



***Final Report***

## **HAWAI'I DRUG COURTS: STATEWIDE PROCESS EVALUATION**

---

Presented by:

**The National Center for State Courts  
Court Consulting Services Division**

Presented to:

**OFFICE OF THE ADMINISTRATIVE DIRECTOR  
PLANNING AND PROGRAM EVALUATION OFFICE  
THE JUDICIARY: STATE OF HAWAI'I**

*January 2006*

Daniel J. Hall  
Vice President, Court Consulting Services  
(303) 293-3063

National Center for State Courts  
707 17<sup>th</sup> Street, Suite 2900  
Denver, CO 80202

# **HAWAI'I DRUG COURTS: STATEWIDE PROCESS EVALUATION**

---

## **The Office of the Administrative Director, The Judiciary: State of Hawai'i and The National Center for State Courts**

This document has been prepared under an agreement dated June 24, 2005 between the National Center for State Courts and the Office of the Administrative Director, The Judiciary: State of Hawai'i. The points of view and opinions offered in this report are those of the project consultants and do not necessarily represent the official policies or position of the Office of the Administrative Director, The Judiciary: State of Hawai'i or the National Center for State Courts.

# HAWAI'I DRUG COURTS: STATEWIDE PROCESS EVALUATION

---

## NCSC PROJECT TEAM

### PROJECT PRINCIPALS

**DAWN MARIE RUBIO, J.D.** ..... **PROJECT DIRECTOR**  
**NCSC PRINCIPAL COURT MANAGEMENT CONSULTANT**

**FRED L. CHEESMAN, PH.D.**..... **RESEARCH AND METHODOLOGY DIRECTOR**  
**NCSC SENIOR COURT RESEARCH ASSOCIATE**

**LARRY T. WEBSTER, M.S.** ..... **INFORMATION TECHNOLOGY DIRECTOR**  
**NCSC PRINCIPAL COURT MANAGEMENT CONSULTANT**

**MARY DURKIN, M.A.** ..... **PROCESS EVALUATION RESEARCHER**  
**INDEPENDENT CONSULTANT**

**MARTHA WADE STEKETEE, M.S.W.** ..... **PROCESS EVALUATION RESEARCHER**  
**INDEPENDENT CONSULTANT**

# HAWAI'I DRUG COURTS: STATEWIDE PROCESS EVALUATION

## FINAL REPORT

### TABLE OF CONTENTS

<i>Executive Summary</i> .....	<i>i</i>
<b>Part A. Introduction, Methodology, Literature Review, National Standards and Best Practices, and the Hawai'i Drug Courts</b> .....	<b>1</b>
Section I. Introduction .....	1
Section II. Methodology .....	6
Section III. Literature Review, National Standards and Best Practices ..	11
Section IV. The Hawai'i Drug Courts .....	24
<b>Part B. Research Findings and Analyses</b> .....	<b>31</b>
Section I. Process Evaluation Discussion .....	31
Section II. Logic Models Discussion .....	75
<b>Part C. Hawai'i Drug Courts' Core Data Set</b> .....	<b>83</b>
Section I. Review of Hawai'i's Core Data Set .....	83
Section II. Commentary .....	88
<b>Part D. The Outcome Evaluation</b> .....	<b>96</b>
<b>Part E. Conclusions and Recommendations</b> .....	<b>101</b>

### LIST OF APPENDICES

- Appendix A. First Circuit-Oahu Adult Drug Court
- Appendix B. First Circuit-Oahu Juvenile Drug Court
- Appendix C. First Circuit-Oahu Family Drug Court
- Appendix D. Second Circuit-Maui Adult Drug Court
- Appendix E. Second Circuit-Maui Family Court Drug Court
- Appendix F. Third Circuit- The Big Island of Hawai'i Adult Drug Court
- Appendix G. Third Circuit- The Big Island of Hawai'i Juvenile Drug Court
- Appendix H. Fifth Circuit-Kaua'i Adult Drug Court
- Appendix I. Fifth Circuit-Kaua'i Juvenile Drug Court

# HAWAI’I DRUG COURTS: STATEWIDE PROCESS EVALUATION

## FINAL REPORT

### GLOSSARY OF ACRONYMS

Addiction Severity Test .....	ASI
Adoption and Safe Families Act of 1997.....	ASFA
Adult Self-assessment Questionnaire .....	ADSAQ
Adult Substance Abuse Survey.....	ASUS
Alcoholics Anonymous .....	AA
American Society of Addiction Medicine.....	ASAM
Big Island Adult Drug Court.....	BIDC
Big Island Drug Court Juvenile .....	BIDCJ
Big Island Substance Abuse Council .....	BISAC
Breakthrough for Youths .....	BTY
Bureau of Justice Assistance.....	BJA
Center for Court Innovation .....	CCI
Certified Substance Abuse Counselor .....	CSAC
Child Welfare Services .....	CWS
Coalition for a Drug Free Hawai’i .....	CDFH
Cognitive Behavioral Therapy .....	CBT
Conference of Chief Justices .....	CCJ
Conference of State Court Administrators .....	COSCA
Core Data Set .....	CDS
Criminal Justice System .....	CJS
Criminal Justice-Drug Abuse Treatment Studies .....	CJ-DATS
Department of Education .....	DOE
Department of Health.....	DOH
Department of Human Services.....	DHS
Department of Justice .....	DOJ
Deputy Attorney General.....	DAG
Detention Hall.....	DH
Domestic Violence .....	DV
Drug Court Coordinating Committee .....	DCCC
Drug Court Programs Office .....	DCPO
Drug Enforcement Administration .....	DEA
Family Drug Treatment Court .....	FDTC
Fiscal Year .....	FY
General Accounting Office.....	GAO
Guardian ad Litem .....	GAL
Hawai’i Youth Correctional Facility.....	HWCF
Intensive Outpatient Treatment .....	IOP
Juvenile Drug Court.....	JDC
Kaua’i Adult Drug Court.....	KDC
Kaua’i Drug Court Juvenile.....	KJDC
Kid’s Behavioral Health .....	KBH
Length-of-Stay.....	LOS
Level of Supervision Inventory.....	LSI
Management Information Systems .....	MIS
Maui Adult Drug Court.....	MDC
Maui Community Correctional Center.....	MCCC
Maui Family Court Drug Court.....	MFCDC
Memorandum of Understanding.....	MOU
Michigan Alcohol Screening Test .....	MAST
Multi-systemic Therapy .....	MST
Narcotics Anonymous.....	NA
National Association of Drug Court Professionals.....	NADCP
National Center for State Courts .....	NCSC

National Council of Juvenile and Family Court Judges .....	NCJFCJ
National Drug Court Institute .....	NDCI
National Research Advisory Committee.....	NRAC
Oahu Adult Drug Court.....	ODC
Oahu Family Drug Court .....	OFDC
Oahu Juvenile Drug Court .....	OJDC
Offender Profile Index .....	OPI
Office of Justice Programs .....	OJP
Probation Officer.....	PO
Public Defender.....	PD
Substance Abuse.....	SA
Substance Abuse and Mental Health Services Administration.....	SAMSHA
Therapeutic Living Program .....	TLP
Treatment .....	Tx
Urinalysis .....	UA
Youth Level of Supervision Inventory .....	YLSI

## Executive Summary

The *Hawai'i Drug Courts: Statewide Process Evaluation Report* describes results from a process evaluation of Hawai'i's adult, juvenile, and family Drug Courts, the first phase of a planned three phase comprehensive evaluation of these courts. In essence, the process evaluation provided answers to each of the following questions<sup>1</sup> for each drug court in Hawai'i, as well as a statewide summary:

- 1. How was the program developed—who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?**
- 2. What are the policies and procedures of the drug court? How have they changed over time and why? Policies and procedures should cover: (a) screening (selection) criteria used to determine eligibility, including the types of offenses allowed; (b) the point in the criminal justice system at which referrals to drug court occur; (c) program requirements; and (d) sanctions available in cases of noncompliance.**
- 3. What is the size and nature of the total population eligible for drug court? How are screening and referral functions carried out? How many people are referred to drug court, how many are accepted, and why are those not accepted rejected?**
- 4. What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?**
- 5. What are the characteristics of available treatment interventions? What treatment and other services are participants getting?**
- 6. What are the major case processing steps? What happens to participants in drug court? What is their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, etc.?**
- 7. Who are the staff and what are their responsibilities? What is the drug court's annual budget and sources of funds?**
- 8. Is there an advisory board or governing task force, and if so, who serves and what are their responsibilities? Include the roles of the judge, prosecutor, and defense attorney.**
- 9. What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, etc. What information is routinely made available to and/or required by these agencies?**
- 10. What local conditions (court caseloads, community attitudes, local culture, etc.) affect the drug court?**

---

<sup>1</sup> See Roehl and Guertin, 2000; <http://www.american.edu/academic.depts/spa/justice/jrc.html>.

**11. How long do participants stay in the drug court? Who drops out, at what point, and why? How many participants [number and percentage, Bureau of Justice Assistance [BJA]], with what characteristics, graduate from drug court?**

**12. The percentage of drug court clients who are arrested while in the program and their charges (BJA).<sup>2</sup>**

Additionally, the NCSC Process Evaluation answered the following questions:

**13. How does the operation of the drug court compare to the standards and guidelines articulated in *The Ten Key Components of Drug Courts* and other established standards and guidelines, such as *The 16 Key Strategies for Juvenile Drug Courts and Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*, as appropriate.**

**14. How will the process evaluation provide a foundation for Phase II and Phase III of the comprehensive evaluation of Hawai'i's drug courts?**

The NCSC project team developed an interactive and multi-method approach to gather the quantitative and qualitative information necessary to complete the Statewide Process Evaluation of Hawai'i's drug courts. The tasks completed by NCSC to conduct the Process Evaluation fell into six major categories:

- Review of Background Information and Documents
- Literature Review and Review of National Standards and Best Practices
- Focus Groups and Interviews
- Court Observation
- Closed Case File Review
- Review of Drug Court Management Information Systems

In this Executive Summary, findings of the process evaluation are summarized. First, NCSC summarizes the evidence addressing the research questions listed above.

***Research Question 1. How was the program developed—who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?***

The path for the development, implementation, and ongoing operations of each drug court varies by necessity and local culture. Noteworthy in the development of each of these programs, however, is a point in time, collaboration, experience, or personality that charters the direction of the program.

---

<sup>2</sup> Because the focus of family dependency drug courts substantially differs from traditional criminal drug courts, this question will apply only to adult and juvenile drug courts.

- **Oahu Adult Drug Court (ODC)**-The Oahu Adult Drug Court was established by Act 25<sup>3</sup> of the Special Session of the 1995 Hawaii Legislature as the Hawaii Drug Court Program. The development of the drug court program was a collaborative effort involving key stakeholders, including the Judiciary, Office of the Prosecutor, Office of the Public Defender, the Department of Public Safety, the Honolulu Police Department, and the community.
- **Maui Adult Drug Court (MDC)**-The program was initiated by the success of the Oahu Adult Drug Court program. Maui Drug Court founders observed an inequity in that Maui citizens were jailed for their entire drug related sentence while on Oahu (where there was a drug court), people with drug addictions were being diverted, and became determined to create a similar program on Maui.
- **Big Island Adult Drug Court (BIDC)**-A Planning Team was formed in 2000 consisting initially of ten members including two judges, prosecutor, public defender, treatment providers from the East and West sides of the island, and drug court coordinator. The Planning Team met monthly over a period of two years to design the structure and operations of the program. The result was a minimum 12-month, three-phase program with defined goals and objectives and a plan to provide a continuum of comprehensive services, substance abuse treatment, and intensive judicial supervision to non-violent felony substance abusing offenders.
- **Kaua'i Adult Drug Court (KDC)**-The program is a collaborative effort of the State Judiciary, State Public Defender, and Kaua'i County Prosecutor with various other agencies, including local law enforcement and the Department of Health, and private non-profit organizations making important contributions to its successful operations. The drug court coordinator, with 20 years of experience in adult probation services, brought his knowledge of the service provider network and other community and state resources to the effort and gathered materials from already established drug courts in other jurisdictions. The result was a minimum 12-month, three-phase program with defined goals and objectives and a plan to provide an intensive supervision and treatment program for non-violent felony offenders.
- **Oahu Juvenile Drug Court (OJDC)**-The court was in crisis when the current judge rotated into the position of juvenile drug court judge about two years ago. The court was initially funded by an Implementation Grant from the then Office of Drug Court Programs. The grant was administered by the City and County of Honolulu through the Office of Community Affairs, but this arrangement failed to keep the court funded. It took intensive lobbying by the current judge to get the city to release enough money to keep the court in operation. Because the future of the court was uncertain at this point, valuable staff were lost during this period and it took years to rebuild the court staff. Multi-systemic Therapy (MST) for drug court participants and their families was also dropped as a treatment option at this point. Conflict between prosecutors and public defenders also threatened the relatively new court although their differences were eventually reconciled after intervention by the current judge.
- **Big Island Drug Court, Juvenile Division (BIDCJ)**-The drug court judge brings the same philosophy to the juvenile drug court as to the adult drug court, which is to say that the key to long-term success with drug court participants is to change their "criminal-thinking patterns." Substance abuse is seen to be a symptom of this style of thinking about society. As a result of this philosophy, probation officers (POs) working with the court are very deterrence-oriented ("hound and pound"), and a sentence to the drug court is similar to a sentence to intensive probation.

---

<sup>3</sup> Act 25, *A Bill for an Act Relating to Crime*, S.B. NO. 2-S, Legislature of the State of Hawai'i, 1995 Special Session.

- **Oahu Family Drug Court (OFDC)**-The court was developed in response to a general frustration of removing children from substance abusing parents without the hope of ameliorating the substance abuse or returning the child within the demands of federal timelines dictated by the Adoption and Safe Families Act of 1997, Public Law 105-89 (ASFA).<sup>4</sup> As such, efforts were needed to improve the existing service delivery model, which did not focus on strength-based techniques to reunite the families of substance abusing parents. There was a high level of support for this endeavor in the Family Court of the First Circuit.
- **Maui Family Court Drug Court (MFDC)**- The overriding reason for the development and format of the drug court was the recognition that (1) families come before the family court at multiple entry points and represent various case types; (2) substance abuse is an overriding issue in family court cases; and (3) effective treatment of substance abuse and the related impact it has on children and families requires a *..comprehensive coordinated, integrated services that combine the skills and resources of various community entities.*"

### **Research Question 2. What are the policies and procedures of the drug court?**

Generally, the most significant operational policies and procedures of the Hawai'i drug courts address (1) referral/screening/admission; (2) sanctions/incentives; (3) case staffings; and (4) court hearings. While all of the drug courts have formal referral, screening, and admission practices, not all are memorialized in a policy and procedures manual. Notwithstanding, routine and experience reinforce the process. Referral, screening, and admission policies and processes provide clarity and expedite the identification and admission of the participants to the drug court.

All drug courts have a series of sanctions that are applied to the drug court participant in cases of noncompliance. However, some of the drug courts (Oahu Adult Drug Court and Maui Adult Drug Court) have further broken down sanctions into therapeutic, program, and court sanctions. The latter are only enforced by the drug court judge, in consultation with staff. However, when internal sanctions are imposed and not complied with, the judge enforces those sanctions when requested by the program. Many of the drug courts indicate that while sanction schedules exist and are broken down by severity of the infraction and resulting sanction, they are not applied as a formula but are left to the discussion of the drug court team. The most severe sanction is termination from the drug court program. While all the drug courts have incentives schedules, most interview and focus group respondents across the state indicate that the courts do not emphasize the use of incentives as much as that of sanctions. Most incentives reward periods of sobriety and progression through treatment.

All but one (Oahu Adult Drug Court) of the drug courts utilize the drug court team case staffing<sup>5</sup> process to discuss cases and participant progress. Court reviews are held in all of the drug courts. However, the frequency of participant attendance depends upon the specific requirements of each drug court program. Generally, however, more frequent court reviews take place early on in the participant's involvement with the drug court.

---

<sup>4</sup> The Adoption and Safe Families Act of 1997, Public Law-105-89, 45 C.F.R. §§ 1355, 1356 & 1357.

<sup>5</sup> For a drug court, a "staffing" refers to the in-person case conferences of the drug court team prior to the drug court hearing. The practice of holding a staffing or case conference prior to the formal court hearing for each case is a feature distinctive to drug courts and is designed to allow all team members to discuss progress and issues in the case and determine what response from the program would be appropriate.

**Research Question 3. What is the size and nature of the total population eligible for drug court? How are screening and referral functions carried out? How many people are referred to drug court, how many are accepted, and why are those not accepted rejected?**

Almost universally, offenders with histories of violence or sex offenses or who suffer from severe mental illness are not eligible to participate in Hawai'i's drug courts. Screening and assessment instruments, such as the Level of Supervision Inventory (LSI) and the supporting Adult Substance Use Survey (ASUS), the Youth Level of Supervision Inventory (YLSI), and a Biopsychosocial Assessment, are used in every court. Referrals to the drug court programs come from multiple sources (and may depend on the track or point of entry) and include judges, private defense counsel and public defenders (PDs), and probation officers (POs). For the adult drug courts, rejection rates vary from a high of 68 percent for Oahu to a low of 4 percent for Maui.<sup>6</sup> For the Oahu Juvenile Drug Court, rejection rate was about 46 percent (no figures available for the Big Island Juvenile Drug Court). For the Oahu Family Drug Court, the rejection rate was about 35 percent, which includes those who voluntarily decide not to participate.

**Research Question 4. What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?**

Data to answer this very basic question are limited. The importance of this information is its power to link participant characteristics and drug court program outcomes. Anecdotal reports, however, indicate the following: (1) women are the primary participants in family drug court (and of the Big Island Juvenile Drug Court); (2) males are the primary participants in adult drug courts; (3) the primary drug of choice for all drug courts is methamphetamine.<sup>7</sup> Statistical analysis of the limited amount of automated, quantitative data available revealed that terminations tend to be younger, have more prior non-violent, non-drug offenses (indicating a longer standing record of criminality), and are more likely to be male and white than graduates.

**Research Question 5. What are the characteristics of available treatment interventions? What treatment and other services are participants getting?**

Drug court participants are exposed to a range of substance abuse treatment and ancillary services. Treatment modalities include cognitive behavioral therapy. Inpatient and outpatient treatment are available universally, though residential treatment (especially for juveniles) is problematic on every island except Oahu and Maui. Family therapy is available in adult (Oahu, and Maui), juvenile (Oahu and Big Island), and family (Oahu and Maui) drug courts. Finally,

---

<sup>6</sup> The reasons for the rejection rate variance among the adult drug courts are speculative at this point. They may include a more problematic population of referrals that does not meet eligibility criteria in one location versus others or a local "open door" admission policy. The disparity does raise the issue, however, of the selection of the "cream of the crop" and warrants further review.

<sup>7</sup> Methamphetamine (aka "meth") is a powerful central nervous system stimulant. Typically meth is a white powder that easily dissolves in water but is also ingestible in pill form. Another form of meth, in clear chunky crystals, called "crystal meth," or "ice," is the smokeable form of the drug (KCI, 2006, [http://www.kci.org/meth\\_info/faq\\_meth.htm](http://www.kci.org/meth_info/faq_meth.htm)). According to the Drug Enforcement Administration (DEA), ice is the drug of choice in Hawaii and is considered by far the most significant drug threat. Per capita, Hawaii has the highest population of ice users in the nation (DEA, 2006, <http://www.dea.gov/pubs/states/hawaii.html>).

identified service gaps include: residential treatment, mental health treatment, clean and sober housing, after care and alumni groups.

**Research Question 6. What are the major case processing steps? What happens to participants in drug court? What is their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, etc.?**

A common feature of all of Hawai'i's drug courts is the development of a series of steps and milestones for the progression through the drug court. Participants enter the drug court through multiple tracks and various referral points.<sup>8</sup> Generally, a standardized instrument informs the eligibility and admission process. Progression is marked through a series of phases in which the participant must comply with requests for random and frequent UAs and attend court hearings to review their progress. Finally, in order to graduate from the drug court, the participant must complete a schedule of graduation requirements.

While the specific order may vary, the processes of the adult, juvenile, and family drug courts are similar and can be classified into the following categories:

1. Referral
2. Determination of eligibility
3. Assessment, intake, and orientation
4. Admission
5. Drug court program
  - Phases and advancement criteria
  - Drug testing
  - Intensive supervision and case management
  - Treatment
  - Ancillary Services
  - Sanctions and incentives
  - Staffings
  - Hearings
6. Exit
  - Graduation
  - Termination
  - Withdrawal

To be sure there is variation within these processes among the courts. The source of referrals, the involvement of the prosecutor in screening cases, the assessment instruments used, the number of program phases and the advancement criteria, the frequency of use of sanctions and incentives, and the Length-of-Stay (LOS) in phase and in the entire program all vary at least somewhat among the courts. There is also variation in the treatments used by the courts and, of course, different age-appropriate treatments will be needed for juveniles than adults and likewise different treatments will be needed for participants of family drug court. However, the basic

---

<sup>8</sup> The exceptions are Oahu Family Drug Court and Big Island Juvenile Drug Court which have a single point of entry.

architectures of the drug court programs, adult, juvenile, and family, have much more in common than they do differences.

The general similarity in the processes used by adult drug courts is not surprising because all have sought to structure themselves in accordance with the 10 Key Components (their levels of compliance with the 10 Key Components are found in the program narratives contained in the appendices). The juvenile programs have been structured similarly to the adult programs but also in accordance with the 16 strategies for planning, implementing, and operating a juvenile drug court.<sup>9</sup> Likewise, the family drug courts are also patterned after the applicable elements of the 10 Key Components and the common characteristics of early family drug courts identified in *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*.<sup>10</sup>

**Research Question 7. Who are the staff and what are their responsibilities? What is the drug court's annual budget and sources of funds?**

Most drug court teams (as opposed to staff) are comprised of a combination of judicial, court employees, agency personnel, and treatment providers. Others who complete the drug court team vary by drug court type but the range of team members includes: the prosecutor/Deputy Attorney General (DAG), the PD, Guardians ad Litem (GALs), Child Welfare Services (CWS) caseworkers, law enforcement, probation and parole services, treatment service providers, Department of Education (DOE) and Department of Health (DOH) personnel.

Drug Court budgets (FY 2004-2005) for adult courts range from \$1,004,881 for Oahu to \$485,702 for Maui. The drug court budgets reported for Oahu Juvenile and Family drug courts were \$664,220 and \$859,197, respectively.

**Research Question 8. Is there an advisory board or governing task force, and if so, who serves and what are their responsibilities?**

Many of the drug courts have been assisted or informed by an advisory board. Advisory boards have been active in the planning and implementation phase of the drug courts (Oahu-Adult, Juvenile and Family; Maui-Adult and Family; Big Island Adult and Family). Several of the advisory boards, whether internal or external to the drug court, have active on-going roles in the operation and/or policy development for the drug court (Oahu-Adult and Juvenile; Maui-Family; and Big Island-Adult and Juvenile).

---

<sup>9</sup> National Drug Court Institute and National Council of Juvenile and Family Court Judges, 2003. *Juvenile Drug Courts: Strategies in Practice*. NCJ187866. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

<sup>10</sup> National Drug Court Institute and Center for Substance Abuse Treatment, *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*, Washington, D.C.: 2004).

**Research Question 9. What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, etc. What information is routinely made available to and/or required by these agencies?**

As articulated in *The Ten Key Components of Drug Courts* (Component 1, 2, 4, 6, and 10), *The 16 Key Strategies for Juvenile Drug Courts* (Strategy 1, 2, 6, and 13) and *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model* (Characteristic 1, 3, 6, 12, and 13), a hallmark of the drug court is the degree of coordination and collaboration between the court and other agencies. Developing viable partnerships is critical to the success of the drug court. Generally, Hawai'i's drug courts appear to enjoy a high degree of coordination, collaboration, and cooperation among agencies. Examples include: the number of courts that have drug court team staffings; non court agencies who have dedicated staff to the drug court; the development of memoranda of understanding (MOU) between agencies outlining their commitment to each other; and drug court team members taking positions that conflict with perceived roles in order to enable the drug court participant to succeed (e.g., the PD who urges that the drug court team is being too soft on her client). Challenges to optimal levels of coordination and collaboration were noted, however.

- Oahu Adult Drug Court-The court hearing proceedings operate separately from drug court program staff procedures, so ongoing opportunities for all team members to work together in the context of cases are limited. This inhibits a common understanding of the philosophy, policies, and procedures of both the treatment and court system components of the program.
- Big Island Adult Drug Court-In the last year, there have been reorganizations at two of the provider agencies, posing some transition issues which, in one instance, do not appear to be fully resolved. Frequent case manager changes and lack of timely responses from the community mental health centers were also noted.
- Oahu Juvenile Drug Court-Interaction is somewhat clouded by the apparent resentment that regular juvenile POs feel about drug court POs. Resentment reportedly stems from the perception of regular POs that drug court cases require a disproportionate amount of probation resources in comparison to other probation cases. This perception leads to a reluctance to refer eligible cases to drug court.
- Maui Family Court Drug Court-Turf issues and a lack of understanding of the drug court model, the dynamics of addiction, and the concept of consensus building are the primary inhibitors to an optimal level of coordination, collaboration and cooperation among agencies. This is especially evident from interviews regarding "S" Track cases; particularly when there is a tension between the child safety issue and the parent participant's substance abuse and addiction.

**Research Question 10. What local conditions (court caseloads, community attitudes, local culture, etc.) affect the drug court?**

The local and environmental context of the drug courts are important factors in understanding and assessing their operations. Universally, drug courts were able to identify conditions that positively and negatively affect the drug court.

- On Oahu, the enactment of Act 161<sup>11</sup> and related Act 44<sup>12</sup> has affected the number of referrals for Track 1 because most first time offenders are now placed on probation. This has freed up resources for Track 3 referrals, which have increased.
- On the Big Island, the large geographic area of Hawai'i Island requires that the drug court operate in two locations and the challenges of managing operations in two separate locations are significant.
- On Kaua'i, the most significant factor is the limited treatment resources and other support services on the island. Clean and sober housing is in short supply, and, again, some participants secure appropriate housing on Oahu or the Big Island.
- Affecting all juvenile drug courts, enforcement of truancy laws seems lax, and there appears to be little to keep juveniles in treatment short of the drug court.
- For the Oahu Family Drug Court, Hawaiian culturally-based treatment services that use the cultural strengths of those cultures to address primary population has made a significant positive impact on the success of the drug court; including those of non-Hawaiian decent. Inadequate family court facilities necessitated housing the family drug court personnel off site. The lack of available courtroom and staffing space creates challenges, as well.
- For the Maui Family Drug Court, turf issues, a lack of understanding of the drug court model, and the concept of consensus building are the primary inhibitors to an optimal level of coordination, collaboration, and cooperation among agencies.

**Research Question 11. How long do participants stay in the drug court? Who drops out, at what point, and why? How many participants (number and percentage, BJA), with what characteristics, graduate from drug court?**

Data are limited to respond to this research question. For most drug courts, the lack of a client specific database makes it impossible to easily answer queries about participants with which demographics and program performance characteristics ultimately graduate, terminate, and continue on in the program. Some automated data are available from Oahu Adult Drug Court, Big Island Adult Drug Court, Kaua'i Adult Drug Court, and Oahu Juvenile Drug Court. While not generated from an automated database, the Oahu Family Drug Court supplied related data.

Oahu Adult Drug Court: 449 participants had graduated from the Oahu Adult Drug Court. Based on the total number of admissions to that date (747) and currently active cases (99), the overall graduation rate is 69 percent and the retention rate is 73 percent. One hundred sixty-eight (168) participants had been terminated from the program for a termination rate of 26 percent.

Information on average time from referral or admission to graduation or termination from the program was limited due to missing data on either the date of admission or the date of graduation or termination in the program's database. Complete data available on 106 of 449 total graduates indicated an average time between referral

---

<sup>11</sup> Act 161, Session Laws of Hawai'i, 2002.

<sup>12</sup> Act 44, Session Laws of Hawai'i, 2004.

and exit of 777 days or approximately 26 months. Complete data for 23 of a total of 168 terminations showed an average time between referral and exit of 560 days or slightly less than 19 months. The program coordinator estimated that the average length of stay in program for graduates is currently 21 months, due to the addition of the post treatment phase and that terminations tend to exit in months 12 through 18, usually because of new arrests or absconding.

Time in each phase could only be calculated for a limited number of cases due to missing data on key dates and is not included because it may not be representative of overall time frames. For instance, data on the average number of days in Phase 1 was limited to 96 graduates and only 18 terminations, and data on the average number of days in Phase 2 was limited to 66 graduates and only two terminations..

Big Island Adult Drug Court-29 participants have graduated from the drug court. Based on the total number of admissions and currently active cases, the overall graduation rate is 67 percent and the retention rate is 84 percent. The graduation and retention rates for Hilo are 58 percent and 81 percent, respectively. The graduation and retention rates for Kona are 78 percent and 87 percent, respectively. Fourteen participants had been terminated from the program, eight in Hilo and six in Kona.

The average time from referral to graduation in Kona was 17.8 months, although the median time was closer to 16 months. In Hilo, the average time to graduation was approximately 16.5 months and the median was closer to 15 months. There is a wide distribution of times to termination in Kona which is reflected in the difference between the average and median, approximately 13.2 months as compared to 9.7 months. There is less difference in Hilo; the average time to termination was approximately 14.8 months and the median was 13.6 months.

Kaua'i Adult Drug Court-Thirteen participants have graduated. Based on the total number of admissions and active cases, this represents a graduation rate of 59 percent and a retention rate of 79 percent. Nine participants had been terminated from the program.

For the graduates for which complete data was available, the average time from program entry to exit was approximately 14 months, and ranged from a minimum of just over 13 months in one case to almost 18 months in another. The average time from entry to termination was slightly less than 11 months, but ranged from approximately five months to 16.5 months. Median times are generally lower, but not significantly different.

The proposed time frame for Phase 1 is two to four months. For graduates, time in Phase 1 ranged from approximately 2.5 months in one case to slightly more than 9 months in another. Because of this range, the median, approximately 4.2 months, is a better indicator. Those participants who were eventually discharged from the program appear to spend a longer average time, approximately eight months, in Phase 1. However, the limited number of cases and the range, from a minimum of four months to a maximum of more than 12 months, precludes any conclusion. Average time in Phases 2

and 3 for graduates is within the proposed time frames for these stages, which are 7 to 12 months and three to eight months, respectively.

Oahu Juvenile Drug Court-The program has produced 45 graduates and 20 terminations. Data supplied by the program indicated that the average amount of time between screening and admission or rejection was almost 27 days. The average number of days between admission and graduation was about 564 days (1.55 years), six months beyond the required minimum stay. The average number of days between admission and termination was 467 days (1.28 years), a lot of time to have invested in cases that ultimately failed. The maximums for both graduates and terminations represent a major investment in time and resources in these participants.

Oahu Family Drug Court-To date, 53 participants have graduated and 28 participants have been terminated from the drug court. For the drug court participant, the average length of participation to graduation is 12 months; average length of participation for terminations is three months; and average length of first court date to admission is 30 days.

**Research Question 12. What is the percentage of drug court clients who are arrested while in the program and their charges (BJA).<sup>13</sup>**

Data on in-program arrests and charges are not reported because, with one exception, Oahu Adult Drug Court, none of the drug court databases examined recorded this information. The Drug Court CMS 2000 database, used in Kaua'i and the Big Island, contains fields to list, arrests, charges and convictions, so that theoretically it would be possible to record both in-program and post-graduation recidivism but none of these fields were populated with data in any of these courts. While the Oahu Adult Drug Court was likewise able to record information on in-program recidivism, only one instance of an in-program arrest was reported which seems low and reduces our confidence in the integrity of their data in this instance. NCSC did obtain post-graduation arrest data from the Oahu Adult Drug Court which appears to be credible. Other than the data reported by the Oahu Adult Drug Court to NCSC, the most authoritative source of information on post-graduation recidivism comes from the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005 which reported the following:

- Oahu Adult Drug Court-As of July 2005, 57 of 443 graduates, 13 percent, had been convicted of misdemeanor or felony crimes following exit from the program. It should be noted that 24 (42 percent) of the clients who recidivated were convicted on misdemeanor non-drug-related crimes and an additional 14 (25 percent) on felony non-drug-related crimes. In addition to the data on convictions reported in the report to the Chief Justice, the ODC supplied NCSC with data on post-graduation arrests. Analysis of this data indicated a post-graduation re-arrest rate

---

<sup>13</sup> Because the focus of family dependency drug courts substantially differs from traditional criminal drug courts, this question will apply only to adult and juvenile drug courts. Other measures of in-program recidivism should be considered for the family drug court (e.g., new incidents of abuse and neglect of the child while under the court's jurisdiction). However, for inclusion in the Core Data Set, the Oahu Family Drug Court intends to track post-graduation incidents of abuse and neglect arrests.

of 32 percent for program graduates though, unfortunately, no comparable data were reported for program terminations.

- Maui Adult Drug Court-The MDC has tracked recidivism of criminal activity in terms of arrests and convictions for its program graduates. There have been 159 graduates since the program's inception in 2000. Of these, as of the data collection of the 2005 report, there had been 39 arrests for arrest rate of 25 percent, 10 total convictions for conviction rate of 6 percent. It should be noted that there were 8 total felony convictions, 4 drug related felony convictions, and an additional 5 misdemeanor convictions. Three graduates were convicted of both a felony and a misdemeanor after graduating from the drug court program.
- Big Island Adult Drug Court-As of July 2005, no graduates had been convicted of crimes following exit from the program.
- Kaua'i Adult Drug Court- As of July 2005, no graduates of the program had been convicted of a crime.
- Oahu Juvenile Drug Court- As of July 2005, 2.5 percent of the program's graduates had been convicted of crimes following exit from the program.

**Research Question 13. How does the operation of the drug court compare to the standards and guidelines articulated in *The Ten Key Components of Drug Courts* and other established standards and guidelines, such as *The 16 Key Strategies for Juvenile Drug Courts and Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*, as appropriate.**

The following tables provide general "report card" assessments of the performance of Hawai'i's drug courts in comparison to the national standards and best practices articulated in *The Ten Key Components of Drug Courts* and other established standards and guidelines, such as *The 16 Key Strategies for Juvenile Drug Courts and Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*, as appropriate. As evidenced by the report cards, the drug courts of Hawai'i are doing well with respect to these standards and best practices. A few areas are identified as needing improvement. And, of course, even with those items marked as satisfactory, opportunities exist for improvement.

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

<b>Hawai'i Statewide Juvenile Drug Courts Report Card</b>		
<b>National Standard or Best Practice</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
<b>Strategy 1.</b> Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.	√	
<b>Strategy 2.</b> Develop and maintain an interdisciplinary, non-adversarial work team.	√	
<b>Strategy 3.</b> Define a target population and eligibility criteria that are aligned with the program's goals and objectives.	√	
<b>Strategy 4.</b> Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.	√	
<b>Strategy 5.</b> Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.		√
<b>Strategy 6.</b> Build partnerships with community organizations to expand the range of opportunities available to youth and their families.	√	
<b>Strategy 7.</b> Tailor interventions to the complex and varied needs of youth and their families.	√	
<b>Strategy 8</b> Tailor treatment to the developmental needs of adolescents.	√	
<b>Strategy 9.</b> Design treatment to address the unique needs of each gender.		√
<b>Strategy 10.</b> Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.	√	
<b>Strategy 11.</b> Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.	√	
<b>Strategy 12.</b> Recognize and engage the family as a valued partner in all components of the program.	√	
<b>Strategy 13.</b> Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.	√	
<b>Strategy 14.</b> Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.	√	
<b>Strategy 15.</b> Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.		√
<b>Strategy 16.</b> Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.	√	

<b>Hawai'i Statewide Family Drug Courts Report Card</b>		
<b>National Standard or Best Practice</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
<b>Characteristic 1.</b> <i>Integrated a focus on the permanency, safety, and welfare of abused and neglected children with the needs of the parents.</i>	√	
<b>Characteristic 2.</b> <i>Intervened early to involve parents in developmentally appropriate, comprehensive services with increased judicial supervision.</i>	√	
<b>Characteristic 3.</b> <i>Adopted a holistic approach to strengthening family function.</i>	√	
<b>Characteristic 4.</b> <i>Used individualized case planning based on comprehensive assessment.</i>	√	
<b>Characteristic 5.</b> <i>Ensured legal rights, advocacy, and confidentiality for parents and children.</i>	√	
<b>Characteristic 6.</b> <i>Scheduled regular staffings and judicial court review.</i>	√	
<b>Characteristic 7.</b> <i>Implemented a system of graduated sanctions and incentives.</i>	√	
<b>Characteristic 8.</b> <i>Operated within the mandates of the Adoption and Safe Families Act (ASFA) of 1997 and the Indian Child Welfare Act of 1979.</i>	√	
<b>Characteristic 9.</b> <i>Relied on judicial leadership for both planning and implementing the court.</i>	√	
<b>Characteristic 10.</b> <i>Made a commitment to measuring program outcomes.</i>		√
<b>Characteristic 11.</b> <i>Planned for program sustainability.</i>	√	
<b>Characteristic 12.</b> <i>Strived to work as a collaborative, nonadversarial team supported by cross training.</i>	√	

Several repeating issues presented themselves throughout the course of this initial process phase of the comprehensive evaluation. Several are unrelated to the specific research questions, however, they do impact drug court operations and performance and are presented. They are presented here for review, consideration, and possible solution.

**Issue 1: The need for statewide leadership and infrastructure development:** This is a need identified by many of the drug court coordinators. Generally, the drug court services delivery model is sound. What is clear is that drug court participants come first, operations and programmatic infrastructure are secondary. While it is necessary to have a participant focus at all times, there is a point in time when some of the focus must shift inward to the program and its needs.

Many coordinators report that they are so busy putting out fires and addressing participants' needs they do not have the time to focus on infrastructure enhancement and programmatic issues. This includes developing training and policies and procedures manuals that are not current or in place, as identified throughout this report. A state level resource person is needed to assist drug court coordinators with these infrastructure and programmatic issues, as well as to provide technical assistance to local programs, identification of resources, grant writing, program advocacy, and executing the policy level decisions of the Drug Court Coordinating Committee (DCCC).

This state level resource person or "statewide drug court coordinator" would provide statewide structure, continuity and accountability for each of the drug court programs while at the same time balancing the individual needs and flavor of the local drug court programs. States with such a position include California, Florida, Maryland, Minnesota, Missouri, and Wyoming. While the governmental branch of these state examples varies, they are effective advocates and provide technical assistance to local drug court programs. The statewide drug court coordinator should be placed in the Office of the Administrative Director, The Judiciary: State of Hawai'i. The primary purpose of the statewide drug court coordinator position is strengthening the foundation and infrastructure for the optimal performance of Hawai'i's drug courts.

**Issue 2: Training:** The lack of a formalized and structured in-house training program is evident throughout the state. While several programs have taken advantage of National Association of Drug Court Professionals (NADCP) conferences and National Drug Court Institute (NDCI) or National Council of Juvenile and Family Court Judges (NCJFCJ) training opportunities, there are no locally developed trainings geared to drug courts operations and drug court team members. Training is especially critical to reinforce the drug court concept, reinvigorate people, and orient new members of the drug court team. It is unrealistic to recommend that a local drug court develop something of this magnitude. The Office of the Administrative Director, The Judiciary: state of Hawai'i should provide more support to the local courts and needs to play a major role in organizing quality programs and encouraging team participation and, perhaps establishing continuing education standards.

While a program of continuing interdisciplinary education is a key component of drug courts, developing and implementing an ongoing, systematic program at the local level is not a realistic goal given the resources that are required versus what is available. Preparing and presenting effective training sessions takes time, expertise, and financial resources. The statewide drug court coordinator could play a significant role in its development.

**Issue 3. Policies and Procedures Manual:** A statewide drug court manual should be developed as a resource (and accompany the above-referenced trainings) for all drug courts. The manual

should contain materials related to drug court theory, global policies, and procedures; critical elements of drug court operations' national standards and best practices; performance measures, and research and evaluation updates. Sections of the manual should focus on each of the local drug courts programs. The statewide drug court coordinator could play a significant role in its development and work with local coordinators to ensure that local policies, procedures, and resources are current. Manuals such as this are a central resource and serve to institutionalize and integrate drug courts into the mainstream.

**Issue 4. Treatment and Ancillary Service Resources:** Drug courts require an integrated approach of substance abuse, mental health services, and ancillary services along with intensive judicial supervision and case management to be successful. Several drug courts noted the lack of resources as the primary impediment to the success of the drug court and its participants. Specific treatment gaps include mental health (improved diagnostic services and treatment of co-occurring disorders); juvenile residential treatment on all of the islands, adult residential treatment on some of the islands; and ancillary services such as clean and sober housing and transportation. Efforts should be made at the state level to identify and encourage the development of these supportive resources.

The *Process Evaluation Report* concludes with a series of NCSC developed recommendations in the following categories: Statewide Recommendations, Performance Measures Recommendations; Outcome Evaluation Recommendations; and Program Specific Recommendations:

## **Part A. Introduction, Methodology, Literature Review, National Standards and Best Practices, and The Hawai'i Drug Courts**

### **Section I. Introduction**

In April 2005, the Planning and Program Evaluation Office of the Office of the Administrative Director for the Judiciary of the state of Hawai'i approached the National Center for State Courts (NCSC) to conduct an independent evaluation of Hawai'i's Statewide Drug Court Program. NCSC proposed a comprehensive and multi-phased approach involving three critical components: Phase I-Process Evaluation; Phase II-The Development of an Outcome and Performance Measurement System; and Phase III-The Outcome Evaluation. NCSC will conduct the project in three phases over a three-year period. The phases provide a conceptual framework for the evaluation and establish certain milestones. In reality, the comprehensive evaluation of Hawai'i's drug courts is a continuous and interactive process and certain activities may overlap or span the entire life of the project, as illustrated in Figure 1. These concepts are briefly described in the following paragraphs.

#### **Phase I-The Process Evaluation**

Phase I focuses on the process evaluations of each drug court program. Process evaluations begin with the articulation of the planned drug court program model, which explains the assumptions and expectations about the connections between program goals and objectives, program activities, and intermediate and long-term program outcomes. The model also maps variables in the program environment and characteristics of the target population or community that may affect the program's ability to achieve its desired outcomes. The process evaluation assesses the program's effectiveness in meeting its operational and administrative goals and is designed to document not only the history of program planning and implementation, but also specific elements of program operation, for instance, screening and assessment, treatment resources, drug testing, and sanctions and incentives, among others.

#### **Phase II-Outcome/Performance Measurement System**

Phase II will address the enhancement of the established set of performance and outcome measures for the drug courts.<sup>14</sup> The measurement system is a necessary condition for the overall evaluation as it provides the means to determine whether the drug court programs are accomplishing their goals and objectives. As delineated in the Bureau of Justice Assistance (BJA) Technical Assistance Bulletin, *Developing Statewide Performance Measures for Drug Courts* (2004), the establishment of clear performance expectations:

- Creates the foundation for an ongoing process of program monitoring and improvement.
- Fosters a shared "language" of performance measurement and imposes uniform measurement procedures that permit cross-jurisdictional comparisons among drug courts.

