion of judge	Formalized and structured treatment interventions
Relapse may lead to increased sentence	Graduated sanctions are used to respond to lapses in drug court program conditions

### Public Health System

Public health practitioners focus on the health of communities and view substance abuse as a public health problem.

The early stages of criminal case processing provide an opportunity for public health intervention because many people who are arrested with substance abuse problems have infectious diseases. Screening to identify defendants with substance abuse problems can help identify defendants who have

- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Tuberculosis (TB)
- Hepatitis B or hepatitis C.

Referral to treatment helps prevent these diseases or prevent advancement of existing disease.

### Developing Shared Goals

Only when leaders in each system understand one another's values, perspectives, and priorities can they develop a set of shared goals. The goals of collaborations are to

- Reduce criminal behavior and the number of repeat offenders
- Enhance the use of jail and prison space
- Improve delivery of treatment services
- Prevent and treat diseases and improve health
- Improve productivity, increase employment, and lessen dependence on social services and health systems.

### Need for Information

To make appropriate decisions, drug court programs need timely and accurate information about the defendant's

- Current charge
- Criminal record
- Pending cases
- Substance abuse problems and treatment history
- Mental and physical conditions
- Treatment requirements.

*(For more information, see TIP 23, pages 7–10.)*

## PROGRAM PLANNING

Include the following stakeholders on a policy group planning a pretrial drug treatment program:

- Chief or presiding judges of the general and limited jurisdiction courts
- Prosecutors
- Public defenders
- Representatives of the private defense bar
- Court administrators
- Case management agency administrators
- Pretrial services agency directors
- Chief probation officers/directors of community corrections agencies
- Sheriffs/jail administrators
- Substance abuse treatment professionals
- Major health institutions/hospital directors
- Public health agency directors
- Staff from social services agencies, including children's protective services
- Officials from local school districts, community colleges, and other educational institutions
- Medical services and community mental health providers

- County commissioners/senior staff members (including budget directors)
- Victims' rights groups representatives
- Ex-offender group members
- Representatives of community anticrime and antidrug coalitions
- People recovering from substance abuse.

Other key stakeholders at the State level include

- Chief justice
- State court administrator
- State legislative leaders
- Governor
- State health and social services department heads.

### Key Tasks

The following key tasks must be addressed:

- Describe the local substance abuse problem and the nature and prevalence of substance abuse among individuals under arrest
- Identify target populations and potential points for intervention
- Determine case management and treatment services that will be needed, and locate potential providers

- Address legal issues, including program eligibility and acceptance criteria
- Establish program goals, including expected outcomes for participating defendants
- Develop management information and tracking systems for monitoring and evaluation
- Develop written agreements (memoranda of understanding [MOUs]) that reflect stakeholders' interests in and commitments to the program.

### Determining the Target Population and Possible Points of Intervention

Once the planning committee establishes eligibility criteria and gathers information about available treatment resources, decisions can be made about which categories of defendants will constitute the target population. Generally, drug courts exclude defendants charged with the sale of or trafficking in drugs unless they are charged with playing a minor role and an underlying substance abuse disorder is clearly driving their participation.

Factors to consider in choosing a target population are

- The size and makeup of the group of eligible defendants
- Program costs
- Community standards and values.

## Consider

- What kinds of cases are acceptable from a political standpoint
- The needs of the potential target population
- The availability of treatment resources.

A projection of the size of the program and the characteristics of the potential participants will help the planning committee assess the range of needed services and develop eligibility criteria and treatment services.

Creating a Memorandum of Understanding  
Initial agreements in the form of MOUs should detail the expected contributions and responsibilities of each stakeholder. The MOU should describe

- Program goals
- The target group
- Program services to be provided (and how and by whom they will be provided) including
  - Screening
  - Assessment
  - Detoxification
  - Case management

- Substance abuse treatment
- Ancillary services
- Program organization and management, including the identification of responsible individuals in the justice, case management, and treatment systems
- The management information system reports that will be available and the provisions for information exchange
- Key measures of program performance to be used for monitoring and evaluation, with sources of relevant data
- A budget showing expected expenses and sources of revenue for all program components
- Approvals by the key stakeholders
- The processes to be followed in program review and evaluation and in amending the MOU as necessary.

*(For more information, see TIP 23, pages 11–16.)*

## PROGRAM DESIGN

Screening determines whether

- An individual is a likely candidate for participation
- A comprehensive clinical assessment is needed.