---

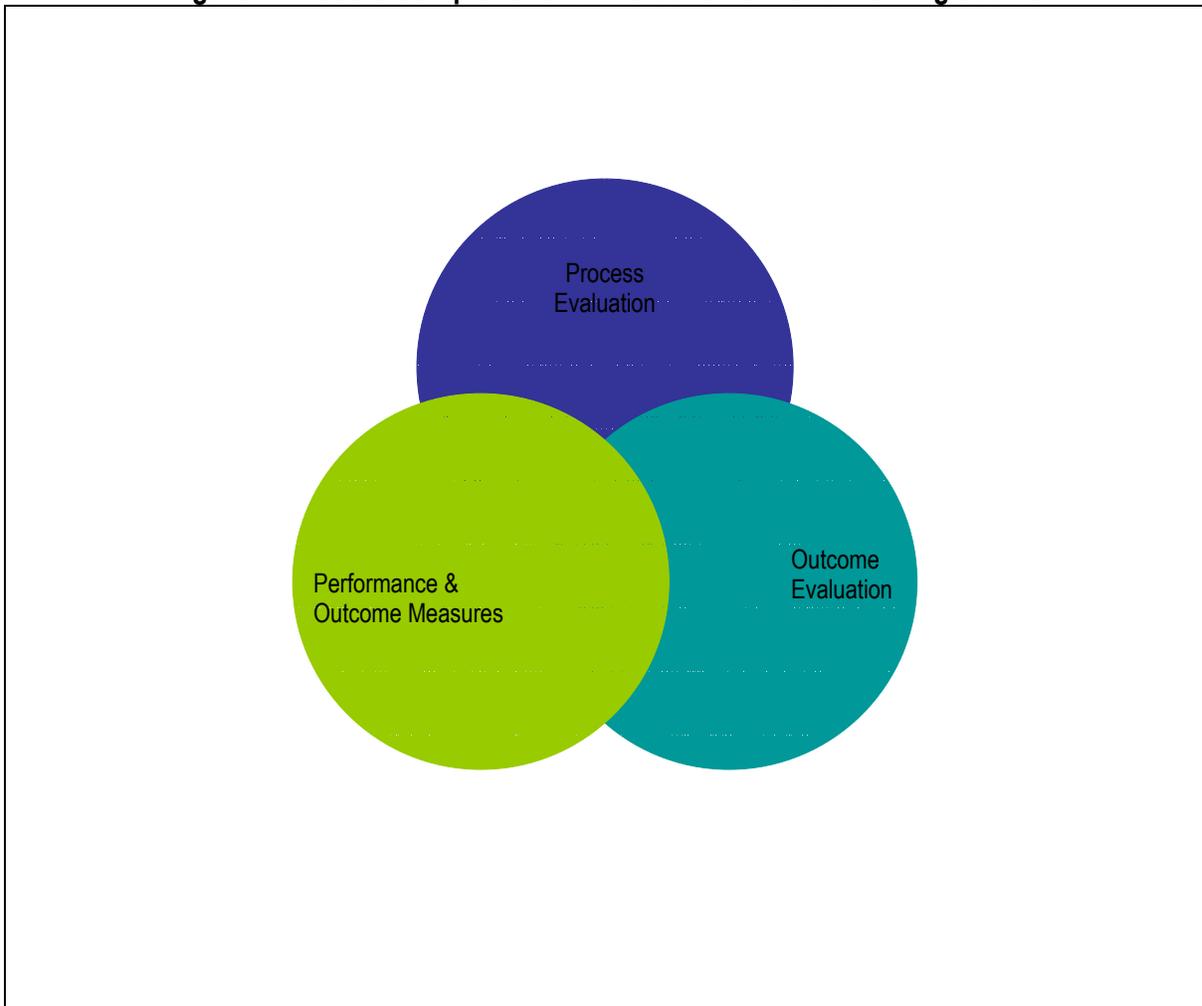
<sup>14</sup> The NCSC will build upon and enhance the measures developed for the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005.

- Provides the basis for future impact analyses.<sup>15</sup>

In developing the outcome measures for the Hawai'i drug courts, NCSC will employ the four step process it developed and refined in its previous work with four state court systems—Missouri, Tennessee, Vermont, and Wyoming—to assemble statewide drug court performance measures that are meaningful, precise, and tailored to the objectives of the programs.

NCSC will construct a reference sheet for each performance measure that will document sources of data, any calculations, or other information that is vital to the use of the statewide performance measures. Based on the set of performance and outcome measures, the baseline data elements, and issues raised in the process evaluation, NCSC will, in collaboration with the Drug Court Coordinating Committee (DCCC), develop the core group of research questions for the Phase III Outcome Evaluation.

**Figure 1. NCSC's Comprehensive Evaluation of Hawai'i's Drug Courts**



<sup>15</sup> See Fred Cheesman, Dawn Marie Rubio, and Dick Van Duizend, *Developing Statewide Performance Measures for Drug Courts*, Bureau of Justice Assistance Statewide Technical Assistance Bulletin, National Center for State Courts, Williamsburg, (2004).

### Phase III-The Outcome Evaluation<sup>16</sup>

The outcome evaluation will determine the “value added by the program”; meaning the benefits that would not have occurred had the drug court program not existed.<sup>17</sup> Determining impact is much more difficult than monitoring outcomes. Assessing impact inherently involves comparison of outcomes when the drug court program is present with outcomes when it is absent, the latter being contrary to fact (counterfactual condition).

Based on the set of performance and outcome measures, the baseline data elements, and issues raised in the process evaluation, NCSC will, in collaboration with the DCCC, develop the core group of research questions for the outcome evaluation, define the strategies for data collection, identify the comparison groups, and develop the outcome evaluation analysis plan. NCSC will execute and monitor a comprehensive data collection effort, perform analyses of the data, and provide continuing consultation with the drug courts in order to answer the research questions that state, with specificity, the impact of Hawai'i's drug courts on its participants.

### Purpose and Objective of the Process Evaluation

The process evaluation is, in essence, a case study, a non-experimental, descriptive study of how a program was developed and implemented and how it operates now.<sup>18</sup> Process evaluations document not only the history of program development and implementation, but also the specific elements of a program. It is concerned with the context of the program, current operations, participant progress, obstacles to achieving program implementation and objectives, and overcoming impediments.

The process evaluation is designed to assess the program's effectiveness in meeting its operational and administrative goals. The results of a process evaluation may allow the program to adapt and adjust its structure, processes, and services to better meet the needs of its target population. A process evaluation supplements good internal management and monitoring, providing an independent and objective appraisal of operational performance. With its attention to the context of the program and key program elements, process evaluations are also useful to policy makers interested in identifying program models and promising practices that might be replicated in other environments.

---

<sup>16</sup> During this outcome evaluation phase, process evaluation activities will continue. For example, NCSC will continue to monitor each drug court and solicit information from individual drug court team members on the status of each program, changes in program operations or policies, current issues, accomplishments and challenges. This will ensure that the most up-to-date process information will be documented.

<sup>17</sup> See Lipsey, M. *Caution: What you need to know before evaluating*. Workshop presentation at the NIJ Annual Conference on Criminal Justice Research and Evaluation, Washington, DC, (2004, July).

<sup>18</sup> See Roehl and Guertin, 2000; <http://www.american.edu/academic.depts/spa/justice/jrc.html>.

The NCSC process evaluation intends to answer the following questions about Hawai'i's drug courts:<sup>19</sup>

- 1. How was the program developed—who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?**
- 2. What are the policies and procedures of the drug court? How have they changed over time and why? Policies and procedures should cover: (a) screening (selection) criteria used to determine eligibility, including the types of offenses allowed; (b) the point in the criminal justice system at which referrals to drug court occur; (c) program requirements; and (d) sanctions available in cases of noncompliance.**
- 3. What is the size and nature of the total population eligible for drug court? How are screening and referral functions carried out? How many people are referred to drug court, how many are accepted, and why are those not accepted rejected?**
- 4. What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?**
- 5. What are the characteristics of available treatment interventions? What treatment and other services are participants getting?**
- 6. What are the major case processing steps? What happens to participants in drug court? What is their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, etc.?**
- 7. Who are the staff and what are their responsibilities? What is the drug court's annual budget and sources of funds?**
- 8. Is there an advisory board or governing task force, and if so, who serves and what are their responsibilities? Include the roles of the judge, prosecutor, and defense attorney.**
- 9. What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, etc. What information is routinely made available to and/or required by these agencies?**
- 10. What local conditions (court caseloads, community attitudes, local culture, etc.) affect the drug court?**

---

<sup>19</sup> See Roehl and Guertin, 2000; <http://www.american.edu/academic.depts/spa/justice/jrc.html>.

**11. How long do participants stay in the drug court? Who drops out, at what point, and why? How many participants [number and percentage, BJA], with what characteristics, graduate from drug court?**

**12. The percentage of drug court clients who are arrested while in the program and their charges (BJA).<sup>20</sup>**

Additionally, the NCSC Process Evaluation will answer the following questions

**13. How does the operation of the drug court compare to the standards and guidelines articulated in *The Ten Key Components of Drug Courts* and other established standards and guidelines, such as *The 16 Key Strategies for Juvenile Drug Courts and Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*, as appropriate.**

**14. How will the process evaluation provide a foundation for Phase II and Phase III of the comprehensive evaluation of Hawai'i's drug courts?**

---

<sup>20</sup> Because the focus of family dependency drug courts substantially differs from traditional criminal drug courts, this question will apply only to adult and juvenile drug courts.

## Section II. Methodology

The NCSC project team developed an interactive and multi-method approach to gather the quantitative and qualitative information necessary to complete the Statewide Process Evaluation of Hawai'i's drug courts. The tasks by which NCSC completed the Process Evaluation are discussed in the following paragraphs. The tasks fell into six major categories:

- Review of Background Information and Documents
- Literature Review and Review of National Standards and Best Practices
- Focus Groups and Interviews
- Court Observation
- Closed Case File Review
- Review of Drug Court Management Information Systems

### Review of Background Information and Documents

To become familiar with the history and workings of Hawai'i's drug courts and to prepare for the on-site activity, the NCSC requested information from each drug court in the following categories: (1) General Information; (2) Individual Program Operations; and (3) Program Statistics. Table 1 lists the specific information requested and reviewed, when provided, by the NCSC project team in preparation for the site visits.

<b>Table 1. Hawai'i Drug Courts-Background Materials</b>	
<b>General Information</b>	<ul style="list-style-type: none"> <li>• Location, type (e.g., adult, family, juvenile), and start up date of all operating drug courts.</li> <li>• Draft of goals, mission, and measures, currently in development.</li> <li>• <i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set.</i>, Drug Court Coordinating Committee, 2005 .</li> </ul>
<b>Individual Program Information</b>	<ul style="list-style-type: none"> <li>• Mission and goal statements.</li> <li>• Policy and procedure manuals.</li> <li>• Program materials.               <ul style="list-style-type: none"> <li>○ Intake, screening, and assessment forms.</li> <li>○ Administrative orders.</li> <li>○ Memoranda of understanding (MOU).</li> <li>○ Budgetary and administrative documents.</li> <li>○ Training and educational materials.</li> <li>○ Treatment resources and drug testing services.</li> <li>○ Sanctions and incentives information.</li> <li>○ Two closed case files.</li> <li>○ List of drug court team members, by name and role.</li> </ul> </li> </ul>
<b>Program Statistics</b>	<ul style="list-style-type: none"> <li>• Total number of graduates and terminations from start up through latest fiscal year (FY) and breakdown by FY.</li> <li>• Any other statistics (e.g., enrollments, assessments conducted, drug test results, recidivism) that have been collected.</li> </ul>

## Literature Review and Review of National Standards and Best Practices

In order to conduct the review of the drug court literature, the evaluators searched the *CourTopics* data base at the National Center for State Courts web site ([www.nsconline.org](http://www.nsconline.org)) that contains specific categories for drug courts and problem solving courts more generally; the web site of the Bureau of Justice Assistance Drug Court Clearing House and Technical Assistance Project at American University (<http://spa.american.edu/justice/drugcourts.php>); and the web site of the National Criminal Justice Research Service (<http://www.ncjrs.org/>) that contains a specific link to drug court related publications and other materials. In addition, the web sites, and specifically, the resource and publication sections, of drug court related professional associations and research organizations were also reviewed, including the National Association of Drug Court Professionals (NADCP), the National Drug Court Institute (NDCI), the Center for Court Innovation (CCI), and the Urban Institute. Because the literature on drug courts is quite extensive, the search focused on those reports and other material that addressed the results of drug court research and/or attempted to define effective practices in the field.

## Focus Groups and Interviews

The NCSC project team engaged in considerable on-site activity to obtain a comprehensive and hearty picture of drug court operations in Hawai'i. Qualitative information was generated through focus groups and interviews with the drug court professionals and stakeholders for each drug court. Drug court professionals and stakeholders included drug court judges, drug court coordinators, drug court personnel,<sup>21</sup> Department of Human Services (DHS) Child Welfare Services (CWS) caseworkers, prosecutors/deputy attorneys general (DAG), public defenders (PDs) and private defense attorneys, attorney guardians ad litem (GALs), treatment providers, Department of Education (DOE) personnel, and past and current drug court participants. In total, the NCSC project team facilitated 53 focus groups or interviews with drug court professionals and stakeholders as indicated in Table 2.<sup>22</sup>

Each interview and/or focus group session was scheduled for one to two hours (depending on size) and was led by a team of two NCSC facilitators. Interview and focus group participants were advised in advance that their individual statements would be kept confidential and anonymous and no names would be attributed<sup>23</sup>, unless specified in advance. It was stated, however, that the resulting information would be reported to the Office of the Administrative Director for the Judiciary of the state of Hawai'i as part of the *Process Evaluation Report*. Each session opened with an explanation of the background and purpose of the Process Evaluation followed by a set of "ice breaker" questions. The discussion then moved into thirteen key areas including: (1) Drug Court

---

<sup>21</sup> Drug court personnel includes those positions (other than drug court coordinator) specifically employed by the court to provide services to drug court participants. Nomenclature varies by drug court program and generally includes case managers, probation officers, case coordinators, and substance abuse counselors.

<sup>22</sup> The NCSC project team endeavored to speak with all of these categories of individuals in each drug court location, however, lack of availability, scheduling conflicts, or limited time on site precluded 100 percent participation for each category.

<sup>23</sup> Exceptions included the drug court judge and drug court coordinator.

**Table 2. Number of Focus Groups/Participants by Drug Court**

Drug Court	# Groups	Drug Court Judge	Drug Court Coordinator	Drug Court Personnel	Prosecutor/ Deputy Attorney General	Public Defender/ Private Attorney	GALs	DHS CWS Worker	Treatment (Tx) Providers, DOE, Law Enforcement (LE)	Drug Court Participant
<b>Oahu</b>										
Adult	6	1	1	10	1	1	n/a	n/a	1 (Tx)	--
Juvenile	6	1	1	6	1	--	n/a	n/a	5 (Tx)	4
Family	8	1	1	3	--	--	3	4	1 (Tx)	3
<b>Maui</b>										
Adult	10	2	1	3	1	3	n/a	n/a	10 (Tx)	11
Family	6	1	1	--	1		3	1	1 (Tx)	2
<b>Big Island</b>										
Adult	9	1	1	3	1	1	n/a	n/a	2	--
Juvenile				2		1	n/a	n/a	1	--
<b>Kaua'i</b>										
Adult	8	1	1	1	1	1	n/a	n/a		1
Juvenile						--	n/a	n/a	1 (DOE) 1 (LE)	

Program Development; (2) Drug Court Team; (3) Drug Court Policies and Procedures; (4) Drug Court Case Processing; (5) Treatment Interventions; (6) Calendaring Practices and Hearing Activities; (7) Out-of-Court Case Practice and Drug Court Staffing; (8) Legal Representation of Drug Court Participants; (9) Case Tracking and Other Reports; (10) Drug Court Stakeholder Relationships; (11) Drug Court Participants; (12) Drug Court Program Oversight; and (13) Local Culture.

### Drug Court Staffings and Hearings Observation<sup>24</sup>

The NCSC project team developed a protocol for the observation of drug court staffings and hearings to capture information on the following dimensions: (1) Staffing and Hearing Setting; (2) Dynamics and Interaction of Drug Court Team; (3) Engagement and Interaction between Judge and Drug Court Participant; (4) Application of Sanctions and Incentives; and (5) Consistency between Staffing and Hearing Outcomes. The NCSC observed a total of seven staffing sessions and eight drug court hearings sessions.

<sup>24</sup> In anticipation of the outcome evaluation phase of this multi-phase evaluation effort, the NCSC project team developed and tested a drug court staffing and hearing observation form. Through this exercise in the "live" environment of the Hawai'i drug courts, the NCSC team was able to determine the availability of information from these data sources; the ease in accessing information; the time involved with each data element; and the user ease of the data collection instruments.

### **Closed Case File Review<sup>25</sup>**

Closed drug court program files were reviewed by the NCSC project team in an attempt to obtain “output”<sup>26</sup> information on drug court graduates and terminations. Output information included, for example, length of time in drug court program, length of time in phase, number of court hearings attended, number of treatment sessions attended, and number of urinalysis (UA) administered. The NCSC project team requested a list of graduates and terminations since the inception of each drug court program. Cases were randomly selected from the lists provided by each drug court coordinator.

Because the drug court program files are, after all, designed for case management rather than research purposes, they are not always organized in a way that permits extraction of data in a reliable and timely way. After several attempts to collect output data from the closed program files, the NCSC project team terminated file review for the immediate purposes of data collection. Instead emphasis was placed upon identifying the file format and location of information within the files to develop data collection strategies for future phases of the comprehensive evaluation.

### **Review of Management Information Systems**

The NCSC obtained copies and reviewed the automated management information systems (MIS) maintained by the following drug court programs: (1) Oahu Adult<sup>27</sup>, (2) Big Island Adult and Juvenile<sup>28</sup>, and (4) Kaua'i Adult<sup>29</sup>. The NCSC project team then identified the applicable “output” data elements for each drug court; converted each drug court database into a SPSS format; and calculated summary statistics including frequencies, means and medians, and ranges. Because of the large amount of missing or incomplete data, however, it was not possible to calculate valid statistics for all variables of interest. NCSC did not report data on variables for which the amount of missing data was such that analysis was not warranted.

### **Human Subject Protection and Confidentiality**

The NCSC project team took many precautions to ensure that the data collection activities and the resulting data did not compromise the anonymity of the human subjects of this study and the drug court professionals and stakeholders participating in the data collection process. This includes

---

<sup>25</sup> The NCSC project team also developed and tested a drug court file review instrument in anticipation of the outcome evaluation phase.

<sup>26</sup> Outputs measure various aspects of the service delivery system of the drug court program in question, typically addressing questions of efficiency and effectiveness.

<sup>27</sup> An Access database is used to store information about cases and individuals. It is used as a datasheet, which is functionally the same as putting the information into a spreadsheet. There are no relationships defined in the database, and forms, queries, and reports are not used extensively.

<sup>28</sup> The Big Island Adult Drug Court currently uses Drug Court CMS 2000. It includes functions that most drug courts would require and is also set up to provide the information needed to satisfy federal grant reporting requirements. One issue with Drug Court CMS 2000 is that it was designed for adult criminal drug courts, not for family or juvenile drug courts.

<sup>29</sup> The Kaua'i Adult Drug Court operates a customized version of Drug Court CMS 2000. Some functions that this software could perform, are done outside of the system, such as monitoring financial obligations. The roster of drug court participants is done in a spreadsheet, instead of in a system report. Some of the data elements needed in the system are never entered, which inhibits its effectiveness.

administrative and physical security of identifiable data to preserve the anonymity of individuals. Steps taken to protect the confidentiality of our human subjects include:

- Electronic data (including electronic versions of drug court program participant files) were maintained on a secure, password accessed computer system. These data are backed-up nightly by the NCSC Information Technology (IT) staff. The back-up data is stored in a fire-proof safe and is accessible only to IT staff.
- No identifying information for human subjects or drug court stakeholders (other than the drug court judge and coordinator) are presented in the results or the *Process Evaluation Report*.
- All identifying drug court participant information will be stripped from all electronic data at the conclusion of the project.
- Both electronic and paper files will be destroyed based on federal requirements for retention of records. Back-up electronic data will be destroyed after one year.
- Focus group and interview participants were advised that individual comments will be kept confidential and anonymous prior to participation.
- Each member of the NCSC project team executed an *Agreement on Disclosure of Drug Treatment Records*, which indicates that drug court participant records shall be used solely for the purpose of evaluating Hawai'i's Drug Courts and prohibits the NCSC project team from disclosing identifying information.

### **About the Phase I Process Evaluation Report**

The NCSC project team has prepared this *Process Evaluation Report*, presenting a synthesis of its process findings and a systematic comparison of drug court operations and policies with *The Ten Key Components of Drug Courts*, *The 16 Key Strategies for Juvenile Drug Courts* and *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*, as appropriate. The report also includes a brief introduction, a literature review, a review and commentary of the drug court logic models, a review of national standards and best practices, a description of the methodology, and a brief overview of each of Hawai'i's drug courts.

While this report and its contents focus primarily on the process evaluation phase of the comprehensive evaluation of Hawai'i's drug courts, discussion of the core data set and the outcome evaluation (in anticipation of phases II and III) are included. The *Process Evaluation Report* ends with a series of conclusions and recommendations. Finally, the Appendix to this report contains the logic models, the full results of the process evaluation questions, and the comparison to *The Ten Key Components of Drug Courts*, *The 16 Key Strategies for Juvenile Drug Courts* and *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*, for each drug court program.<sup>30</sup>

---

<sup>30</sup> Kaua'i Juvenile Drug Court and Maui Family Court Drug Court are excepted from the comparison exercise. The Kaua'i Juvenile Drug Court is not yet operational and therefore a process evaluation and comparison to national standards is premature. The Maui Family Court Drug Court has been operational for less than one year and the number of participants is small and therefore a comparison to national standards is also premature. NCSC will continue to monitor and update these portions of the process evaluation as it continues through phases II and III of the comprehensive evaluation.

### Section III. Literature Review and National Standards and Best Practices

Drug courts were established in response to the large increase in drug case filings resulting from the nation's War on Drugs and the poor responses, and high recidivism rates, of substance-abusing offenders to traditional justice system sanctions. The first drug treatment court was established in 1989 in Dade County, Florida as an alternative court experiment. In the succeeding decades, drug courts have gained in scope and momentum. As of March 1, 2005, there were 1,302 operational drug courts in the United States, including 823 adult drug courts, 350 juvenile drug courts, 135 family drug courts, and 12 combination adult/juvenile/family drug courts, and an additional 566 were being planned.<sup>31</sup>

While drug courts vary necessarily according to local needs, populations, etc., they are defined by and operate upon a core group of established key components.<sup>32</sup> A dramatic paradigm shift from traditional court responses and roles occur in the drug court context. Traditional punitive (i.e., sanctions) redress is augmented by a therapeutic approach incorporating concepts of therapeutic jurisprudence and restorative justice. This approach combines intensive judicial monitoring and balanced, graduated use of sanctions *and* incentives with substance abuse treatment and other related services. The judicial role and authority of the court is enhanced to facilitate an integrated, collaborative multi-system "team" response to the multitude of issues that may impact a substance abuser's ability to be effectively rehabilitated. Numerous studies have noted the cost-effectiveness, harm reduction (lower recidivism, etc.), more effective utilization of critical systems resources while freeing up others (e.g., our nations prison/jail space), as well as the increased judicial satisfaction and performance of the drug court approach.<sup>33</sup>

In 1999, the Conference of Chief Justices (CCJ) and the Conference of State Court Administrators (COSCA) established a Task Force on Problem-Solving Courts to "advance strategies, policies, and recommendations on the future of these courts." A subsequent resolution, adopted by both CCJ and COSCA in 2000, committed all Chief Justices and State Court Administrators "to take steps nationally and locally to expand the principles and methods of well functioning drug courts into ongoing court operations."<sup>34</sup> CCJ and COSCA returned to the issue in 2004 and adopted another resolution which reaffirmed their commitment to the action items outlined in the 2000 Resolution and set forth a national agenda that, among other actions, encouraged each state to develop and implement a plan to expand the use of the principles and methods of problem-solving courts into their courts; called for the development in each state of at least one "demonstration" jurisdiction to serve as a laboratory in the use of problem-solving principles and

<sup>31</sup> *Drug Court Activity Update: March 1, 2005*, OJP Drug Court Clearing House at American University (2005), at <http://spa.american.edu/justice/resources/2005.fact%20sheet.3.1.05.doc>.

<sup>32</sup> Drug Courts Program Office, *Defining Drug Courts: The Key Components*, U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office (1997) at <http://www.ncjrs.or/html/bja/define/dfd.pdf>.

<sup>33</sup> *Memoranda: Cost Benefits/Costs Avoided Reported by Drug Courts*(rev.) OJP Drug Court Clearinghouse and Technical Assistance Project, Wash. D.C.), December 2003, at <http://american.edu/justice/publications/costben.pdf>, *Looking at a Decade of Drug Courts*, OJP Drug Court Clearinghouse and Technical Assistance Project, Wash. D.C.), June 1998, at <http://www.american.edu/academic.depts/spa/justice/publications/decade1.htm>, and Deborah J. Chase and Peggy Fulton Hora, *The Implications of Therapeutic Jurisprudence for Judicial Satisfaction*, COURT REVIEW, Spring 2000, (National Center for State Courts, Williamsburg VA) at [http://www.ncsconline.org/wc/publications/Res\\_JudEdu\\_SubstanceAbuseMaterial12Pub.pdf](http://www.ncsconline.org/wc/publications/Res_JudEdu_SubstanceAbuseMaterial12Pub.pdf)

<sup>34</sup> *CCJ Resolution 22; COSCA Resolution 4: In Support of Problem-Solving Courts*. Conference of Chief Justices and Conference of State Court Administrators (2000).

methods within a traditional court setting; supported the identification and promulgation of best practices in the use of problem-solving court principles and methods within a traditional court setting; and encouraged the expansion of training and education on problem-solving methods and principles for judicial officers, court staff, and law students.<sup>35</sup>

## Drug Court Evaluation

Numerous evaluations of adult drug court programs have been conducted. This is due in large part to the fact that jurisdictions receiving adult drug court implementation grants from the Office of Justice Programs (OJP) were required to conduct process evaluations of their program beginning in 1996 and both a process and outcome evaluation beginning in 2001. The funding, time available, and sample sizes for these evaluations are often limited and drug court programs have turned to a variety of sources to obtain the necessary expertise, including universities, local and national consulting firms, and national court-related organizations. As a result, the scope, objectives, and methodologies of the evaluations vary widely. Because juvenile and family drug courts have been in existence for a shorter period of time, the number of evaluations is more limited. Copies of selected drug court evaluations are available at the web sites of the Drug Court Clearing House and Technical Assistance Project at American University<sup>36</sup> and the National Criminal Justice Reference Service (NCJRS).<sup>37</sup>

Given the number of evaluations and their diversity, there have been various attempts to distill and synthesize results of various assessments to determine what can be concluded, at least preliminarily, about the outcomes and impacts of drug courts and the state of research. The first of these analyses was a 1997 United States General Accounting Office (GAO) review of 20 adult drug court evaluations.<sup>38</sup> GAO concluded that while the evaluations showed some positive results, including that the completion rate averaged 48 percent and retention averaged 71 percent, they did not firmly establish whether drug court programs were successful in reducing offender recidivism and substance use relapse. The GAO cited the limitations of many of the evaluations, including the newness of the programs, short follow-up periods, no post program assessment of recidivism or relapse, and lack of comparison groups, for failing to be able to reach firm conclusions.

This assessment was followed by what has become one of the most frequently cited source of information on the outcomes of drug courts, a series of the three papers by Dr. Steven Belenko that include : *Research on Drug Courts: A Critical Review*, a review of 30 drug court evaluations conducted between 1993 and 1998;<sup>39</sup> *Research on Drug Courts: A Critical Review: 1999 Update*, a review of 29 drug court evaluations conducted between 1998 and 1999,<sup>40</sup> and *Research on Drug Courts: A Critical Review: 2001 Update*, a review of 37 drug court evaluations conducted between

---

<sup>35</sup> CCJ Resolution 22; COSCA Resolution 4: *In Support of Problem-Solving Courts*. Conference of Chief Justices and Conference of State Court Administrators (2004).

<sup>36</sup> <http://spa.american.edu/justice/drugcourts.php>.

<sup>37</sup> <http://www.ncjrs.org/>.

<sup>38</sup> US General Accounting Office, *Drug Courts: Overview of Growth, Characteristics, and Results*, Report to Congressional Committees (Washington, DC: July, 1997).

<sup>39</sup> Belenko, S. "Research on Drug Courts: A Critical Review," *National Drug Court Institute Review*, I:1(1998).

<sup>40</sup> Belenko, S. "Research on Drug Courts: A Critical Review 1999 Update," *National Drug Court Institute Review*, II:1(1999).

1998 and 2001.<sup>41</sup> These analyses and a survey conducted by the Drug Court Clearing House and Technical Assistance Project at approximately the same time found fairly consistent results on two variables of interest--the graduation and retention rates of drug court programs. In 1999, Belenko found that 60 percent of drug court clients were still in treatment after one year, and a minimum of 48 percent of clients graduated from the programs, and, in his 2001 review, that graduation rates ranged from 36 percent to 60 percent across eight adult programs, for an average 47 percent graduation rate. Based on responses from 171 of the 194 operational drug court programs as of December 31, 1999, American University reported that retention rates ranged from 60 to 80 percent, and that graduation rates ranged from 28 to 90 percent and averaged 44 percent for the period prior to 1998.<sup>42</sup> Completion (graduation) rates ranged from 27 to 66 percent.

Concluding that the findings of the 2001 review were generally consistent with those of the 1998 and 1999 reviews, Belenko also summarized the following findings on drug court operations and outcomes:<sup>43</sup>

- There was a high degree of local satisfaction with the drug court models.
- Drug use and criminal activity were relatively low while participants were in the program.
- Studies using comparison or matched samples showed lower in-program rearrest rates for participants than for the comparison groups.
- Post-program recidivism rates were reduced in most studies that analyzed such data. Four of the six studies that examined one-year post-program recidivism found a reduction, but the size of the reduction varied across courts.
- For those studies that examined program costs, estimates indicated that average per-client drug court costs were lower than standard processing, primarily due to reduced incarceration.

In 2005, the General Accountability Office returned to the question of drug court effectiveness.<sup>44</sup> The GAO reviewed 117 adult drug court evaluations conducted between May 1997 and January 2004, but found that only 27 studies met its criteria for methodological rigor. Based on the results of 23 program evaluations that reported the required data, the GAO concluded that most of the adult drug court programs assessed in the evaluations led to recidivism reductions during periods of time that generally corresponded to the length of the drug court program and specifically stated that:

- Lower percentages of drug court program participants than comparison group members were rearrested or reconvicted.
- Program participants had fewer recidivism events than comparison group members.

---

<sup>41</sup> Belenko, S. *Research on Drug Courts: A Critical Review 2001 Update*, National Center on Addiction and Substance Abuse (CASA), Columbia University (2001).

<sup>42</sup> Drug Courts Program Office, *2000 Drug Court Survey Report: Program Operations, Services and Participant Perspectives, Executive Summary*, OJP Drug Court Clearing House and Technical Assistance Project, U.S. Department of Justice, Office of Justice Programs (2001).

<sup>43</sup> *Supra* note 11.

<sup>44</sup> General Accountability Office, *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes*, Report to Congressional Committees (February, 2005).

- Recidivism reductions occurred for participants who had committed different types of offenses.
- There was inconclusive evidence that specific drug court components, such as the behavior of the judge or the amount of treatment received, affected participants recidivism while in the program.<sup>45</sup>

The GAO reported mixed results on whether drug courts reduced substance use relapse among participants, but data was only available from eight of the evaluations. Likewise, only four evaluations covering seven adult drug courts included sufficient data on costs and benefits to estimate net benefits. However, the GAO was able to estimate that all seven resulted in positive net benefits, even though the cost of six of the programs was greater than the costs to provide criminal justice services to the comparison group.

As noted, the number of juvenile drug court evaluations is more limited than adult drug court evaluations, and there have not been equivalent efforts to synthesize their results. In 2001, the Office of Juvenile Justice and Delinquency Prevention reported retention rates for seven juvenile drug courts designated as “exemplary” by the former Office of Justice Programs’ Drug Courts Program Office. These programs and their respective retention rates were:

Escambia County, FL	56 percent
Las Cruces, NM	65 percent
Missoula, MT	69 percent
Monroe County, FL;	72 percent
Orlando, FL	77 percent
San Francisco, CA	57 percent
Santa Clara, CA	74 percent. <sup>46</sup>

More recently, Roman and DeStefano identified only seven juvenile drug court evaluations that reported on participant outcomes, and only one of these, the Utah juvenile drug evaluation, had a strong design.<sup>47</sup> Results indicated that drug court participants had 1.1 fewer charges following the intervention and the comparison group had 0.6 fewer charges. Graduation rates were reported for only two programs. After 17 months of operation, the Santa Clara, California juvenile drug court had a 15 percent graduation rate with 52 percent of the participants still active and 33 percent failed. Orange County, California had a 42 percent graduation rate.<sup>48</sup>

Research is also limited but growing on the effectiveness of family drug treatment courts. Belenko cites only one preliminary external evaluation of a family drug court - the Suffolk County, New York family treatment court in his 2001 review.<sup>49</sup> That evaluation reported that of the 98 participants entering between 1998 and 1999, 80 percent were still active after one year, 13 percent

<sup>45</sup> Id.

<sup>46</sup> Juvenile Accountability Incentive Block Grants Program (JAIBG) Bulletin: *Juvenile Drug Court Programs*, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice, May 2001.

<sup>47</sup> J. Roman and C. Stefano, “Drug Court Effects and the Quality of Existing Evidence,” in *Juvenile Drug Courts and Teen Substance Abuse*, eds. J. Butts and J. Roman (Washington, D.C.: Urban Institute Press (2004).

<sup>48</sup> “The Drug Court Evaluation Literature 1993 – 2004,” in *Juvenile Drug Courts and Teen Substance Abuse*, eds. J. Butts and J. Roman (Washington, D.C.: Urban Institute Press (2004).

<sup>49</sup> *Supra* note 11.

had successfully completed the program, and 7 percent had been terminated. Two more recent evaluations of family drug treatment courts have included the Kentucky Strengthening of Families program evaluation implemented through two family treatment courts in Kentucky,<sup>50</sup> and the Erie County Family Treatment Court Evaluation in New York.<sup>51</sup> Generally, the evaluations noted gains in collaboration across judicial, treatment, and family services agencies, and family reunification efforts. Consistency in data reporting and collection, however, was noted to be problematic, limiting stronger statistical power of the evaluations or their ability to do more longitudinal post-program outcome analysis. The need for the integration and coordination of data recording procedures and mining across systems was cited. Further evaluation of services delivery effectiveness, longitudinal outcomes for both parents and children, and systems (on case and court processing, etc.) impact are seen as areas where additional evaluation and focus is needed.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), however, family drug courts do improve outcomes for children and families in child welfare cases.<sup>52</sup> SAMHSA, as well as the findings from the handful of family drug court evaluation studies, suggests that family drug courts may reduce the time for final disposition of the abuse and neglect case, reduce the length of stay in foster care, and increase the likelihood of family reunification. Efforts are, however, underway to perform a comprehensive evaluation of family drug courts. SAMSHA is currently supporting the "Family Treatment Drug Court Evaluation."<sup>53</sup> The objective of this four-year retrospective and prospective evaluation is to determine the effectiveness and cost effectiveness of family drug courts. Effectiveness will be measured by conducting an outcome evaluation of five family drug courts (to comparison courts) and a limited cost/benefit evaluation of one of the five courts.<sup>54</sup> The outcome evaluation will have key measures in the following categories (1) child welfare, (2) substance abuse, (3) court outcomes, and (4) well being and functioning of parents, children, and families.

As evidence on the outcomes of drug courts has increased, researchers and commentators have called for more attention to be paid to the factors that affect outcomes, such as operational and treatment delivery characteristics. This has been referred to as getting inside the drug court "black box."<sup>55</sup> As Goldkamp and colleagues phrase the question: "If drug courts work, how do they work" or

---

<sup>50</sup> T. Logan, R. Hughes & C. Leukefeld, *Kentucky Drug Court Strengthening Families Program Final Report*, University of Kentucky: Center on Drug and Alcohol Research, 2000 at [http://www.kycourts.net/AOC/drugcourt/AOC\\_DC\\_EVAL\\_StrFamProg2000.pdf](http://www.kycourts.net/AOC/drugcourt/AOC_DC_EVAL_StrFamProg2000.pdf). The Kentucky Strengthening of Families program evaluation, implemented through two Family Treatment Courts, noted positive qualitative outcomes and family gains up to six months post-program participation. However, the findings suffered limited statistical power due to the low number of participants, a high attrition rate (up to 40 percent) and the lack of implementation of a planned third program/family treatment court site.

<sup>51</sup> *Looking at a Decade of Drug Courts*, OJP Drug Court Clearinghouse and Technical Assistance Project, Wash. D.C.), June 1998, at <http://www.american.edu/academic.depts/spa/justice/publications/decade1.htm>.

<sup>52</sup> Substance Abuse and Mental Health Services Administration, Request for Proposal Number 270-02-7107, *Family Treatment Drug Court Evaluation*, Attachment 1, Issued April 5, 2002.

<sup>53</sup> *Id.*

<sup>54</sup> These sites include (1) The Dependency Court Recovery Project in San Diego, California, (2) The Family Treatment Court in Suffolk County, New York, (3) The Santa Clara County Superior Court, Drug Dependency Treatment Court in Santa Clara County, California, (4) The Jackson County Drug Court in Kansas City, Missouri and (5) The Reno Family Court in Reno, Nevada.

<sup>55</sup> See F. Taxman, "Unraveling 'What Works' for Offenders in Substance Abuse Treatment Services," *National Drug Court Institute Review*, II: 2 (1999) and Belenko *supra* note 11.

“Why does a drug court work sometimes, in some settings, under some circumstances?”<sup>56</sup> They go on to assert that “An important challenge for research is to determine the relative contributions of the various parts of the drug court model in accounting for its overall (presumed) impact and to discuss the implications of findings that some and not all are important.” Specific assumptions that need to be tested, according to these researchers, are the importance of a dedicated drug court judge in producing positive outcomes and the value of sanctions and incentives.

In a similar vein, Cissner and Rempel, citing the results of the body of evaluations that indicate that drug courts do work in terms of reducing re-offending, state that researchers are indeed turning more of their attention to questions of “how they work and for whom” and “how they might work better” and less to bottom line success measures such as recidivism, continued abstinence, retention.<sup>57</sup> Reviewing the research that has examined any of 12 elements that are commonly assumed to impact drug court effectiveness (early identification, treatment, judicial interaction, rewards, sanctions, team approach, case management, drug testing, supplemental services, community outreach, and information/evaluation), the authors present summary assessments, based on the available research, for seven of the components. Their summaries are reproduced below.

<b>Early Identification</b>	Those drug court participants who are identified and begin treatment quickly are more successful than those whose entry into a community-based treatment program is delayed.
<b>Treatment</b>	Some contend that treatment per se does not contribute to the overall effectiveness of drug courts and that, instead, judicial supervision makes the greatest difference. Contrary to this position, evidence indicates that treatment can make a difference; but little is known about the relative impact of different treatment modalities or about which modalities are most appropriate for different categories of participants.
<b>Legal Coercion</b>	Legal coercion can increase the incentive for drug court participants to succeed.
<b>Judicial Supervision</b>	Ongoing judicial supervision by the drug court judge works with “high-risk” drug court participants.
<b>Rewards</b>	Rewards appear effective when they are tangible and applied frequently throughout the drug court participation process; but the literature is limited.

<sup>56</sup> J. Goldkamp, M. Whitehead and J. Robinson, *From Whether to How Drug Courts Work: Retrospective Evaluation of Drug Courts in Clark County (Las Vegas) and Multnomah County (Portland): Executive Summary* (2001) at <http://www.ncjrs.gov/pdffiles1/nij/grants/194125.pdf>

<sup>57</sup> A. Cissner and M. Rempel, *The State of Drug Court Research: Moving Beyond ‘Do They Work?’* Center for Court Innovation (2005).

<b>Sanctions</b>	Drug court sanctions appear effective when applied consistently and fairly but the literature is limited.
<b>Team Approach</b>	The impact of the team approach has not been rigorously tested, but drug courts appear to function better when a non-adversarial team model is present.
<b>Other Drug Court Components</b>	There is little or no evidence on the role of case management, drug testing, community outreach, and supplemental services in areas such as employment, housing, or mental health.
<b>Graduation</b>	Participants who reach graduation are more likely to attain continued success thereafter.

The authors conclude: "Indeed, the future of drug courts may well depend not on producing additional studies demonstrating their effectiveness overall but on increasing our understanding of which components are critical, which are not, and for which categories of participants the intervention works best."<sup>58</sup>

### **Essential Elements, Guidelines, and Best and Promising Practices**

As drug courts have proliferated across the nation, various efforts have been made to provide guidance to those planning or implementing programs on the essential, or presumed to be important, organizational, structural, and process elements of drug court programs. Some of the resulting products are based on professional consensus, while others integrate the results of research or a review of the literature in the area. Perhaps the most widely disseminated and frequently cited document in this regard is *Defining Drug Courts: The Key Components* issued by the former Drug Courts Program Office (DCPO) in 1997 and reprinted by BJA in 2004.<sup>59</sup> The report describes the ten key components of a drug court and provides performance benchmarks for each component. It was developed through a cooperative agreement between the DCPO and the NADCP, which convened an interdisciplinary group of drug court practitioners, the Drug Court Standards Committee, to develop the document.

<sup>58</sup> *Id.* at 16.

<sup>59</sup> *Supra* note 2.

**The Ten Key Components**

**Key Component 1.** Drug courts integrate alcohol and other drug treatment services with justice system case processing.

**Key Component 2.** Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

**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.** A coordinated strategy governs drug court responses to participants' compliance.

**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.

**Key Component 10.** Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

The challenges of adapting the adult drug court model to juveniles are articulated in a 1999 report issued by the Drug Court Clearinghouse, which is based on information obtained from operational juvenile and family drug courts in 17 states.<sup>60</sup> Critical factors, according to this report, include developing strategies to motivate juvenile offenders who have not "hit bottom" in the way that long-term adult substance abusers often have; counteracting the negative influence of peers, gangs, and family members; addressing the needs of the family; and complying with confidentiality requirements while still acquiring necessary information; and responding to the juvenile's developmental changes while in the program.

To help address these challenges and make clear the differences between adult and juvenile drug courts, the NDCI and National Council of Juvenile and Family Court Judges (NCJFCJ) convened a group of juvenile drug court practitioners, researchers, and educators to develop a framework for planning, implementing, and operating a juvenile drug court. The resulting 2003 publication, *Juvenile Drug Courts: Strategies in Practice*, presents 16 strategies and recommendations for their implementation.<sup>61</sup> Noting that further research is necessary before policies and procedures can be codified or best practices identified, the report cautions that the strategies "are not intended as research-based benchmarks or as a regulatory checklist."

<sup>60</sup> *Juvenile and Family Drug Courts, An Overview* OJP Drug Court Clearinghouse and Technical Assistance Project, (Washington, D.C.: 1999) Available at <http://www.american.edu/justice/publications/juvoverview.htm>.

<sup>61</sup> National Drug Court Institute and National Council of Juvenile and Family Court Judges, *Juvenile Drug Courts: Strategies in Practice*, Washington, D.C.: 2004).