The most common substance abuse screening instruments used in criminal justice system treatment programs are the

- CAGE questionnaire
- Short Michigan Alcoholism Screening Test (SMAST)
- Substance Abuse Screening Instrument
- Offender Profile Index
- AIDS Initial Assessment Jail Supplement
- Substance Abuse Life Circumstances Evaluation (SALCE).

*(For more information, see TIP 7, Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System, appendix C.)*

### Screening for Infectious Diseases

CSAT has developed an instrument to identify individuals who may have infectious diseases (TB, HIV/AIDS, and STDs). The instrument can be administered in about 15 minutes and can help determine whether an individual is suitable for a court-supported substance abuse treatment program. It is described in detail in TIP 11, *Simple Screening Instruments for Outreach for Alcohol and*

*Other Drug Abuse and Infectious Diseases*, and in the quick guide for clinicians based on TIP 11.

### Assessment

If the screening indicates a substance abuse problem, a clinical assessment that addresses the social, psychological, and medical domains of an individual's life should be done. Elements to assess in the social domain include the client's

- Substance abuse history
- Involvement with the criminal justice system
- Family history
- Educational and vocational needs
- Socioeconomic status
- Spirituality.

Components of the psychological domain include the client's

- Levels of psychological development, anxiety, and depression
- Prior or current treatment for mental illness
- Use of mental health medication
- Central nervous system function impairment
- History of sexual, emotional, and/or physical abuse

- History of violent behavior.

A medical exam for infectious diseases should be conducted.

### Timing of an Assessment

An assessment should follow arrest as quickly as possible. Many jurisdictions with drug courts attempt to place eligible defendants in treatment within 1 to 2 days of their arrest.

### Assessment Instruments

Two of the best known assessment instruments are

- The Addiction Severity Index (ASI) available from the National Institute on Drug Abuse
- The Wisconsin Uniform Substance Abuse Screening Battery, which requires a fee for use but provides comprehensive data.

*(See TIP 7 for the ASI and other assessment instruments.)*

### Determining Categories of Care

In designing a drug court program, planners must make difficult decisions about the types of services that will be available through the treatment program and about where, when, by whom, and for how long these services will be provided to the target population.

### Detoxification

Detoxification is the process through which a person who is physically dependent on alcohol, drugs, or both undergoes medically supervised withdrawal. Detoxification stabilizes chemically dependent defendants and allows them to move to the next step.

*(See TIP 19, Detoxification From Alcohol and Other Drugs, for guidelines on safe, medically managed withdrawal.)*

### Inpatient Treatment

Inpatient treatment is provided in a hospital or medical facility (for those with the most acute treatment needs) or in other therapeutic residential settings. The type of facility (secure or nonsecure), length of stay, and costs of treatment vary considerably. Inpatient treatment programs include

- Medically managed, hospital-based treatment
- Short-term, nonhospital residential treatment
- Psychosocial residential care
- Therapeutic community living
- Halfway house living
- Group home living.

## Outpatient Treatment

Outpatient treatment differs from inpatient or residential treatment because a client can maintain or seek employment, remain with family members, and maintain contact in the community during the treatment process. Outpatient treatment programs include

- Nonintensive outpatient treatment
- Intensive outpatient treatment
- Opioid substitution therapy
- Day treatment, partial hospitalization, or day reporting centers.

## Components of Treatment

Services generally include

- Evaluation and assessments: medical, psychiatric, and substance use
- Treatment planning: medical, psychiatric, and substance abuse
- Counseling/therapy: group, individual, and family
- Medical assessment and treatment, including attention to infectious diseases
- HIV/AIDS education, testing, and counseling
- Comprehensive pregnancy care: prenatal care, parenting, and childbirth classes

- Mental health services, including medications when indicated
- Education about substance abuse:
  - Lectures
  - Interactive groups
  - Videos
  - Reading assignments
  - Journal and writing assignments
- Self-help education and support, including Alcoholics Anonymous (AA)/Narcotics Anonymous (NA)
- Social and other support services for offenders and family members
- Relapse prevention services
- Substance abuse treatment services for family members and significant others
- Services for special populations, such as
  - Violent offenders
  - Incest/sexual abuse survivors
  - Incest/sexual abuse perpetrators
  - People with mental illness
  - Victims of domestic violence.

## Aftercare

Aftercare is a critical component of treatment—the danger of relapse is constant. Aftercare services include

- Random drug testing
- Self-help groups (AA, NA)
- Group and individual counseling
- Employment and education counseling
- Mentoring
- Strengthening family and community ties.