<b>16 Key Strategies for Juvenile Drug Courts</b>	
<b>Collaborative Planning</b>	Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.
<b>Teamwork</b>	Develop and maintain an interdisciplinary, nonadversarial work team.
<b>Clearly Defined Target Population and Eligibility Criteria</b>	Define a target population and eligibility criteria that are aligned with the program's goals and objectives.
<b>Judicial Involvement and Supervision</b>	Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.
<b>Monitoring and Evaluation</b>	Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.
<b>Community Partnerships</b>	Build partnerships with community organizations to expand the range of opportunities available to youth and their families.
<b>Comprehensive Treatment Planning</b>	Tailor interventions to the complex and varied needs of youth and their families.
<b>Developmentally Appropriate Services</b>	Tailor treatment to the developmental needs of adolescents.
<b>Gender Appropriate Services</b>	Design treatment to address the unique needs of each gender.
<b>Cultural Competence</b>	Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.
<b>Focus on Strengths</b>	Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.
<b>Family Engagement</b>	Recognize and engage the family as a valued partner in all components of the program.
<b>Educational Linkages</b>	Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.
<b>Drug Testing</b>	Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.
<b>Goal Oriented Incentives and Sanctions</b>	Respond to compliance and non compliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.
<b>Confidentiality</b>	Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.

Common practices in family drug treatment courts (FDTC) can be drawn from the previously referenced work by the Drug Court Clearinghouse and Technical Assistance Project of the American

University,<sup>62</sup> and *Review of Specialized Family Drug Courts: Key Issues in Handling Child Abuse and Neglect Cases*, compiled by The Urban Institute.<sup>63</sup> The Urban Institute *Review* is based on fieldwork conducted with three family drug treatment courts: the Manhattan (NY) Family Treatment Court, the Suffolk County (NY) Family Drug Treatment Court, and the Escambia County (FL) Family Treatment Court. In addition to common practices and challenges, the report lists some “lessons learned,” including: (1) FDTCs are labor intensive; (2) FDTCs planners need a very clear picture of the clients and their needs; (3) Early intervention is important; (4) Interagency collaboration is essential at two levels—policy development and case management; (5) Do not underestimate the difficulties of interagency collaboration; and (6) Comprehensive and holistic treatment does not mean that all agencies are doing everything all the time.

In 2004, the NDCI and Center for Substance Abuse Treatment issued *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*<sup>64</sup>, based on a focus group meeting conducted in 1999 with team members from four of the most firmly established FDTCs at the time, including Kansas City, Missouri; Reno, Nevada; San Diego, California; and Suffolk County, New York. The purpose of the focus group was to share the various courts experiences in planning and implanting their programs, more clearly define the mission and goals of FDTCs, and clarify their unique role and characteristics. Noting that the document is not intended to be “how-to guide,” but in the interest of facilitating the planning and implementation process for other FDTCs, the authors propose 13 elements as a national strategy for validating and advancing the FDTC movement.

- Set minimum standards for family dependency treatment courts by which they can be defined and judged.
- Develop gender-specific treatment and longer treatment programs.
- Develop effective aftercare programs that will keep graduates on their recovery and growth plans.
- Secure ongoing support from policymakers, community leaders, and the public.
- Foster a clear understanding of the purpose of the family drug treatment court and the roles of the FDTC team among team members and other court and agency personnel.
- Provide interdisciplinary cross training for FDTC team members on a local level.
- Realign resources for service delivery, education, and outreach.
- Identify funding sources and means to raise funds without breaching ethical standards.
- Identify venues for education and training and use them to increase understanding among stakeholders, legislators, the judiciary, the bar, and the public of the FDTC mission, goals, and process.
- Form collaborations of national organizations around dependency issues.

---

<sup>62</sup> *Juvenile and Family Drug Courts: Profile of Program Characteristics and Implementation Issues* (OJP/Drug Court Clearinghouse and Technical Assistance Project, Wash. D.C.) June 1998. This lists the individual and aggregate responses of six family drug courts (operating as of January 1998) in a limited number of categories.

<sup>63</sup> The Urban Institute *Review* discusses the operations of three family drug treatment courts: the Manhattan (NY) Family Treatment Court, the Suffolk County (NY) Family Drug Treatment Court and the Escambia County (FL) Family Treatment Court. The latter two courts are included in both the Urban Institute and OJP documents.

<sup>64</sup> National Drug Court Institute and Center for Substance Abuse Treatment, *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*, Washington, D.C.: 2004).

- Establish measurements and basic data elements to evaluate FDTs.
- Expand substance abuse treatment capacity and allocate resources for early intervention and treatment.
- Recognize the distinctions between civil and criminal FDTs in establishing program plans.

Also identified among several of the early FDTs were 12 common operational characteristics.

<b>FDT Characteristics</b>
<b>Characteristic 1</b> -Integrated a focus on the permanency, safety, and welfare of abused and neglected children with the needs of the parents.
<b>Characteristic 2</b> -Intervened early to involve parents in developmentally appropriate, comprehensive services with increased judicial supervision.
<b>Characteristic 3</b> -Adopted a holistic approach to strengthening family function.
<b>Characteristic 4</b> -Used individualized case planning based on comprehensive assessment.
<b>Characteristic 5</b> -Ensured legal rights, advocacy, and confidentiality for parents and children.
<b>Characteristic 6</b> -Scheduled regular staffings and judicial court reviews.
<b>Characteristic 7</b> -Implemented a system of graduated sanctions and incentives.
<b>Characteristic 8</b> -Operated within the mandates of the Adoption and Safe Families Act (ASFA) of 1997.
<b>Characteristic 9</b> -Relied on judicial leadership for both planning and implementing the court.
<b>Characteristic 10</b> -Made a commitment to measuring program outcomes.
<b>Characteristic 11</b> -Planned for program sustainability.
<b>Characteristic 12</b> -Strived to work as a collaborative, nonadversarial team supported by cross training.

Some guidelines and principles for substance abuse treatment have also been developed that are applicable in the drug court context. Useful background information on the history of interventions for offenders with substance abuse problems is presented in a 2002 article by Douglas Marlowe of the Treatment Research Institute.<sup>65</sup> Marlowe reviews public safety strategies, such as imprisonment, intermediate community sanctions, and civil commitment, and public health strategies, such as diversion into community based treatment, and concludes that neither approach “has produced meaningful or consistent reductions in drug use or criminal recidivism among offenders.” He goes on to cite the “encouraging” findings on recidivism and drug use for drug courts and therapeutic community programs.

In a 1997 planning guide and checklist for treatment-based drug courts, the Center for Substance Abuse Treatment (CSAT) of the Department of Health and Human Services identified critical elements of comprehensive substance abuse treatment:<sup>66</sup>

<sup>65</sup> D. Marlowe, “Effective Strategies for Intervening With Drug-Abusing Offenders,” *Villanova Law Review*, 47:989 -1025 (2002).

<sup>66</sup> *Substance Abuse Treatment Planning Guide and Checklist for Treatment-Based Drug Courts*, CSAT, U.S. Department of Health and Human Services (1997).

- Screening to determine the likelihood of substance abuse.
- Assessment to determine the individual's bio-psychosocial needs and to develop an individualized treatment plan.
- Comprehensive, client-oriented treatment to include a range of appropriate modalities, drug testing, cultural/gender specific needs, mental and primary health care, anger management, and other adjunct services, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), housing, and employment.
- Therapeutic relapse prevention techniques to identify relapsing triggers and develop alternative responses.
- Case management of the client's performance, progress, rewards, and sanctions consistent with the individualized treatment plan.

In an attempt to assist drug courts in utilizing better treatment services, Faye Taxman used the results from a number of meta-analyses of the literature and research on treatment effectiveness to identify effective components of treatment interventions for offender populations.<sup>67</sup> Taxman concludes that certain therapies have been shown to be more effective in reducing recidivism and substance use, but that they are not frequently offered to offenders. In addition, Taxman also cites the importance of having an infrastructure that can support the delivery of quality treatment services. Based on her research and analysis, critical elements of that infrastructure are: assessments; specific treatment placements (matching); treatment readiness; targeting offenders based on social harm; lengthening treatment duration; a continuum of care; behavioral contracts; drug testing and other monitoring services; and behavioral incentives and sanctions.<sup>68</sup> In regard to sanctions, Taxman writes that four factors are critical:

1. The infractions or violation behavior must be clearly identified.
2. The sanctions must be swift, or occur shortly after the behavior.
3. Sanctions must be certain or clearly specified so that the offender is aware of the consequences for violating the treatment and supervision norms.
4. The sanction schedule should be a progressive set of responses.

In *Principles of Effective Treatment: A Research Based Guide*, the National Institute of Drug Abuse (NIDA) of the U.S. Department of Health and Human Services presents 13 principles that reinforce many of the recommendations discussed previously.<sup>69</sup>

---

<sup>67</sup> F. Taxman, "Unraveling 'What Works' for Offenders in Substance Abuse Treatment Services," *National Drug Court Institute Review*, II: 2 (1999).

<sup>68</sup> *Id.* at 116 – 124.

<sup>69</sup> *Principles of Effective Treatment: A Research Based Guide*, National Institute of Drug Abuse, U.S. Department of Health and Human Services (1999).

<b>Principles of Effective Treatment (NIDA)</b>
1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
6. Counseling (individual and group) and other behavioral therapies are critical components of effective treatment.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with co-existing mental disorders should have both treated in an integrated way.
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

Writing more broadly about the delivery of services in the court environment, NCSC researchers listed nine promising components of a service coordination strategy for courts.<sup>70</sup> These components, listed below, are based on fieldwork in eight jurisdictions, including drug courts, family courts, and mental health courts, during the Models of Effective Court-Based Service Delivery for Children and Their Families Project, and supplemented with a literature review and telephone survey of 50 courts. The authors note that no single model of service fits all courts, so the report provides broad strategies and provides examples of specific practices in individual courts.

1. Acknowledged court role in service coordination.
2. Judicial leadership.
3. An active policy committee of stakeholders.
4. Case-level service coordinators.
5. Centralized access to service network.
6. Active court monitoring of compliance with orders.
7. Routine collection and use of data.
8. Creative use of resources.
9. Training and education related to service coordination.

<sup>70</sup> P. Casey and W. Hewitt, *Court Responses to Individuals in Need of Services: Promising Components of a Service Coordination Strategy for Courts*, National Center for State Courts (2001).

#### **Section IV. Background Information on Hawai'i's Drug Courts**

The adult drug court enabling legislation, Act 25, Special Session of 1995 (Act 25) created the Hawai'i Drug Court.<sup>71</sup> Pursuant to Section I of Act 25, its purpose is to address the issue of prison overcrowding by (1) establishing a drug court at the state circuit court level; (2) implementing comprehensive alternatives to incarceration that do not undermine public safety; and (3) providing rehabilitative and assistance programs for arrestees and the incarcerated.

In the preamble to Part II of Act 25, which specifically addresses the establishment of the drug court, the legislature asserts:

*....due to the dramatic increase in substance abuse cases and the resulting increase in the number of detained and incarcerated individuals with drug abuse problems, alternatives to incarceration and to dealing with drug-abusing defenders must be implemented. The institution of the Hawai'i drug court is seen as one element that may be added to Hawai'i's criminal justice system that may offer substance abusers an effective means of addressing their abuse problems while being held accountable for their progress in treatment through regular contact with the drug court.*

Act 25 further states that the goal of the drug court is to enhance the effectiveness of the criminal justice system and its substance abuse delivery system and treatment. This is achieved through:

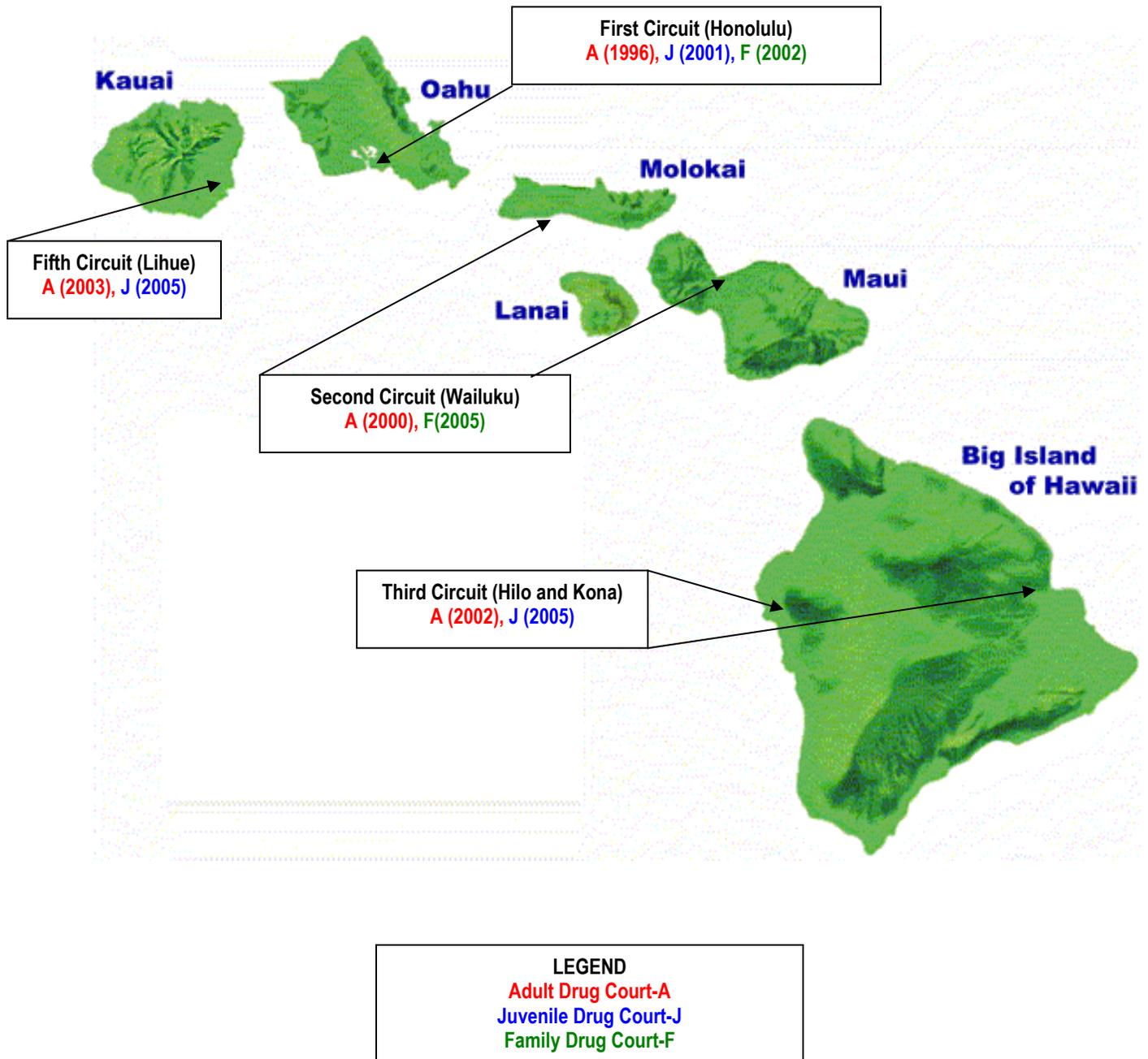
- Early intervention; and increased diversion from incarceration.
- Individualized assessment of drug problems.
- Increased access to a continuum of treatment options, from assessment for appropriate treatment that will include a spectrum of solutions from drug education to residential substance abuse treatment, and after case to increased drug testing by urinalysis.
- Judicial tracking and increased judicial involvement in monitoring treatment participation with the use of incentives for compliance and graduated sanctions for noncompliance.

In 1996 pursuant to Act 25, the Hawai'i Judiciary established the first adult drug court on the island of Oahu. Subsequent pieces of legislation have expanded the number, location, and jurisdiction (e.g. adult criminal, juvenile delinquency, and child welfare cases) of Hawai'i's drug courts. Currently there are nine drug courts, in various stages of planning, implementation, and operation, located throughout the islands of Hawai'i. As illustrated in Figure 2, the Hawai'i Drug Court Program is comprised of four adult drug courts, three juvenile drug courts, and two family drug courts. On the Big Island of Hawai'i, the drug court programs are situated in both Hilo and Kona. Each drug court is briefly described in the following paragraphs.

---

<sup>71</sup> Act 25, *A Bill for an Act Relating to Crime*, S.B. NO. 2-S, Legislature of the State of Hawai'i, 1995 Special Session.

Figure 2. Hawai'i's Drug Courts



## The First Circuit of Hawai'i (Oahu)

### ***The Oahu Adult Drug Court Program: First Circuit***<sup>72</sup>

The Hawai'i Drug Court Program, Hawai'i's first drug court program, was established by ACT 25 of the Special Session of the 1995 Hawai'i Legislature. The program admitted its first clients in January, 1996. It is 18-24 months long and is located within the First Circuit Court, Adult Client Services Branch (Oahu).

The target population is nonviolent, adult, substance abusing, felony offenders. The program has three referral tracks. Track I referrals (pre-trial) have been arrested, but not charged. Track II referrals (pre-trial) have been arrested and charged, but have not gone to trial. Track III referrals (post-conviction) are probationers who are facing modification or revocation of their probation. The program has admitted 727 clients since its inception of which 439 (60%) have successfully graduated and 57 (13%) have been convicted of new crimes (misdemeanors and felonies) post-graduation (criminal recidivism).

The Hawai'i Drug Court Program uses a cognitive-behavioral approach to address substance abuse and criminal behavior. The program includes the drug court judge, a program coordinator, a program supervisor, five treatment counselors, three social workers, and two social service aides. It provides direct individual, group, and family counseling, case management, community supervision, drug testing, and judicial supervision to the 120 clients who are currently enrolled.

### ***The First Circuit Juvenile Drug Court***<sup>73</sup>

The Juvenile Drug Court Program philosophy is to provide a comprehensive treatment service to juveniles under the age of 18 years and their families in a safe and warm environment that promotes respect, opportunity, and personal wellness. The mission of the program is to reduce harm to communities by responding to the treatment needs of alcohol and drug-using adolescents involved in the juvenile justice system, and their families through family-based and juvenile justice appropriate interventions.

The program will be a minimum of eight months in length and utilize a treatment model which is common to all treatment based drug court programs: rapid intervention, immediate access to treatment, systemic and coordinated approach, judicial leadership, frequent and direct contact with the drug court judge, and use of graduated sanctions and incentives. Approximately one month is spent completing screening services, intake, assessment, program orientation, and acceptance into drug court. Four to six months will be spent in intensive therapy or community based treatment, two to four months in supervision and monitoring with the completion of a community restitution project, and one to three months preparing for graduation.

The Juvenile Drug Court Program of the First Circuit accepted its first adolescent clients into the program on August 24, 2001. Since its inception, the program has admitted a total of 99 adolescents and terminated 20 which equates to a retention rate of 79.8 percent. Since inception of the program a total of 40 youths have graduated from the program with a 10% recidivism rate (four graduates were convicted of new offenses). A success rate of 90% of all Juvenile Drug Court graduates post no new convictions since the inception of the program.

<sup>72</sup> Reprinted from *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, page 13.

<sup>73</sup> Reprinted from *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, page 57.

**The First Circuit Family Drug Court <sup>74,75</sup>**

The First Circuit Court Family Drug Court has been operational, as a pilot project, within the First Circuit since May 2002. It is a collaboratively designed, coordinated response to child welfare cases where the parent or parents have been assessed and diagnosed as chemically dependent. In the best interest of the children, parents are guided through 12 months of treatment services that include, but are not limited to, addiction treatment, parenting skills, domestic violence counseling, mental health assistance, educational and job placement training.

Since its inception in May 2002, the First Circuit Court Family Drug Court has served 100 parents. Of those 98 clients, 53 have successfully graduated, 28 have been terminated for non-compliance, and 19 remain active. The children have received child care services; supervised visitation; and comprehensive, family-centered, and community based services. They have their immunization status, medical and dental needs monitored and children of ages 0-3 are evaluated for early intervention services. Our public health nurse engages in parental health teaching to support the safety, developmental growth and protection of the children and the family. The FDC was awarded \$1.2 million dollars from the Substance Abuse Mental Health Services Administration at the end of 2002. This money has been utilized to ensure immediate access into treatment services, enhance supervised visitation services, and purchase family incentives for participants who comply with all aspects of their service plan.

---

<sup>74</sup> Reprinted from *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, page 47.

<sup>75</sup> A recent 2005 legislative appropriation delegated monies to the family drug court enabling the program to move from a pilot project to permanent status and increased staffing levels.

## The Second Circuit of Hawai'i (Maui and Moloka'i)

### *The Second Circuit Adult Drug Court<sup>76</sup>*

The Maui Drug Court Program is an intensive supervision and treatment program for non-violent class "B" or "C" felony offenders residing on the island of Maui or Moloka'i whose criminal activity stems from alcohol or drug abuse. A total of 345 individuals have been admitted as of June 30, 2005 to the Maui Drug Court since inception in August of 2000. A substance-abusing defendant can enter the Maui Drug Court at any stage of his/her involvement in the criminal justice system: Track I: Pre-Charge, post arrest; Track II: Pre-Trial, post charge; Track III: Probation Revocation; Track IV: Parole Revocation; and Track V: Furlough Program.

Once a Maui Drug Court participant completes the program, if they were admitted on Tracks I and/or II - their charges are dismissed; if admitted on Track III - the probation violations and unserved term of probation is dismissed; if admitted on Track IV or V - a reduced term of parole is recommended by the Drug Court Judge to the Department of Public Safety and Hawai'i Paroling Authority. The Maui Drug Court Program focuses on providing alcohol and drug treatment services for those offenders that might otherwise not have access to services. Over 80 percent of current Maui Drug Court clients started the program while incarcerated, spending a minimum of 90 days in one of the two treatment dorms within the Maui Community Correctional Center.

The Maui Drug Court Program includes close court supervision, therapeutic graduated sanctions and incentives, case management, best practices substance abuse treatment, anger management, life skills, educational and vocational training, and other services, which meet the needs of the offender and the community. The minimum program length is 15 months. Treatment includes individual counseling, group sessions including family support groups, alternative group sessions such as Qi Gong, frequent alcohol and drug testing, and free after-care for up to one year after program completion.

### *The Second Circuit Family Court Drug Court*

The Maui Family Court Drug Court (MFCDC) commenced operations in January 2005. The MFCDC is a case type based four track drug court program accepting child protective services cases, juvenile delinquency cases, domestic violence cases, and divorce cases. MFCDC currently has seven clients on the child protective services track, one on the juvenile track, one on the domestic violence track, and zero in the divorce track. The MFCDC expects to have 15 clients by the end of 2005 and will expand to 30 in 2006.

MFCDC contracts for assessment (Maui Youth and Family Services) and treatment services (Aloha House). Drug testing is performed by the treatment provider. The Community Services branch tracks community service performed in lieu of fine payment and notifies the drug court coordinator of activity. MFCDC consists of one dedicated employee; and case management services from the Department of Family Services, Juvenile Probation, and Adult Probation. Guardian ad litem attorneys are also part of the MFCDC team. A treatment provider representative also participates in staffings and court hearings.

---

<sup>76</sup> Reprinted from *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, page 23.

## The Third Circuit of Hawai'i (The Big Island of Hawai'i)

### ***The Third Circuit Adult Drug Court<sup>77</sup>***

The Big Island Drug Court (BIDC) program is unique as compared to the rest of the state. Due to the vast geographical area (all of the other islands could be placed into the Big Island), we have one (1) dedicated drug court judge that travels island wide and utilizes rural courthouses in various districts. This model provides a so called "One Stop Drug Court Concept" that will service both adults, juveniles, and their families. The mission of the BIDC, Adult Drug Court Program, is to help address societal problems related to substance abuse in order to minimize their societal and economic costs, and to protect the Big Island community by providing timely and effective treatment for drug offenders with appropriate sanctions and incentives.

In September 2002, the BIDC, Adult Drug Court Program was implemented island wide providing a continuum of comprehensive services, substance abuse treatment and intensive judicial supervision to non-violent felony substance abusing offenders. The program is a twelve (12) month minimum requirement with three (3) phases and has four (4) tracks to which an offender may be referred. Track I referrals are offenders that were arrested but not charged. Track II referrals are offenders who were arrested and charged. Track 2.5 referrals are offenders who have plead but are awaiting sentencing. Track III referrals are offenders who are already sentenced and may be pending violation/revocation of probation/deferral. The BIDC admitted its first client in October of 2002. Up to this date, seventy (70) clients have been admitted, twelve (12) clients have been terminated from the program and twenty-three (23) have graduated. As of July 8, 2005, none of the graduates have been arrested for new crimes (0% criminal recidivism).

### ***The Third Circuit Juvenile Drug Court<sup>78</sup>***

The mission of the BIDC Juvenile Drug Court is to reduce substance abuse and increase law-abiding behavior of youthful offenders by offering timely and effective individualized/family treatment through strength-based programming and intensive supervision.

The BIDC, Juvenile Drug Court Program was implemented in March 2005 island wide providing a continuum of comprehensive services, substance abuse treatment and intensive judicial supervision to non-violent adjudicated law violators with significant substance abuse problem between the age of 14 to 17 at the time of referral. The program is a twelve (12) month minimum requirement with four (4) phases.

The BIDC, Juvenile Drug Court Program admitted its first juvenile in March of 2005.

---

<sup>77</sup> Reprinted from *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, page 32.

<sup>78</sup> Reprinted from *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, page 33.

## The Fifth Circuit of Hawai'i (Kaua'i)

### ***The Fifth Circuit Court Adult Drug Court<sup>79</sup>***

The Kaua'i Drug Court opened its doors in August of 2003. It is designed and operated based on training received by the National Drug Court Institute (NDCI). It is a collaborative effort of the primary criminal justice entities—the State Judiciary, the State Public Defender, and the County of Kaua'i Prosecutor. Other agencies including the police, the Department of Health, other state agencies and private, non-profit programs have contributed to the operation's continued success. The program incorporates best practices in helping clients achieve cognitive restructuring in terms of how they use illicit substances, primarily Methamphetamine. We help the clients by providing treatment, counseling and intensive supervision while in the program. After a minimum of one year in the program, they are eligible to apply for graduation. Most are gainfully employed, are satisfied with their personal relationships, and have housing and transportation.

Since inception, The Kaua'i Drug Court (Adult) has served 40 clients. Of these clients, seven have successfully graduated, and six have been terminated for program violations. Currently, this translates into an 85% acceptance rate with 26 clients presently active. None of the graduates have been re-arrested or convicted of any offenses. A 0% recidivism rate is noted, to date. We see most of them in the community and they appear healthy, happy and grateful for the opportunity to be contributing members of the public. We had our most recent graduation of another seven clients on July 21, 2005.

Since inception, The Kaua'i Drug Court has always been a state funded operation. The staff includes the Coordinator, Alton G. Amimoto; a Probation Officer, Kimberly Nonaka; a Certified Substance Abuse Counselor (CSAC), Araceli Gonzalez; and a Judicial Clerk, Tammy Kakutani. We are expecting to recruit soon for two open Probation Officer positions.

### ***The Fifth Circuit Juvenile Drug Court<sup>80</sup>***

The Kaua'i Drug Court Juvenile Program is in the planning stages of operation. The Program intends to accept three juveniles (with program structure and requirements similar to the adult program). Agreements are in place with related state and non-profit agencies. Referrals will be accepted upon completion of the NDCI planning and implementation curricula.

---

<sup>79</sup> Reprinted from *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, page 40.

<sup>80</sup> Reprinted from *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, page 40.

## Part B. Research Findings and Analyses

### Section I. Process Evaluation Discussion

Part B, Section I is a synthesis and meta-analysis of the information and data collected by the NCSC project team throughout the process evaluation of Hawai'i's drug courts in order to answer the research questions. The narrative, data, and information are supported by specific details in the appendices. In most instances the information and data are presented in table format in order to provide a snapshot view of the state's drug courts in their entirety. Comprehensive discussion and extended detail of each research question is located in the appendices, by drug court, as follows:

- **Appendix A. First Circuit-Oahu Adult Drug Court (ODC)**
- **Appendix B. First Circuit-Oahu Juvenile Drug Court (OJDC)**
- **Appendix C. First Circuit-Oahu Family Drug Court (OFDC)**
- **Appendix D. Second Circuit-Maui Adult Drug Court (MDC)**
- **Appendix E. Second Circuit-Maui Family Court Drug Court (MFDC)**
- **Appendix F. Third Circuit- The Big Island of Hawai'i Adult Drug Court (BIDC)**
- **Appendix G. Third Circuit- The Big Island of Hawai'i Juvenile Drug Court (BIDCJ)**
- **Appendix H. Fifth Circuit-Kaua'i Adult Drug Court (KDC)**
- **Appendix I. Fifth Circuit-Kaua'i Juvenile Drug Court (KJDC)**

**Research Question 1. How was the program developed—who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?**

The development of each drug court program is detailed in each respective appendix. Noteworthy in the development of each of these programs, however, is a point in time, collaboration, experience, or personality that charts the direction of the program. Table 3 identifies these pivotal events in each drug court.

<b>Table 3. Pivotal Events in the Development of the Drug Courts</b>	
<b>Court</b>	
<b>Adult</b>	
Oahu	The Oahu Adult Drug Court was established by Act 25 of the Special Session of the 1995 Hawaii Legislature as the Hawaii Drug Court Program. The development of the drug court program was a collaborative effort involving key stakeholders, including the Judiciary, Office of the Prosecutor, Office of the Public Defender, the Department of Public Safety, the Honolulu Police Department, and the community.
Maui	The program was initiated by the success of the Oahu Adult Drug Court program. Maui Drug Court founders observed an inequity in that Maui citizens were jailed for their entire drug related sentence while on Oahu (where there was a drug court), people with drug addictions were being diverted, and became determined to create a similar program on Maui.

<b>Table 3. (Cont'd) Pivotal Events in the Development of the Drug Courts</b>	
Big Island	A Planning Team was formed in 2000 consisting initially of ten members including two judges, prosecutor, public defender, treatment providers from the East and West sides of the island, and drug court coordinator. The Planning Team met monthly over a period of two years to design the structure and operations of the program. The result was a minimum 12-month, three -phase program with defined goals and objectives and a plan to provide a continuum of comprehensive services, substance abuse treatment, and intensive judicial supervision to non-violent felony substance abusing offenders.
Kaua'i	The program is a collaborative effort of the State Judiciary, State Public Defender, and Kaua'i County Prosecutor with various other agencies, including local law enforcement and the Department of Health, and private non-profit organizations making important contributions to its successful operations. The drug court coordinator, with 20 years of experience in adult probation services, brought his knowledge of the service provider network and other community and state resources to the effort and gathered materials from already established drug courts in other jurisdictions. The result was a minimum 12-month, three-phase program with defined goals and objectives and a plan to provide an intensive supervision and treatment program for non-violent felony offenders.
<b>Juvenile</b>	
Oahu	The court was in crisis when the current judge rotated into the position of juvenile drug court judge about two years ago. The court was initially funded by an Implementation Grant from the then Office of Drug Court Programs. The grant was administered by the city of Honolulu through the Office of Community Affairs, but this arrangement failed to keep the court funded. It took intensive lobbying by the current judge to get the city to release enough money to keep the court in operation. Because the future of the court was uncertain at this point, valuable staff were lost during this period and it took years to rebuild the court staff. Multi-systemic Therapy (MST) for drug court participants and their families was also dropped as a treatment option at this point. Conflict between prosecutors and public defenders also threatened the relatively new court although their differences were eventually reconciled after intervention by the current judge.
Big Island	The drug court judge brings the same philosophy to the juvenile drug court as to the adult drug court, which is to say that the key to long-term success with drug court participants is to change their "criminal-thinking patterns." Substance abuse is seen to be a symptom of this style of thinking about society. As a result of this philosophy, probation officers (POs) working with the court are very deterrence-oriented ("hound and pound"), and a sentence to the drug court BIDCJ is similar to a sentence to intensive probation.
<b>Family</b>	
Oahu	The court was developed in response to a general frustration of removing children from substance abusing parents without the hope of ameliorating the substance abuse or returning the child within the demands of federal timelines dictated by the Adoption and Safe Families Act of 1997, Public Law 105-89 (ASFA). <sup>81</sup> As such, efforts were needed to improve the existing service delivery model, which did not focus on strength-based techniques to reunite the families of substance abusing parents. There was a high level of support for this endeavor in the Family Court of the First Circuit.
Maui	The overriding reason for the development and format of the drug court was the recognition that (1) families come before the family court at multiple entry points and represent various case types; (2) substance abuse is an overriding issue in family court cases; and (3) effective treatment of substance abuse and the related impact it has on children and families requires a <i>..comprehensive coordinated, integrated services that combine the skills and resources of various community entities.</i>

<sup>81</sup> The Adoption and Safe Families Act of 1997, Public Law 105-89, 45 C.F.R. §§ 1355, 1356 & 1357.

## Research Question 2. What are the policies and procedures of the drug court?

Generally, the most significant operational policies and procedures of the Hawai'i drug courts address (1) referral/screening/admission; (2) sanctions/incentives; (3) case staffings; and (4) court hearings. Table 4 illustrates the drug courts who exercise these policies and practices. While all of the drug courts have formal referral, screening, and admission practices, not all are memorialized in a policy and procedures manual. Notwithstanding, routine and experience reinforce the process. Referral, screening, and admission policies provide clarity and expedite the identification and admission of the participants to the drug court.

All drug courts have a series of sanctions that are applied to the drug court participant in cases of noncompliance. However, some of the drug courts (ODC and MDC) have further broken down sanctions into therapeutic, program, and court sanctions. The latter are only enforced by the drug court judge, in consultation with staff. However, when internal sanctions are imposed and not complied with, the judge enforces those sanctions when requested by the program. Many of the drug courts indicate that while sanction schedules exist and are broken down by severity of the infraction and resulting sanction, they are not applied as a formula but are left to the discussion of the drug court team. The most severe sanction is termination from the drug court program. While all the drug courts have incentives schedules, most interview and focus group respondents across the state indicate that the courts do not emphasize the use of incentives as much as that of sanctions. Most incentives reward periods of sobriety and progression through treatment.

All but one (ODC) of the drug courts utilize the drug court team case staffing<sup>82</sup> process to discuss cases and participant progress. Court reviews are held in all of the drug courts. However, the frequency of participant attendance depends upon the specific requirements of each drug court program. Generally, however, more frequent court reviews take place early on in the participant's involvement with the drug court.

<b>Drug Court</b>	<b>Formal Referral, Screening and Admission Process</b>	<b>Sanctions Schedule</b>	<b>Incentives Schedule</b>	<b>Conduct Staffings</b>	<b>Conduct Court Hearings</b>
<b>Adult</b>					
Oahu	X	X	X		X
Maui	X	X	X	X	X
Big Island	X	X	X	X	X
Kaua'i	X	X	X	X	X
<b>Juvenile</b>					
Oahu	X	X	X	X	X
Big Island	X	X	X	X	X

<sup>82</sup> For a drug court, a "staffing" refers to the in-person case conferences of the drug court team prior to the drug court hearing. The practice of holding a staffing or case conference prior to the formal court hearing for each case is a feature distinctive to drug courts and is designed to allow all team members to discuss progress and issues in the case and determine what response from the program would be appropriate.

Table 4. (Cont'd) Drug Court Policies and Procedures					
Drug Court	Formal Referral, Screening and Admission Process	Sanctions Schedule	Incentives Schedule	Conduct Staffings	Conduct Court Hearings
Family					
Oahu	X	X	X	X	X
Maui	X	X	X	X	X

**Research Question 3. What is the size and nature of the total population eligible for drug court? How are screening and referral functions carried out? How many people are referred to drug court, how many are accepted, and why are those not accepted/rejected?**

- Oahu Adult Drug Court**-Information on the number of individuals referred to the drug court, number accepted/rejected, and reasons for rejection is not available for all operational years. However, for FY 2005, the program reported that 245 potential participants were screened and approximately 32 percent (78) were found appropriate for drug court (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005). According to the drug court coordinator, potential participants may be rejected because they present physical and mental challenges that are beyond the available resources of the program. In addition, the program rejects participants who have a history of violent offenses, including weapons charges.
- Maui Adult Drug Court**-MDC is an intensive supervision and treatment program for non-violent class "B" or "C" felony offenders residing on the island of Maui or Moloka'i whose criminal activity stems from alcohol or drug abuse. According to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, during FY 2004-2005, 49 individuals were screened by the current program coordinator. Of these individuals, 47 (96 percent) were found appropriate for program admission. These screening results confirm the coordinator's belief to "screen in" rather than "screen out." From most reports, most of these referrals (80 percent) come to the program through the Maui Community Correctional Center (MCCC) treatment dorms.
- Big Island Adult Drug Court**-As of July 2005, a total of 317 defendants had been referred to the program and 238 had been rejected (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005). Reasons for rejection vary. Some potential clients decline to participate; staff estimated that approximately 10 percent of referrals are not interested. Others may have prior violent, firearms, or sexual assault offenses that preclude their participation under the program's eligibility standards. Still others may have mental or physical health issues which are too severe to be addressed within available resources.
- Kaua'i Adult Drug Court**-According to data available from the CMS 2000 MIS system, a total of 91 defendants had been referred to the drug court as of October 2005. Of these, 48 defendants, approximately 53 percent were rejected. The reasons for rejection were not available.
- Oahu Juvenile Drug Court**-According to *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005, during FY 2004-2005, 55 individuals were screened by the current program coordinator.

Of these individuals, 25 (46 percent) were found appropriate for program admission. The drug court coordinator estimated that about two out of every ten referrals are admitted to the drug court program, with most cases rejected because either the juvenile or his or her parents did not want to participate. Referrals come principally from POs.

- **Big Island Juvenile Drug Court**-Referrals currently come from family court judges (at the direction of the Chief Administrative Judge on the Big Island), though previously they came from POs. As in the case in other jurisdictions, friction between drug court POs and regular POs resulted in too few referrals being made to the court. Any of the following will disqualify the offender: no clinical assessment of alcohol or drug problem; serious mental health or other personal problems that would interfere with treatment; prior or current sex offenses; prior or current serious, violent offenses; and other criteria as established by the drug court.
- **Oahu Family Drug Court**-Referral data (numbers and percentage) are maintained. According to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, during fiscal year 2004-2005, 65 percent of those referred and screened for drug court were deemed appropriate for admission and voluntarily agreed to enter the program.

**Research Question 4. What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?**

Data are limited in response to this question. For those drug courts that have available MIS systems, the NCSC project team calculated frequencies based upon the specific data elements maintained in the database. Tables 5-9 indicate several of the characteristics of drug court graduates and terminations. Anecdotal reports, however, indicate the following: (1) women are the primary participants in family drug court; (2) males are the primary participants in adult drug courts; (3) the primary drug of choice for all drug courts is methamphetamine.<sup>83</sup>

	<b>Graduates (n = 449)</b>	<b>Terminations (n = 168)</b>
<b>Average Age at Intake</b>	32.6	28.2
<b>Percent Female</b>	31 %	36.5 %
<b>Percent Asian/Pacific Islander</b>	35.6%	29.3%
<b>Percent Part Hawaiian</b>	29.4%	31.1%
<b>Percent White</b>	24.7%	29.3%
<b>Percent Methamphetamine as Primary or Secondary Drug</b>	69.5%	69.1%

<sup>83</sup> Methamphetamine (aka "meth") is a powerful central nervous system stimulant. Typically meth is a white powder that easily dissolves in water but is also ingestible in pill form. Another form of meth, in clear chunky crystals, called "crystal meth", or "ice", is the smokeable form of the drug (KCI, 2006, [http://www.kci.org/meth\\_info/faq\\_meth.htm](http://www.kci.org/meth_info/faq_meth.htm)). According to the Drug Enforcement Administration (DEA), ice is the drug of choice in Hawaii and is considered by far the most significant drug threat. Per capita, Hawaii has the highest population of ice users in the nation (DEA, 2006, <http://www.dea.gov/pubs/states/hawaii.html>).

<b>Table 6. Characteristics of Graduates and Terminations: Big Island Adult Drug Court</b>				
	<b>KONA</b>		<b>HILO</b>	
	<b>Graduates (n = 18)</b>	<b>Termination (n = 6)</b>	<b>Graduates (n = 11)</b>	<b>Termination (n = 8)</b>
Average Age at Intake	28.6	29.8	29.6	31.3
Percent Female	61 %	33 %	64 %	25 %
Percent Asian/Pacific Islander	44 %	50 %	55 %	38 %
Percent Married/Living as Married	33 %	0	18 %	25 %
Percent High School Graduates	33 %	50 %	50 %	43 %
Percent With Job as Source of Income at Intake	33 %	33 %	9 %	25 %
Percent With No Source of Income at Intake	6 %	17 %	27 %	25 %
Percent Reporting Family Substance Abuse	27 %	25 %	27 %	25 %
Percent Reporting Methamphetamine as Primary, Secondary, Third, or Fourth Drug	78 %	67 %	46 %	50 %

<b>Table 7. Prior Arrests and Prior Treatment Experience of Graduates and Terminations: Big Island Adult Drug Court</b>				
	<b>KONA</b>		<b>HILO</b>	
	<b>Graduates (n = 18)</b>	<b>Termination (n = 6)</b>	<b>Graduates (n = 11)</b>	<b>Termination (n = 8)</b>
Average Number of Non-Violent, Drug-Related Arrests	2.0 (n = 18)	2.7 (n = 6)	1.5 (n = 11)	0 (n = 8)
Average Number of Non-Violent, Non-Drug-Related Arrests	2.5 (n = 18)	15.0 (n = 6)	0.1 (n = 11)	3.5 (n = 8)
Average Number of Days of Prior Inpatient Treatment	75.8 (n = 6)	60.0 (n = 1)	58.3 (n = 7)	216.8 (n = 4)
Average Number of Days of Prior Outpatient Treatment	131.3 (n = 6)	90.0 (n = 2)	351.7 (n = 9)	214.4 (n = 7)

<b>Table 8. Characteristics of Graduates and Terminations: Kaua'i Adult Drug Court</b>		
	<b>Graduates (n = 13)</b>	<b>Terminations (n = 9)</b>
Average Age at Intake	29.4	24.2
Percent Female	23 %	22 %
Percent White	17%	33%
Percent Married/Living as Married	15 %	0
Percent High School Graduates	77 %	67 %
Percent Source of Income Unknown	62%	33%
Percent Reporting Methamphetamine as Primary or Secondary Drug	77 %	89 %

	<b>Graduates (n = 13)</b>	<b>Terminations (n = 9)</b>
<b>Average Number of Non-Violent, Drug-Related Arrests</b>	5.7 (n = 13)	3.8 (n = 9)
<b>Average Number of Non-Violent, Non-Drug-Related Arrests</b>	0 (n = 13)	0 (n = 9)

**Research Question 5. What are the characteristics of available treatment interventions? What treatment and other services are participants getting?**

Drug court participants are exposed to a range of substance abuse (SA) treatment and ancillary services. Treatment modalities include cognitive behavioral therapy (CBT). While not exhaustive, Table 10 represents a range of treatment and ancillary services available to drug court participants.

<b>Drug Court</b>	<b>Inpatient SA Tx</b>	<b>Intensive Outpatient SA Tx</b>	<b>Outpatient SA Tx</b>	<b>AA/NA</b>	<b>Mental Health</b>	<b>Family Therapy/Family Support Groups</b>	<b>Intensive Case Management</b>	<b>Educational &amp; Vocational</b>
<b>Adult</b>								
Oahu	X	X	X	X	X	X	X	X
Maui	X	X	X	X		X	X	
Big Island	X	X	X	X			X	X
Kaua'i		X	X	X			X	
<b>Juvenile</b>								
Oahu		X				X	X	
Big Island	X	X	X			X	X	
<b>Family</b>								
Oahu	X	X	X	X		X	X	X
Maui	X	X	X	X		X	X	

Table 11 shows the in-program treatment experiences of graduates and termination in the Big Island Adult Drug Court. Finally, identified service gaps across the State include: residential treatment facilities, mental health treatment, clean and sober housing, after care and alumni groups.

<b>Table 11. In Program Outpatient and Inpatient Treatment Experience of Graduates and Terminations: Big Island Adult Drug Court</b>				
	<b>Kona</b>		<b>Hilo</b>	
	<b>Graduates (n = 18)</b>	<b>Termination (n = 6)</b>	<b>Graduates (n = 11)</b>	<b>Termination (n = 8)</b>
<b>Average Number of Outpatient Treatments</b>	1.7 (n = 18)	1.5 (n = 6)	1.8 (n = 9)	1.6 (n = 7)
<b>Average Number of Days of Outpatient Treatment</b>	371.6 (n = 14)	189.8 (n = 6)	Not Available	Not Available
<b>Average Number of Inpatient Treatments</b>	1.0 (n = 4)	1.5 (n = 2)	1.1 (n = 7)	1.5 (n = 4)
<b>Average Number of Days of Inpatient Treatment</b>	172.0 (n = 2)	185.5 (n = 2)	Not Available	Not Available
<b>Average AA/NA Attendance</b>	58.4 (n = 18)	37.5 (n = 6)	45.2 (n = 11)	35.7 (n = 8)

**Research Question 6. What are the major case processing steps? What happens to participants in drug court? What is their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, etc.?**

A common feature of all of Hawai'i's drug courts is the development of a series of steps and milestones for the progression through the drug court. Table 12 lays out these steps by drug court. Participants enter the drug court through multiple tracks and various referral points.<sup>84</sup> Generally, a standardized instrument informs the eligibility and admission process. Progression is marked through a series of phases in which the participant must comply with requests for random and frequent UAs and attend court hearings to review their progress. Finally, in order to graduate from the drug court, the participant must complete a schedule of graduation requirements.

<sup>84</sup> The exceptions are Oahu Family Drug Court and Big Island Juvenile Drug Court, which have a single point of entry.

Table 12. Drug Court Case Processing Steps by Drug Court							
Drug Court	Standardized Screening and or Assessment Instruments	Number of Entry Tracks	Number of Phases/Levels	Minimum Length of Program	UA Frequency	Court Hearings	Schedule of Requirements for Graduation
<b>Adult</b>							
Oahu	Yes	3	1 entry 3 curriculum 1 exit	18-24 months	Random	Frequency < as progress through phases	Yes
Maui	Yes	5	1 trial phase Phase 1-4	15 months	Varies by Phase	Frequency < as progress through phases	Yes
Big Island	Yes	4	Phase 1-3	12 months	Varies by Phase	Frequency < as progress through phases	Yes
Kaua'i	Yes	3	Phase 1-3	12 months	Varies by Phase	Frequency < as progress through phases	Yes
<b>Juvenile</b>							
Oahu	Yes	3	Phase 1-4	12 months	Varies by Phase	Frequency < as progress through phases	Yes
Big Island	Yes	1	Phase 1-4	12 months	Varies By Phase	Frequency < as progress through phases	Yes
<b>Family</b>							
Oahu	Yes	1	Level 1-3	12 months	Varies By Phase	Frequency < as progress through phases	Yes
Maui	Yes	4	3 service levels	9-18 months	Varies By Phase	Frequency < as progress through phases	Yes

**Research Question 7. Who are the staff and what are their responsibilities? What is the drug court's annual budget and sources of funds?**

Most drug court teams (as opposed to staff) are comprised of a combination of judicial, court employees, agency personnel, and treatment providers. Table 13 identifies the judicial and court staff (responsible for participant supervision or treatment) associated with each drug court. Others who complete the drug court team vary by drug court type but the range of team members includes: the prosecutor/DAG, the PD, GALs, CWS caseworkers, law enforcement, probation and parole services, treatment service providers, DOE and DOH personnel.

Table 13. Hawai'i Drug Court Judicial and Court Employees by Court								
Drug Court	Judge	Coordinator	Case Managers	SA Counselors	Clinical Supervisor	Probation Supervisor	Drug Court Officers	Social Service Aides
<b>Adult</b>								
Oahu	1	1	2	6	1	1	--	
Maui	2	1	3	--	--	--	--	
Big Island	1	1				<sup>185</sup>	4	
Kaua'i	1	1					1	
<b>Juvenile</b>								
Oahu	1	1	--	--	1	--	6	
Big Island	1	1	--	--	--	--	2	
<b>Family</b>								
Oahu	1	1	2	--	--	--	--	
Maui	1	1	--	--	--	--	--	

Table 14 identifies the FY 2004/2005 budgets for the individual drug court programs as identified in *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005. The KJDC and the MFCDC, did not operate for the entirety of FY 2004/2005 and did not report a budget. For MDC, KDC, and OFDC, figures include allotments for purchase of services contracts for treatment services. The primary source of funding is state funding to the judiciary from the Hawai'i Legislature.<sup>86</sup> Several of the drug courts have pursued federal BJA and SAMSHA grant funding. Others have received funding from executive branch agencies such as the Department of Health (DOH) and the DOE.

Table 14. FY 2005 Drug Court Budget by Location									
	Adult				Juvenile			Family	
	Oahu	Maui	Big Island <sup>87</sup>	Kaua'i	Oahu	Big Island <sup>88</sup>	Kaua'i	Oahu	Maui
Budget	\$1,004,881	\$298,202	\$840,908	\$277,000	\$664,220	--	--	\$491,375	--
POS	--	187,500	--	\$70,000	--	--	--	\$367,822	--
Total	\$1,004,881	\$485,702	\$840,908	\$347,000	\$664,220	n/a	n/a	\$859,197	n/a

<sup>85</sup> This Hilo-based position oversees both adult and juvenile drug court officers.

<sup>86</sup> For FY 04/05, the OFDC was almost entirely funded with grant money. First Circuit Court funds were used to pay for GALs and treatment services. The legislature, through allotments to the judiciary, did not fund the program until the current FY 05/06.

<sup>87</sup> Budget figures includes both adult and juvenile drug court programs on the Big Island of Hawai'i.

<sup>88</sup> The budget figure for the BIDC includes the operating costs for the BIDCJ.

**Research Question 8. Is there an advisory board or governing task force, and if so, who serves and what are their responsibilities?**

As indicated in Table 15, many of the drug courts have been assisted or informed by an advisory board. Advisory boards have been active in the planning and implementation phase of the drug courts. Several of the advisory boards, whether internal or external to the drug court, have active on-going roles in the operation and/or policy development for the drug court, while others exist in name only. Composition of the advisory committees varies by drug court.

<b>Table 15. Advisory Boards and Role by Drug Court</b>		
<b>Drug Court</b>	<b>Planning and Implementation</b>	<b>Ongoing Operations</b>
<b>Adult</b>		
Oahu	X	X
Maui	X	--
Big Island	X	X
Kaua'i	--	--
<b>Juvenile</b>		
Oahu	X	X
Big Island	X	X
<b>Family</b>		
Oahu	X	--
Maui	X	X

**Research Question 9. What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, etc. What information is routinely made available to and/or required by these agencies?**

As articulated in *The Ten Key Components of Drug Courts* (Component 1, 2, 4, 6, and 10), *The 16 Key Strategies for Juvenile Drug Courts* (Strategy 1,2,6, and 13) and *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model* (Characteristic 1, 3, 6, 12, and 13), a hallmark of the drug court is the degree of coordination and collaboration between the court and other agencies. Developing viable partnerships is critical to the success of the drug court. Generally, Hawai'i's drug courts appear to enjoy a high degree of coordination, collaboration, and cooperation among agencies. Examples include: the number of courts that have drug court team staffings; non court agencies who have dedicated staff to the drug court; the development of MOUs between agencies outlining their commitment to each other; and drug court team members taking positions that conflict with perceived roles in order to enable the drug court participant to succeed (e.g., the PD who urges that the drug court team is being too soft on her client). Challenges to optimal levels of coordination and collaboration were noted, however.

- **Oahu Adult Drug Court**-The court hearing proceedings operate separately from drug court program staff procedures so ongoing opportunities for all team members to work together in the context of cases are limited. This inhibits a common understanding of the philosophy, policies, and procedures of both the treatment and court system components of the program.
- **Big Island Adult Drug Court**-In the last year, there have been reorganizations at two of the provider agencies, posing some transition issues which, in one instance, do not appear to be fully resolved. Frequent case manager changes and lack of timely responses from the community mental health centers were also noted.
- **Oahu Juvenile Drug Court**-Interaction is somewhat clouded by the apparent resentment that regular juvenile POs feel about drug court POs. Resentment reportedly stems from the perception of regular POs that drug court cases require a disproportionate amount of probation resources in comparison to other probation cases. This perception leads to a reluctance to refer eligible cases to drug court.
- **Maui Family Court Drug Court**-Turf issues and a lack of understanding of the drug court model, the dynamics of addiction, and the concept of consensus building are the primary inhibitors to an optimal level of coordination, collaboration and cooperation among agencies. This is especially evident from interviews regarding "S" Track cases; particularly when there is a tension between the child safety issue and the parent participant's substance abuse and addiction.<sup>89</sup>

**Research Question 10. What local conditions (court caseloads, community attitudes, local culture, etc.) affect the drug court?**

The local and environmental context of the drug courts are important factors in understanding and assessing their operations. Universally, drug courts were able to identify conditions that positively and negatively affect the drug court. Table 16 identifies the local conditions cited by respondents.

---

<sup>89</sup> A local NDCI training was scheduled for December 2005, which may have helped to increase capacity, understanding, and break down the barriers to collaboration. This training, attended by drug court personnel and community stakeholders, provided an overview of key components and principles of drug court operations and the treatment of addiction in a drug court environment. Track-specific workgroups focused on team building and track specific needs and work products.

<b>Table 16. Local Conditions Affecting the Drug Court by Drug Court</b>	
<b>Adult</b>	
Oahu	<ul style="list-style-type: none"> <li>• The enactment of Act 161<sup>90</sup> and related Act 44<sup>91</sup> has affected the number of referrals for Track 1 because most first time offenders are now placed on probation. This has freed up resources for Track 3 referrals, which have increased.</li> <li>• Increased number of referrals with co-occurring disorders; that is dual diagnosis of substance abuse and mental health problems.</li> <li>• Community is aware of the drug court program and it has a positive image.</li> </ul>
Maui	<ul style="list-style-type: none"> <li>• Maui community is inclusive and accepting, and invested in the success of the drug court participants. There is tremendous community support that translates into people who are willing to employ drug court graduates and to act as NA and AA sponsors, provide funding, and generally to encourage the drug court participants and graduates in their recovery.</li> <li>• Maui also encountered the methamphetamine problem before the rest of the jurisdictions and were reeling from the fallout of the crisis, so were motivated to respond.</li> </ul>
Big Island	<ul style="list-style-type: none"> <li>• The large geographic area of Hawai'i Island requires that the drug court operate in two locations and the challenges of managing operations in two separate locations are significant.</li> <li>• The employment in September, 2005 of a Drug Court Supervisor for the Hilo Drug Court Office was viewed by a number of respondents as a very positive development.</li> </ul>
Kaua'i	<ul style="list-style-type: none"> <li>• Most significant factor is the limited treatment resources and other support services on the island.</li> <li>• Clean and sober housing is in short supply, and, again, some participants secure appropriate housing on Oahu or the Big Island.</li> <li>• The fact that methamphetamine, in the form of "ice," is the primary drug of choice is significant and the destructive effects of methamphetamine on the user both short and long term.</li> </ul>
<b>Juvenile</b>	
Oahu Big Island	<ul style="list-style-type: none"> <li>• The methamphetamine and "ice" problems plaguing Hawai'i.</li> <li>• Both courts are fortunate to receive state funding.</li> <li>• Enforcement of truancy laws seems lax, and there appears to be little to keep juveniles in treatment short of the drug court</li> <li>• The lack of security at the drug court program office and the distance to the courthouse are striking.</li> </ul>
<b>Family</b>	
Oahu	<ul style="list-style-type: none"> <li>• A culture of collaboration among the agencies enhances the program-level and case-level operations of the family drug court.</li> <li>• A high level of engagement, cooperation, and appreciation of the efforts of the drug court team.</li> <li>• Hawaiian culturally-based treatment services that use the cultural strengths of those cultures to address primary population has made a significant positive impact on the success of the drug court; including those of non-Hawaiian decent.</li> <li>• Local media coverage highlighted success stories and impressive work of the family drug court.</li> <li>• 2005 legislative support.</li> <li>• The prevalence of methamphetamine and "ice" has had a severe affect on the cases in the drug court and the need for appropriate treatment services.</li> <li>• Inadequate family court facilities necessitating the family drug court personnel to be housed off site. The lack of available courtroom and staffing space creates challenges, as well.</li> </ul>

<sup>90</sup> Act 161, Session Laws of Hawai'i, 2002.

<sup>91</sup> Act 44, Session Laws of Hawai'i, 2004.

<b>Table 16. (Cont'd) Local Conditions Affecting the Drug Court by Drug Court</b>	
Maui	<ul style="list-style-type: none"> <li>• An enthusiasm for the drug court concept and an eagerness for it to be successful.</li> <li>• The relative infancy of the drug court and the associated growing pains as processes and organizational structures are tested and team members become familiar with the processes and their respective roles.</li> <li>• Turf issues and a lack of understanding of the drug court model, and the concept of consensus. building are the primary inhibitors to an optimal level of coordination, collaboration, and cooperation among agencies.</li> <li>• Underutilization of Tracks "J", "CR", "D" and the planned number of "spots" for these Tracks.</li> </ul>

**Research Question 11. How long do participants stay in the drug court? Who drops out, at what point, and why? How many participants (number and percentage, BJA), with what characteristics, graduate from drug court?**

Data are limited to respond to this research question. For most drug courts, the lack of a client specific database makes it impossible to easily answer queries about participants with which demographics and program performance characteristics ultimately graduate, terminate, and continue on in the program. Some automated data are available from ODC, BDC, KDC, and OJDC. While not generated from an automated database, the OFDC supplied related data. The information is presented below in discrete chunks and no direct comparison is offered due to the disparity in the identified data elements between the courts.

**Oahu Adult Drug Court:** As of October 2005, 449 participants had graduated from the ODC. Based on the total number of admissions to that date (747) and currently active cases (99), the overall graduation rate is 69 percent and the retention rate is 73 percent. One hundred sixty-eight (168) participants had been terminated from the program for a termination rate of 26 percent.

Information on average time from referral or admission to graduation or termination from the program was limited due to missing data on either the date of admission or the date of graduation or termination in the program's database. Complete data available on 106 of 449 total graduates indicated an average time between referral and exit of 777 days or approximately 26 months. Complete data for 23 of a total of 168 terminations showed an average time between referral and exit of 560 days or slightly less than 19 months. The program coordinator estimated that the average length of stay in program for graduates is currently 21 months, due to the addition of the post treatment phase and that terminations tend to exit in months 12 through 18, usually because of new arrests or absconding.

Time in each phase could only be calculated for a limited number of cases due to missing data on key dates and is not included because it may not be representative of overall time frames. For instance, data on the average number of days in Phase 1 was limited to 96 graduates and only 18 terminations, and data on the average number of days in Phase 2 was limited to 66 graduates and only two terminations..

**Big Island Adult Drug Court:** As of October 2005, 29 participants had graduated from the BIDC. Based on the total number of admissions and currently active cases, the overall graduation rate is 67 percent and the retention rate is 84 percent. The graduation and retention rates for Hilo are 58 percent and 81 percent, respectively. The graduation and retention rates for Kona are 78 percent and 87 percent, respectively. Fourteen participants had been terminated from the program, eight in Hilo and six in Kona.

Table 17 shows the average and median time in each treatment phase and from referral to exit for graduates and terminations. Both the average and median are presented to allow for comparison and identification of extreme values (high or low) that may be affecting the average. The average time from referral to graduation in Kona was 17.8 months, although the median time was closer to 16 months. In Hilo, the average time to graduation was approximately 16.5 months and the median was closer to 15 months. There is a wide distribution of times to termination in Kona which is reflected in the difference between the average and median, approximately 13.2 months as compared to 9.7 months. There is less difference in Hilo; the average time to termination was approximately 14.8 months and the median was 13.6 months.

Table 17. Time in Program of Graduates and Terminations: Big Island Drug Court				
	KONA		HILO	
	Graduates (n = 18)	Terminations (n = 6)	Graduates (n = 11)	Terminations (n = 8)
	average/median time in days	average/median time in days	average/median time in days	average/median time in days
Phase 1	128 / 127 (n = 18)	98 / 98 (n = 2)	83 / 83 (n = 9)	109 / 78 (n = 4)
Phase 2	188 / 169 (n = 18)	161 (n = 1)	147 / 132 (n = 9)	272 (n = 1)
Phase 3	220 / 212 (n = 18)	610 (n = 1)	281 / 225 (n = 9)	490 (n = 1)
Referral to Exit	535 / 490 (n = 18)	398 / 291 (n = 6)	496 / 460 (n = 11)	446 / 408 (n = 8)

**Kaua'i Adult Drug Court:** As of October 2005, the KDC had 13 graduates. Based on the total number of admissions and active cases, this represents a graduation rate of 59 percent and a retention rate of 79 percent. Nine participants had been terminated from the program.

Table 18 shows the average and median time in program by treatment phase and from referral to exit from the program, either by graduation or termination. The table provides only a preliminary picture because, as indicated in the table, complete data was not available for all graduates and terminations. Both the average and median are included because the average may be affected by extreme values (high or low) in the distribution and give a somewhat distorted picture of the overall pattern. The median, which reflects the value that divides the array in half, is more stable in the face of extreme values.

<b>Table 18. Time in Program for Graduates and Terminations: Kaua'i Adult Drug Court</b>		
	<b>Graduates (n = 13)</b>	<b>Terminations (n = 9)</b>
	<b>average/median time in days</b>	<b>average/median time in days</b>
<b>Phase 1</b>	147 / 131 (n = 13)	250 / 239 (n = 5)
<b>Phase 2</b>	227 / 211 (n = 12)	63 (n = 1)
<b>Phase 3</b>	110 / 113 (n = 6)	98 (n = 1)
<b>Referral to Exit</b>	428 / 406 (n = 6)	323 / 308 (n = 8)

For the graduates for which complete data was available, the average time from program entry to exit was approximately 14 months, and ranged from a minimum of just over 13 months in one case to almost 18 months in another. The average time from entry to termination was slightly less than 11 months, but ranged from approximately 5 months to 16.5 months. Median times are generally lower, but not significantly different.

The proposed time frame for Phase 1 is two to four months. For graduates, time in Phase 1 ranged from approximately 2.5 months in one case to slightly more than nine months in another. Because of this range, the median, approximately 4.2 months, is a better indicator. Those participants who were eventually discharged from the program appear to spend a longer average time, approximately eight months, in Phase 1. However, the limited number of cases and the range, from a minimum of four months to a maximum of more than 12 months, precludes any conclusion. Average time in Phases 2 and 3 for graduates is within the proposed time frames for these stages, which are 7 to 12 months and 3 to 8 months, respectively.

**Oahu Juvenile Drug Court:** At the end of October 2005 there were 37 active cases with another 12 pending admission. About half of the cases processed by the drug court were rejected. Slightly more than 10 percent withdrew from the program. The program has produced 45 graduates and 20 terminations.

Data supplied by the program indicated that the average amount of time between screening and admission or rejection was almost 27 days, a rather long time for those juveniles who are eventually admitted to have to wait for services. Table 19 shows the time between admission and graduation or termination. The average number of days between admission and graduation was about 564 days (1.55 years), six months beyond the required minimum stay. The average number of days between admission and termination was 467 days (1.28 years), a lot of time to have invested in cases that ultimately failed. The maximums for both graduates and terminations represent a major investment in time and resources in these participants.

<b>Table 19. Time between Admission and Graduation or Termination</b>			
	<b>Mean</b>	<b>Minimum</b>	<b>Maximum</b>
<b>Days (years) from Admission to Graduation</b>	563.8	259	1155
<b>Days (years) from Admission to Termination</b>	467.2	154	959

**Oahu Family Drug Court:** To date, 53 participants have graduated and 28 participants were terminated. For the drug court participant, the average length of participation to graduation is 12 months; average length of participation for terminations is three months; and average length of first court date to admission is 30 days.

**Research Question 12. What is the percentage of drug court clients who are arrested while in the program and their charges (BJA).<sup>92</sup>**

Data on in-program arrests and charges are not reported because, with one exception (ODC) none of the drug court databases examined recorded this information. The Drug Court CMS 2000 database, used in Kaua'i and the Big Island, contains fields to list, arrests, charges and convictions, so that theoretically it would be possible to record both in-program and post-graduation recidivism but none of these fields were populated with data in any of these courts. While the ODC was likewise able to record information on in-program recidivism, only one instance of an in-program arrest was reported which seems low and reduces our confidence in the integrity of their data in this instance. NCSC did obtain post-graduation arrest data from the ODC that appears to be credible. Other than the data reported by the ODC to NCSC, the most authoritative source of information on post-graduation recidivism comes from the *2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005 which reported the following:

- **Oahu Adult Drug Court-**As of July 2005, 57 of 443 graduates (13 percent) had been convicted of misdemeanor or felony crimes following exit from the program. It should be noted that 24 (42 percent) of the clients who recidivated were convicted on misdemeanor non-drug-related crimes and an additional 14 (25 percent) on felony non-drug-related crimes. In addition to the data on convictions reported in the report to the Chief Justice, the ODC supplied NCSC with data on post-graduation arrests. Analysis of this data indicated a post-graduation re-arrest rate of 32 percent for program graduates though, unfortunately, no comparable data were reported for program terminations.

<sup>92</sup> Because the focus of family dependency drug courts substantially differs from traditional criminal drug courts, this question will apply only to adult and juvenile drug courts. Other measures of in-program recidivism should be considered for the family drug court (e.g., new incidents of abuse and neglect of the child while under the court's jurisdiction). However, for inclusion in the Core Data Set, the Oahu Family Drug Court intends to track post-graduation incidents of abuse and neglect.

- **Maui Adult Drug Court**-The MDC has tracked recidivism of criminal activity in terms of arrests and convictions for its program graduates. There have been 159 graduates since the program's inception in 2000. Of these, as of the data collection of the 2005 report, there had been 39 arrests for arrest rate of 25 percent, ten total convictions for conviction rate of 6 percent. It should be noted that there were eight total felony convictions, four drug related felony convictions, and an additional five misdemeanor convictions. Three graduates were convicted of both a felony and a misdemeanor after graduating from the drug court program.
- **Big Island Adult Drug Court**-As of July 2005, no graduates had been convicted of crimes following exit from the program.
- **Kaua'i Adult Drug Court**- As of July 2005, no graduates of the program had been convicted of a crime.
- **Oahu Juvenile Drug Court**-As of July 2005, 2.5 percent of the program's graduates had been convicted of crimes following exit from the program.

**Research Question 13. How does the operation of the drug court compare to the standards and guidelines articulated in The Ten Key Components of Drug Courts, The 16 Key Strategies for Juvenile Drug Courts and Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model?**

**Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices**

Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.</b>		
Oahu	The ODC has specifically incorporated treatment services as part of its internal operations and substance abuse counselors and case managers are part of the drug court team. The program contracts for additional treatment and ancillary services as needed by participants.	<ul style="list-style-type: none"> <li>• There is a drug court coordinating committee which includes the drug court judge, program administrator, public defender, prosecutor, and representatives from the Narcotics/Vice Division of the Honolulu Police Department and other law enforcement agencies, the Oahu Intake Center, and the Office of the Attorney General. The treatment component of the program is represented through the participation of the drug court coordinator. As the program has matured, the advisory committee has become less involved in the discussion of, and decisions on, modifications to program operations, but continues to meet on a regular basis to discuss issues that impact operations such as changes in the client population, the need for additional treatment and other support services, and the implementation of new program components and programs.</li> <li>• Although there is a written statement of goals and objectives and documentation of selected areas of operations, such as status reports and sanctions, there is not a comprehensive practice and procedure manual. Some team members have developed their own documentation of their respective roles and responsibilities.</li> <li>• Abstinence and law-abiding behavior are objectives of the program, but other compliance requirements and expectations are also stressed, such as obtaining employment, completing educational or training programs, securing stable and appropriate housing, satisfying outstanding fines, fees, and restitution, and resolving any other court system involvements, such as traffic-related cases.</li> <li>• The drug court judge reviews status reports prepared by the case managers and substance abuse counselors prior to court hearings and may speak directly with staff about issues in a particular case. However, the program does not conduct staffings or case conferences with the full team prior to court hearings.</li> <li>• Court staff receive written reports and make in-person contact with contracted service providers, including residential, day, and outpatient treatment providers.</li> </ul>
Maui	The MDC recognizes the importance of treatment and its complementary role to judicial supervision and intensive case management. Aloha House provides a comprehensive and wide range of treatment services.	<ul style="list-style-type: none"> <li>• MDC is a five phase program that begins with a trial phase and concludes with Phase 4. It incorporates in custody in-patient, intensive outpatient, outpatient, and aftercare services to its judicial supervision and case management services,</li> <li>• Aloha House personnel participate in MDC staffings, attend MDC hearings, provide weekly <i>Review Hearing Status Reports</i> (for each MDC participant scheduled for court review) and frequently communicate with the MDC case managers.</li> <li>• The MDC judge reviews the Aloha House staffing reports during staffings and, then, actively engages the participants regarding their therapeutic progress during hearings.</li> <li>• The lack of local residential (including clean and sober houses), mental health services, and aftercare services were noted as concerns by MDC team members.</li> <li>• Program materials specifically reference an integrated approach (judicial supervision, case management services, and treatment) to combat the substance abuse of the MDC participant.</li> <li>• The MDC Policy and Procedures manual documents program objectives, the entry process, treatment phases, eligibility</li> </ul>

<b>Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices</b>		
<b>Court</b>	<b>NCSC Comment</b>	<b>Supporting Information and Evidence</b>
		standards, criteria for graduation and termination, the drug testing protocol, and sanctions and incentives, among other topics. The manual was developed in 2001 and needs to be updated to reflect current practices and service providers.
Big Island of Hawai'i	The BIDC has integrated a significant treatment component into its program of intensive supervision and judicial monitoring.	<ul style="list-style-type: none"> <li>• Treatment provider representatives were included in the original drug court planning team and continue to serve on the planning team in its current role as a forum for discussion and decision-making on emerging policy and operational issues.</li> <li>• Treatment provider representatives participate in staffings, attend drug court hearings, and are in frequent written communication, via progress reports, and oral communication with drug court staff.</li> <li>• Treatment services include assessment, individual and group counseling, therapeutic living programs, AA/NA meetings and sponsorship, and some specialized services. The lack of local residential treatment and adequate mental health interventions are concerns.</li> <li>• There is a multi-phased treatment process: stabilization, orientation, and assessment; intensive treatment, and transition.</li> <li>• Stated program objectives include specific reference to the provision of a comprehensive, integrated program of drug treatment and rehabilitation, timely entry to treatment, and enhanced collaboration with treatment and other service providers.</li> <li>• A practice and procedure manual developed in the collaborative planning process and amended as appropriate, documents program objectives, the entry process, treatment phases, eligibility standards, criteria for graduation and termination, the drug testing protocol, and sanctions and incentives, among other topics.</li> <li>• There is a written code of ethics and confidentiality for the program.</li> </ul>
Kaua'i	Drug and alcohol treatment services are an integral part of the overall program approach and compliment the ongoing judicial monitoring and intensive supervision.	<ul style="list-style-type: none"> <li>• Stated program objectives include specific reference to the provision of a continuum of effective rehabilitation services for eligible participants.</li> <li>• A Certified Substance Abuse Counselor (CSAC) is a member of the core drug court team and works collaboratively with the PO on the development of individualized treatment and service plans and maintains contact with direct service providers.</li> <li>• Treatment services include assessment, individual and group counseling, alcohol and drug abuse education, and AA/NA meetings, but there is no residential treatment facility on the island and a lack of specialized services.</li> <li>• There is a defined multi-phased treatment process beginning with intensive outpatient services and gradually incorporating an emphasis on broader life style changes in subsequent phases.</li> <li>• A practice and procedure manual documents program objectives, eligibility criteria, referral process, treatment phases and criteria for advancement, criteria for graduation, drug testing protocol, and the system of graduated sanctions, among other topics.</li> <li>• There is a written code of ethics and confidentiality for the program.</li> </ul>

**Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices**

Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 2. Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.</b>		
Oahu	Prosecution and defense counsel are supportive of the program and actively involved in the referral process, determination of legal eligibility, and advisement of potential clients. They assume a non-adversarial stance once the client is admitted to the drug court program.	<ul style="list-style-type: none"> <li>• Prosecution and defense are represented on the local drug court coordinating committee and were involved in the original program planning process.</li> <li>• The prosecutor is actively involved in determining the legal eligibility of referrals for all program tracks. The prosecutor checks and documents the criminal history and other related information for each potential client and notifies defense counsel and the program about decisions for Track 1 and 2 referrals.</li> <li>• The PD makes referrals for Track 1 and 2 and advises clients as to the nature of drug court, program requirements and rules, sanctions, and any rights the defendant may be waiving by agreeing to participate.</li> <li>• The deputy prosecuting attorney and public defender attend all court hearings.</li> </ul>
Maui	While the prosecutor and PD have separate and distinct roles in the process, both individuals and agencies are actively engaged in the goals and mission of the MDC.	<ul style="list-style-type: none"> <li>• Referrals to MDC are generated by defense counsel, usually the PD.</li> <li>• The prosecutor is responsible for making the admission decision for Track I and Track II. The prosecutor makes admission recommendation to the MDC team for all other tracks.</li> <li>• According to interviews, the PD is a strong supporter of MDC and actively encourages clients to participate because of the treatment and disposition benefits.</li> <li>• The prosecutor and PD participate in MDC staffings and attend all court hearings.</li> </ul>
Big Island of Hawai'i	Prosecution and defense counsel are integral members of the drug team, supportive of the program's objectives and approach, but exercise and respect their respective roles in the process.	<ul style="list-style-type: none"> <li>• Prosecutors and public defenders were involved in the planning process and are represented on the current Planning Team and Steering Committee.</li> <li>• The prosecutor makes referrals for Tracks 1 and 2 of the program, but other referrals are from the criminal court judges. The prosecutor is involved in determinations of eligibility and checks the prior criminal record of participants. Contested admissions are argued before the drug court judge.</li> <li>• The PD advises clients as to the nature of drug court, program requirements and rules, sanctions, and any rights the defendant may be waiving by agreeing to participate.</li> <li>• Prosecutor and PD actively participate in staffings and attend all court hearings.</li> </ul>
Kaua'i	Prosecution and defense counsel were involved in the drug court planning process, are members of the core drug court team, and exercise their respective roles in the process; however, there are issues surrounding the transparency of the admission process.	<ul style="list-style-type: none"> <li>• As is recommended in the performance benchmarks for this key component, the prosecutor is actively involved in the review of the case and determination of eligibility; however, there is concern on the part of defense counsel that decisions are not adequately substantiated and documented.</li> <li>• The PD clients as to the nature of drug court, program requirements and rules, and possible sanctions.</li> <li>• Prosecutor and PD do not participate in staffings unless serious sanctions are to be imposed.</li> <li>• The KDC has had two judges since its inception and is scheduled to rotate to a third at the end of 2005. While the transition to the current judge was apparently not disruptive to the program or participants, longer periods of judicial assignment, especially in the first years of the program, can help to build a sense of teamwork and ensure consistency and stability in program roles and operations.</li> </ul>

**Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices**

Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 3. Eligible participants are identified early and promptly placed in the drug court program.</b>		
Oahu	Potential participants appear to be identified promptly, but review for criminal history and other background information necessarily introduce some delay in admission and entry into the recovery readiness phase of the program. The fixed cohort approach delays entry into the structured curriculum-based phases of the program.	<ul style="list-style-type: none"> <li>• The program has a defined target population, agreed-to eligibility criteria, and a defined admission process for each of the program tracks.</li> <li>• The mean time from admission to treatment entry in FY 2005 was 2.6 days (<i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set</i>, Drug Court Coordinating Committee, September 2005).</li> <li>• Potential participants are advised of program requirements in a timely way by defense counsel and program staff. Participants complete all necessary paperwork, including client information forms, agreements, and consents, during a structured intake and orientation process that occurs promptly after the petition hearing.</li> </ul>
Maui	The MDC has published eligibility criteria and a specific admission process. The identified steps and the series of approvals by the prosecutor and the MDC team, interferes, somewhat, with the early identification and prompt placement of the participant into MDC and treatment services.	<ul style="list-style-type: none"> <li>• Referrals to MDC are generated by defense counsel, usually the PD.</li> <li>• The prosecutor is responsible for making the admission decision for Track I and Track II. The prosecutor makes admission recommendation to the MDC team for all other tracks.</li> <li>• No statistics are maintained by MDC regarding the time from referral, to admission, to treatment.</li> </ul>
Big Island of Hawai'i	The BDC program has written eligibility criteria and a defined admission process for each of the program tracks. The transition to a judge-initiated referral process is fairly recent and procedures are still being refined.	<ul style="list-style-type: none"> <li>• The goal for time from initial referral to acceptance into the program is ten days.</li> <li>• The mean time from admission to treatment entry in FY 2005 was 1.6 days (<i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set</i>, Drug Court Coordinating Committee, September 2005).</li> <li>• Potential participants are advised of program requirements in a timely way by defense counsel and drug court officer.</li> <li>• Admission may be delayed if the defendant has pending cases which would need to be resolved prior to acceptance.</li> </ul>
Kaua'i	The KDC has written eligibility criteria and a defined referral process. The program has a two-to four week pre-admission (trial) phase, the purpose of which is to allow the court to determine the suitability and motivation of the defendant prior to formal admission.	<ul style="list-style-type: none"> <li>• Data on the average time from initial referral to formal admission is not available.</li> <li>• The mean time from admission to treatment entry in FY 2005 was approximately 21 days (<i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set</i>, Drug Court Coordinating Committee, September 2005).</li> <li>• Potential participants are advised of program requirements by defense counsel and drug court officer.</li> </ul>

**Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices**

Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.</b>		
Oahu	The program combines in-house treatment services, contracted services, and a network of referrals for ancillary services to provide a continuum of treatment and rehabilitation services for clients.	<ul style="list-style-type: none"> <li>• The program includes a recovery readiness phase in order to improve the client's commitment to change, motivation, and adjustment to treatment, as well as preparing clients to participate in group counseling sessions.</li> <li>• Subsequent treatment phases are structured around an evidence-based curriculum which is the subject of on-going testing. Individual and group counseling are provided.</li> <li>• Contracts are in place for services, such as residential treatment and mental health interventions that are not provided in-house.</li> <li>• Recent funding has allowed for the inclusion of a family therapy component and the development of a component for participants who have co-occurring disorders. Services for dual-diagnosed clients are currently limited to the availability of treatment slots at the Queens' Day Treatment Program.</li> <li>• Standardized instruments are used for initial assessments, which are conducted by the drug court administrator.</li> <li>• Status reports from case managers and substance abuse counselors keep the court informed of participants' progress in treatment.</li> <li>• The multi-phase structure of the program is designed to match the intensity/frequency of treatment, drug testing, and judicial monitoring with participant needs.</li> <li>• The average number of treatment days provided per client in FY 2005 was 663 (<i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set</i>, Drug Court Coordinating Committee, September 2005).</li> <li>• Case managers are equipped to provide guidance and referrals for obtaining financial assistance through welfare programs at the DHS, educational programs and vocational training, physical health testing, and even food and clothing. Some funds are available to assist in obtaining housing and transportation, although securing stable and appropriate housing is an on-going challenge for the program.</li> </ul>
Maui	Aloha House provides MDC with a continuum of therapeutic services including counseling, substance abuse treatment, anger management, life skills, educational and vocational training, and other services that meet the needs of the drug court participant and the community.	<ul style="list-style-type: none"> <li>• Treatment provided by Aloha House includes individual counseling and group sessions including family support groups. The frequency and type of services depends upon the MDC participant's phase and complements judicial supervision and case management services.</li> <li>• Each phase has guidelines for treatment, drug testing, and attendance at AA/NA meetings or other support groups.</li> <li>• Data on the aggregate and average number of treatment sessions and treatment days are not currently maintained by the MDC in a usable FY format.</li> <li>• MDC case managers are also Certified Substance Abuse Counselors and are tuned into the treatment needs of the participant and can effectively intervene, when necessary, or notify Aloha House personnel.</li> <li>• Gaps in treatment resources include residential treatment; clean, safe, sober housing; and a more structured and active continuing care or support group program for those who graduate the program.</li> </ul>

**Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices**

Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.</b>		
Big Island of Hawai'i	The BIDC has built a sound array of services for participants within the resources available at each court location. Participants have access to individual and group counseling, therapeutic living programs, and AA/NA programs. There are no residential treatment facilities on the island; however, participants can receive this service in Oahu. Early screening and providing services for mental health disorders is the most critical gap in treatment services.	<ul style="list-style-type: none"> <li>• Standardized instruments are used for initial assessments. Progress reports from treatment providers, status reports from drug court officers, and staffings provide the means of identifying problematic behavior or a need to change the individualized treatment/service plans.</li> <li>• The multi-phase structure of the program is designed to match the intensity/frequency of treatment, judicial monitoring, and supervision with participant needs.</li> <li>• The average number of treatment days provided per client in FY 2005 was 56.3 (<i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set</i>, Drug Court Coordinating Committee, September 2005).</li> <li>• Early identification of participants with co-occurring disorders and obtaining services for these clients are problematic.</li> <li>• The program does not have a CSAC.</li> <li>• Obtaining stable, affordable housing, job training, and employment is often difficult and access to services is complicated by insufficient public transportation.</li> </ul>
Kaua'i	The KDC is limited by the resources available on the island, but is providing individual and group counseling, alcohol and drug abuse education, and 12-step program support to participants. There are no residential treatment facilities on the island; participants can receive this service in Oahu, but cost is a factor. A CSAC is a member of the core drug court team and is therefore qualified to provide group counseling and other treatment services to participants.	<ul style="list-style-type: none"> <li>• Standardized instruments are used for initial assessments. The CSAC and PO work as a team and regularly review treatment and service plans to identify any needed changes and assess progress.</li> <li>• The phase structure of the program is designed to match the intensity/frequency of treatment, judicial monitoring, and supervision with participant needs.</li> <li>• The average number of treatment days provided per client in FY 2005 was 93.1 (<i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set</i>, Drug Court Coordinating Committee, September 2005).</li> <li>• Lack of public transportation and clean and sober housing are issues for clients.</li> <li>• Recruiting for individuals to fill the CSAC position is difficult because there is a limited number of CSACs in the state, and they can earn higher salaries in the private sector.</li> <li>• There is some support for providing some system of continuing care/support for graduates.</li> <li>• The program organizes community-oriented activities for drug court participants.</li> </ul>

**Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices**

Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 5. Abstinence is monitored by frequent alcohol and other drug testing.</b>		
Oahu	Although there is no written protocol, drug and alcohol testing is overseen by the supervising officer and occurs at frequent, continuing, and random intervals in the program as indicated by the participant's phase and progress in the program.	<ul style="list-style-type: none"> <li>• The program uses a UA hotline to inform participants of drug testing requirements.</li> <li>• The program uses a multiplier to determine how likely a person is to be selected for a random drug test. Participants at Level 1 will have a multiplier of four, meaning that they are four times more likely to be selected at random than a participant at Level 4 (closest to graduation) with a multiplier of one.</li> <li>• The average number of urinalysis tests per client in FY 2005 was 31.4; the average number of alcohol tests per client was 3.4 (<i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set</i>, Drug Court Coordinating Committee, September 2005).</li> <li>• Questionable drug testing results are independently verified as are any positive tests where the participant denies drug usage.</li> <li>• Graduation criteria require that the participant have no positive drug or alcohol tests for the previous 120 days.</li> </ul>
Maui	The MDC developed written policies and protocols, which are still in effect, for the frequent and random drug testing of drug court participants. These policies and protocols continue to be executed to this day.	<ul style="list-style-type: none"> <li>• Each drug court phase has guidelines for drug testing. Aloha House administers the UA test according to the articulated guidelines.</li> <li>• According to respondents, the MDC team is immediately notified of a positive drug test and action is immediate.</li> <li>• As a condition of graduation, the MDC participant must be abstinent for 90 days.</li> <li>• Data on the aggregate and average number of UA tests are not currently maintained by the MDC in a usable FY format.</li> </ul>
Big Island of Hawai'i	Drug testing is governed by a written protocol and is conducted at frequent, continuing, and random intervals during the program.	<ul style="list-style-type: none"> <li>• Drug tests are conducted a minimum of two times per week in Phase 1, one to two times per week in Phase 2, and two to four times per month in Phase 3. Additional tests are conducted as indicated or recommended by program staff.</li> <li>• The average number of UA tests per client in FY 2005 was 38.1; the average number of alcohol tests per client was 0.8 (<i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set</i>, Drug Court Coordinating Committee, September 2005).</li> <li>• Written phase transition and graduation requirements include abstinence guidelines. A minimum of 90 days consecutive days of abstinence is required for graduation.</li> </ul>
Kaua'i	Drug testing is governed by a written protocol and is conducted at frequent, continuing, and random intervals during the program.	<ul style="list-style-type: none"> <li>• Drug tests are conducted three to four times per week in Phase 1, two to four times per week in Phase 2, and one to two times per week in Phase 3. Additional tests are conducted as indicated or recommended by program staff.</li> <li>• The average number of UA tests per client in FY 2005 was 20.1; the average number of alcohol tests per client was 0.3 (<i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set</i>, Drug Court Coordinating Committee, September 2005).</li> <li>• Written phase transition and graduation requirements include abstinence guidelines. A minimum of 90 consecutive days of negative drug tests is required for graduation.</li> </ul>

**Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices**

Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 6. A coordinated strategy governs drug court responses to participants' compliance.</b>		
Oahu	Written status reports are the primary means of communication on participant progress and issues of compliance. The program does not hold formal staffings or case conferences prior to court hearings, although the judge and program staff will discuss cases on an individual basis as needed.	<ul style="list-style-type: none"> <li>• Participants are informed of program rules and requirements orally and in writing prior to admission and petition hearings provide a thorough review of program expectations.</li> <li>• Violations of program rules and other instances of non-compliance are documented and discussed with the participant as are the sanctions that may be imposed. Staff submit documentation and recommendations on sanctions to the judge as part of the status report.</li> <li>• The program has recently developed a schedule of incentives that will be linked to performance benchmarks. The program also schedules group activities to mark certain milestones in the program.</li> <li>• The judge imposes sanctions and awards incentives in the court hearings.</li> <li>• Phase movement is determined by tests administered by the program supervisor and checklists have been developed. Phase movement is finalized in a court hearing.</li> <li>• The program also has four behaviorally-dictated levels with corresponding privileges that are earned or lost as participants move through the program. This system allows participants to remain with their treatment cohort while their individual privileges are increased or decreased.</li> </ul>
Maui	The MDC has policies and protocols in place to put the drug court participant on notice regarding program expectations, rules, and requirements and to respond to infractions and noncompliance in a timely and consistent way.	<ul style="list-style-type: none"> <li>• MDC participants receive and sign a series of documents that advise them of program expectations and the consequences of infractions as articulated in the MDC Policy and Procedure manual and as evident during a review of closed files.</li> <li>• MDC utilizes a series of graduated therapeutic and conventional sanctions. The most extreme sanction is termination from MDC.</li> <li>• An evidentiary hearing is held prior to termination in order to adequately prove and or rebut the underlying conditions and circumstances for termination.</li> </ul>
Big Island of Hawai'i	Program requirements and expectations are clearly communicated to participants in writing and orally prior to and at admission and are reinforced at subsequent court hearings. Staffings serve as the forum to discuss progress and issues of compliance and obtain input from all team members on the court's response. The program understands the importance of timely imposition of sanctions for instances of non-compliance.	<ul style="list-style-type: none"> <li>• Participants sign an admission agreement which becomes the basis for monitoring compliance during supervision.</li> <li>• The program uses graduated sanctions that range from admonishment to jail time. Imposition of sanctions is at the discretion of the judge, but all team members offer recommendations.</li> <li>• Tangible incentives in response to compliance are used less frequently than sanctions for non-compliance. Incentives include rounds of applause in the court hearing, lessening of restrictions, and/or gift certificates, movie passes, or other tangible rewards. Phase movement is acknowledged by the award of a certificate and the court conducts graduation ceremonies.</li> <li>• An administrative review hearing is held prior to any decision to terminate to ensure that the participant has a clear understanding of the violations that have led to possible termination. The changes that will have to occur for continued participation are incorporated into a behavioral contract.</li> </ul>

**Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices**

Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 6. A coordinated strategy governs drug court responses to participants' compliance.</b>		
Kaua'i	<p>Program requirements and expectations are communicated to participants in writing, via the admission agreement, handbook, and other materials, and orally prior to admission, and the judge reminds participants of their continuing responsibilities at subsequent court hearings. Staffings serve as the forum to discuss progress and issues of compliance; however, the prosecutor and PD do not routinely attend staffings. There is an emphasis on the timely imposition of sanctions for instances of non-compliance.</p>	<ul style="list-style-type: none"> <li>• Participants sign an admission agreement, statement of rights, responsibilities, and rules, and drug testing agreement as part of the admission process. They are also provided with a drug court handbook.</li> <li>• Intensive supervision is the focus of the program and compliance is strictly monitored.</li> <li>• The program has a written protocol for the imposition of sanctions and a system of graduated sanctions. The PO makes recommendations on sanctions, but they are imposed at the discretion of the judge. Sanctions are described as individualized while still adhering fairly closely to the sanction grid.</li> <li>• The program is moving away from lengthy terms of incarceration and incorporating the use of shorter sentences as part of a strategy of escalating sanctions.</li> <li>• Prosecutor and defense counsel will attend staffings if serious sanctions are to be imposed.</li> <li>• The primary incentive is verbal praise from the judge and a round of applause. A gift certificate is awarded for 100 percent compliance in a random drawing.</li> </ul>

**Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices**

Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 7. Ongoing judicial interaction with each drug court participant is essential.</b>		
Oahu	Participants appear before the drug court judge at regular intervals based on program phase and progress.	<ul style="list-style-type: none"> <li>• Participants appear before the judge once a week in the early stages of the program. Court appearances are reduced as participant behavior exhibits positive changes.</li> <li>• There is a high level of interaction between the judge and each participant at court hearings, and the judge thoroughly addresses issues specific to each case. The judge will admonish, encourage, reiterate, and inquire as necessary with each drug court participant.</li> <li>• Unless excused on an individual basis, all participants stay for the entire proceeding.</li> <li>• The judge imposes sanctions and awards incentives in the court hearings.</li> </ul>
Maui	There is a high level of judicial interaction with the drug court participant.	<ul style="list-style-type: none"> <li>• MDC participants appear before the drug court judge at regular intervals. The frequency of court appearances is determined by the phase of treatment, but may be increased or decreased depending on compliance and progress: Phase 4-once every four weeks; Phase 3-once every three weeks; Phase 2-once every two weeks; and Phase 1 (Trial and MCCC included) every week.</li> <li>• Thursday court hearings are preceded by Wednesday staffings during which the MDC judge reviews the <i>Client Status Report</i> and the <i>Review Hearing Status Report</i>, and the team discusses issues that need to be addressed for each participant at the hearing.</li> <li>• During the court hearing, the MDC judge calls each participant forward and engages him/her in a dialogue regarding their treatment progress and a personal fact or reference tailored specifically for that participant.</li> </ul>
Big Island of Hawai'i	Participants appear before the drug court judge at regular intervals. The frequency of court appearances is determined by the phase of treatment, but may be increased or decreased depending on compliance and progress.	<ul style="list-style-type: none"> <li>• There is a high level of interaction between the judge and each participant at court hearings, and the judge thoroughly addresses issues specific to each case.</li> <li>• Unless excused on an individual basis, all participants stay for the entire proceeding, giving them the opportunity to learn from the experiences of others and reinforcing the consequences of compliance and non-compliance.</li> <li>• Court hearings are preceded by staffings during which the team discusses issues that need to be addressed for each participant at the hearing.</li> </ul>
Kaua'i	Participants appear before the drug court judge at regular intervals. The frequency of court appearances is determined by the phase of treatment, from once every two weeks in Phase 1 to every other month in Phase 3. Court appearances may be increased or decreased depending on compliance and progress.	<ul style="list-style-type: none"> <li>• Observation of court hearings on-site was too limited to assess the level of interaction between the judge and participants under different circumstances of compliance and non-compliance and/or program phase.</li> <li>• All participants stay for the entire proceeding, giving them the opportunity to learn from the experiences of others and reinforcing the consequences of compliance and non-compliance.</li> <li>• The judge is provided with status reports and case notes prior to the staffing for each court hearing. Staffings provide the opportunity for the judge, PO, CSAC, and coordinator to discuss compliance and any specific issues that need to be addressed for each participant at the hearing.</li> </ul>

**Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices**

Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.</b>		
Oahu	The Oahu Adult Drug Court developed generalized goals and some specific objectives for the program during the planning process but no specific performance measures or evaluation criteria. Information for monitoring of operations is entered into the program's own Access database, and periodically analyzed for internal management and other reports. An outcome-based evaluation of the program was completed by external consultants in 2005.	<ul style="list-style-type: none"> <li>• Drug testing and curfew compliance are monitored by the supervising officer.</li> <li>• Information on some process variables and UA results is available in the program data base, but the number of variables is limited. Data elements are being added as needed.</li> <li>• The program has had one formal external evaluation.</li> <li>• The DCCC recently promulgated a set of uniform goals and performance measures for drug courts statewide, and the program submitted information for FY 2005.</li> <li>• The ODC is participating in the ongoing NCSC comprehensive process and outcome/impact evaluation.</li> </ul>
Maui	While the MDC has a few selected performance indicators in place, considerable improvement is needed to effectively monitor and evaluate the program goals and to gauge its effectiveness.	<ul style="list-style-type: none"> <li>• The MDC Policy and Procedure manual anticipated a process and an outcome evaluation; no such evaluations have taken place to date.</li> <li>• The DCCC recently promulgated a set of uniform goals and performance measures for drug courts statewide.</li> <li>• The MDC was unable to provide several categories of information for the <i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set</i>, Drug Court Coordinating Committee, September 2005. A commitment has been articulated, however, to collect the information.</li> <li>• As observed during the NCSC file review process, that while the file format and structure are good, the MDC program files contain inconsistent, missing, and/or unreliable information to measure outputs and outcomes.</li> <li>• The <i>Weekly Statistics</i> contains MDC statistics such as total admissions, total graduates, total terminations, total current participants, total in trial phase, total on waiting list, and total current participants by phase. Most respondents indicate that this is a useful tool and is helpful to monitor success as well as need.</li> <li>• The MDC does not maintain a MIS to assist with performance, output, or outcome measurement.</li> <li>• Currently, the MDC is participating in the NCSC comprehensive process and outcome/impact evaluation.</li> </ul>

**Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices**

Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.</b>		
Big Island of Hawai'i	The BIDC developed generalized goals and some specific objectives for the program during the planning process. Information for monitoring of operations is entered into the Drug Court CMS 2000 system and is also available from some other automated and paper reports. (The functionality of the CMS 2000 and other information collection and distribution systems in the Hawaii drug courts is the subject of separate report.)	<ul style="list-style-type: none"> <li>• The DCCC recently promulgated a set of uniform goals and performance measures for drug courts statewide.</li> <li>• Reports on UA results, 12-step meeting attendance, and payment of fees and a summary of participant progress are available from the CMS 2000 system.</li> <li>• The BIDC is participating in the comprehensive NCSC evaluation.</li> </ul>
Kaua'i	The KDC enters selected program monitoring information into the Drug Court CMS 2000 system and other spreadsheet applications, and the drug court officer produces management reports as needed. There has been no formal external evaluation of the program.	<ul style="list-style-type: none"> <li>• The DCCC recently promulgated a set of uniform goals and performance measures for drug courts statewide.</li> <li>• The program is participating in the NCSC comprehensive evaluation.</li> </ul>

**Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices**

Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.</b>		
Oahu	There is no ongoing program of interdisciplinary training, but team members were generally positive about the opportunities for training and education available to them in their individual roles.	<ul style="list-style-type: none"> <li>• There is no formal orientation program for team members and new staff rely on internal written materials, supervisors/mentors, and their predecessors, if available, to learn their new roles.</li> <li>• Some staff members specifically noted the absence of trainings focused on team-building and the lack of an inclusive forum for the discussion of program issues.</li> <li>• Team members cited a variety of substantive courses that they had attended, including training on the Level of Supervision Inventory (LSI), confidentiality provisions, placement, and cultural competency among others.</li> <li>• Staff has also participated in national conferences and trainings sponsored by such organizations as the NADCP.</li> </ul>
Maui	The MDC does not have a program of continuing interdisciplinary training to promote effective drug court operations.	<ul style="list-style-type: none"> <li>• Opportunities in this area should be pursued especially in light of MDC personnel changes and additions, and policy changes.</li> <li>• MDC professionals spoke glowingly of interdisciplinary trainings made available to them personally or to their colleagues during the evolution of the program or in recent years.</li> <li>• Participation in these training and conference educational opportunities clearly serve to re-energize program staff and their colleagues. In fact, a NADCP national conference served to spark the very existence of MDC and its initial attributes.</li> </ul>
Big Island of Hawai'i	There is no program of ongoing interdisciplinary education; however team members have the opportunity to attend some national level trainings and conferences.	<ul style="list-style-type: none"> <li>• The drug court team attended BJA interdisciplinary training during the planning process.</li> <li>• Individual members continue to attend national conferences and trainings, such as the NADCP annual meeting.</li> </ul>
Kaua'i	There is no ongoing program of interdisciplinary education, but drug court team members have opportunities to attend national level drug court conferences and trainings and education and training programs specific to their roles in the program.	<ul style="list-style-type: none"> <li>• The drug court team attended NDCI/BJA interdisciplinary training during the planning process and individual members continue to attend national conferences and trainings, such as the NADCP annual meeting.</li> <li>• The same team members are currently involved in the planning for the juvenile drug court and have attended the series of three juvenile drug court planning sessions presented by NDCI.</li> </ul>

Table 20. Comparison of Hawai'i's Adult Drug Courts to National Standards and Best Practices		
Court	NCSC Comment	Supporting Information and Evidence
<b>Key Component 10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.</b>		
Oahu	The ODC has made specific efforts to involve and educate the community about drug court goals and operations.	<ul style="list-style-type: none"> <li>• The program formed a 501(c)(3) corporation, to provide funds and in-kind contributions of goods and services for the program and its clients.</li> <li>• There is a local drug court coordinating committee which meets periodically to review information on the status of the program and changes in caseload and client characteristics as well as factors that are affecting program operations. The latter may include issues related to funding, availability of housing, the demand for specialized treatment services, and the implementation of new program components or services.</li> <li>• There have been efforts to formally educate the defense bar about the program and its requirements.</li> <li>• Law enforcement is represented on the local coordinating committee and was described by team members as being very aware of the program and its objectives.</li> </ul>
Maui	The MDC has made efforts to involve and educate the community about drug court goals and operations.	<ul style="list-style-type: none"> <li>• MDC developed a 501(c)(3) non-profit very soon after the program was created, called <i>Friends of Maui Drug Court</i>, to provide funds for incentives and for training.</li> <li>• MDC created bumper stickers and t-shirts espousing the success of MDC with statements such as, "Maui Drug Court, IT works."</li> <li>• MDC has partnered with the American Cancer Society to deliver its smoking cessation curriculum under the theory that successful substance abuse treatment is tied into smoking cessation.</li> </ul>
Big Island of Hawai'i	The BIDC has made specific efforts to involve and educate the community about drug court goals and operations.	<ul style="list-style-type: none"> <li>• The drug court has formed a 501(c)(3) non-profit corporation, <i>The Friends of Big Island Drug Court</i>, which provides funds and in-kind contributions of goods and services for the program and its clients, including but not limited to incentives. <i>The Friends of Big Island Drug Court</i> meets every two months at which time drug court staff update the membership on referrals and active clients and other operational issues as well as the incentives that have been used. Participants write a thank-you letter to the <i>Friends of BIDC</i> when they have been the recipient of an incentive or other benefit from the group.</li> <li>• The drug court judge reaches out to the local business community and encourages them to hire drug court participants.</li> <li>• While there is a Steering Committee, it does not include representatives from community organizations or public agencies outside of the criminal justice system.</li> </ul>
Kaua'i		<ul style="list-style-type: none"> <li>• The KDC has formed a 501(c) (3) non-profit corporation, <i>The Friends of Kaua'i Drug Court</i>, which provides funds for incentives, graduation ceremonies, and other program activities.</li> <li>• The drug court coordinator is active in the community and makes presentations on drug court to community groups and other state agencies.</li> <li>• The program has formed partnerships with local law enforcement agencies to assist in the monitoring of drug court participants.</li> <li>• The program has organized community-focused activities for participants on weekends, including a recent beach clean-up project.</li> <li>• The KDC participated in National Drug Court Month.</li> </ul>

**Table 21. Comparison of Hawai'i's Juvenile Drug Courts to National Standards and Best Practices**

Strategy	Supporting Information and Evidence	
	Oahu Juvenile Drug Court	Big Island of Hawai'i Juvenile Drug Court
<p><b>1. Collaborative Planning: Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.</b></p>	<ul style="list-style-type: none"> <li>Staffings provide an arena where a variety of interdisciplinary perspectives on each OJDC case can be heard and where services and strategies can be coordinated. Prosecutors, PDs, treatment providers as well as a DAG actively participate in staffings and decision-making about cases and are present at the hearings (excepting the DAG). The staffings had a very good mix of professionals (although it should be noted that there were no representatives from the police) and were among the most effective we have ever observed.</li> <li>Interviews, court observation, and a limited amount of file review demonstrated that the program is stable, structured, and systematic and that policies and procedures are predictable, if not documented. There is no policy and procedures manual for this court.</li> <li>Parents are present at hearings.</li> <li>Additional stakeholders are engaged by means of the regularly held Steering Committee meetings.</li> </ul>	<ul style="list-style-type: none"> <li>Staffings provide an arena where a variety of interdisciplinary perspectives on each BIDCJ case can be heard and where services and strategies can be coordinated. Prosecutors, PDs, and treatment providers actively participate in staffings and decision-making about cases and are present at the hearings. The staffings had a very good mix of professionals and were very effective at developing a coordinated plan of action for each client.</li> <li>Interviews and court observation demonstrated that the program, though in its infancy, is stable, structured, and systematic and that policies and procedures are predictable.</li> <li>Parents are present at hearings.</li> <li>Additional stakeholders are engaged by means of the regularly held Steering Committee meetings.</li> </ul>
<p><b>2. Teamwork: Develop and maintain an interdisciplinary, non-adversarial work team.</b></p>	<ul style="list-style-type: none"> <li>Judge Browning made teamwork a priority for the drug court team. He attempts to "empower and support" the OJDC team. He is instrumental in resolving tensions between the prosecutor and public defender. His approach to team-building is to identify commonalities in goals among OJDC team members and direct their areas of strength, knowledge, and expertise toward the ultimate welfare of the client.</li> <li>POs work together very collaboratively and function as a "well-oiled machine." They enjoy good relations with Judge Browning.</li> <li>The treatment providers and POs provide a variety of interdisciplinary perspectives (including clinical psychology, CSAC, and social work) on each case.</li> </ul>	<ul style="list-style-type: none"> <li>The juvenile POs are both relatively new to the BIDCJ, but the drug court coordinator, Warren Kitaoka, and Judge Ibarra have worked together for years. Together, Warren and Judge Ibarra have developed an effective interdisciplinary juvenile drug court team. Judge Ibarra holds drug court team members and treatment providers accountable to a standard of full and genuine participation in decisions about each case.</li> <li>The treatment providers and POs provide a variety of interdisciplinary perspectives (including clinical psychology, CSAC, and social work) on each case.</li> </ul>

**Table 21. Comparison of Hawai'i's Juvenile Drug Courts to National Standards and Best Practices**

Strategy	Supporting Information and Evidence	
	Oahu Juvenile Drug Court	Big Island of Hawai'i Juvenile Drug Court
<p><b>3. Clearly Defined Target Population and Eligibility Criteria: Define a target population and eligibility criteria that are aligned with the program's goals and objectives.</b></p>	<ul style="list-style-type: none"> <li>Though not documented in a manual, eligibility criteria and target population (i.e., Tracks 1-3) are well-known among staff.</li> <li>Current emphasis on Track 3 participants allows little room for Track 1 and 2 participants, who, being generally younger and less drug-involved, could also benefit from OJDC services.</li> <li>The screening function of the prosecutor appears in need of additional clarification.</li> </ul>	<ul style="list-style-type: none"> <li>Reportedly documented in a manual, eligibility criteria and target population (i.e., Tracks 1-3) are well-known among staff.</li> <li>Current emphasis on Track 3 participants allows little room for Track 1 and 2 participants, who, being generally younger and less drug-involved, could also benefit from BIDCJ services.</li> </ul>
<p><b>4. Judicial Involvement and Supervision: Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.</b></p>	<ul style="list-style-type: none"> <li>Hearings are held every week in Phase 1, every other week in Phase 2, every other or third week (if warranted) in Phase 3, and every month in Phase 4.</li> <li>Judge Browning is, according to participants and staff interviewed, a very effective OJDC judge capable of both inspiring and instilling fear of consequences in participants.</li> </ul>	<ul style="list-style-type: none"> <li>Hearings are held every week in Phase 1, every other week in Phase 2, every other or third week (if warranted) in Phase 3, and every month in Phase 4.</li> <li>It is difficult to imagine a drug court judge who is more involved in each participant's case than Judge Ibarra. He is not easily "conned," and his penetrating questions no doubt play a role in keeping participants on the straight and narrow.</li> <li>Sanctions are applied very quickly in this court, which undoubtedly increases their impact.</li> </ul>
<p><b>5. Monitoring and Evaluation: Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.</b></p>	<ul style="list-style-type: none"> <li>Not present. This requires an OJDC database that does not exist.</li> </ul>	<ul style="list-style-type: none"> <li>Not present. The Juvenile DTC 2000 database could generate such reports if it was populated with data, as could other databases as well.</li> </ul>

**Table 21. Comparison of Hawai'i's Juvenile Drug Courts to National Standards and Best Practices**

Strategy	Supporting Information and Evidence	
	Oahu Juvenile Drug Court	Big Island of Hawai'i Juvenile Drug Court
<p><b>6. Community Partnerships: Build partnerships with community organizations to expand the range of opportunities available to youth and their families.</b></p>	<ul style="list-style-type: none"> <li>• Judge Browning has made extensive and successful outreach efforts to secure resources for the OJDC (e.g., Breakthrough for Youths (BTY), Children's Alliance, and United Church of Christ).</li> </ul>	<ul style="list-style-type: none"> <li>• Judge Ibarra and other members of the BIDCJ team have made successful outreach efforts to persuade local employers to hire participants and graduates.</li> <li>• The judge speaks to community groups whenever he has the opportunity, usually a couple of times per month</li> <li>• The BIDC has formed a 501(c)(3) nonprofit corporation, <i>The Friends of Big Island Drug Court</i>, which provides funds and in-kind contributions of goods and services for the program and its clients, including but not limited to incentives. <i>The Friends of Big Island Drug Court</i> meets every two months at which time drug court staff update the membership on referrals and active clients and other operational issues as well as the incentives that have been used.</li> </ul>
<p><b>7. Comprehensive Treatment Planning: Tailor interventions to the complex and varied needs of youth and their families. (Cont'd on next page)</b></p>	<ul style="list-style-type: none"> <li>• Drug court coordinator, POs, and clinical supervisor jointly develop treatment plans.</li> <li>• Treatment providers participating in the program provide a variety of services including individual and group counseling and family therapy, as well as positive recreational opportunities.</li> <li>• Treatment providers acknowledge the value of periodic meetings among themselves to discuss strategy, and it is recommended that these be formally scheduled on an ongoing basis.</li> <li>• Several treatment gaps were identified during interviews with staff and treatment providers as well as by data analysis. These are listed below with the understanding that a more systematic needs assessment, beyond the scope of the current study, is required to validly assess the magnitude of the needs identified.                         <ul style="list-style-type: none"> <li>○ Additional residential placement options (other than "Bobby Benson," the current provider of such services) are needed.</li> <li>○ The lag between diagnostics (services provided through DOH) and provision of treatment should be shortened from its current 27 days.</li> <li>○ More emphasis on finding jobs for participants is needed.</li> <li>○ Transitional housing for independent living for older participants is needed.</li> <li>○ More activities that allow participants to give back to the</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Drug Court Coordinator, Pos, and service providers jointly develop treatment plans.</li> <li>• Treatment providers participating in the program provide a variety of services including individual and group counseling and family therapy, as well as positive recreational opportunities.</li> <li>• Several treatment gaps were identified:                         <ul style="list-style-type: none"> <li>○ There is no residential treatment facility on the Big Island, although this service is available on Oahu.</li> <li>○ Early screening for co-occurring disorders is inconsistent; psychiatric exams are either not done or not done in a timely manner. If admitted to the program, participants with mental health problems are very "resource-intensive" and "high maintenance." The current level of intervention was viewed as inadequate and most team members agreed that this was an area of concern. For example, in Hilo, Big Island Substance Abuse Council (BISAC) contracts with the DOH for mental health services and clients may get services through community mental health centers. However, if the primary problem is substance abuse, the client is not eligible for community mental health services.</li> <li>○ There is a need for a more structured and active continuing care or support group program for those who graduate the program.</li> </ul> </li> </ul>

**Table 21. Comparison of Hawai'i's Juvenile Drug Courts to National Standards and Best Practices**

Strategy	Supporting Information and Evidence	
	Oahu Juvenile Drug Court	Big Island of Hawai'i Juvenile Drug Court
	<p>community are needed.</p> <ul style="list-style-type: none"> <li>○ The age of jurisdiction of OJDC should be extended to 19 or beyond to allow for better provision of services to participants.</li> <li>○ Mental health services are needed for co-occurring disorders.</li> <li>○ More follow-through after graduation and aftercare are needed.</li> <li>○ DOH Services are needed.</li> <li>○ Treatment for victims of trauma should be provided.</li> <li>○ Support groups for participant families should be provided.</li> </ul> <ul style="list-style-type: none"> <li>● A number of the respondents cite the need for mental health services. Judge Browning said there were a lot of co-occurring disorders and the state does not have mental health resources. The prosecutor said that most of the juveniles who do not do well in the program have mental health issues and added that the POs do not know what they are getting. Some juveniles have problems and issues beyond what the OJDC can handle. POs note that the program is not supposed to take clients with co-occurring disorders, but they slip through, and it can become a problem. Co-occurring disorders are difficult to assess at the time of screening because mental health problems are not easily distinguishable from substance abuse problems at this early stage of the program. Effort should be given to identifying screening and assessment instruments that are more effective at detecting co-occurring disorders among adolescent populations than those currently used by the court.</li> <li>● The Coalition for a Drug Free Hawai'i (CDFH) is concerned about how information on the client is being used and interpreted and suggests that the court does not seem to know how to get the information that it needs. It considers the lag time in getting juveniles tested by DOH to be excessive and would like to see the OJDC get its own list of psychiatrists, a sentiment shared by the judge. CDFH would like to be more involved in the triage of cases, perhaps in conjunction with the YMCA.</li> </ul>	<ul style="list-style-type: none"> <li>○ Comprehensive family therapy is needed.</li> <li>○ There should be better coordination with CWS.</li> <li>○ More activities are needed for juveniles other than sports, especially on weekends.</li> <li>○ The 90-day review period in Family Court, from which drug court referrals come, interferes with the timely provision of services to BIDCJ participants.</li> </ul>

**Table 21. Comparison of Hawai'i's Juvenile Drug Courts to National Standards and Best Practices**

Strategy	Supporting Information and Evidence	
	Oahu Juvenile Drug Court	Big Island of Hawai'i Juvenile Drug Court
<p><b>8. Developmentally Appropriate Services: Tailor treatment to the developmental needs of adolescents.</b></p>	<ul style="list-style-type: none"> <li>• YMCA uses the "Living in Balance" curriculum, specifically designed for adolescents.</li> <li>• BTY program seems to be a particularly well-suited for adolescent interests and energies.</li> <li>• The court recognizes that trauma has played a role in the adjustment problems of many of its adolescent clients and is seeking resources to enable it to address these problems.</li> </ul>	<ul style="list-style-type: none"> <li>• Both service providers have had a lot of experience with addressing the needs of substance abusing adolescents and develop treatment plans and strategies that reflect this experience.</li> <li>• The ACCESS program uses a variation of the matrix model of therapy specifically geared to adolescents.</li> </ul>
<p><b>9. Gender-Appropriate Services: Design treatment to address the unique needs of each gender.</b></p>	<ul style="list-style-type: none"> <li>• The need for additional gender-specific services was noted by POs in particular.</li> </ul>	<ul style="list-style-type: none"> <li>• The need for additional gender-specific services, especially residential services, was noted by POs in particular, given that five out of seven participants are female.</li> </ul>
<p><b>10. Cultural Competence: Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.</b></p>	<ul style="list-style-type: none"> <li>• Hawaiian drug courts have a special responsibility in this regard, given the ethnic and cultural diversity of the population they serve. In recognition of this responsibility, the OJDC obtained cultural sensitivity training on Hawaiian culture for staff from "Ama Leaki."</li> <li>• Also evidenced in service providers, in particular CDFH who build on the family's belief system, be it Catholic, Buddhist, or something else, for family therapy.</li> </ul>	<ul style="list-style-type: none"> <li>• The BIDCJ team is ethnically diverse and sensitive to issues related to culture.</li> </ul>
<p><b>11. Focus on Strengths: Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.</b></p>	<ul style="list-style-type: none"> <li>• Service providers offer programs to increase participant self-esteem, especially BTY.</li> <li>• CDFH builds on family strengths as part of its family therapy.</li> </ul>	<ul style="list-style-type: none"> <li>• The matrix model of therapy used by ACCESS is an assets- and strengths-based treatment philosophy that incorporates family involvement.</li> <li>• Service providers offer programs to increase participant self-esteem.</li> </ul>

**Table 21. Comparison of Hawai'i's Juvenile Drug Courts to National Standards and Best Practices**

Strategy	Supporting Information and Evidence	
	Oahu Juvenile Drug Court	Big Island of Hawai'i Juvenile Drug Court
<p><b>12. Family Engagement: Recognize and engage the family as a valued partner in all components of the program.</b></p>	<ul style="list-style-type: none"> <li>• Parent(s)/guardians are required to attend hearings and actively participate.</li> <li>• Service providers also engage family. YMCA conducts "family night" once a month where it educates parents on adolescent drug use. Families are at the core of CDFH's program of family therapy.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent(s)/guardians are required to attend hearings and actively participate.</li> <li>• Service providers also engage family.</li> </ul>
<p><b>13. Educational Linkages: Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.</b></p>	<ul style="list-style-type: none"> <li>• POs frequently interact with schools and monitor participants' performance.</li> </ul>	<ul style="list-style-type: none"> <li>• POs frequently interact with schools and monitor participants' performance.</li> </ul>
<p><b>14. Drug Testing: Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.</b></p>	<ul style="list-style-type: none"> <li>• Drug testing policies appear to be appropriate though there is no policies and procedures manual to document them.</li> <li>• Participants are drug tested twice per week during Phase 1, once or twice a week during Phase 2, once a week during Phases 3 and 4.</li> <li>• The DCCC (2005) reported an average of 32.2 drug and 2.5 alcohol tests per participant during the last Fiscal Year.</li> </ul>	<ul style="list-style-type: none"> <li>• Drug testing policies are in conformance with Strategy 14.</li> <li>• Participants are drug tested twice per week during Phase 1, once or twice a week during Phase 2, and two to four times a month during Phases 3.</li> </ul>

**Table 21. Comparison of Hawai'i's Juvenile Drug Courts to National Standards and Best Practices**

Strategy	Supporting Information and Evidence	
	Oahu Juvenile Drug Court	Big Island of Hawai'i Juvenile Drug Court
<p><b>15. Goal-Oriented Incentives and Sanctions: Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.</b></p>	<ul style="list-style-type: none"> <li>• Court actively employs sanctions and incentives with participants.</li> <li>• Sanctions seem appropriate and timely, but no written schedule of sanctions/incentives exists. It would probably be in the court's best long-term interest to develop one. Sanctions and incentives appear to be designed creatively and in consultation with other drug court team members.</li> <li>• The DCCC (2005) reported an average of 26.1 sanctions and 43.8 incentives (tangible rewards regardless of source) per participant during the last Fiscal Year, the latter figure being particularly impressive and reflective of active use of incentives.</li> </ul>	<ul style="list-style-type: none"> <li>• Sanctions are used aggressively but appropriately and in a very timely fashion.</li> <li>• Incentives are used infrequently and should be utilized more to be in compliance with this strategy. The court should try to achieve a more equitable balance between the use of sanctions and incentives in recognition of the contribution that positive reinforcement plays in behavioral change.</li> </ul>
<p><b>16. Confidentiality: Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.</b></p>	<ul style="list-style-type: none"> <li>• Because there is no policies and procedures manual, the NCSC project team was unable to assess the court in this regard. The lack of security at the OJDC office and the distance to the courthouse are striking, however.</li> </ul>	<ul style="list-style-type: none"> <li>• The NCSC project team was unable to assess the court in this regard.</li> </ul>

**Table 22. Comparison of Hawai'i's Family Drug Court to National Standards and Best Practices**

Characteristic	NCSC Comment	Supporting Information and Evidence
<p><b>Characteristic 1- Integrated a focus on the permanency, safety, and welfare of abused and neglected children with the needs of the parents.</b></p>	<p>The makeup of the OFDC team and their respective roles guarantees that the needs and issues of both the drug court participant and the child are considered and featured. The OFDC maintains a parallel focus on the needs of the parent and the best interest of the child.</p>	<ul style="list-style-type: none"> <li>• The CWS caseworker maintains responsibility for coordinating all referrals and services for children involved in OFDC.</li> <li>• According to CWS caseworkers interviewed, the CWS caseworker develops a child-focused case plan, which addresses the child's permanency goal, service needs, and visitation.</li> <li>• All judicial decisions are dictated by the best interest of the child.</li> <li>• GALs are independent attorney advocates of the child and their function is to represent the best interests of the child in OFDC.</li> <li>• The CWS case managers focus on coordinating all referrals and services for the OFDC parent participants.</li> </ul>
<p><b>Characteristic 2- Intervened early to involve parents in developmentally appropriate, comprehensive services with increased judicial supervision.</b></p>	<p>The OFDC referral, screening, and admission processes enable the OFDC to respond, admit, and connect participants to a host of treatment and CWS services quickly for immediate therapeutic benefit and ASFA compliance.</p>	<ul style="list-style-type: none"> <li>• At the time of filing of a judicial petition alleging abuse and neglect, CWS and Special Services Division officers have been trained to identify OFDC cases and alert the OFDC coordinator.</li> <li>• The OFDC coordinator reviews the file prior to the 72-hour hearing.</li> <li>• The judge handling the 72-hour hearing is alerted of a potential drug court candidate.</li> <li>• The OFDC coordinator is present in court on the day of the 72-hour hearing and briefs the drug court candidate on the concepts of the drug court prior to the hearing.</li> <li>• Screening instruments and releases are signed and completed in the courtroom to determine initial eligibility.</li> <li>• If the parent(s) are interested, the coordinator schedules an appointment for an assessment that will be conducted during the following week.</li> <li>• A one-month court return date is requested, the intervening time to be used by the drug court staff to evaluate and determine the eligibility and commitment of the candidate in participating in OFDC.</li> <li>• At the return date, the OFDC coordinator returns to court to report parent's acceptance into the program or denial of admission.</li> <li>• If the parent is accepted, the drug court staff will request an order for the parent to appear at the next appropriate hearing date in front of the drug court judge for formal admission to OFDC.</li> <li>• The referral to admission process takes approximately 30-35 days.</li> <li>• The OFDC is designed as a 12-month program, which is consistent with ASFA timelines.</li> </ul>

**Table 22. Comparison of Hawai'i's Family Drug Court to National Standards and Best Practices**

Characteristic	NCSC Comment	Supporting Information and Evidence
<b>Characteristic 3- Adopted a holistic approach to strengthening family function.</b>	Throughout the course of participation in OFDC, case managers, CWS caseworkers, GALs, and treatment providers work collaboratively to ensure that the treatment and services for OFDC participants; their child(ren), and the family are successful.	<ul style="list-style-type: none"> <li>• During the staffing process, information is shared by all members of the OFDC team including: OFDC case managers, CWS case workers, GALs, and treatment providers.</li> <li>• In addition to substance abuse services, an array of services is available to strengthen the family including: family therapy, parenting, domestic violence counseling, and life skills.</li> <li>• The Public Health Nurse works with OFDC participants and their families to improve and enhance health practices and facilitate access to health and other services through a system of comprehensive, family centered, and community based services.</li> </ul>
<b>Characteristic 4-Used individualized case planning based on comprehensive assessment.</b>	The OFDC operates under CWS case plans and drug court treatment plans, which are developed based upon comprehensive assessments by CWS and OFDC personnel.	<ul style="list-style-type: none"> <li>• The OFDC coordinator administers a biopsychosocial assessment for each drug court participant. The evaluation is structured according to the American Society of Addiction Medicine (ASAM) Patient Placement Criteria and evaluates the following dimensions: Intoxication/Withdrawal, Biomedical Conditions/Complications, Emotional/Behavioral Conditions/Complications, Treatment Readiness, Relapse Potential, and Recovery Environment. The results of the assessment dictate the participant's treatment plan and the level of services required.</li> <li>• According to CWS caseworkers interviewed, the CWS caseworker develops a child-focused case plan, which addresses the child's permanency goal, service needs, and visitation, based upon standardized assessment tools.</li> </ul>
<b>Characteristic 5-Ensured legal rights, advocacy, and confidentiality for parents and children.</b>	The OFDC has a series of processes in place that ensure the legal rights, advocacy, and confidentiality of participants and children. Additionally, through a series of handbooks, forms, and interactions with OFDC team members, the participant is put on notice regarding their individual legal rights and the OFDC expectations and rules.	<ul style="list-style-type: none"> <li>• According to several focus group and interview respondents, the OFDC judge advises each participant of their right to counsel and, if requested, will appoint counsel to those financially eligible.</li> <li>• A GAL is appointed as an independent advocate to represent the best interest of the child.</li> <li>• The OFDC has promulgated a series of policies and procedures addressing: (1) Client's Rights, (2) Client's Review of Records, and (3) Acceptance of Program Participation Agreement.</li> <li>• OFDC case managers provide each participant with the <i>Oahu Family Drug Court Participant Handbook</i> which covers: Benefits of Drug Court, Admission Criteria, Program Rules, Levels of Participation, Achievements and Rewards, Infractions and Sanctions, Warnings, Contact, Visitation, Trial Return, Drug Court Failure, and Graduation.</li> </ul>

**Table 22. Comparison of Hawai'i's Family Drug Court to National Standards and Best Practices**

Characteristic	NCSC Comment	Supporting Information and Evidence
<p><b>Characteristic 6- Scheduled regular staffings and judicial court reviews.</b></p>	<p>The OFDC holds frequent staffings and hearings to review the progress of each participant and their child(ren).</p>	<ul style="list-style-type: none"> <li>• OFDC staffings take place each Friday morning.</li> <li>• A wide range of professionals advocating for the process, the participant, and the child are involved in the staffing session: the judge, the drug court coordinator, the drug court case managers, DHS-CWS caseworkers, the DAG, and the GALs.</li> <li>• Court hearings also take place on Friday mornings; immediately after the staffings are concluded.</li> <li>• Participants in Level 1 are required to attend court every week. Participants in Level 2 and Level 3 generally appear for court no less than once a month.</li> <li>• According to the <i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set</i>, Drug Court Coordinating Committee, 2005, participants attended a mean number of 10.32 hearings during the FY.</li> <li>• Over the life of their involvement with OFDC, participants will attend a minimum of 22 court hearings.</li> </ul>
<p><b>Characteristic 7- Implemented a system of graduated sanctions and incentives.</b></p>	<p>The OFDC has a graduated infraction/sanction schedule to hold participants accountable and an achievement/incentives schedule to reward progress, which are utilized as guiding frameworks rather than concrete formulas.</p>	<ul style="list-style-type: none"> <li>• Sanctions are delivered by the drug court judge upon the recommendation of the drug court case managers and team. The most severe sanction is termination from the drug court.</li> <li>• The imposition of sanctions and rewards is discussed in case staffing meetings and executed during the court hearing.</li> <li>• The judge makes the final decision in deciding which sanctions/incentives are appropriate for which infraction/achievements.</li> <li>• Incentives include advancement through the levels, gift certificates, sobriety coins, and increased visitation, when appropriate.</li> <li>• More emphasis is needed, however, on intangible rewards such as verbal praise.</li> </ul>
<p><b>Characteristic 8- Operated within the mandates of the Adoption and Safe Families Act (ASFA) of 1997.</b></p>	<p>The OFDC operates within the mandates of ASFA.</p>	<ul style="list-style-type: none"> <li>• The OFDC is designed as a 12-month program, which is consistent with ASFA timelines.</li> <li>• According to interview and focus group respondents, ASFA hearings (six month reviews and 12 month permanency hearings) are scheduled and heard as required by law.</li> </ul>

**Table 22. Comparison of Hawai'i's Family Drug Court to National Standards and Best Practices**

Characteristic	NCSC Comment	Supporting Information and Evidence
<b>Characteristic 9- Relied on judicial leadership for both planning and implementing the court.</b>	Judicial leadership is evident in the planning and implementation of the OFDC.	<ul style="list-style-type: none"> <li>• There was a high level of support for the development, implementation, and on-going operations of the OFDC by the Family Division of the Circuit Court.</li> <li>• A dedicated judge was assigned to the OFDC.</li> <li>• The OFDC judge is a member of the NCJFCJ, a national leadership organization.</li> <li>• The OFDC judge participated in the BJA-funded Family Drug Court Planning and Implementation trainings delivered by the NDCI.</li> <li>• The OFDC judge “gives up” judicial authority to the consensus of the team, but is still recognized as its leader.</li> </ul>
<b>Characteristic 10- Made a commitment to measuring program outcomes.</b>	The OFDC is committed to improving outcomes for children and families under the court’s jurisdiction. The evidence for this characteristic is varied, however, and is likely to make this task a challenge.	<ul style="list-style-type: none"> <li>• The University of Hawai'i performed an evaluation of the OFDC, pursuant to a requirement of SAMSHA funding. The evaluation was published in December 2005.</li> <li>• The OFDC was unable to provide several categories of information for the <i>FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set</i>, Drug Court Coordinating Committee, September 2005. A commitment has been articulated, however, to collect the information.</li> <li>• As observed during the NCSC file review process, the OFDC program files contain inconsistent, missing, and/or unreliable information to measure outputs and outcomes.</li> <li>• The OFDC does not maintain a MIS to assist with performance, output, or outcome measurement.</li> </ul>
<b>Characteristic 11- Planned for program sustainability.</b>	The OFDC has a multi-pronged approach for financial sustainability that includes federal dollars, DOH funding, state legislative appropriations, and MOUs for non-judicial agency personnel; which also includes a strategy to move the OFDC beyond its reliance on federal dollars.	<ul style="list-style-type: none"> <li>• SAMSHA awarded the OFDC a \$1.2 million dollar federal grant, which expired in September 2005.</li> <li>• Through a series of MOUs, CWS provides three dedicated caseworkers to OFDC and DOH allocates a dedicated public health nurse.</li> <li>• The Alcohol and Drug Abuse Division of DOH provides \$250,000 per year.</li> <li>• A recent 2005 legislative appropriation delegated monies to the family drug court enabling the program to move from a pilot project to permanent status and increased staffing levels.</li> </ul>

**Table 22. Comparison of Hawai'i's Family Drug Court to National Standards and Best Practices**

Characteristic	NCSC Comment	Supporting Information and Evidence
<p><b>Characteristic 12- Strived to work as a collaborative, nonadversarial team supported by cross training.</b></p>	<p>The OFDC not only strives to work as a collaborative and nonadversarial team, it exceeds expectations. On-going cross training is needed, however, to ensure a single philosophy for the OFDC; including an understanding of ASFA requirements which mandate timelines for permanency for children.</p>	<ul style="list-style-type: none"> <li>• There is a high degree of coordination, collaboration, and cooperation among the FDC team that is evident from interviews/focus group, staffing/court observation, and the way team members speak of each other.</li> <li>• Agencies such as CWS and DOH have dedicated staff to the OFDC, without additional funding.</li> <li>• Original members of the OFDC team participated in the BJA-funded Family Drug Court Planning and Implementation trainings, delivered by NDCI. However, the passage of time and personnel changes may necessitate updates and on-going cross training.</li> <li>• Discussions among some of the respondents during interviews and focus groups reflect some of the tensions between substance abuse treatment/relapse and ASFA timelines.</li> </ul>

## Section II. Logic Models Discussion

### What is a Logic Model?

A logic model is a planning tool to clarify and graphically display what your project intends to do and what it hopes to accomplish and impact. It illustrates a program's *theory of change*, showing how day-to-day activities connect to the results or outcomes the program is trying to achieve. Similar to a flowchart, it typically lays out program activities and outcomes using boxes and, using arrows to connect the boxes, shows how the activities and outcomes connect with one another.<sup>93</sup> Think of a logic model as a map that you develop to clarify and communicate what your project intends to do, how it intends to do it, and its presumed impact.

A logic model:

- Summarizes key program elements
- Explains rationale behind program activities
- Clarifies intended outcomes
- Provides a communication tool<sup>94</sup>

The components of logic models vary because there is no one single logic model format. As reported by the W. K. Kellogg Foundation [Logic Model Development Guide](#), the basic components include:

### Logic Model

<b>RESOURCES</b>	Resources dedicated to or consumed by the program
↓	
<b>ACTIVITIES</b>	What the program does with the inputs to fulfill its mission
↓	
<b>OUTPUTS</b>	The direct products of program activities
↓	
<b>OUTCOMES</b>	Benefits for participants during and after program activities
↓	
<b>GOAL</b>	Desired long term result of the program

<sup>93</sup> See Coffman, J., *Learning from logic models: An example of a Family/School Partnership Program*, Harvard Family Research Project, Cambridge, (1999).

<sup>94</sup> National Network of Libraries of Medicine, 2005, *Guide 5: Define how a program will work - The logic model*; [nmlm.gov/libinfo/community/logicmodel.php](http://nmlm.gov/libinfo/community/logicmodel.php).

Developing a logic model should be one of the first steps in an evaluation. Once the model is completed, the evaluation can be designed to determine whether the program is working as shown in the logic model. The logic model can also become a tool for learning when evaluation data are applied directly to the model.

But the apparent simplicity of the above diagram belies its power in two ways:<sup>95</sup>

1. For those planning a program, to specify such a chain is a useful exercise. It forces them to clarify their theory of action.
2. After the chain has been agreed upon, evaluation becomes much simpler (conceptually, at least) because each step of the chain can be evaluated using the most relevant data for that stage. Specifically,
  - Did the inputs (money and people's time, etc.) result in the planned activities being performed? This can be evaluated from work-time logs and financial data.
  - To what extent did those activities produce the planned outputs? Data from the program can provide that detail.
  - To what extent did those outputs result in the planned direct outcomes? This area is the familiar territory of evaluation. It may involve surveys, experiments, etc.
  - To what extent did those direct outcomes (if achieved) produce the desired broad outcomes? This too is a standard evaluation question, but usually the most difficult to answer. Official statistics are often used at this point.