## Culturally Specific Treatment Programs

Because treatment is so intense and stressful, clients should obtain services in their native language and sensitive to their culture. Criminal justice-based treatment programs must make certain that treatment resources include components for ethnic and racial minorities in their jurisdictions.

## Admission Criteria

Examples of eligibility criteria used by drug court programs include

- A current charge of purchase or possession of a small quantity of illegal drugs; may also include possession with intent to sell or distribute small quantities

- A current charge of another nonviolent offense (e.g., theft, forgery, prostitution, or burglary) committed while under the influence of drugs or alcohol
- A current charge of operating a motor vehicle while under the influence of drugs or alcohol
- A history of substance abuse problems, including recent abuse
- Criminal history that does not include violence or conviction of a felony
- Willingness to participate in a treatment program after having been informed of the conditions of participation.

### Relapse Policies and Judicial Supervision of the Defendant's Progress

Drug court programs emphasize judicial oversight of the defendant's performance. The judge generally requires the defendant to appear at regularly scheduled status hearings, at which the judge reviews reports from the case manager or treatment provider and others in the treatment process.

Evidence of a relapse in a report signals that the treatment plan must be reviewed and some type of sanction applied. Sanctions include

- Verbal admonitions by the judge
- Increased urine testing, counseling sessions, or status hearings

- Placement in a jail or community correctional facility.

Good performance should be recognized and rewarded through

- Dismissal or lessening of charges
- Public acknowledgment of progress (at a status hearing)
- Reduced frequency of status hearings
- Graduation ceremonies
- Awarding of certificates.

### Program Monitoring

Periodic monitoring of drug court activities ensures that the program stays on course and that procedures are revised if necessary. Policymakers and program managers should monitor operations using indicators such as the number of

- Defendants screened or assessed
- Persons admitted
- Persons rejected
- Persons who complete treatment successfully
- Persons terminated.

*(For more information, see TIP 23, pages 17–29.)*

## IMPLEMENTATION

### Personnel Selection

Perhaps the most critical decisions in program implementation concern personnel. Drug court positions are not necessarily additions to staff personnel rosters. Rather, because the new program involves cases that would be handled by the court in any event, judges and staff members can often be found by reorganizing workflow and revising personnel assignments.

### Education and Training

Staff members working in a drug court program must be educated about the program's underlying concepts and trained to perform new functions. Education should focus on

- The purpose of criminal case processing and substance abuse treatment
- Integration of substance abuse treatment and pretrial case processing
- The program's purpose, goals, and benefits
- The types of people who will be targeted for admission to the program and the reasons for focusing on them
- How the program differs from current practices.

It is helpful to have

- A *resource book* about the program
- An *operations manual* describing the procedures to be used for screening, assessments, imposing sanctions, and the like
- A *participant handbook*.

Making the program work as intended often begins with development of a pilot program through which operational problems can be identified and resolved before full implementation. This period enables managers to

- Develop operational procedures
- Locate and eliminate bottlenecks
- Iron out communication problems
- Identify unanticipated management needs
- Locate and arrange for additional needed services
- Refine plans for program evaluation.

### Program Review

As the program moves from the startup period to full implementation, the initial plans and program design must be reviewed. New information acquired during the startup period will likely point to the need for some changes.

*(For more information, see TIP 23, pages 31–38; pages 34–37 provide an operations checklist.)*

## PROGRAM EVALUATION

### Process Evaluations

Process evaluations ask questions about how well a program is meeting administrative and procedural goals; for example:

- How well is the program providing services?
- What are the characteristics of the participating defendants?
- Do program services meet the needs of participants?
- How does the program affect the courts, other justice system agencies, and the delivery of substance abuse treatment?

### Outcome Evaluations

The preferred method for outcome evaluations is the use of an experimental design, which focus on the goals of the program. Using this method, defendants would be assigned to one of two groups:

- A control group that does not receive program services or receives only services that were available before implementation
- An experimental group that participates in the program activities and is eligible for all services.

Evaluations are usually conducted by an independent unaffiliated evaluator. The scope, focus, and depth of an evaluation are limited by the funds available; local, State, Federal, and private resources may be available. If needed, assistance from colleges and universities may be sought.

*(For more information, see TIP 23, pages 39–42.)*

## PROGRAM COSTS AND FINANCING

There are three categories of drug court program costs.