The principal components of a logic model are:<sup>96</sup>

- **Resources or Inputs** include the human, financial, organizational, and community resources a program has available to direct toward doing the work. Examples include funding, existing organizations, potential collaborating partners, existing organizational or interpersonal networks, staff and volunteers, time, facilities, equipment, and supplies.
- **Program Activities** are what the program does with the resources. Activities are the processes, tools, events, technology, and actions that are an intentional part of the program implementation. These interventions are used to bring about the intended program changes or results. These may include *products*-promotional materials and educational curricula; *services*-education and training, counseling, or health screenings; and *infrastructure*-structure, relationships, and capacity used to bring about results.
- **Outputs** are the direct products of program activities and may include types, levels, and targets of services to be delivered by the program. They are usually described in terms of the *size and/or scope of the services and products delivered or produced* by the program. They indicate if a program was delivered to the intended audiences at the intended "dosage." A program output, for example, might be the *number* of classes taught, meetings held, or materials produced and distributed; program *participation rates* and demography; or *hours of each type of service* provided.
- **Outcomes** are the specific changes in program participants' attitudes, behaviors, knowledge, skills, status, and level of functioning expected to result from program

---

<sup>95</sup> See List, 2005; <http://www.audiencedialogue.org/proglog.html>.

<sup>96</sup> See W.K. Kellogg Foundation, 2004; <http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf>.

activities and which are most often expressed at *an individual level*. Short-term outcomes should be attainable within one to three years, while longer term outcomes should be attainable within four to six years. The logical progression from short-term to long-term outcomes should be reflected in impact occurring within about seven to ten years.

- **Impact or Goal** is the fundamental intended or unintended change occurring in organizations, communities, and/or systems as a result of program activities within seven to ten years. Impacts might include improved conditions (e.g., reduction in crime), increased capacity, and/or changes in the policy arena.

**Resources and Activities** constitute “your planned work.” **Outputs, Outcomes, and Impacts** constitute “your intended results.”

Logic models provide the basis for program evaluation and performance measurement. Indicators are developed for each of the components of the logic model, and data are collected. Examining the relationship between *Resources, Activities, and Outputs* enables one to address questions about program *efficiency* and are the appropriate subjects of *performance measurement*. Examining the relationship between program activities and *Outcomes and Impacts* enables one to answer questions about program *effectiveness*.

The logic models developed for each drug court (included in the Appendices) share certain commonalities but are also distinctive. Table 23 compares the courts according to their Resources/Inputs. Turning first to the adult courts, the table shows the target populations of these courts are generally similar, and all basically provide for two pre-sentence and one post-sentence tracks. The table also shows that Kaua'i has a smaller capacity than the other drug courts (a reflection of its smaller population and lower number of drug-related arrests). The capacities of the other programs are similar. A quick comparison of the number of drug-related arrests<sup>97</sup> with program capacities clearly demonstrates that there is unquestionably a need for drug courts on the respective islands. In addition, the limited capacities of the drug courts lead one to the sobering conclusion that drug courts in themselves will reduce the amount of drug crime on their respective islands, particularly in the short run.

---

<sup>97</sup> The arrests under-represent the amount of drug-related crime since many drug court participants are charged with other crimes (e.g., burglary) that are drug related (i.e., the burglar breaks into houses to support his or her drug habit) but not drug crimes per se.

Table 23. Comparison of Hawai'i's Drug Courts Resources/Inputs

Drug Court	Number of Drug Abuse-Sale/Manufacture Arrests (2002)	Number of Drug Possession Arrests (2002)	Capacity	FY 2005 Budget	FY 2005 Budget/Unit Capacity	Supporting 501(c)(3) non-profit?	Participation of Full Drug Court Team in Staffings?	Does Drug Court Staff Include a CSAC?
<b>Adult</b>								
Oahu	290	1269	120	\$1,004,881	\$8,374	Yes	No	Yes
Maui	69	326	90	\$485,702	\$5,397	Yes	Yes	Yes
Big Island	146	186	100	\$804,908 <sup>98</sup>	\$8,049	Yes	Yes	No
Kaua'i	0	100	30	\$347,000	\$11,567	Yes	No <sup>99</sup>	Yes
<b>Juvenile</b>								
Oahu	151	195	60	\$664,221	\$11,070	No	Yes	Yes
Big Island	5	164	12	n/a <sup>100</sup>	n/a	Same as Adult	Yes	No
Kaua'i	0	92	3	n/a	n/a	Same as Adult	No <sup>101</sup>	Yes
<b>Family</b>								
Oahu	n/a	n/a	30 <sup>102</sup>	\$859,197	\$28,640 <sup>103</sup>	No	Yes	Yes
Maui	n/a	n/a	15	n/a	n/a	No	Yes	Yes

There is considerable variation in the budgets of the adult drug courts, even among those with similar capacities. Table 23 also provides the FY 2005 Budget per Unit Capacity for each court and shows a lot of variation among the courts in the amount that is budgeted for each unit of program capacity. It can be seen that some courts are able to bring much greater resources to bear on their participants than others. It is fair to expect greater outputs from the programs that have more resources, and it will be interesting to see if this difference in resources translates to differences in program outputs and eventually impacts—a determination that will be made during the last phase of the evaluation.

The composition of the drug court teams varies little among the adult drug courts, generally consisting of the judge, drug court coordinator, POs or case managers, prosecutors, PD, and treatment providers. There are a couple of variations on this theme, including whether police officers are part of the team (they are in all but the Oahu court) and whether there is a CSAC on staff (in each court except BIDC). Even though the composition of the drug court teams is very similar, the degree

<sup>98</sup> Budget figure includes both adult and juvenile drug court programs on the Big Island of Hawai'i.

<sup>99</sup> Public defender and prosecutor attend hearings in the cases where sanctions are to be imposed, but not routinely.

<sup>100</sup> The budget figure for the BIDC includes the operating costs for the BIDCJ.

<sup>101</sup> Public defender and prosecutor attend hearings in the cases where sanctions are to be imposed, but not routinely.

<sup>102</sup> This capacity represents 30 families, which may translate into 60 participants.

<sup>103</sup> For illustration purposes, this is calculated at the lowest capacity of 30 participants. At the highest capacity of 60 participants, this figure drops to \$14,320.

of participation by the team members varies considerably among the courts. Table 23 shows that the full drug court team participated in staffings in two thirds of the drug courts.

The two operational juvenile drug courts on Oahu and the Big Island, respectively, target similar populations of offenders, though the minimum age of eligibility for the BDCJ is older at 14 years than the minimum of 12 years for OJDC. The capacities of the BDCJ and the planned juvenile drug court on Kaua'i are much smaller than the capacity of the OJDC. The drug court teams of the two operational juvenile drug courts are structured very similarly (excepting that the OJDC team has no police liaison and the BDCJ has no CSAC on staff), and there is participation in staffings by the whole team in both courts.

There are two operational family drug courts on Oahu and Maui, respectively. The OFDC started accepting participants in May 2002 while the MFCDC started recently, in January 2005. These courts target similar populations, but the MFCDC provides services to juveniles as well as families while the OFDC serves families only. The OFDC has twice the capacity of its Maui counterpart. The drug court teams of the two operational family drug courts are structured similarly and there is participation in staffings by the entire team in both courts.

The processes of the adult, juvenile, and family drug courts are similar and can be classified into the following categories:

- Referral
- Determination of eligibility
- Assessment, intake, and orientation
- Admission
- Drug court program
  - Phases and advancement criteria
  - Drug testing
  - Intensive supervision and case management
  - Treatment
  - Ancillary Services
  - Sanctions and incentives
  - Staffings
  - Hearings
- Exit
  - Graduation
  - Termination
  - Withdrawal

There is variation within these processes among the courts. The source of referrals, the involvement of the prosecutor in screening cases, the assessment instruments used, the number of program phases and the advancement criteria, the frequency of use of sanctions and incentives, and the Length-of-Stay (LOS) in phase and in the entire program all vary at least somewhat among the courts. There is also variation in the treatments used by the courts and, of course, different age-appropriate treatments will be needed for juveniles and likewise different treatments will be needed

for participants of family drug court. However, the basic architectures of the drug court programs, adult, juvenile, and family, have much more in common than they do differences.

The general similarity in the processes used by adult drug courts is not surprising because all have sought to structure themselves in accordance with the 10 Key Components (their levels of compliance with the 10 Key Components are found in the program narratives contained in the appendices). The juvenile programs have been structured similarly to the adult programs but also in accordance with the 16 strategies for planning, implementing, and operating a juvenile drug court.<sup>104</sup> Likewise, the family drug courts are also patterned after the applicable elements of the 10 Key Components and the common characteristics of early family drug courts identified in *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*.<sup>105</sup>

Because the courts (adult and juvenile) use similar processes, one can expect a similar set of outputs to be produced by them. Table 24 shows the outputs expected to be produced by each adult and juvenile drug court. Indicators can (and should) be developed for each output and used to monitor the performance of these courts. Almost all of these outputs can be applied to family drug courts. Exceptions would include those outputs tied to criminal and delinquency case processing such as fines, fees, restitution, and community services.

1.	Number and percent of referrals rejected
2.	Number and percent of graduations
3.	Number and percent of terminations by phase
4.	Number and percent of withdrawals
5.	Number and percent of assessments conducted
6.	Number and percent of AA and NA meetings attended/participant
7.	Number of treatment sessions attended and hours of treatment received/participant by type of treatment
8.	Number of drug/alcohol education sessions and hours attended/participant
9.	Number of drug/alcohol tests administered; number and percent of positive tests; number of no shows/refusals; number of admits w/o testing/participant
10.	Number of contacts with DC officer/case manager/per participant
11.	Number of status/review court hearings/participant
12.	Number and types of sanctions imposed (for jail, number of days served; for community service, number of hours completed)/participant
13.	Number and types of incentives awarded/participant
14.	Amount of fines, fees, restitution paid /participant
15.	Number of hours of community service/participant

<sup>104</sup> National Drug Court Institute and National Council of Juvenile and Family Court Judges, 2003. *Juvenile Drug Courts: Strategies in Practice*. NCJ187866. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

<sup>105</sup> National Drug Court Institute and Center for Substance Abuse Treatment, *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*, Washington, D.C.: 2004).

Similar outcomes can be expected to be produced by the program processes of the adult drug courts, although different sets of outcomes will be required for the juvenile and family drug courts. Table 25 shows the outcomes that should be measured to infer the effectiveness of the adult, juvenile, and family drug courts.

<b>Table 25. Program Outcomes by Type of Drug Court</b>				
	<b>Outcome</b>	<b>Adult</b>	<b>Juvenile</b>	<b>Family</b>
1.	Number and percent completing high school, GED, or other equivalent at graduation, if applicable	X	X	X
2.	Number and percent of graduates employed (and length) at graduation	X	X	X
3.	Number and percent making full payment of required program and treatment fees at graduation	X	X	X
4.	Number and percent remaining drug and alcohol free one year after graduation	X	X	X
5.	Improved family functioning (as reported by family)	X	X	X
6.	Number of arrests in-program/participant	X	X	
7.	Number of program violations/participant	X	X	X
8.	Number and percent securing clean and sober housing at graduation	X		X
9.	Number of alternative care placements while in program and LOS/participant		X	X
10.	Number and percent of participants experiencing educational advancement (grade change)		X	
11.	School attendance during program participation (number of unexcused absences/participant)		X	
12.	Number of filings for Termination of Parental Rights (TPR)			X
13.	Number and percent establishing paternity and support			X
14.	Percent of children who are transferred among one, two, three, or more placements while under court jurisdiction			X
15.	Percent of children who reach legal permanency (by reunification, guardianship, adoption, planned permanent living arrangement, or other legal categories that correspond to ASFA) within six, 12, 18, and 24 months from removal			X
16.	Percent of children who re-enter foster care pursuant to court order within 12 and 24 months of being returned to their families			X
17.	Percent of children who do not have a subsequent petition of maltreatment filed during program participation			X
18.	Percent of children who are the subject of additional substantiated findings of maltreatment within 12 months of graduation			X

Finally, similar impacts can be expected to be produced by program activities in the long term. The impacts listed in the logic models are illustrative of some of the most important of these impacts but are not exhaustive. NCSC will identify other drug court impacts in consultation with the DCCC in later phases of the project. The impacts listed in the logic models include:

- Recidivism
- Abstinence
- Health
- Employment
- Education
- Family functioning

Recidivism will be measured in different ways, depending on the type of court. In adult drug courts, it is measured by arrests, charges, and/or convictions for offenses that occurred after the participant exits the program. For juvenile drug courts, recidivism can be measured after the participant exits the program by, for example, referrals for delinquent conduct that are either substantiated through informal adjustment or sustained formally, as it was in Missouri.<sup>106</sup> For family courts, it can be measured by substantiated reports of abuse or neglect and/or petitions filed in family court as it was in Vermont.<sup>107</sup>

The common outputs, outcomes, and impacts shared by the drug courts make it possible to develop a performance measurement system that can be applied to all of Hawai'i's adult, juvenile, and family courts, respectively. Hawai'i has already taken this bold and far-sighted step, and in Part C the NCSC project team critically reviews the current system, especially in light of the commonalities in outputs, outcomes, and impacts that have been identified in this section through the use of the logic models.

---

<sup>106</sup> See Fred Cheesman, Dawn Marie Rubio, and Dick Van Duizend, *Developing Statewide Performance Measures for Drug Courts*, Bureau of Justice Assistance Statewide Technical Assistance Bulletin, National Center for State Courts, Williamsburg, (2004).

<sup>107</sup> Ibid.

## Part C. Hawai'i Drug Courts' Core Data Set

### Section I. Review

The Drug Court Coordinating Committee of the Judiciary of the state of Hawai'i has made visionary and strategic efforts that resulted in the development of a draft performance measurement system for their drug courts. These should be finalized this fiscal year. Guided in large part, by the NCSC's "Developing Statewide Performance Measures for Drug Courts,"<sup>108</sup> the Committee developed a statewide mission and a set of five goals for their drug courts and then developed indicators to measure progress toward these goals. The mission and goals and indicators for the goals are shown below.

#### Mission

To increase public safety, health, and well-being of adults, our children, families, and community, while at the same time avoiding the high cost of incarceration and drug-related criminal activity, by decreasing the likelihood of further criminal or injurious behavior through intensive, judicially supervised treatment and other appropriate rehabilitation services that promote abstinence.

#### Goals

1. Demonstrate the cost efficiency of drug court programs, statewide.
  - Mean cost for 12 months of service, per client, from date of admission to date of discharge
2. Maximize the use of drug court programs, statewide, by maintaining a 80 percent average annual utilization rate for each drug court program.
  - Annual utilization rate (percent) for your program
3. Improve treatment outcomes for drug court participants by increasing the number of participants who are retained until successful completion of a drug court program.
  - Percent of clients who graduated (FY)
4. Drug court program participants will be 50 percent less likely to recidivate than adults and youth on "regular" probation, or families who were not admitted to a Family Drug Court Program.
  - Adult Drug Court Programs - Percent of clients who have been convicted of crimes post-graduation since inception
5. Reduce the use of alcohol and illicit drugs by program participants.
  - Mean number of positive urine tests per client
  - Mean number of positive alcohol tests per client

In addition to these indicators, the DCCC incorporated performance-related measures based on the National Institute of Drug Abuse Criminal Justice/Drug Abuse Treatment Studies (CJ-DATS<sup>109</sup>) system in their performance measurement system. Table 26 shows the CJ-DATS indicators selected for inclusion. These indicators are combinations of output ("Drug Court Operations" and "Treatment

<sup>108</sup> See Fred Cheesman, Dawn Marie Rubio, and Dick Van Duizend, *Developing Statewide Performance Measures for Drug Courts*, Bureau of Justice Assistance Statewide Technical Assistance Bulletin, National Center for State Courts, Williamsburg, (2004).

<sup>109</sup> See <http://www.cjdat.org/>

Services”), outcome (“Proximal Outcomes,” “Employment,” “Educational/Training,” and “Living Situation”), and impact (“Recidivism”) measures.

<b>Table 26. CJ-DATS Performance Measures Incorporated in Hawai'i's Drug Court Performance Measurement System</b>		
<b>Domain</b>	<b>Performance Measure</b>	<b>Measure</b>
Clients Served	Drug Court Operations	A. Number of individuals screened for appropriateness during fiscal year
	Drug Court Operations	A1. Number of individuals found appropriate during fiscal year
	Drug Court Operations	A2. Percent of individuals found appropriate (A1/A=A2)
	Drug Court Operations	A3. Number of clients in program for fiscal year
Treatment Entry	Treatment Services	B. Total number of days from admission to treatment program entry (fiscal year)
	Treatment Services	B1. Mean number of days from admission to treatment entry/client in FY (B/A3=B1)
Status Hearings	Drug Court Operations	C. Total number of judicial hearings attended by clients in FY
	Drug Court Operations	C1. Mean number of status hearing attended/client during FY (C/A3=C1)
Sanctions	Drug Court Operations	D. Number of sanctions imposed during FY (sanctions=therapeutic reaction to behavior)
	Drug Court Operations	D1. Mean number of sanctions imposed per client during FY (D/A3=D1)
Incentives	Drug Court Operations	E. Number of incentives given during FY (tangible rewards regardless of source)
	Drug Court Operations	E1. Mean number of incentives given per client during FY (E/A3=E1)
Drug Testing	Drug Court Operations	F. Number of urine tests scheduled during FY
	Drug Court Operations	F1. Number of urine tests administered in FY (F-F3-F4=F1)
	Drug Court Operations	F2. Number of positive tests in FY
	Drug Court Operations	F3. Number of no shows/refusals in FY
	Drug Court Operations	F4. Number of admits without testing in FY
	Drug Court Operations	F5. Mean number of tests per client during FY (F1/A3=F5)
Alcohol Testing	Drug Court Operations	G. Number of alcohol tests scheduled in FY
	Drug Court Operations	G1. Number of alcohol tests administered in FY (G-G3-G4=G1)
	Drug Court Operations	G2. Number of positive tests in FY
	Drug Court Operations	G3. Number of no shows/refusals in FY
	Drug Court Operations	G4. Number of admits without testing in FY
	Drug Court Operations	G5. Mean number of tests per client in FY (G1/A3=G5)
Relapse	Proximal Outcomes	H. Percent of positive urine tests in FY

Table 26. CJ-DATS Performance Measures Incorporated in Hawai'i's Drug Court Performance Measurement System		
Domain	Performance Measure	Measure
	Proximal Outcomes	(F2/F1=H) H1. Percent of positive alcohol tests in FY (G2/G1=H1)
Court Supervision	Drug Court Operations	I. Number of contacts for drug court services I1. Mean number of contacts for drug court services per client in FY (I/A3=I1)
Treatment Service Delivery	Treatment Services	J. Number of treatment counseling sessions in FY (outpatient)
	Treatment Services	J1. Number of treatment counseling sessions in FY (intensive outpatient)
	Treatment Services	J2. Number of treatment counseling sessions in FY (day treatment)
	Treatment Services	J3. Number of treatment counseling sessions in FY (residential)
	Treatment Services	J4. Number of treatment counseling sessions in FY (therapeutic living program)
	Treatment Services	J5. Number of treatment counseling sessions in FY (treatment while incarcerated)
	Treatment Services	J6. Number of treatment counseling sessions in FY (family therapy)
	Treatment Services	J7. Total number of treatment sessions (SUM J to J6)
	Treatment Services	J8. Mean number of treatment days provided per client in FY (J7/A3=J8)
Drug Court Services		K. Number of significant others who received drug court services in FY
Recidivism	Proximal Outcomes	L. Number of clients convicted after graduating since inception (L9/N=L)
	Adults	L1. Misdemeanor (non-drug) L2. Misdemeanor (drug) L3. Felony (non-drug) L4. Felony (drug)
	Juvenile	L5. Status L6. Criminal
	Family	L7. Imminent Harm L8. Child Abuse/Neglect
	Proximal Outcomes	L9. Total convicted after graduating from program since inception (SUM L1 to L8)
	Proximal Outcomes	L10. Number of clients convicted after graduating from program for less than 1 year
	Proximal Outcomes	L11. Number of clients convicted after graduating from program for 1 year
	Proximal Outcomes	L12. Number of clients convicted after graduating from program for 2 years
	Proximal Outcomes	L13. Number of clients convicted after graduating from program for 3 years
	Proximal Outcomes	L14. Number of clients convicted after graduating from program for 4 years

Table 26. CJ-DATS Performance Measures Incorporated in Hawai'i's Drug Court Performance Measurement System		
Domain	Performance Measure	Measure
	Proximal Outcomes	L15. Number of clients convicted after graduating from program for 5 or more years
	Proximal Outcomes	L16. Total convicted after graduating from program (SUM L10 to L15)
	Proximal Outcomes	M. Percent of clients with program violations during fiscal year ( $M1/A3=M$ ) M1. Total violation in program in FY
Retention	Proximal Outcomes	N. Number of admissions graduated since inception N1. Number of admissions since inception N2. Percent of admissions graduated since inception ( $N/N1=N2$ ) N3. Total number of active cases during FY N4. Total number of months from admission to graduation during FY N5. Total number graduates during FY N6. Mean length of stay for graduates, in months during FY ( $N4/N5=N6$ ) O. Number of admissions terminated since inception O1. Percent of admissions terminated since inception ( $O/N1=O1$ ) O2. Total number of months from admission to termination since inception O3. Mean length of stay - terminated clients, in months since inception ( $O2/O=O3$ )
Social Adjustment Employment		P. Number of clients employed at graduation during FY P1. Percent of clients employed at graduation during FY ( $P/N5=P1$ ) P2. Total number of months employed at graduation in FY P3. Mean number of months employed at graduation in FY ( $P2/N5=P3$ )
Educational/Training		Q. Total number of clients in school or vocational training at graduation during FY Q1. Percent of clients in school or vocational training at graduation in FY ( $Q/N5=Q1$ ) Q2. Total number of months in school or vocational training at graduation in FY Q3. Mean number of months in school or vocational training at graduation in FY ( $Q2/Q=Q3$ ) R. Number of graduates who needed GED/HS certificate at time of admission in FY

<b>Table 26. CJ-DATS Performance Measures Incorporated in Hawai'i's Drug Court Performance Measurement System</b>		
<b>Domain</b>	<b>Performance Measure</b>	<b>Measure</b>
		R1. Number of clients who completed GED/HS certificate at graduation in FY R2. Percent of clients who completed GED/HS certificate at graduation in FY (R1/R=R2)
Living Situation		S. Number of clients in stable, clean and sober housing at graduation in FY S1. Percent of clients in stable, clean and sober housing at graduation in FY (S/N5=S1)

Together, in-house developed measures and the CJ-DATS provide a good foundation for measuring the performance of Hawai'i's drug courts, placing Hawai'i far in advance of many states in this respect. In the following section, the NCSC project team will examine and critique these performance measures and offer alternative and additional measures.

## Section II. Commentary

The performance measurement system in place in Hawai'i is comprehensive and NCSC recommends that data continue to be collected on these measures. It is important to realize, however, that the CJ-DATS measures are aggregate level (i.e., program level), which is appropriate to characterize overall program performance. NCSC recommends an alternative approach which is that performance measure data should be collected at the participant level and then aggregated to provide performance information about the program. Essentially, this is a move from tally-sheets to fully populated electronic databases. It is also important that all performance measure data be "date-stamped" to permit calculation of important time intervals.

NCSC will use some of the best and most current thinking about drug court performance measurement to ascertain whether additional measures should be added to the current performance measurement system as well as to make some suggestions about the refinement of some of the current measures. The review and critique of the current performance measurement system for Hawai'i's drug courts will be based on four sources:

- The recommendations of the National Research Advisory Committee (NRAC) of the NDCI for process evaluation and performance measurement.<sup>110</sup>
- The Urban Institute's <sup>111</sup> conceptual framework for evaluating juvenile drug courts (see Figure 3 that follows
- The output, outcome, and impact measures derived through the logic models in Part B Section III.
- The NCSC project team's experience in developing statewide performance measurement systems for drug courts in other states and in measuring the performance of state courts in general.

NRAC's recommendations for measures of drug court performance have not yet been published, but because Dr. Cheesman is a member of this committee, the NCSC project team has the benefit of advance knowledge. NRAC "in the interest of uniformity and with a realistic understanding of the research capacity of local programs"<sup>112</sup> recommends four measures of program performance: (1) retention, (2) sobriety, (3) recidivism, and (4) "units of service." Regarding retention, NRAC recommends that retention be measured for "admissions cohorts," i.e., groups of participants that were admitted during the same specified timeframe (e.g., the first six months of the Fiscal Year). "Overall program retention should be the ratio of those who complete the program divided by those who enter the program during the timeframe under consideration" for each specified admissions cohort. NCSC has also recommended an admissions cohort approach to measuring retention but in an even more comprehensive fashion.<sup>113</sup> For example, Missouri has implemented

---

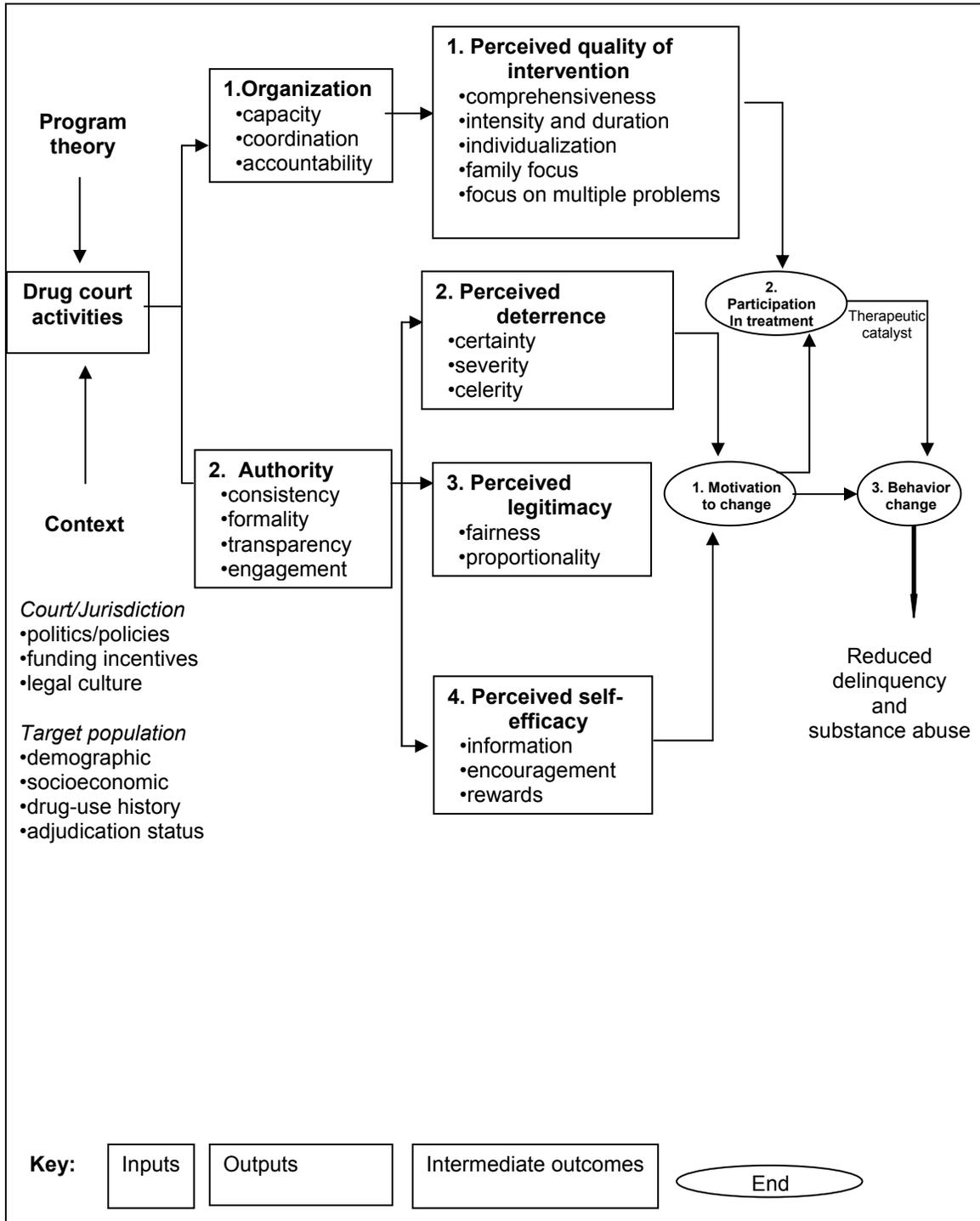
<sup>110</sup> Heck, forthcoming.

<sup>111</sup> See J. Butts and J. Roman (Eds.), *Juvenile drug courts and teen substance abuse*, Washington, DC: The Urban Institute Press, 2004.

<sup>112</sup> Heck, forthcoming.

<sup>113</sup> See Fred Cheesman, Dawn Marie Rubio, and Dick Van Duizend, *Developing Statewide Performance Measures for Drug Courts*, Bureau of Justice Assistance Statewide Technical Assistance Bulletin, National Center for State Courts, Williamsburg, (2004).

Figure 3. Urban Institute Conceptual Framework for Evaluating Juvenile Drug Courts



Source: Urban Institute National Evaluation of Juvenile Drug Courts.

NSCS's recommended method of measuring retention as the cumulative survival rate of each admissions cohort, measured by month. This approach has the advantage of enabling the drug court team to identify the particular months after admission in which participants are most at risk for

unsuccessfully exiting the program. This knowledge in turn enables the team to make adjustments to “beef up” the program during the months when participants are most at risk for failure. The measures of retention currently used are informative (and NCSC recommends that they be retained) but, because they measure the retention over the life of the whole program, are not dynamic and cannot track changes in retention rates over time.

***Performance Measures Recommendation 1. The current method of measuring retention over the life of the program should be augmented by either the NRAC or the more comprehensive NCSC approach to measure retention for periodic admissions cohorts.***

NRAC makes the following recommendations for the measurement of sobriety:

- All drug screens and the results thereof, both positive and negative, should be documented as well as those that are missed, excused, tampered, stalled, or inconclusive.
- Drug courts should be able to document both the average length of continuous sobriety as well as the average number of failed UA tests that a participant has during the program or during a particular period or program phase as recommended by NCSC.
- Theoretically, a trend should exist among drug court clients demonstrating reduction in the number of dirty (sic) drug screens over the course of the program.<sup>114</sup>

Currently, sobriety or “relapse” is measured by the percent of all positive UA and alcohol tests, respectively, administered during a given Fiscal Year (FY). As such, the unit of analysis is the aggregate number of tests administered during a given FY. NRAC recommends that the unit of analysis be at the participant level. Thus, the number of UA and alcohol tests administered to each participant and whether the test returned positive need to be recorded. At the end of the FY, the percentage of tests (both alcohol and drug) returned positive for each participant should be averaged to yield an overall average for the program during the FY. In addition, the average length of sobriety for each participant needs to be recorded and averaged to yield an overall average for the program during the FY.

***Performance Measures Recommendation 2. The percent of both UA and alcohol tests returned positive needs to be recorded at the participant level. The average length of continuous sobriety also should be recorded at the participant level. Both the percent of positive UAs and alcohol tests and the average length of continuous sobriety should be averaged across participants to yield summary statistics for the program. In addition, the results should be reported by the program phase in which the test was administered, e.g., average percentage of UAs administered in phase one returned positive, so as to facilitate the establishment of a trend.***

---

<sup>114</sup> The term “dirty” as it relates to drug test results has been frowned upon by the field. The correct term is “positive” as “dirty” connotes possible contamination and not necessarily a positive drug test result.

Regarding recidivism, NRAC suggests that recidivism be measured by arrests whereas CJ-DATS focuses on convictions. NRAC recommends arrest as the appropriate measure because of “ease of documentation as well as accelerated turnaround time for processing documentation not found in other methods commonly used, such as conviction.” Convictions, however, provide the advantage of affirming (or not) the validity of the arrest. Arrest and conviction dates should also be recorded to facilitate the calculation of time to recidivism, an important performance measure in itself. NCSC recommends that multiple measures of recidivism be used to promote better measurement of the construct underlying recidivism, “re-offending.” Both recommended measures of recidivism measure the construct imperfectly because not all offending results in an arrest let alone a conviction. Each measure has advantages and disadvantages and each is subject to different types of biases. While arrests occur much more closely in time to the re-offending event than convictions and in some cases (e.g., because of plea bargaining) will more accurately reflect the true re-offending behavior, they are also subject to whatever biases may be motivating the arresting officer. Convictions on the other hand, provide a measure of legal sufficiency of arrests but also typically reflect plea-bargaining and are subject to the biases of the prosecutor and the deciding judge. Consequently to provide a measure of “triangulation” to our efforts to measure the occurrence of re-offending, NCSC recommends that both arrests and convictions be used to measure “official” recidivism.

***Performance Measures Recommendation 3. NCSC recommends that both arrests and convictions be used as indicators of recidivism, along with time between admission and recidivism for in-program recidivism and time between program exit and recidivism for post-program recidivism.***

Units of service “can be loosely defined as a measure of those activities of drug courts that address the needs of drug court clients including but not limited to substance abuse treatment.” NRAC recommends:

- Service units should be based upon the actual attendance of a drug court client in one of the recommended or mandated activities.
- If a client were remanded to a job-training program and attended three one hour classes per week, each class could be considered a service unit.
- A visit to a psychiatrist to treat a co-occurring disorder would be counted as a service unit.
- Inpatient treatment is most easily considered using “days” as the measure of a service unit.

NCSC also recommends that the amount of time in service (including treatment) be recorded for each type of service. Currently CJ-DATS recommends that number of treatment counseling sessions by type of counseling (e.g., outpatient, inpatient, residential and day treatment) be measured, which is compatible with the units of service orientation.

***Performance Measures Recommendation 4. The number of units of every type of service (including treatment) provided by the drug court to each participant should become part of the Core Data Set.***

**Performance Measures Recommendation 5. The amount of time in service for every type of service (including treatment) provided by the drug court to each participant should become part of the Core Data Set.**

In 2004, Jeff Butts and John Roman of the Urban Institute developed a conceptual framework for evaluating juvenile courts (see Figure 3) based on their work on the NIJ-funded National Evaluation of Juvenile Drug Courts project. The framework directs the attention of juvenile drug court researchers to critical features of JDCs that should be examined in an evaluation. The performance measurement data currently being collected address many aspects of the framework, especially if combined with the recommendations offered by NCSC above. However, based on the framework, several additional recommendations for performance measures can be made.

An important dimension of *Program Activities* identified by Butts and Roman is *Legal Incentives at Recruitment*, which identifies the legal incentives for drug court participation, e.g., probation versus incarceration. To capture this dimension, it is important to record the likely sentence that a drug court participant would have received had he or she not been accepted into drug court. This information is also needed for the cost-effectiveness comparison.

**Performance Measures Recommendation 6. The probable sentence, in lieu of drug court, for every drug court participant needs to be recorded. This data can be used to calculate a performance measure such as Correctional Costs Avoided.**

The second drug court output identified by Butts and Roman has *Consistency* as one of its dimensions. JDCs should be consistent in their application of sanctions, granting of incentives, and other procedures so that participants understand that the program is predictable and fair. One way to measure consistency is to examine the court's response to the first, second, third and so on program violations. The responses should be proportional to the offending behavior and graduated in response to repeated violations. In addition, it is sometimes necessary for the court to use sanctions against parents/guardians to ensure their compliance with their child's treatment program. The use of such sanctions should also be noted.

**Performance Measures Recommendation 7. For every sanction that is imposed against participants and/or their parents/guardians, the precipitating event, the date of this event, the date that the sanction was imposed, and the type of sanction should be recorded. The time between the precipitating event and the imposition of a sanction should become a part of the Core Data Set.**

One of the dimensions of the Intermediate Outcome *Perceived Self-Efficacy* is *Rewards*. Consistency in the use of rewards is also important.

**Performance Measures Recommendation 8. For every reward that is granted to participants, the precipitating event, the date of this event, the date that the reward was granted and the type of reward should be recorded. The**

***time between the precipitating event and the granting of a reward should become a part of the Core Data Set.***

Finally, many of the performance dimensions that Butts and Roman identify are based on the subjective assessment of participants and their parents. For example, Butts and Roman recommend that participants be surveyed to assess their perceptions of several of the dimensions of Outcome 2, *Authority*, including *Consistency, Formality, Transparency, and Engagement*. Standard exit-interview instruments specific to adult, juvenile, and family drug courts could provide much of this information.

***Performance Measures Recommendation 9. Standard exit-interview instruments specific to adult, juvenile, and family drug-courts should be developed and administered to program graduates, terminations, and withdrawals.***

The key outputs, outcomes, and impacts identified in the logic model analysis should be measured as part of the Core Data Set (CDS). In particular, the CDS does not contain any measures specific to juvenile and family courts. Although many of the measures identified in the logic model analysis are currently included in the CDS, those that are not include:

**Outputs:**

- Although number and percent of terminations are currently part of the CDS, it is recommended that these be reported by the program phase in which the termination occurred
- Number and percent of withdrawals
- Number of assessments conducted
- Number and percent of AA and NA meetings attended/participant, if applicable
- Amount of fines, fees, restitution paid/participant
- Number of hours of community service/participant

**Outcomes**

- Number and percent making full payment of required program and treatment fees at graduation
- Number and percent remaining drug and alcohol free one year after graduation
- Improved family functioning (as reported by family)
- Number of program violations/participant
- Number of alternative care placements while in program and LOS/participant (juvenile and family)
- Number and percent of participants experiencing educational advancement (grade change) (juvenile)
- School attendance during program participation (number of unexcused absences/participant) (juvenile)
- Number of filings for Termination of Parental Rights (TPR) (family)
- Number and percent establishing paternity and support (family)
- Percent of children who are transferred among one, two, three, or more placements while under court jurisdiction (family)

- Percent of children who reach legal permanency (by reunification, guardianship, adoption, planned permanent living arrangement, or other legal categories that correspond to ASFA) within six, 12, 18, and 24 months from removal (family)
- Percent of children who re-enter foster care pursuant to court order within 12 and 24 months of being returned to their families (monthly) (family)
- Percent of children who do not have a subsequent petition of maltreatment filed during program participation (family)
- Percent of children who are the subject of additional substantiated findings of maltreatment within 12 months of graduation (family)

***Performance Measures Recommendation 10. The output and outcome measures listed above that are not currently part of the CDS should be incorporated in the same.***

### **Impacts**

Only a limited amount of impact data is collected as part of the CDS, specifically some of the longer term measures of recidivism. The NCSC project team recommends that data about the following long-term impacts be collected, though this list will be made more specific in later phases of the project.

- Recidivism (specific measures for adult, juvenile, and family courts)
- Abstinence
- Health
- Employment
- Education
- Family functioning

***Performance Measures Recommendation 11. NCSC and the DCCC should agree upon a set of impact measures that should be included as part of the CDS.***

### **Cost Effectiveness**

The measures of cost-efficiency of drug courts included in the CDS, mean cost of services per client and mean judiciary expense per client, are informative but do not provide enough precision to evaluate the cost-effectiveness of drug courts. The Unit of Service orientation recommended for estimating treatment outputs for services and treatments will facilitate the measurement of treatment costs and other services. In addition, the NCSC project team has recommended several measures that will inform a cost-effectiveness analysis such as that proposed in Part D, including:

- Amount of fines, fees, restitution paid/participant
- Number of hours of community service/participant
- Number and percent of participants making full payment of required program and treatment fees at graduation

- Number of alternative care placements while in program and LOS/participant (juvenile and family)
- Number and percent establishing paternity and support

Finally, the NCSC project team has recommended a performance measure that tracks correctional costs avoided for each participant. This measure will be based on the probable sentence that a drug court participant would have received in lieu of drug court.

### **Data Infrastructure**

The *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*. Drug Court Coordinating Committee, 2005<sup>115</sup> was a major step forward in the measurement of drug court performance in Hawai'i. The scope and relevance of the data collected were particularly impressive. However, the NCSC project team learned from site visits, interviews, and examination of the databases maintained by the drug courts that the effort to collect the data used in the report was ad hoc and impromptu in many jurisdictions. The best performance measurement system will fail if there is no or faulty data for its measures. Consequently, the state of Hawai'i needs to build a data infrastructure to support its performance measurement system for drug courts based, in part, on the following principles:

- Every drug court should have a database that maintains participant-level data on every case that it processes.
- The database should contain the data elements needed to support Hawai'i's performance measurement system for its drug courts.
- The databases should be fully populated (i.e., there should be no missing data in the database).
- Current databases maintained by the drug courts need to be fully populated; the NCSC project team observed much missing data.

---

<sup>115</sup> See Drug Court Coordinating Committee, The Judiciary, State of Hawai'i, 2005, *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*.

## Part D. The Outcome Evaluation

The process evaluations conducted by the NCSC project team have documented critical resources/inputs and drug court processes that power the programs' "theories of change." They have also disclosed a number of interesting variations of the basic drug court model in Hawai'i that warrant an investigation into their impact on participants. Consequently, the process evaluations pave the way for the next two steps in the proposed evaluation, an outcome/impact analysis and a cost-effectiveness study. The performance measurement system currently in use for Hawai'i's drug courts provides information on program outputs and outcomes but little on program impact.

### Performance Measurement and Impact Evaluation

Performance measurement should be distinguished from impact assessment although these two approaches to evaluation are linked. Critical to an understanding of the difference between these two approaches to program evaluation is the distinction between "outcomes" and "impacts." The focus of performance measurement is on "outcomes," which are measures of the stated objectives. The basic concept of performance measurement involves (a) planning and meeting established operating goals/standards for intended outcomes; (b) detecting deviations from planned levels of performance; and (c) restoring performance to the planned levels or achieving new levels of performance. Impact assessment, on the other hand, requires estimates of the "value added by the program" (i.e., the benefits that would not have occurred had the program not existed).<sup>116</sup> Determining impact is much more difficult than monitoring outcomes. Assessing impact inherently involves comparison of outcomes when the drug court program is present with outcomes when it is absent, the latter being contrary to fact (counterfactual condition).

Performance measurement in itself cannot address the critical issue of "attribution," (i.e., whether the drug court program itself, and not some other factors, was responsible for any changes that occurred in the outcomes during the course of the program.)<sup>117</sup> Variation in outcome measures can potentially be explained by any number of factors such as maturation of clients while they participate in the program, selection bias favoring participants most likely to succeed, or changes in law or policy as well as the impact of the drug court program in question. To isolate the impact of the program from these "confounding" explanations, researchers employ a comparison group, selected to be as identical as possible to the group exposed to the program but exposed to a policy-relevant "counterfactual" condition such as "practice as usual" or no treatment at all instead of the program.<sup>118</sup>

---

<sup>116</sup> See Lipsey, M. *Caution: What you need to know before evaluating*. Workshop presentation at the NIJ Annual Conference on Criminal Justice Research and Evaluation, Washington, DC, (2004, July).

<sup>117</sup> See McDavid, Jr. *Linking program evaluation and performance measurement: Are there ways we can build and sustain performance measurement systems?* Speaker's notes for a presentation to the Performance Measurement Resource Team, Victoria, BC. [On-line]. Available: [web.uvic.ca/lgi/reports/linkjmcd.htm](http://web.uvic.ca/lgi/reports/linkjmcd.htm).

<sup>118</sup> Random assignment to the program and the counterfactual condition (called an "experimental" design) is the best way to ensure the "internal validity" of the program evaluation (i.e., the accurate, unbiased estimation of the program effect—the difference in outcome with and without the program). However, researchers must frequently forgo random assignment for a number of practical and ethical considerations and must instead employ "quasi-experimental" designs that use comparison groups selected to be as identical as possible to the group exposed to the program. In a quasi-experimental design, comparability between the program and counterfactual groups is accomplished by "matching" individuals in the two groups according to some criteria related to the outcome of interest (e.g., age, gender, previous offenses).

A critical aspect of the impact analysis design for each selected drug court will be the identification of a valid counterfactual comparison group (e.g., probation completers) for each program. The choice of an appropriate comparison group must be made for each individual program. NCSC will seek assistance from the drug court staffs to identify “matches” for drug court graduates from possible comparison group members. Possible matching criteria, for example, could include:

- Gender
- Race
- Charge
- Drug of choice
- Date of birth (plus or minus three years of graduate's date of birth)
- Risk score

### **Cost-Effectiveness Analysis**

A cost-effectiveness study of Hawai'i's drug courts should be one of the principal goals of the evaluation. NCSC has long experience with such analyses, most recently in our evaluation of a diversion program for minor offenders in Virginia.<sup>119</sup> The cost-effectiveness study will focus on “avoided” costs, that is, costs to the Criminal Justice System (CJS), victims, family members, and other governmental agencies that are avoided by participation in a drug court as opposed to participation in the appropriate counterfactual condition. By identifying drug court inputs, outputs, outcomes, and impacts through a consensual process with the staff of each drug court, the logic models will specify the principal components that should be included in the cost-effectiveness analysis.

Using the results of the process evaluations, NCSC will identify cost centers for each drug court program and calculate the average cost of a participant in each drug court program. Likewise, the average cost of a participant in the comparison groups will be calculated by using a similar procedure. NCSC will also quantify the value of goods and services supplied voluntarily to the drug courts including volunteer costs like those absorbed by the judicial branch-judge, the prosecutor/DAG, the CWS social workers, and the PDs and incentives supplied to the drug courts by their supporting 501(c)(3) non-profits.

The results of the impact analysis will inform measurement of avoided costs. Avoided costs will include CJS costs avoided as a result of differences in recidivism rates between program participants and comparison group members as well as resulting difference in the cost of victimization, using estimates of the cost of each recidivistic offense.<sup>120</sup> In addition, differences in performance between drug court graduates and comparison group members with regards to other impact measures such as employment, health costs, payment of court costs, fines, child support, and other financial obligations will be used to calculate cost avoided in each of these impact measures. Data required to perform the cost-effectiveness analysis will come from a variety of agencies and in some cases will prove difficult to obtain. In these cases, NCSC will use appropriate techniques such as relying on national-as opposed to Hawai'i-based estimates of costs or use data from states that

---

<sup>119</sup> See B. Ostrom, M. Kleiman, F. Cheesman, R. Hansen, and N. Kauder, *Offender Risk Assessment in Virginia: A Three-Stage Evaluation*, National Center for State Courts, Williamsburg, (2002).

<sup>120</sup> See, for example, T. Miller, M. Cohen, and B. Wiersma, *Victim costs and consequences: A new look*, Washington, DC, National Institute of Justice Research Report, (1996).

are similar to Hawai'i. The birth of drug-free babies will also be examined although the NCSC regards this as a flawed measure of impact because of its low frequency of occurrence and the problem of attributing the birth of drug-free babies to the drug court.

### **Next Steps**

NCSC recommends the following next steps to advance the evaluation of Hawai'i's drug courts:

1. Data collection
2. Enhance the performance measurement system
3. Identify appropriate comparison groups for drug court programs
4. Identify impact measures
5. Identify avoided costs
6. Collect outcome, impact, and cost-avoidance data on participants (grads, terms, withdrawals)
7. Analyze outcome and impact data and estimate costs avoided
8. Prepare final report

Each of these steps is described in the following.

**1. Data Collection:** The drug court databases that were examined, and not every court had a database, did not contain sufficient data to support a program evaluation. Further, the data contained in case files were often incomplete and unreliable. Many variables that were included in the databases contained no actual data. In some cases, the NCSC project team were unable to find data to answer basic questions such as "What are the characteristics of your clients?" "Under what track did the participant enter the program?" "At what program phase was the participant when he or she was terminated?" In light of Hawai'i's existing CDS for its drug courts, the recommendations made by NCSC for the CDS, and other sources such as NRAC's recommendations, it is now possible to identify critical data elements that should be recorded for each drug court participant. Consequently, steps must be taken now to ensure that these data elements are recorded for every previous, current, and future participant (some data should also be reported for rejections) in an automated data base.

During February or March of 2006, the NCSC proposes to kick-off Phase II of the project by meeting with the DCCC and other stakeholders to develop a list of critical data elements that must be recorded for every participant and an abbreviated list of data elements that must be recorded for rejections, using the current CDS and the NCSC recommendations as the point of departure. NCSC presumes that JIMS will be the database platform that will be used to capture this information and NCSC is prepared to discuss strategies with the DCCC for modifying JIMS (if necessary) to accommodate the recommended information. Much of this data needs to be collected as soon as possible in order for the evaluation to proceed. Some cooperation from the drug court staff will be required, and much of the data on previous participants will undoubtedly come from drug court case files. The NCSC project team had the opportunity to field test a file review instrument on

our first site visit, and it will be ready to use for paper case file review. Some options for collecting the needed data are:

- Collection by NCSC staff
- Collection by local collaborators (e.g., a local university) under NCSC supervision
- Collection by drug court staff

NCSC will jointly decide with the DCCC the best strategy or strategies for collecting the required data.

**2. Enhance Performance Measurement System:** Other topics that should be discussed at the proposed Phase II kickoff meeting between the DCCC and NCSC are NCSC's recommendations for enhancing the CDS and for the development of a data infrastructure to support the proposed performance measurement system. At the conclusion of this meeting, NCSC will draft guidelines for the additional and revised performance measures.

**3. Identify appropriate comparison groups for drug court programs:** Given that it is unlikely that random assignment will be used to assign candidates to either drug court or an appropriate, policy-relevant counterfactual condition, quasi-experimental designs will probably be implemented to evaluate impact data. In this case, it is very important to select comparison groups that represent policy-relevant counterfactual conditions but in every other respect are as identical as possible to drug court participants. Probation completers, for example, are a policy-relevant comparison group for drug court graduates.<sup>121</sup> NCSC will consult with each drug court program to identify appropriate comparison groups and matching criteria. NCSC will also identify the data that must be captured for the comparison group and work with each court to set-up data collection strategies. Discussion of comparison groups can begin at the Phase II kick-off meeting at the first of 2006 but will require some follow-through beyond this date.

**4. Identify Impact Measures:** NCSC and the DCCC need to reach a consensus on critical impacts expected to be produced by drug court activities. NCSC has suggested a preliminary list of impacts (see above) but the final list should be developed in consultation with the DCCC. This could also be a topic of the Phase II kickoff meeting at the first of 2006. Measurement of the impacts and data sources will also be discussed.

**5. Identify avoided costs:** NCSC and the DCCC need to reach a consensus on the type of costs that are avoided by drug court participation. Typically, these would include costs related to incarceration, criminal justice system processing (i.e., prosecution, public defender, etc.), social welfare costs, and drug-related health problems, among others. This could also be a topic of the proposed meeting at the first of 2006. Measurement of the avoided costs and data sources will also be discussed.

**6. Collect outcome, impact, and cost-avoidance data on participants (graduates, terms, withdrawals):** Once a consensus has been reached on such important issues as drug court data elements, performance measures, comparison groups, and impact measures, data collection can

---

<sup>121</sup> See Lohman, L. *A cost-benefit analysis of the St. Louis City Adult Felony Drug Court*. Institute of Applied Research, St. Louis, (2004).

commence and Phase III of the project can get underway. This effort will involve not only the drug courts but also agencies supplying data on comparison group members as well as agencies possessing cost data. NCSC estimates that data collection can be accomplished in roughly six months, concluding about the end of September.

**7. Analyze outcome and impact data and estimate costs avoided:** During Phase III of the project, data collected from a variety of sources (automated, manual, etc.) will be entered into a comprehensive project database. The data will be cleaned, and NCSC will compile and analyze the information collected using appropriate qualitative and quantitative data analysis techniques. When applicable, data results will be presented graphically.

Recidivism data will be analyzed by using survival analysis techniques, in particular *Cox regression* and *Kaplan–Meyer* graphical analysis. As mentioned previously, it will be necessary to control for the influence of confounding variables that might also (i.e., as well as the effect of the drug court program) influence impact variables. These variables would include both offender characteristics (including socio-demographics, current offense, offense history, drug of choice, and treatment history), and program characteristics as per the Urban Institute model (Figure 3), all of which can be expected to influence outcomes.

Appropriate analysis techniques will also be used with other program outcomes and impacts (e.g., employment, education, and payment of financial obligations). In every case, a multivariate analysis will be conducted with the analysis technique to be determined by the nature of the impact variable but always controlling for the influence of confounding variables. For example, if employment is construed to be a dichotomous variable (e.g., employed =1, unemployed=0), *logistic regression* or *scobit regression* (in the case of a skewed dependent variable) would be the analysis technique of choice.

The results of the impact analysis will provide vital information for the cost-effectiveness analysis (e.g., differences in recidivism rates between the drug court participants and comparison group members that will translate into crimes avoided by participation in the drug court program, differences in child support payments, and differences in health-care costs). The methodology for the cost-effectiveness study was described earlier. The results of cost-effectiveness studies are typically presented as a comparison of the amount of impact per dollar invested in the drug court and the counterfactual condition.

NCSC estimates that data analysis will be completed at the end of 2006.

**8. Prepare final report:** NCSC will prepare a draft impact and cost-effectiveness evaluation report. This report will present the findings from the analysis of performance measure data, other outcome and impact variables, and the cost-effectiveness analysis. The report will contain an assessment of how well the state collectively as well as individual courts fared on these measures. This report will serve as a baseline assessment of the drug courts' performance and will be useful to future evaluations. Appendices to the report will include the data collection tools and additional statistical tables and other documentation as appropriate. An executive summary will precede the body of the report to facilitate review. NCSC will submit the draft report to the DCCC for distribution and review. A final report incorporating feedback from the DCCC and other stake holders will be produced by the end of June 2007.

## Part E. Conclusions and Recommendations

Tables 27-29 \ provide general “report card” assessments of the performance of Hawai'i's drug courts in comparison to national standards and best practices (articulated in *The Ten Key Components of Drug Courts* and other established standards and guidelines, such as *The 16 Key Strategies for Juvenile Drug Courts and Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*) and discussed in *Research Question 13*, Part B, Section I of this report. As evidenced by the report cards, the drug courts of Hawai'i are doing well with respect to these standards and best practices. Several areas are identified as needing improvement. And, of course, even with those items marked as satisfactory, opportunities exist for improvement. Specific remarks and conclusions for each drug court program follow the statewide report cards.

<b>Table 27. Hawai'i Statewide Adult Drug Courts Report Card</b>		
<b>National Standard or Best Practice</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
<b>Key Component 1.</b> <i>Drug courts integrate alcohol and other drug treatment services with justice system case processing.</i>	√	
<b>Key Component 2.</b> <i>Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.</i>	√	
<b>Key Component 3.</b> <i>Eligible participants are identified early and promptly placed in the drug court program.</i>	√	
<b>Key Component 4.</b> <i>Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.</i>	√	
<b>Key Component 5.</b> <i>Abstinence is monitored by frequent alcohol and other drug testing.</i>	√	
<b>Key Component 6.</b> <i>A coordinated strategy governs drug court responses to participants' compliance.</i>	√	
<b>Key Component 7.</b> <i>Ongoing judicial interaction with each drug court participant is essential.</i>	√	
<b>Key Component 8.</b> <i>Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.</i>		√
<b>Key Component 9.</b> <i>Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.</i>		√
<b>Key Component 10.</b> <i>Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.</i>	√	

<b>Table 28. Hawai'i Statewide Juvenile Drug Courts Report Card</b>		
<b>National Standard or Best Practice</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
<b>Strategy 1.</b> Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.	√	
<b>Strategy 2.</b> Develop and maintain an interdisciplinary, non-adversarial work team.	√	
<b>Strategy 3.</b> Define a target population and eligibility criteria that are aligned with the program's goals and objectives.	√	
<b>Strategy 4.</b> Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.	√	
<b>Strategy 5.</b> Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.		√
<b>Strategy 6.</b> Build partnerships with community organizations to expand the range of opportunities available to youth and their families.	√	
<b>Strategy 7.</b> Tailor interventions to the complex and varied needs of youth and their families.	√	
<b>Strategy 8.</b> Tailor treatment to the developmental needs of adolescents.	√	
<b>Strategy 9.</b> Design treatment to address the unique needs of each gender.		√
<b>Strategy 10.</b> Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.	√	
<b>Strategy 11.</b> Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.	√	
<b>Strategy 12.</b> Recognize and engage the family as a valued partner in all components of the program.	√	
<b>Strategy 13.</b> Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.	√	
<b>Strategy 14.</b> Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.	√	
<b>Strategy 15.</b> Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.		√
<b>Strategy 16.</b> Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information	√	

<b>Table 29. Hawai'i Statewide Family Drug Courts Report Card</b>		
<b>National Standard or Best Practice</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
<b>Characteristic 1.</b> <i>Integrated a focus on the permanency, safety, and welfare of abused and neglected children with the needs of the parents.</i>	√	
<b>Characteristic 2.</b> <i>Intervened early to involve parents in developmentally appropriate, comprehensive services with increased judicial supervision.</i>	√	
<b>Characteristic 3.</b> <i>Adopted a holistic approach to strengthening family function.</i>	√	
<b>Characteristic 4.</b> <i>Used individualized case planning based on comprehensive assessment.</i>	√	
<b>Characteristic 5.</b> <i>Ensured legal rights, advocacy, and confidentiality for parents and children.</i>	√	
<b>Characteristic 6.</b> <i>Scheduled regular staffings and judicial court review.</i>	√	
<b>Characteristic 7.</b> <i>Implemented a system of graduated sanctions and incentives.</i>	√	
<b>Characteristic 8.</b> <i>Operated within the mandates of the Adoption and Safe Families Act (ASFA) of 1997 and the Indian Child Welfare Act of 1979.</i>	√	
<b>Characteristic 9.</b> <i>Relied on judicial leadership for both planning and implementing the court.</i>	√	
<b>Characteristic 10.</b> <i>Made a commitment to measuring program outcomes.</i>		√
<b>Characteristic 11.</b> <i>Planned for program sustainability.</i>	√	
<b>Characteristic 12.</b> <i>Strived to work as a collaborative, nonadversarial team supported by cross training.</i>	√	

### Oahu Adult Drug Court

The ODC is committed to providing high quality and comprehensive services to the program participants as shown by its efforts to use evidence-based and tested methods for its treatment component and the expansion of its program phases to include recovery readiness and maintenance phases. The program has recently turned its attention to the development of a component for clients with co-occurring disorders and the expansion of services to the families of participants. There is a good array of ancillary services and referral sources to meet the other needs of clients and the program staff is very proactive in this regard. The program has procedures and systems in place for the intensive supervision of clients and there is regular interaction with the judge. The ODC's emphasis on preparing participants to conduct a law-abiding and sober life after the program is evidenced by its overall approach and the criteria for graduation.

The program is eager to increase the number of participants and implement the new programs. However, the ongoing effort to document policies and procedures and develop a practice manual should also be a priority. Such manuals are useful as a day-to-day guide for program staff and as a source of information and orientation for new hires. They also serve as a resource for other stakeholders outside of the team. The program should also consider ways to improve communication and collaboration among the full complement of team members. The fact that the program does not conduct staffings on individual cases deprives it of one of the more effective mechanisms for sharing information and engaging in shared decision-making and team building.

### Oahu Juvenile Drug Court

The OJDC has positioned itself well under Judge Browning for future growth and program improvement. The OJDC staff and service providers function together very effectively. This is one of the most striking features of this court. In most regards, the OJDC is an exemplary juvenile drug court, worthy of emulation any place in the United States.

The OJDC offers an array of services that address many of the problems facing participants, even noting the service gaps identified earlier. The program serves primarily Track 3 participants but should give consideration to expanding its services to cover Track 1 and 2 participants before they become Track 3s. The program is currently serving the most serious participants in terms of their delinquent records and substance abuse problems, and thus there is little evidence of "widening-of-the-net."

### Oahu Family Drug Court

The OFDC is a well functioning family drug court and there appears to be few, if any, deficiencies in the types and quality of services it delivers. Additionally, the OFDC exceeds many of the characteristics identified with the first operating family drug courts in *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*. The level of collaboration and cooperation among the members of the OFDC team is impressive.

As the OFDC moves to increase its census and static capacity in response to a 2005 legislative appropriation moving it from pilot program to permanent status and increased staffing levels, care should be taken in assessing and monitoring the impact of an increased census and static capacity on other members of the FDC team, including judicial, court, and agency resources. The increase in participants should be done in a planned, organized, and incremental manner and over a period of time. Discussions have been ongoing among the OFDC team as to how this increase will be phased in so as not to overburden the team. Additionally, CWS has increased the number of dedicated caseworkers from three to four.

While the possibility of admitting and servicing more participants is an exciting goal, efforts should also be focused on strengthening its programmatic infrastructure in areas such as the review and update of policies and procedures manuals; the improvement of hard-copy paper records in the areas of record keeping and file management practices, as well as accuracy of documents stored in the paper files; performance measurement and tracking of outputs, outcomes, and impacts.

Additionally, during this time of program expansion, it is time to reflect on the many staffing and operational changes that have occurred since the implementation of the OFDC. Original members of the OFDC team participated in the BJA-funded Family Drug Court Planning and Implementation trainings, delivered by NDCI and a CWS orientation program was recently implemented. However, the passage of time and personnel changes necessitate updates and on-going cross training to achieve a high functioning drug court.

### Maui Adult Drug Court

The pride for the MDC and its success is evident. There was indeed a palpable sense of excitement and congratulations among the MDC team surrounding the recent drug court graduation. The MDC is operating well and there appears to be relatively few shortages in the types and quality of judicial, treatment, and case management services it delivers. Additionally, the MDC surpasses many of the components outlined for operating adult drug courts in *Defining Drug Courts: The Key Components*. Two areas that require attention, however, are Component #3 and Component #8.

The MDC also plans to increase its census and static capacity during 2006. The increase in participants should be executed in a methodical and incremental manner and over a period of time. While the possibility of admitting and servicing more MDC participants is indeed a laudable plan, efforts should also be focused on strengthening MDC's programmatic infrastructure in areas such as: the review and update of the MDC Policies and Procedures manual; improving the accuracy of documents stored in the paper files; the development of a meaningful alpha/numeric identifier system for MDC participants; and the development of a meaningful performance measurement system and an automated database to track outputs, outcomes, and impacts.

Additionally, during this time of anticipated program expansion, the time is ripe to reflect on the many staffing and operational changes that have occurred since the implementation of the MDC. The passage of time and personnel changes necessitates an ongoing program of interdisciplinary training to promote effective drug court operations.

### Maui Family Court Drug Court

The MF CDC is in its infancy stages and is experiencing the growing pains associated with many new programs. With the passage of time more information and experience inform the "program as planned" (as articulated in the "bible") versus the "program as is."

Current processes and operational decisions should be revisited (perhaps after the first class of graduates as a benchmark) in order to ensure that the processes and operations accurately reflect "as is." For example, the following areas should be reviewed: the identification and referral processes; the need for such an extensive level approach to treatment services; the viability of continuing Track "D"; and the number of slots allotted to Track "D" and Track "CR" cases.

Another issue involves the communication and collaboration of the MF CDC team. Turf issues and a lack of understanding of the drug court model, the dynamics of addiction, and the concept of consensus building are the primary inhibitors to an optimal level of coordination, collaboration, and cooperation among the MF CDC team. This is especially evident from interviews regarding "S" Track cases; particularly when there is a tension between the child safety issue and the parent participant's substance abuse and addiction. While, this will likely come with time and understanding, efforts must be made to strengthen the MF CDC team.

### Big Island of Hawai'i Adult Drug Court

The BIDC benefits from strong judicial leadership and a clear commitment to the program, its philosophy and approach, on the part of all team members. The program has developed a good array of treatment and ancillary services within the resources available. Emphasis on intense supervision by the drug court officers, the prompt imposition of sanctions for program and legal violations, and the effort to address broader life

concerns and problems of offenders are among the strengths of the program. The judge's interaction with each participant is intense but effective. Team members are generally pleased with the program's operations and encouraged by the changes they see in participants.

Resources are always an issue, and most of the concerns that were expressed involved the lack of treatment services, especially residential treatment, on the island, the difficulty of finding employment and stable housing for participants, and the need for more staff.

### **Big Island of Hawai'i Juvenile Drug Court**

The BIDCJ is clearly fulfilling an important, if limited, mission in the fight to protect the Big Island's youth from the scourge of drug abuse. While it is an infant court that has yet to produce either graduates or terminations, it has positioned itself well under Judge Ibarra for future growth and program development. Judge Ibarra's philosophy that participants' criminal-style thinking must be addressed in order to achieve long-term rehabilitation sets the tone for the court and leads to a deterrence-oriented strategy of case management. The court uses sanctions in a very timely fashion but makes almost no use of incentives. Reconsideration of the use of incentives should be made by the court in order to achieve a more equitable balance between their use, and the use of sanctions. Judge Ibarra's obvious commitment to provide each participant with the opportunity to succeed, the accountability that he demands from service providers and other members of the BIDCJ team, along with the commitment observed of the juvenile POs and the high level of supervision that they provide participants make this a promising start for the new court.

BIDCJ offers a limited but adequate array of services that address many of the problems facing participants, even noting the service and treatment gaps identified earlier. The need for a juvenile detention facility and residential treatment for juveniles on the Big Island are noteworthy. The program serves primarily Track 3 participants but should give consideration to expanding its services to cover Track 1 and 2 participants before they become Track 3s. The program is currently serving the most serious participants in terms of their delinquent records and substance abuse problems, and thus there is little evidence of "widening-of-the-net."

### **Kaua'i Adult Drug Court**

The KDC is the result of an inclusive and comprehensive planning process and the program appears to be operating well. The array of services available to participants is limited by available resources, and there are no residential treatment facilities or specialized services. Still the program has assembled a good array of services within these limits and benefits by having a CSAC on staff to supplement counseling and other services and work in conjunction with the probation officer. Intensive supervision and the swift imposition of sanctions are strengths of the program. The team generally functions well, although there are some issues surrounding the admission process that need to be addressed. The court coordinator appears to be very effective in establishing ties with the community, accessing resources, and promoting collaboration with key stakeholders.

Several repeating issues presented themselves throughout the course of this initial process phase of the comprehensive evaluation. Several are unrelated to the specific research questions, however, they do impact drug court operations and performance and are presented. They are presented here for review, consideration, and possible solution.

**Issue 1: The need for statewide leadership and infrastructure development:** This is a need identified by many of the drug court coordinators. Generally, the drug court services delivery model is sound. What is clear is that drug court participants come first, operations and programmatic infrastructure are secondary. While it is necessary to have a participant focus at all times, there is a point in time when some of the focus must shift inward to the program and its needs.

Many coordinators report that they are so busy putting out fires and addressing participants' needs they do not have the time to focus on infrastructure enhancement and programmatic issues. This includes developing training and policies and procedures manuals that are not current or in place, as identified throughout this report. A state level resource person is needed to assist drug court coordinators with these infrastructure and programmatic issues, as well as to provide technical assistance to local programs, identification of resources, grant writing, program advocacy, and executing the policy level decisions of the DCCC.

This state level resource person or "statewide drug court coordinator" would provide statewide structure, continuity and accountability for each of the drug court programs while at the same time balancing the individual needs and flavor of the local drug court programs. States with such a position include California, Florida, Maryland, Minnesota, Missouri, and Wyoming. While the governmental branch of these state examples varies, they are effective advocates and provide technical assistance to local drug court programs. The statewide drug court coordinator should be placed in the Office of the Administrative Director, The Judiciary: State of Hawai'i. The primary purpose of the statewide drug court coordinator position is strengthening the foundation and infrastructure for the optimal performance of Hawai'i's drug courts.

**Issue 2: Training:** The lack of a formalized and structured in-house training program is evident throughout the state. While several programs have taken advantage of NADCP conferences and NDCI or NCJFCJ training opportunities, there are no locally developed trainings geared to drug courts operations and drug court team members. Training is especially critical to reinforce the drug court concept, reinvigorate people, and orient new members of the drug court team. It is unrealistic to recommend that a local drug court develop something of this magnitude. The Office of the Administrative Director, The Judiciary: State of Hawai'i should provide more support to the local courts and needs to play a major role in organizing quality programs and encouraging team participation and, perhaps establishing continuing education standards.

While a program of continuing interdisciplinary education is a key component of drug courts, developing and implementing an ongoing, systematic program at the local level is not a realistic goal given the resources that are required versus what is available. Preparing and presenting effective training sessions takes time, expertise, and financial resources. The statewide drug court coordinator could play a significant role in its development.

**Issue 3. Policies and Procedures Manual:** A statewide drug court manual should be developed as a resource (and accompany the above-referenced trainings) for all drug courts. The manual should contain materials related to drug court theory, global policies, and procedures; critical elements of drug court operations' national standards and best practices; performance measures, and research and evaluation updates. Sections of the manual should focus on each of the local drug courts programs. The statewide drug court coordinator could play a significant role in its development and

work with local coordinators to ensure that local policies, procedures, and resources are current. Manuals such as this are a central resource and serve to institutionalize and integrate drug courts into the mainstream.

**Issue 4. Treatment and Ancillary Service Resources:** Drug courts require an integrated approach of substance abuse, mental health services, and ancillary services along with intensive judicial supervision and case management to be successful. Several drug courts noted the lack of resources as the primary impediment to the success of the drug court and its participants. Specific treatment gaps include mental health (improved diagnostic services and treatment of co-occurring disorders); juvenile residential treatment on all of the islands, adult residential treatment on some of the islands; and ancillary services such as clean and sober housing and transportation. Efforts should be made at the state level to identify and encourage the development of these supportive resources.

As a result of the findings contained herein, the NCSC developed a series of recommendations in the following categories: Statewide Recommendations, Performance Measures Recommendations; Outcome Evaluation Recommendations; and Program Specific Recommendations:

#### Statewide Recommendations

***Statewide Recommendation 1. A state level resource person is needed to assist drug court coordinators with infrastructure and programmatic issues, as well as to provide technical assistance to local programs, identification of resources, grant writing, program advocacy, and executing the policy level decisions of the DCCC. This state level resource person or "statewide drug court coordinator" would provide statewide structure, continuity, and accountability for each of the drug court programs while at the same time balancing the individual needs and flavor of the local drug court programs. The statewide drug court coordinator should be placed in the Office of the Administrative Director, The Judiciary: State of Hawai'i. His/her primary purpose is to strengthen the foundation and infrastructure for the optimal performance of Hawai'i's drug courts.***

***Statewide Recommendation 2. A statewide interdisciplinary training curriculum should be developed and delivered periodically throughout the year and throughout the state. Subjects could include: the dynamics of addiction and recovery; drug court theory and practice; critical elements of drug court operations' national standards and best practices; research and evaluation updates; and team building. There should be break out sessions by role (e.g., case manager, judge, public defender) and mock staffings and court hearings.***

***Statewide Recommendation 3. A statewide drug court manual should be developed as a resource for all drug courts. The manual should contain materials related to drug court theory, global policies, and procedures;***

**critical elements of drug court operations, national standards and best practices; performance measures; and research and evaluation updates. Sections of the manual should focus on each of the local drug courts programs, including local policies, procedures, and resources.**

### Performance Measures Recommendations

**Performance Measures Recommendation 1. The current method of measuring retention over the life of the program should be augmented by either the NRAC or the more comprehensive NCSC approach to measure retention for periodic admissions cohorts.**

**Performance Measures Recommendation 2. The percent of both UA and alcohol tests returned positive needs to be recorded at the participant level. The average length of continuous sobriety also should be recorded at the participant level. Both the percent of positive UAs and alcohol tests and the average length of continuous sobriety should be averaged across participants to yield summary statistics for the program. In addition, the results should be reported by the program phase in which the test was administered, e.g., average percentage of UAs administered in phase one returned positive, so as to facilitate the establishment of a trend.**

**Performance Measures Recommendation 3. NCSC recommends that both arrests and convictions be used as indicators of recidivism, along with time between admission and recidivism for in-program recidivism and time between program exit and recidivism for post-program recidivism.**

**Performance Measures Recommendation 4. The number of units of every type of service (including treatment) provided by the drug court to each participant should become part of the CDS.**

**Performance Measures Recommendation 5. The amount of time in service for every type of service (including treatment) provided by the drug court to each participant should become part of the CDS.**

**Performance Measures Recommendation 6. The probable sentence, in lieu of drug court, for every drug court participant needs to be recorded. This data can be used to calculate a performance measure such as Correctional Costs Avoided.**

**Performance Measures Recommendation 7. For every sanction that is imposed against participants and/or their parents/guardians, the precipitating event, the date of this event, the date that the sanction was imposed, and the type of sanction should be recorded. The time between**

***the precipitating event and the imposition of a sanction should become a part of the CDS.***

***Performance Measures Recommendation 8. For every reward that is granted to participants, the precipitating event, the date of this event, the date that the reward was granted and the type of reward should be recorded. The time between the precipitating event and the granting of a reward should become a part of the CDS.***

***Performance Measures Recommendation 9. Standard exit-interview instruments specific to adult, juvenile, and family drug-courts should be developed and administered to program graduates, terminations, and withdrawals.***

***Performance Measures Recommendation 10. The output and outcome measures listed above that are not currently part of the CDS should be incorporated in the same.***

***Performance Measures Recommendation 11. NCSC and the DCCC should agree upon a set of impact measures that should be included as part of the CDS.***

### Program Specific Recommendations

#### Recommendations for the Oahu Adult Drug Court

***Oahu Adult Drug Court Recommendation 1. The ODC should consider providing structured opportunities for team members to share information and discuss issues at both the case and program level. Conducting staffings may not be necessary or feasible given the time constraints of program personnel, but periodic meetings of the judge, staff, prosecution, and defense should be considered, with anyone having the ability to suggest items for the agenda. Some meetings might focus on the discussion of a recently completed case in order to share perspectives on the process, key events, and the court's response.***

***Oahu Adult Drug Court Recommendation 2. The ODC should review its current 14 participant requirement to form a treatment cohort in light of its impact on timely entry into treatment. Current time from admission to Phase 1 entry should be reviewed to determine the average and range of time it takes to achieve a cohort and if a smaller required number would reduce delay.***

***Oahu Adult Drug Court Recommendation 3. The ODC should establish a policy on the attendance of program staff at court hearings. Either the court administrator should attend all hearings or the role should be rotated among***

**staff members. The latter would have the advantage of familiarizing all team members with the court's decision-making process and increasing their appreciation of the pivotal role of judicial interaction with clients in the drug court approach.**

**Oahu Adult Drug Court Recommendation 4. While team members were positive in their assessment of the training opportunities available for their specific roles, the ODC should explore more opportunities for interdisciplinary training, including attending national conferences and trainings as a team, and encourage state-level efforts in this area.**

**Oahu Adult Drug Court Recommendation 5. The ODC should make the documentation of policies and procedures a priority to ensure that there is a current set of materials for reference and training. As time allows, the staff should be involved in this process as it can be an opportunity to learn and assess the practices that are currently in place.**

#### **Recommendations for the Oahu Juvenile Drug Court**

**Oahu Juvenile Drug Court Recommendation 1. The identified service and treatment gaps should be systematically assessed and, based on the results of this assessment, plans should be developed to address the most critical treatment and service needs.**

**Oahu Juvenile Drug Court Recommendation 2. Assess the need for gender-specific services.**

**Oahu Juvenile Drug Court Recommendation 3. Develop a comprehensive policies and procedures manual.**

**Oahu Juvenile Drug Court Recommendation 4. Develop a program database. The program logic model, referenced earlier, provides guidance as to the type of information that should be collected in this database.**

**Oahu Juvenile Drug Court Recommendation 5. Permit a more active role for the prosecutor in screening cases.**

**Oahu Juvenile Drug Court Recommendation 6. Treatment providers acknowledge the value of periodic meetings among themselves to discuss strategy, and it is recommended that these be formally scheduled on an ongoing basis.**

## Recommendations for the Oahu Family Drug Court

***Oahu Family Drug Court Recommendation 1. Care should be taken in assessing and monitoring the impact of an increased census and static capacity on other members of the family drug court team, including judicial, court, and agency resources. The increase in participants should be done in a planned, organized, and incremental manner and over a period of time.***

***Oahu Family Drug Court Recommendation 2. Efforts should be focused on strengthening its programmatic infrastructure in areas such as the review and update of policies and procedures manuals; the improvement of hard-copy paper records in the areas of record keeping and file management practices, as well as accuracy of documents stored in the paper files; and performance measurement and tracking of outputs, outcomes, and impacts.***

***Oahu Family Drug Court Recommendation 3. The passage of time and personnel changes necessitate updates and on-going cross training to achieve a high functioning drug court. Topics could include: the philosophy of family drug courts; basic operational concepts of family drug courts (staffing, hearings, screening, referral, and assessment); dynamics of substance abuse; federal child welfare legislation; roles and responsibilities of OFDC team members; and team building techniques.***

## Recommendations for the Maui Adult Drug Court

***Maui Adult Drug Court Recommendation 1. Efforts should be focused on strengthening MDC's programmatic infrastructure in areas such as: the review and update of the MDC Policies and Procedures manual; improving the accuracy of documents stored in the paper files; the development of a meaningful alpha/numeric identifier system for MDC participants; and the development of a meaningful performance measurement system and an automated database to track outputs, outcomes, and impacts.***

***Maui Adult Drug Court Recommendation 2. An ongoing program of interdisciplinary training should be developed to promote effective drug court operations.***

## Recommendations for the Maui Family Court Drug Court

***Maui Family Court Drug Court Recommendation 1. Current processes and operational decisions should be revisited (perhaps after the first class of graduates as a benchmark) in order to ensure that the processes and operations accurately reflect "as is." For example, the following areas should be reviewed: the identification and referral processes; the need for such an extensive level approach to treatment services; the viability of continuing***

**Track “D”;** and the number of slots allotted to Track “D” and Track “CR” cases.

**Maui Family Court Drug Court Recommendation 2.** Efforts must be made to strengthen the MFDC. The team may wish to participate in the BJA funded Team Building Curriculum developed by the National Center for State Courts. This is an asynchronous web-based curriculum, which is currently available without charge.

### Recommendations for the Big Island Adult Drug Court

**Big Island Adult Drug Court Recommendation 1.** The BDC should consider developing a policy or guideline that would result in the greater use of incentives while incorporating the philosophy of the court that incentives should not be awarded just for compliance with program requirements and rules. According to drug court principles, applying a continuum of sanctions and rewards for non-compliance and compliance is considered an important element in achieving progress in individual drug court cases, and several members of the BDC team expressed the view that incentives should play a more prominent role in the program.

**Big Island Adult Drug Court Recommendation 2.** The BDC should assess its capacity to respond to and work with clients who have a dual diagnosis. According to Guideline for Drug Courts on Screening and Assessment (Peters and Peyton, 1998) admission should not be restricted based solely on mental health symptoms or a history of mental health treatment, but rather the degree to which the disorder leads to a functional impairment that would preclude effective participation in the program. In addition, existing resources and services should be reviewed to determine if they are sufficient to address the needs of this population and what level of functioning is required to participate in the programs that are available. Finally, the program should address whether the current screening process can be augmented, through staff training or timelier contracted assessments, to better identify mental health symptoms at an early stage, recognizing that early detection will remain a challenge.

**Big Island Adult Drug Court Recommendation 3.** While a program of continuing interdisciplinary education is a key component of drug courts, developing and implementing an ongoing, systematic program at the local level is not a realistic goal given the resources and time that are required versus what is available. The BDC should advocate for more interdisciplinary training to be made available at the state level and continue its efforts to provide opportunities for team members to attend national level conferences and trainings. Beyond the actual substance of the training, national level conferences allow team members to network with other drug court professionals, identify common challenges and promising practices, and learn

**about additional resources that may be available in the form of technical assistance and training. To the extent possible, drug court staff should attend as a team.**

**Big Island Adult Drug Court Recommendation 4. The BDC should evaluate the need for a supervisor position in the Kona office and the addition of CSACs to program staff in light of current and future funding, caseload, and the increased targeting of high-risk offenders.**

**Big Island Adult Drug Court Recommendation 5. The BDC should review and amend its current practice and procedure manual to ensure that it reflects current processes and policies and can serve as a reliable reference for staff and new hires. Staff mentioned several areas where policies were in need of development and documentation.**

**Big Island Adult Drug Court Recommendation 6. The BDC should consider providing opportunities for all team members, including service providers, to discuss and share perspectives on program operations and policies, outside of the weekly staffings for individual cases.**

**Big Island Adult Drug Court Recommendation 7. The full participation of the drug court team in the staffings and court hearings, the thoroughness of the discussions, and the high level of attention to, and interaction with each case, are all positive elements of the BDC. As a result, however, considerable time is spent by all involved in these proceedings. For treatment providers, who must monitor their billable time, time spent waiting for their cases to be called can pose problems. While the order in which cases are called is often dictated by more important priorities, such as in-custody matters, imposition of sanctions, and so forth; the BDC should consider whether within these priorities and unexpected circumstances, cases could be stacked by treatment provider.**

#### **Recommendations for the Big Island Drug Court, Juvenile Division**

**Big Island Drug Court, Juvenile Division Recommendation 1. A CSAC is needed for each office of the BDCJ.**

**Big Island Drug Court, Juvenile Drug Court Recommendation 2. The identified service and treatment gaps should be systematically assessed and, based on the results of this assessment, plans should be developed to address the most critical treatment and service needs.**

**Big Island Drug Court, Juvenile Drug Court Recommendation 3. Assess the need for gender-specific services.**

**Big Island Drug Court, Juvenile Drug Court Recommendation 4.** *The deterrence orientation of this court causes treatment concerns to take a backseat. Treatment concerns should be more fully integrated into the court's decision-making process.*

**Big Island Drug Court, Juvenile Drug Court Recommendation 5.** *Begin to use and completely populate a program database, either the Juvenile DTC 2000 database which the court has in its possession or an alternative data base.*

**Big Island Drug Court, Juvenile Drug Court Recommendation 6.** *A workshop should be conducted for referring judges to show them the proper procedure for making referrals to the BIDCJ.*

**Big Island Drug Court, Juvenile Drug Court Recommendation 7.** *Diagnostic procedures to better identify dual diagnosis cases are needed.*

**Big Island Drug Court, Juvenile Drug Court Recommendation 8.** *Consideration should be given to the provision of some substance abuse services in-house.*

**Big Island Drug Court, Juvenile Drug Court Recommendation 9.** *BIDCJ and treatment providers should train together.*

**Big Island Drug Court, Juvenile Drug Court Recommendation 10.** *More sensitive drug tests are needed. The threshold for a dirty UA is too high with current tests.*

**Big Island Drug Court, Juvenile Drug Court Recommendation 11.** *The BIDCJ judge should interact with participants on a level that is easily comprehensible to them and not "talk over their heads."*

**Big Island Drug Court, Juvenile Drug Court Recommendation 12.** *A detention facility is needed on the Big Island.*

**Big Island Drug Court, Juvenile Drug Court Recommendation 13.** *Develop residential placement facilities for juveniles on the Big Island.*

**Big Island Drug Court, Juvenile Drug Court Recommendation 14.** *This court needs to revisit its policies on the appropriate combination of sanctions and incentives required to encourage participants to successfully complete the program. Incentives should be used more frequently and should be an integral component of the program. Sanctions should de-escalate if a participant rectifies the situation that led to the sanctions and continues to progress in the program.*

**Big Island Drug Court, Juvenile Drug Court Recommendation 15.** *The combination of juvenile and adult staffings and court hearings on one day in Hilo is a challenging calendar. The court is discussing the possibility of moving the staffings to a different day, as they do in Kona.*

**Big Island Drug Court, Juvenile Drug Court Recommendation 16.** *A probation supervisor is needed for the Kona office.*

**Big Island Drug Court, Juvenile Drug Court Recommendation 17.** *Additional recreational opportunities for juveniles during the weekend, other than sports, should be developed.*

### Recommendations for the Kaua'i Adult Drug Court

**Kaua'i Adult Drug Court Recommendation 1.** *The Kaua'i Adult Drug Court should review its processes for determining eligibility and admission to ensure that decisions are documented and that the basis for decisions is clear to all team members. Where admissions are contested, the program should consider addressing the case in a staffing with the full team. Systematic information on the decisions made during the initial referral and screening process can also be useful for other purposes in the course of operations, including assessing whether eligibility criteria are clear and consistently applied, whether the program is reaching its target population, and how any proposed changes in criteria might affect the number of referrals and admissions over time.*

**Kaua'i Adult Drug Court Recommendation 2.** *The Kaua'i Adult Drug Court should continue to review and consider the role of jail as a sanction. Key Component 6 establishes that sanctions are not used to punish or as an end in themselves, but are part of a therapeutic strategy to motivate the participant toward compliance. The program should evaluate whether short periods of escalating jail time prove to be as or more effective as longer terms in promoting sobriety and compliance with other program requirements.*

**Kaua'i Adult Drug Court Recommendation 3.** *The Kaua'i Adult Drug Court should advocate for more interdisciplinary training to be made available at the state level and continue its efforts to provide opportunities for team members to attend national level conferences and trainings. Prosecution and defense counsel should be included in all interdisciplinary trainings to better ensure a common understanding of program objectives and operations and a coordinated strategy in responding to participants.*

# **APPENDIX A**

**First Circuit  
Oahu Adult Drug Court**

## OAHU ADULT DRUG COURT <sup>1</sup>

### ***How was the program developed—who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?***

The Oahu Adult Drug Court (ODC) was established by Act 25 of the Special Session of the 1995 Hawai'i Legislature as the Hawai'i Drug Court Program. The development of the drug court program was a collaborative effort involving key stakeholders, including the Judiciary, Office of the Prosecutor, Office of the Public Defender, the Department of Public Safety, the Honolulu Police Department, and the community. The program is located within the First Circuit Court, Adult Client Services Branch and includes three tracks, two pre-plea and one post plea. The ODC accepted its first clients in January 1996, and, as of October 2005, had admitted a total of 747 clients and had 99 active participants.

As shown in Figure A-1, the logic model, the mission and specific goals and objectives of the ODC emphasize the program's benefits to the offender, the community, and to the criminal justice system as a whole. A reduction in the cost of criminal justice processing of drug-involved offenders through decreased incarceration is one of the objectives, as is developing a continuum of treatment and rehabilitative services.

The target population is generally stated to be nonviolent, substance abusing or substance dependent, adult, felony offenders. The specific eligibility standards, as gleaned from on-site interviews and program materials, are: 18 years of age or older, non-violent offense, no history of sex crimes, willingness to participate and to complete all court-imposed community service, and ability to cognitively and emotionally benefit from the program, as determined by the clinical screening process. However, even with these defined criteria, decisions on eligibility are sometimes made on a case-by-case basis, considering the cumulative factors in a case.

The enactment of Act 161 in 2002 and related Act 44 in 2004, which mandate probation for first-time and low-risk offenders, has resulted in a shift to more high-risk offenders in the program. According to team members, Track 1 pre-plea referrals have virtually disappeared. In addition, the program is in the process of developing a component specifically for those potential participants who have co-occurring disorders (dual diagnosis of substance abuse and mental health issues) and expects to have increased admissions in this area.