1. Treatment and ancillary services providers' costs—They could include the following:
  - Substance abuse screening
  - Detoxification
  - Substance abuse assessment and treatment planning
  - Group, individual, and family counseling
  - Medical assessment and treatment
  - Mental health services
  - Drug-testing equipment and lab services
  - Child care
  - Case management and court liaison activities
  - Computers and software

- Job training and counseling
  - Inpatient or residential treatment services
  - Social service support (e.g., housing, food, and medical care)
  - Aftercare.
2. Justice system costs—A drug court program requires the courts and other justice system agencies to perform new functions. Reorganizing operating procedures involves costs for new equipment or new staff or both. Possible costs include
- Salaries and benefits for justice system personnel, court personnel (judges and staff), and prosecutor’s office staff
  - Defense services
  - Pretrial services
  - Probation services
  - Jail services
  - Computer, software, and programming services
  - Drug-testing equipment and lab services
  - Facilities and services used to impose sanctions for noncompliance with program conditions.

3. Other costs—Some costs cannot easily be allocated to either treatment providers or the justice system. They include costs for
- Client transportation
    - From court to detoxification or a treatment facility
    - From a client's home to court or treatment services
  - Program evaluation
  - Consultants to assist in program design, education, training, and ongoing monitoring and review of operations.

### Funding Strategies

Not all costs of a program are new. Some functions of the program may be displacing other functions, and many of the justice system costs can be met by reorganizing staff and procedures. The principal costs for a treatment drug court program are likely to be for treatment services. These costs can be met through

- Reimbursement from the defendant's health insurance or publicly funded insurance (e.g., Medicaid)
- State or local funding of substance abuse treatment services

- Grant support from foundations or public agencies
- Fees paid by participating defendants.

There are short-term approaches to funding as well, including

- Volunteers—Individuals from local community service organizations, professional organizations, and the community can play a valuable role in providing ancillary services.
- Grants—A person with experience in preparing grant applications can help identify potential funding sources and prepare persuasive proposals to government and private funding sources.
- Local philanthropists—Philanthropists are often willing to contribute to creative programs that cannot be funded by conventional sources. The Foundation Center in Washington, D.C., publishes a directory of such organizations and the types of programs they fund.
- Nontraditional partners—Treatment drug court programs provide opportunities for new partnerships involving organizations that have little to do with courts or substance abuse treatment.
  - Chambers of commerce and other civic organizations may be able to provide job placement services or apprenticeship programs.

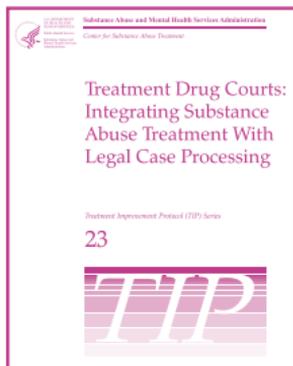
- ♦ Grocery stores and restaurants can provide jobs.
- ♦ Faith-based organizations can provide meeting space.
- Entitlement and insurance income—Some defendants are eligible for entitlement programs that can help fund substance abuse treatment and ancillary services. Veterans, for example, are eligible for substance abuse services under the VA's Uniform Benefits Package. Younger clients may be entitled to educational support. Some third-party payers can be used to help fund substance abuse treatment, including:
  - ♦ Medicare
  - ♦ Supplemental Security Income (SSI) disability insurance
  - ♦ TRICARE, formerly CHAMPUS (the Federal system of healthcare payments for military personnel and their dependents)
  - ♦ Private health insurance
  - ♦ Medicaid.

*(For more information, see TIP 23, pages 43–45.)*

# Ordering Information

---

## TIP 23 *Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing*



Do not reproduce or distribute this publication for a fee without specific, written authorization from the Office of Communications, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

### Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**
2. Visit CSAT's Web site at [www.csat.samhsa.gov](http://www.csat.samhsa.gov)



## Other Treatment Improvement Protocols (TIPs) that are relevant to this Quick Guide:

---

**TIP 7**, *Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System (1993)* BKD138

**TIP 12**, *Combining Substance Abuse Treatment With Intermediate Sanctions for Adults in the Criminal Justice System (1994, Reprinted 2000)* BKD144

**TIP 17**, *Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System (1995)* BKD165

**TIP 30**, *Continuity of Offender Treatment for Substance Use Disorders From Institution to Community (1998)* BKD304

See the inside back cover for ordering information for all TIPs and related products.