The current capacity of the ODC was reported by team members to be 120 clients based on the amount of classroom space available for group counseling. However, it was noted that historically the capacity had been set at 160 clients, and some team members expressed the view that the program is being underutilized. One of the goals of the program

---

<sup>1</sup> For purposes of the logic model and related materials for this drug court program, to be consistent with the other program descriptions in this report, the "Hawai'i Drug Court" (the state's first drug court, an adult drug court on Oahu) is referred to as the "Oahu Adult Drug Court."

**Figure A-1. Oahu Adult Drug Court Logic Model**

**Goal/Mission:** Channel nonviolent, substance abusing, pretrial and post conviction defendants, who would otherwise be incarcerated in Hawai'i's correctional institutions, into a comprehensive and integrated system of judicial and treatment services.

- Objectives:**
1. Have a continuum of rehabilitation services for eligible participants.
  2. Reduce jail admissions and average length of stay, thus freeing existing incarceration resources for violent offenders.
  3. Reduce recidivism of offenders caused by alcohol and other drug abuse.
  4. Reduce costs to the criminal justice system in handling alcohol and other drug abusers.

- Target Population:**
- Adult (18 years +).
  - Non-violent, no history of sex crimes.
  - Voluntarily participate. Complete all court-imposed community service.
  - Able to cognitively and emotionally benefit (clinical screening).

Inputs	Processes	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> <li>▪ Program capacity: 120 clients.</li> <li>▪ DC Team: DC judge, administrator, SA Counselors and Case Managers, prosecutor, public defender, treatment and ancillary service providers. <i>Note:</i> There are different opinions among key stakeholders about "drug court team," i.e., whether it includes program employees providing direct services, or also includes the legal professionals</li> </ul>	<ul style="list-style-type: none"> <li>▪ Three admission tracks: two pre-trial (arrested but not charged, and charged but not tried), and one post-conviction (probation revocation).</li> <li>▪ Track 1 and Track 2 (pre-trial) referred by defense counsel with agreement by prosecutor's office; Track 3 (post-conviction) referred by probation officer directly to drug court judge.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of referrals rejected.</li> <li>▪ Number and percent graduations.*</li> <li>▪ Number and percent terminations by phase terminated.*</li> <li>▪ Number of assessments conducted.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent completing high school, GED, or other equivalent at graduation, if applicable.*</li> <li>▪ Number and percent of graduates employed, re-employed and or improved employment (and length of employment) at graduation.*</li> <li>▪ Number and percent securing stable housing at graduation.*</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recidivism.</li> <li>▪ Abstinence.</li> <li>▪ Health.</li> <li>▪ Employment.</li> <li>▪ Family functioning.</li> <li>▪ Other long-term impacts to be specified after consultation with the DCCC.</li> </ul>

Inputs	Processes	Outputs	Outcomes	Impact
<p>associated with the drug court.</p> <ul style="list-style-type: none"> <li>▪ "Friends of the Hawai'i Drug Court," 501(c)(3) non-profit that provides funds for incentives and other program services .</li> </ul>	<ul style="list-style-type: none"> <li>▪ Two step process for determination of eligibility. Legal eligibility determined by prosecutor and defense counsel and clinical screening by program staff.</li> <li>▪ Defense attorney informed of eligibility by letter. If "appropriate" then defense counsel schedules petition hearing. If individual screened out, defense has option to shop for other program or to ask DC program for reconsideration.</li> <li>▪ Formal admission - completion of admission agreement and other forms/waivers. Petition hearing before the judge.</li> <li>▪ Recovery Readiness stage can apply to all tracks (Date of admission to start of Phase I).</li> <li>▪ Program treatment has three curriculum-dictated PHASES in closed cohort, and a final, fourth individual Maintenance Phase. Program also has <u>four</u> behaviorally dictated levels</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number of treatment sessions (group and individual) attended and hours of treatment received per participant by type of treatment.</li> <li>▪ Number of drug/alcohol tests administered; number and percent of positive tests; number of no shows/refusals; number of admits w/o testing*/participant.</li> <li>▪ Number of contacts with DC case coordinator and SA counselor*/per participant.</li> <li>▪ Number of status/review court hearings*/participant.</li> <li>▪ Number and types of sanctions imposed (for jail, number of days served; for community service, number of hours completed, etc.)/participant.*</li> <li>▪ Number and types of incentives awarded/participant.*</li> <li>▪ Amount of fines, fees, restitution paid/relevant</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent making full payment of required program and treatment fees at graduation.</li> <li>▪ Number and percent remaining drug and alcohol-free one year after graduation.</li> <li>▪ Number of arrests in-program/participant.</li> <li>▪ Number of program violations/ participant.</li> <li>▪ Restoration of custody/visitation rights (if relevant to case).</li> <li>▪ Restoration of driver's license.</li> <li>▪ Resolution of other legal matters/payment of outstanding fines and fees.</li> </ul>	

Inputs	Processes	Outputs	Outcomes	Impact
	<p>earned as participants move through the program. Program treatment/ curriculum delivery is done "in house" by judicial employees of the drug court program.</p> <ul style="list-style-type: none"> <li>▪ Treatment interventions and other services as indicated by treatment plan and program phase.</li> <li>▪ Progress reports from external treatment providers.</li> <li>▪ Frequent and random drug testing and periodic status reports from drug court staff.</li> <li>▪ Court hearings with judge, prosecutor, defense attorney, and now drug court supervising officer in attendance.</li> <li>▪ Imposition of sanctions as warranted: (1) <u>program level</u> (requested by program and imposed by the judge) and (2) <u>court level</u> (imposed at judge's discretion). All sanctions imposed by judge.</li> <li>▪ Award of incentives.</li> </ul>	<p>participant.</p> <ul style="list-style-type: none"> <li>▪ Number of hours of community service/participant.</li> </ul>		

Inputs	Processes	Outputs	Outcomes	Impact
	<ul style="list-style-type: none"><li data-bbox="541 310 703 337">• Graduation.</li></ul>			
<b>*Indicates measure that is included in the core measures developed by the Drug Court Coordinating Committee (DCCC).</b>				

administrator is to increase the census. However, according to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, the program capacity was reported to be 115 clients. With 99 active participants as of October, the utilization rate would therefore be 86 percent as compared to the statewide goal of 80 percent.

Since its inception, the drug court program has had two different drug court administrators. The first drug court administrator had experience in corrections and oversaw the implementation and operation of the drug court program for four years, during which time he became a State Certified Substance Abuse Counselor. The current drug court administrator has been in the position since 2000. With the change in management came a new focus on developing a standard treatment curriculum and differentiating and sequencing the roles and responsibilities of the case managers and the substance abuse counselors. In 2003, the position of supervisor, which had been vacant, was filled. The supervisor provides direct clinical supervision to the core treatment program and the substance abuse counselors. Over time, the program has added two other elements to the three core curriculum-driven phases of treatment, a "recovery readiness" phase that precedes the curriculum and a "maintenance" phase that follows it. The implementation of the standardized curriculum has led to formalization of phase movement requirements, the establishment of a level system to address privileges and the award of incentives, and the institution of a structured format for the imposition of sanctions.

The ODC has formed a 501(c)(3) non-profit corporation, Friends of Hawai'i Drug Court, which provides funds and in-kind contributions of goods and services for the program and its clients. According to those interviewed, that group's current focus is on developing housing alternatives for drug court participants and graduates.

***What are the policies and procedures of the drug court? How have they changed over time and why?***

**Referral, Screening, and Admission**

There are three tracks: Track 1—arrested, but not charged; Track 2—arrested and charged, but no plea or trial; and Track 3—convicted and on probation, but facing modification or revocation. For Tracks 1 and 2, defense counsel notifies the deputy prosecuting attorney assigned to drug court about potential participants by writing a letter of referral to the drug court program providing the defendant's name, contact information, social security number, referral track number, and reason for arrest. The prosecutor reviews the prior record and other information on the offender and the current offense(s) and notifies the defense attorney of approval or disapproval of legal eligibility for drug court participation. If the offender is deemed to be legally eligible, the prosecutor sends confirmation to the drug court program and a social service aid will enter the referral information into the program database and compile a packet of related forms and letters.

The entire packet is given to the drug court administrator who contacts the defendant and schedules the screening interview. At the screening interview, the defendant completes the *Level of Supervision Inventory Proxy* and either the *Offender Profile Index (OPI)* or the *Level of Supervision Inventory (LSI)* and the accompanying *Adult Substance Use Survey (ASUS)*. The administrator also evaluates the offender's ability to accomplish the work required by the program's

cognitive-behavioral approach and looks for any “red flags,” such as exhibiting violence during the assessment, denial of past arrests, and psychiatric issues. The administrator reviews the information gained from the interview, completes the screening instrument (OPI or LSI and ASUS) and writes a narrative report. A letter is sent from the program to the prosecutor and defense counsel notifying them of the program’s decision.

Track 3 referrals are usually at the request of defense counsel, but referred by the assigned probation officer directly to the drug court judge. The judge reviews the case, determines eligibility, and notifies the drug court prosecutor who may provide written input for the judge’s consideration via a “statement letter” or “objection letter” to the judge which outlines the prior court history of the defendant. If the probationer is deemed appropriate, the judge will forward the entire packet to the drug court program for a clinical screening. At this point, the process is the same as that for Track 1 and 2 referrals.

If the potential participant is judged to be legally and clinically eligible for the designated track, the defense attorney will contact the judicial clerk assigned to the drug court program to coordinate the date for the petition hearing at which time the judge reviews the petition, conditions of participation, and other program information in detail. If a client is out of custody, he or she will be escorted to the program office directly after the petition hearing for intake and orientation; if a client is in custody, he or she will be returned to custody and released in civilian clothes the following day. The supervising officer will report to the cell block to sign the release documents and escort the client to the program office for intake and orientation.

Intake and orientation consists of the client meeting with a social service aide or social worker to review and complete the required documents, forms, and waivers, including a client profile and information sheet; a statement of program rights, rules, and regulations; drug and alcohol testing agreements and forms; and various consents, including one for disclosure of confidential court substance abuse information. The social service aide or social worker will instruct the client on how to complete the paperwork and the process for providing a valid urine and breath specimen for drug and alcohol testing. The participant will be introduced to their assigned case manager who will review the client’s housing, financial, food, and transportation issues and escort the client to a public health clinic for tuberculosis testing and to the Department of Human Services to complete applications for financial, food stamp, medical insurance, and other forms of welfare assistance as appropriate and needed. The client will then enter the first phase of the drug court program, recovery readiness.

### **Staffings and Court Hearings**

The practice of holding a “staffing” or case conference prior to the formal court hearing for each case is a feature distinctive to drug courts and is designed to allow all team members to discuss progress and issues in the case and determine what response from the program would be appropriate. The ODC does not conduct the “staffings” on individual cases scheduled for court hearings that are typical of most drug courts. However, staff meetings are held weekly to discuss program policy changes and other internal issues.

The one court hearing session observed on site was of the Monday docket that generally covers higher level program participants, individuals being formally admitted the program, and individuals who have a conflict with their previously scheduled appearance. Thursday morning dockets are generally reserved for participants in recovery readiness or Phase 1, and Thursday afternoon is again for higher level clients. Program staff representatives have traditionally not been present in court hearings, but for several months prior to the site visit one program representative has been attending hearings. All drug court participants stay for the entire proceeding, unless excused by the judge for a specific reason. The judge will admonish, encourage, reiterate, and inquire as necessary with each drug court participant. Hearings are open and recorded; sensitive and confidential matters or issues outside of the drug court purview are discussed with the prosecutor and defense counsel at the bench.

### **Sanctions and Incentives**

The program defines a sanction as a treatment response to negative behavior that is direct and swift and intervenes in that behavior. There is a distinction between "program" level and "court" level violations and sanctions in the program. Program level violations are first discussed between the substance abuse counselors and the program supervisor. The supervisor will inform the participant of the sanctions in writing. After the participant reviews and signs the document, it is included in the status report that goes to the judge prior to the court hearing. If the participant fails to comply with program level sanctions, the judge will enforce the sanctions at the request of program staff. Court level sanctions are imposed and enforced by the drug court judge in consultation with the program staff. The program does not have a formal schedule of graduated sanctions, but does have written guidelines for program and therapeutic interventions and the use of community service and incarceration.

Team members noted that the court has not traditionally emphasized the use of incentives to inspire positive program performance. However, a schedule of incentives has recently been developed based on therapeutic benefits and incentives will be linked to performance benchmarks. Rewards under this schedule include coins to mark key milestones in continuous sobriety, certificates, and personalized calendars. In addition, the program arranges group activities to acknowledge progress in the program. For example, at the midpoint of phase one, a hike on Diamond Head is combined with a counselor-led session on smoking cessation, and, at the end of phase one, the program hosts a bowling outing. Group events become progressively more elaborate as the program continues.

***What is the size and nature of the total population eligible for drug court? How are screening and referral functions carried out? How many people are referred to drug court, how many are accepted, and why are those not accepted rejected?***

Information on the number of individuals referred to the drug court, number accepted/rejected, and reasons for rejection is not available for all operational years. However, for FY 2005, the program reported that 245 potential participants were screened and approximately 32 percent (78) were found appropriate for drug court (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005). According to the drug court administrator, potential participants may be rejected because

they present physical and mental challenges that are beyond the available resources of the program. In addition, the program rejects participants who have a history of violent offenses, including weapons charges.

***What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?***

Table A-1 shows selected socio-demographic characteristics of ODC graduates and terminations based on information made available from the program's database as of October 24, 2005. Because of a large amount of missing or incomplete data, it was not possible to calculate valid statistics for criminal history or other variables of interest. For instance, information on current offense number one was coded as "unknown" for 69.5 percent of the graduates and 86.9 percent of the terminations.

<b>Table A-1. Characteristics of Graduates and Terminations: Oahu Adult Drug Court</b>		
	<b>GRADUATES (n = 449)</b>	<b>TERMINATIONS (n = 168)</b>
<b>Average Age at Intake</b>	32.6	28.2
<b>Percent Female</b>	31 %	36.5 %
<b>Percent Asian/Pacific Islander</b>	35.6%	29.3%
<b>Percent Part Hawaiian</b>	29.4%	31.1%
<b>Percent White</b>	24.7%	29.3%
<b>Percent Methamphetamine as Primary or Secondary Drug</b>	69.5%	69.1%

Graduates and terminations do not appear to differ significantly on the limited number of variables presented. Terminations are on average only slightly younger than graduates and include slightly more females than graduates. Both groups show a high percentage with methamphetamine as the primary or secondary drug of choice. This is in alignment with program staff observations that methamphetamine is the most common substance abuse problem among program participants. It should be noted that the information presented is descriptive only and not predictive of program success or failure.

***What are the characteristics of available treatment interventions? What treatment and other services are participants getting?***

ODC is unique among the state's drug courts in providing counseling and most other programming for participants in-house, rather than routinely referring participants to outside, contracted treatment and other service providers. The program uses a cognitive-behavioral approach to address substance abuse and criminal behavior and provides individual, group, and family counseling, case management, community supervision, drug testing, and judicial supervision. Clients may attend Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings, but attendance at 12-step program meetings is not a requirement of the program. These services are available at no charge to participants in the community.

While the programming has always been run as a group process, until 2003 there was not a set curriculum for the group meetings. According to the current administrator, programs were designed as needed and were not tested for applicability to the program's target population or field tested prior to implementation. The program implemented a standard curriculum in November, 2003 which is adapted from *Criminal Conduct and Substance Abuse Treatment* (Milkman, H.B., & Wanberg K. W., 1998, Sage Publications). Currently, the program has three curriculum phases, and two extra phases that initiate and complete the process. These extras sessions have only been developed and implemented over the last several years.

The program received state funding to develop assessment and coordination of services for dual-diagnosis clientele and to expand services to the participants' families. The dual diagnosis component is under development, but the program has implemented a four-session family education program; a family support group which is ongoing; and a brief family therapy program. Team members note that they needed a more systematic method to identify families in need of these services and get them involved with the programs.

Other community treatment services, such as residential and mental health services, are utilized when it is in the best interest of the client. The providers include: Sand Island Treatment Center (residential), Salvation Army Addiction Treatment Services (residential), CARE Hawai'i (outpatient), Po'ailani (residential for dual diagnosed clients), Hina Mauka (residential and outpatient) Queen's Medical Center Day Treatment Program (mental health), and the YMCA (housing).

The Sand Island Treatment Center program, observed during the site visit, is a residential program providing some transition into the community. While the program may last up to two years, the drug court contract is to support participants for only a three to six-month period of time. Sand Island is a step based program, and the goal for drug court participants is that they complete step 4 or step 5 while in the drug court program. The substance abuse counselors visit Sand Island to conduct their regular health and welfare assessments and to verify participant progress in their treatment plan with Sand Island counselors. The drug court administrator estimated that approximately ten percent of drug court participants were in residential placements as of October 2005.

Respondents were generally satisfied with the treatment services provided to drug court participants, but some stated they were not that clear on the purpose of the phase and level structure and expressed concerns about consistency. It was the consensus of program staff that securing stable and appropriate housing was the most significant challenge facing participants.

***What are the major case processing steps? What happens to participants in drug court? What is their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, etc.?***

The ODC is an 18-24 month program with three curriculum phases, and two extra phases that initiate and complete the process. These program stages are described below.

**Recovery Readiness.** This phase covers the time period from the date the individual is admitted to the program to the formal start of Phase 1. The actual time period in recovery readiness can vary as the program waits for a sufficient number, currently 14 admissions, of participants to be referred to start a new cohort group. In the model, two substance abuse counselors will be assigned to each group, and will split the caseload. However, as of October 2005, only one such facilitation “team” had been formed and all the groups had a single leader. Groups are conducted twice a week during this phase, and the clients check in almost daily. Participants will also see the judge once a week.

Clients in the recovery readiness phase follow the exercises in *TAP 19: Counselor's Manual for Relapse Prevention with Chemically Dependent Criminal Offenders*, published by the Center for Substance Abuse Treatment (CSAT) in 1996. As articulated by a case manager, the purpose is to have participants focus on three questions: What are my problems? How did I get here? What are we going to do about it? A major focus of the phase is increasing participants' comfort level with expressing themselves in group counseling sessions.

**Phase 1: Challenge to Change.** This 20-week phase focuses on intensive outpatient treatment including individual counseling sessions (one hour every two weeks), group counseling sessions (12 hours per week), intensive case management services focused on employment, and judicial supervision. This phase has the highest frequency of drug and alcohol testing.

**Phase 2: Commitment to Change.** This 22-week outpatient treatment phase includes group counseling (six hours per week), individual counseling (one hour per week), private therapy as needed, case management if needed, judicial supervision, and a moderate frequency of drug testing. The participant is encouraged to secure employment or become engaged in an educational program.

**Phase 3: Ownership of Change.** This eight-week phase involves group and individual counseling but limited judicial supervision. Participants are required to be employed or engaged in an educational program full-time and to obtain stable and appropriate housing. The fixed cohort structure ends at the conclusion of Phase 3, at which time the participant is expected to have paid any required restitution and/or fines and fees, obtained full-time employment or an educational credential, and secured stable and appropriate housing. An important objective of the program is to have participants free of all legal obligations such as outstanding fines and fees and legal entanglements such as traffic and district court cases at exit from the program. Completing restitution can be a challenge for participants as some will owe substantial amounts. Program staff work with prosecutors and others to adjust the amounts, and the program administrator makes the final decision on how much of the obligation needs to be paid by graduation. Noting that clients no longer pay after they graduate, the administrator indicated that her goal was to collect as much from participants as possible while they were in the program.

**Maintenance of Change.** This 12-week low intensity outpatient phase is a version of “aftercare” and was instituted approximately three years ago based on a recommendation from a focus group of recent graduates. Graduates requested an additional stage that would allow them to practice the skills they had learned while in the program, but without the program structure. During this phase the client is still subject to random drug tests, but does not have a curfew and is

responsible for scheduling all counseling appointments. The emphasis is on preparing for graduation. Participants proceed through this phase on an individual, not cohort basis, and, as a result, graduate at different times.

Phase movement is determined by tests and checklists and is finalized in a court hearing. The program also has four behavioral levels that overlay each phase which allow for participants to remain with their treatment cohort while privileges are increased and decreased in response to compliance and non-compliance. Curfew checks are made throughout the program phases and electronic monitoring is available if needed.

Graduation ceremonies are held at the Hawai'i Supreme Court. Graduation criteria include:

- No positive drug tests in the previous 120 days.
- Completion of all program phases.
- Completion of all court-imposed community service.
- Payment of all court-imposed fines and restitution.
- A working relapse prevention plan.
- A sober support group.
- GED or completion of a literacy program.
- Full-time employment or enrollment in school.

***Who are the staff and what are their responsibilities? What is the drug court's annual budget and sources of funds?***

### **Drug Court Judge**

The initial ODC judge was James "Duke" Aiona, now Lieutenant Governor of the state of Hawai'i. The current judge is Circuit Judge Marcia Waldorf, who has been with the drug court for over two years. All judges are subject to reassignment at any time, and there is no fixed rotation schedule for drug court judges. The drug court judge reviews the client-specific status reports and other materials that are submitted by the drug court staff, presides over drug court hearings, imposes sanctions, and awards incentives. Judge Waldorf is currently the Chair for both the local and statewide Drug Court Coordinating Committees. She also serves in a similar capacity for the local coordinating committee for the mental health court pilot project and a more informal committee that is addressing the concept of mental health courts statewide.

### **Drug Court Administrator, Supervisor, and Supervising Officer**

The current drug court administrator is the second administrator the program has had since it opened for business in 1996. Janice Bennett has been with the program for five years, and is supervised by the administrator of probation on the administrative side, and by the drug court judge, Judge Waldorf, on the operations side. The administrator has responsibility for overall program operations, participates in the work of the local and statewide drug court coordinating committees, conducts all participant intake assessments, and conducts staff meetings on a weekly basis. The supervisor provides direct supervision of the core treatment activities and reports to the administrator. The supervising officer oversees the electronic curfew system and urinalysis (UA)

hotline/testing, assists with the transportation of participants to residential treatment, and reports to the supervisor.

### **Drug Court Substance Abuse Counselors and Drug Court Case Managers**

The structure of the program requires that it have two categories of staff. Two case managers work with participants from admission into the program until they are placed into treatment cohorts. The case managers orient participants to the program, direct the recovery readiness groups, tend to non-clinical needs, and link clients to services and resources. When a cohort of 14 is formed, the case managers hand the cases over to the substance abuse counselors. This is not a formal process and generally just involves the exchange of paperwork.

Six substance abuse counselors run the curriculum groups through which the participants proceed as part of the cognitive-behavioral program. In the proposed model, two substance abuse counselors will be assigned to each group, and will split the caseload. As of October 2005, only one such facilitation "team" had been formed and all the groups had a single leader.

Substance abuse counselors and case managers prepare court status reports that are reviewed and signed by the administrator or supervisor and submitted to the judge with copies to the deputy prosecuting attorney and public defender. The written protocol calls for status reports to be submitted to the judge no later than 24 hours prior to the status hearing. Counselors and case managers generally do not attend court hearings; however, the supervising officer does attend and will call the assigned staff member if questions arise in a specific case during the hearing.

The drug court also has a judicial clerk assigned to program and, at the time of the site visit, was recruiting for two social service aid positions.

### **Annual Budget**

The annual budget for the ODC is \$1,004,881 (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005.)

### ***Is there an advisory board or governing task force, and if so, who serves and what are their responsibilities?***

The ODC has a program specific advisory committee, the Drug Court Coordinating Committee, which meets quarterly or sometimes more often to discuss program information and policy issues and receive proposals from stakeholders. Members of the committee include the drug court judge, program administrator, public defender, prosecutor, and representatives from the Narcotics/Vice Division of the Honolulu Police Department and other law enforcement agencies, the Oahu Intake Center, and the Attorney General's office. Generally, the drug court administrator will provide a program update and report on any vacant positions, the current client census, and any referral trends, such as the impact of Act 161 on referrals at each meeting. According to the drug court judge, examples of programmatic issues that have been or continue to be discussed in the coordinating committee include program funding, securing appropriate housing for clients, the

growing demand for mental health services, the implementation of the family counseling component, and collaboration with partners, including the Department of Public Safety. Some respondents noted that the original purpose of the committee was to discuss and refine programmatic details with all the stakeholders, but that currently most of the program modifications are discussed and decided upon internally among program staff.

***What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, and others? What information is routinely made available to and/or required by these agencies?***

The ODC program appears to enjoy a high degree of support and good working relationships with other agencies. This is evidenced by the ongoing efforts of the local coordinating committee to address the changing nature and service needs of program clients as well as broader issues, such as funding, which may affect program operations and future development. While the program provides most of the treatment services in house, there is routine exchange of information and in-person contact with the external, contracted service providers. The program works with the Department of Human Services to obtain needed welfare assistance for clients. Weekly staff meetings ensure that program staff are kept current on internal operating issues.

Relations among the full complement team members are collegial and professional, and communication and documentation of decisions on participant eligibility and admission into the program appears to be good. The court hearing proceedings operate separately from drug court program staff procedures, however, so ongoing opportunities for all team members to work together in the context of cases are limited. This inhibits a common understanding of the philosophy, policies, and procedures of both the treatment and court system components of the program.

***What local conditions (court caseloads, community attitudes, local culture, etc.) affect the drug court?***

The enactment of Act 161 in 2002 and related Act 44 in 2004 was cited by numerous respondents as a factor that has affected the number of referrals for Track 1 because most first time offenders are now placed on probation. This has freed up resources for Track 3 referrals which have increased. After a "drug summit" held two years ago by the Lieutenant Governor, there was a dramatic increase in referrals. Currently, the program is also receiving an increased number of referrals with co-occurring disorders; that is, a dual diagnosis of substance abuse and mental health problems. Overall, team members believe that the community is aware of the drug court program and that it has a positive image.

***How long do participants stay in the drug court? Who drops out, at what point, and why? How many participants, with what characteristics, graduate from drug court?***

As of October 2005, 449 participants had graduated from the ODC. Based on the total number of admissions to that date (747) and currently active cases (99), the overall graduation rate is 69 percent and the retention rate is 73 percent. One hundred sixty-eight (168) participants had been terminated from the program for a termination rate of 26 percent.

Information on average time from referral or admission to graduation or termination from the program was limited due to missing data on either the date of admission or the date of graduation or termination in the program's database. Complete data available on 106 of 449 total graduates indicated an average time between referral and exit of 777 days or approximately 26 months. Complete data for 23 of a total of 168 terminations showed an average time between referral and exit of 560 days or slightly less than 19 months. The program administrator estimated that the average length of stay in program for graduates is currently 21 months, due to the addition of the post treatment phase and that terminations tend to exit in months 12 through 18, usually because of new arrests or absconding.

Time in each phase could only be calculated for a limited number of cases due to missing data on key dates and is not included here because it may not be representative of overall time frames. For instance, data on the average number of days in Phase 1 was limited to 96 graduates and only 18 terminations, and data on the average number of days in Phase 2 was limited to 66 graduates and only two terminations.

***What is the percentage of drug court clients who are arrested while in the program and their charges (Bureau of Justice Assistance( BJA))?***

Information from the program database as of October, 2005 indicated that only one graduate (0.2 percent) was arrested while in the program, while 146 (33 percent) were arrested after exiting from the program. Data on the specific charge is not available. As of July 2005, 57 of 443 graduates (13 percent) had been convicted of misdemeanor or felony crimes following exit from the program (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005). It should be noted that 24 (42 percent) of the clients who recidivated were convicted on misdemeanor non-drug-related crimes and an additional 14 (25 percent), on felony non-drug-related crimes.

## ODC and the Ten Key Components

**Key Component 1.** Drug courts integrate alcohol and other drug treatment services with justice system case processing.

*NCSC Comment: The ODC has specifically incorporated treatment services as part of its internal operations and substance abuse counselors and case managers are part of the drug court team. The program contracts for additional treatment and ancillary services as needed by participants.*

- There is a drug court coordinating committee which includes the drug court judge, program administrator, public defender, prosecutor, and representatives from the Narcotics/Vice Division of the Honolulu Police Department and other law enforcement agencies, the Oahu Intake Center, and the Office of the Attorney General. The treatment component of the program is represented through the participation of the drug court administrator. As the program has matured, the coordinating committee has become less involved in the discussion of, and decisions on, modifications to program operations, but continues to meet on a regular basis to discuss issues that impact operations such as changes in the client population, the need for additional treatment and other support services, and the implementation of new program components and programs.
- Although there is a written statement of goals and objectives and documentation of selected areas of operations, such as status reports and sanctions, there is not a comprehensive practice and procedure manual. Some team members have developed their own documentation of their respective roles and responsibilities.
- Abstinence and law-abiding behavior are objectives of the program, but other compliance requirements and expectations are also stressed, such as obtaining employment, completing educational or training programs, securing stable and appropriate housing, satisfying outstanding fines, fees, and restitution, and resolving any other court system involvements, such as traffic-related cases.
- The drug court judge reviews status reports prepared by the case managers and substance abuse counselors prior to court hearings and may speak directly with staff about issues in a particular case. However, the program does not conduct staffings or case conferences with the full team prior to court hearings.
- Court staff receives written reports and make in-person contact with contracted service providers, including residential, day, and outpatient treatment providers.

**Key Component 2.** Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

*NCSC Comment: Prosecution and defense counsel are supportive of the program and actively involved in the referral process, determination of legal eligibility, and advisement of potential clients. They assume a non-adversarial stance once the client is admitted to the drug court program.*

- Prosecution and defense are represented on the local drug court coordinating committee and were involved in the original program planning process.

- The prosecutor is actively involved in determining the legal eligibility of referrals for all program tracks. The prosecutor checks and documents the criminal history and other related information for each potential client and notifies defense counsel and the program about decisions for Track 1 and 2 referrals.
- The public defender makes referrals for Track 1 and 2 and advises clients as to the nature of drug court, program requirements and rules, sanctions, and any rights the defendant may be waiving by agreeing to participate.
- The deputy prosecuting attorney and public defender attend all court hearings.

**Key Component 3.** Eligible participants are identified early and promptly placed in the drug court program.

*NCSC Comment: Potential participants appear to be identified promptly, but review for criminal history and other background information necessarily introduce some delay in admission and entry into the recovery readiness phase of the program. The fixed cohort approach delays entry into the structured curriculum-based phases of the program.*

- The program has a defined target population, agreed-to eligibility criteria, and a defined admission process for each of the program tracks.
- The mean time from admission to treatment entry in FY 2005 was 2.6 days (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005).
- Potential participants are advised of program requirements in a timely way by defense counsel and program staff. Participants complete all necessary paperwork, including client information forms, agreements, and consents, during a structured intake and orientation process that occurs promptly after the petition hearing.

**Key Component 4.** Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

*NCSC Comment: The program combines in-house treatment services, contracted services, and a network of referrals for ancillary services to provide a continuum of treatment and rehabilitation services for clients.*

- The program includes a recovery readiness phase in order to improve the client's commitment to change, motivation, and adjustment to treatment, as well as preparing clients to participate in group counseling sessions.
- Subsequent treatment phases are structured around an evidence-based curriculum which is the subject of on-going testing. Individual and group counseling are provided.
- Contracts are in place for services, such as residential treatment and mental health interventions, which are not provided in-house.
- Recent funding has allowed for the inclusion of a family therapy component and the development of a component for participants who have co-occurring disorders. Services for dual-diagnosed clients are currently limited to the availability of treatment slots at the Queens Day Treatment Program.

- Standardized instruments are used for initial assessments, which are conducted by the drug court administrator.
- Status reports from case managers and substance abuse counselors keep the court informed of participants' progress in treatment.
- The multi-phase structure of the program is designed to match the intensity/frequency of treatment, drug testing, and judicial monitoring with participant needs.
- The average number of treatment days provided per client in FY 2005 was 663 (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005).
- Case managers are equipped to provide guidance and referrals for obtaining financial assistance through welfare programs at the Department of Human Services, educational programs and vocational training, physical health testing, and even food and clothing. Some funds are available to assist in obtaining housing and transportation, although securing stable and appropriate housing is an on-going challenge for the program.

**Key Component 5.** Abstinence is monitored by frequent alcohol and other drug testing.

*NCSC Comment: There is a written protocol for alcohol and drug testing which includes step-by-step instructions for the collection and processing of urine and breath specimens for testing and reports. Drug and alcohol testing is overseen by the supervising officer and occurs at frequent, continuing, and random intervals in the program as indicated by the participant's phase and progress in the program.*

- The program uses a UA hotline to inform participants of drug testing requirements.
- The program uses a multiplier to determine how likely a person is to be selected for a random drug test. Participants at Level 1 will have a multiplier of four, meaning that they are four times more likely to be selected at random than a participant at Level 4 (closest to graduation) with a multiplier of one.
- The average number of urinalysis tests per client in FY 2005 was 31.4; the average number of alcohol tests per client was 3.4 (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005).
- Questionable drug testing results are independently verified as are any positive tests where the participant denies drug usage.
- Graduation criteria require that the participant have no positive drug or alcohol tests for the previous 120 days.

**Key Component 6.** A coordinated strategy governs drug court responses to participants' compliance.

*NCSC Comment: Written status reports are the primary means of communication on participant progress and issues of compliance. The program does not hold formal staffings or case conferences prior to court hearings, although the judge and program staff will discuss cases on an individual basis as needed.*

- Participants are informed of program rules and requirements orally and in writing prior to admission and petition hearings provide a thorough review of program expectations.

- Violations of program rules and other instances of non-compliance are documented and discussed with the participant as are the sanctions that may be imposed. Staff submit documentation and recommendations on sanctions to the judge as part of the status report.
- The program has recently developed a schedule of incentives that will be linked to performance benchmarks. The program also schedules group activities to mark certain milestones in the program.
- The judge imposes sanctions and awards incentives in the court hearings.
- Phase movement is determined by tests administered by the program supervisor and checklists have been developed. Phase movement is finalized in a court hearing.
- The program also has four behaviorally-dictated levels with corresponding privileges that are earned or lost as participants move through the program. This system allows participants to remain with their treatment cohort while their individual privileges are increased or decreased.

**Key Component 7.** Ongoing judicial interaction with each drug court participant is essential.

*NCSC Comment: Participants appear before the drug court judge at regular intervals based on program phase and progress.*

- Participants appear before the judge once a week in the early stages of the program. Court appearances are reduced as participant behavior exhibits positive changes.
- There is a high level of interaction between the judge and each participant at court hearings, and the judge thoroughly addresses issues specific to each case. The judge will admonish, encourage, reiterate, and inquire as necessary with each drug court participant.
- Unless excused on an individual basis, all participants stay for the entire proceeding.
- The judge imposes sanctions and awards incentives in the court hearings.

**Key Component 8.** Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

*NCSC Comment: The ODC developed generalized goals and some specific objectives for the program during the planning process but no specific performance measures or evaluation criteria. Information for monitoring of operations is entered into the program's own Access database, and periodically analyzed for internal management and other reports. An outcome-based evaluation of the program was completed by external consultants in 2005.*

- Drug testing and curfew compliance are monitored by the supervising officer.
- Information on some process variables and urinalysis results is available in the program data base, but the number of variables is limited. Data elements are being added as needed.
- The program has had one formal external evaluation.
- The Drug Court Coordinating Committee recently promulgated a set of uniform goals and performance measures for drug courts statewide, and the program submitted information for FY 2005.
- The ODC is participating in the ongoing NCSC comprehensive process and outcome/impact evaluation.

**Key Component 9.** Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

*NCSC Comment: There is no ongoing program of interdisciplinary training, but team members were generally positive about the opportunities for training and education available to them in their individual roles.*

- There is no formal orientation program for team members and new staff rely on internal written materials, supervisors/mentors, and their predecessors, if available, to learn their new roles.
- Some staff members specifically noted the absence of trainings focused on team-building and the lack of an inclusive forum for the discussion of program issues.
- Team members cited a variety of substantive courses that they had attended, including training on the LSI, confidentiality provisions, placement, and cultural competency among others.
- Staff has also participated in national conferences and trainings sponsored by such organizations as the National Association of Drug Court Professionals (NADCP).

**Key Component 10.** Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

*NCSC Comment: The ODC has made specific efforts to involve and educate the community about drug court goals and operations.*

- The program formed a 501(c)(3) corporation, to provide funds and in-kind contributions of goods and services for the program and its clients.
- There is a local drug court coordinating committee which meets periodically to review information on the status of the program and changes in caseload and client characteristics as well as factors that are affecting program operations. The latter may include issues related to funding, availability of housing, the demand for specialized treatment services, and the implementation of new program components or services.
- There have been efforts to formally educate the defense bar about the program and its requirements.
- Law enforcement is represented on the local coordinating committee and was described by team members as being very aware of the program and its objectives.

**NCSC Summary and Conclusions:** The ODC is committed to providing high quality and comprehensive services to the program participants as shown by its efforts to use evidence-based and tested methods for its treatment component and the expansion of its program phases to include recovery readiness and maintenance phases. The program has recently turned its attention to the development of a component for clients with co-occurring disorders and the expansion of services to the families of participants. There is a good array of ancillary services and referral sources to meet the other needs of clients and the program staff is very proactive in this regard. The program has procedures and systems in place for the intensive supervision of clients and there is regular interaction with the judge. The ODC's emphasis on preparing participants to conduct a law-abiding and sober life after the program is evidenced by its overall approach and the criteria for graduation.

The program is eager to increase the number of participants and implement the new programs. However, the ongoing effort to document policies and procedures and develop a practice manual should also be a priority. Such manuals are useful as a day-to-day guide for program staff and as a source of information and orientation for new hires. They also serve as a resource for other stakeholders outside of the team. The program should also consider ways to improve communication and collaboration among the full complement of team members. The fact that the program does not conduct staffings on individual cases deprives it of one of the more effective mechanisms for sharing information and engaging in shared decision-making and team building.

### **Recommendations for the Oahu Adult Drug Court**

***Oahu Adult Drug Court Recommendation 1. The ODC should consider providing structured opportunities for team members to share information and discuss issues at both the case and program level. Conducting staffings may not be necessary or feasible given the time constraints of program personnel, but periodic meetings of the judge, staff, prosecution, and defense should be considered, with anyone having the ability to suggest items for the agenda. Some meetings might focus on the discussion of a recently completed case in order to share perspectives on the process, key events, and the court's response.***

***Oahu Adult Drug Court Recommendation 2. The ODC should review its current 14 participant requirement to form a treatment cohort in light of its impact on timely entry into treatment. Current time from admission to Phase 1 entry should be reviewed to determine the average and range of time it takes to achieve a cohort and if a smaller required number would reduce delay.***

***Oahu Adult Drug Court Recommendation 3. The ODC should establish a policy on the attendance of program staff at court hearings. Either the program administrator should attend all hearings or the role should be rotated among staff members. The latter would have the advantage of familiarizing all team members with the court's decision-making process and increasing their appreciation of the pivotal role of judicial interaction with clients in the drug court approach.***

***Oahu Adult Drug Court Recommendation 4. While team members were positive in their assessment of the training opportunities available for their specific roles, the ODC should explore more opportunities for interdisciplinary training, including attending national conferences and trainings as a team, and encourage state-level efforts in this area.***

***Oahu Adult Drug Court Recommendation 5. The ODC should make the documentation of policies and procedures a priority to ensure that there is a***

***current set of materials for reference and training. As time allows, the staff should be involved in this process as it can be an opportunity to learn and assess the practices that are currently in place.***

## **APPENDIX B**

**First Circuit  
Oahu Juvenile Drug Court**

## OAHU JUVENILE DRUG COURT

### ***How was the program developed -- who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?***

The Juvenile Drug Court Program of the First Circuit accepted its first adolescent clients into the program on August 24, 2001. Since its inception, the program has admitted a total of 99 adolescents and terminated 20, which equates to a retention rate of 79.8 percent (*FY2004-2005, Report to the Chief Justice on Statewide Drug Court Program Core Data Set, Drug Court Coordinating Committee, 2005*). A total of 40 youths have graduated from the program with a 10 percent recidivism rate (four graduates were convicted of new offenses), yielding a success rate of 90 percent (*FY2004-2005, Report to the Chief Justice on Statewide Drug Court Program Core Data Set, Drug Court Coordinating Committee, 2005*).

The Juvenile Drug Court Program philosophy is to provide a comprehensive treatment service to juveniles under the age of 18 years and their families in a safe and warm environment that promotes respect, opportunity, and personal wellness. The mission of the program is to reduce harm to communities by responding to the treatment needs of alcohol-and drug-exposed adolescents involved in the juvenile justice system and their families through gender-specific, culturally competent, family-based, and juvenile justice appropriate interventions. The objectives of the program are:

- To reduce recidivism through early intervention and increased diversions from Hawai'i Youth Correctional Facility (HWCF) placement (Juvenile Drug Court is expected to have a long-term influence on HWCF and relieve the stress of overcrowding at the detention home).
- To provide access to continuum of drug/rehabilitative treatment options for the individual, from urinalysis (UA) testing to intensive outpatient services, residential services, and aftercare services.
- To reduce recidivism through continued judicial tracking and an increase of judicial involvement in monitoring treatment participation with the use of incentives for compliance and graduated sanctions for noncompliance.
- To provide early and consistent intervention of the substance abuser and to divert the individual from further involvement with the criminal justice system.

The program was designed to be a minimum of eight months in length and utilize a treatment model that is common to all treatment-based drug court programs: rapid intervention, immediate access to treatment, systemic and coordinated approach, judicial leadership, frequent and direct contact with the drug court judge, and use of graduated sanctions and incentives. Approximately one month is spent completing screening services, intake, assessment, program orientation, and acceptance into drug court. Four to six months are spent in intensive therapy or community-based treatment, two to four months in supervision and monitoring with the completion of a community restitution project, and one to three months preparing for graduation.

The National Center for State Courts (NCSC) project team collected little information about the early years of the court, but it is clear that the court was in crisis when Judge Browning rotated into the position of juvenile drug court judge about two years ago. The court was initially funded by an Implementation Grant from the then Office of Drug Court Programs. The grant was administered by the city of Honolulu through the Office of Community Affairs, but this arrangement failed to keep the court funded. It took intensive lobbying by Judge Browning to get the city to release enough money to keep the court in operation. Because the future of the court was uncertain at this point, valuable staff were lost during this period and it took years to rebuild the court staff. Multi-systemic Therapy (MST) for drug court participants and their families was also dropped as a treatment option at this point. Conflict between prosecutors and public defenders also threatened the relatively new court although their differences were eventually reconciled after intervention by Judge Browning.

Judge Browning can be characterized as a “charismatic” judge who has built community support for the drug court and has garnered significant resources. He is held in high esteem by his staff and other stakeholders. He speaks on behalf of the court whenever possible. According to the judge, juvenile drug court is “the best thing that we do” in the juvenile justice system because it is a “proactive” approach to addressing delinquency as opposed the traditionally more reactive stance of juvenile court. The court creates an “opportunity for miracles” and a chance to build and rebuild healthy relationships.

Judge Browning articulates a “holistic” strategy to counter delinquency and substance abuse among drug court participants that addresses self-worth (“every participant is a great kid”) on one hand and accountability and structure on the other. Judge Browning holds himself accountable to drug court participants by promising to: (1) be honest, (2) hold them (i.e., the drug court participants) accountable, and (3) never give up on them. Parents are also held accountable and have been jailed by the court.

The judge thinks that participants and the problems they face must be viewed on three levels: immaturity, disabilities (e.g., educational disabilities), and trauma (e.g., sexual abuse). According to the judge, participants who successfully complete drug court progress through several stages. First, their behavior is governed by fear of consequences. This leads to a second stage during which participants begin to feel better about themselves, as many suffer from low self-esteem. In the final stage, the judge is able to build a personal relationship with the participant.

Incentives were not used at the time when Judge Browning became juvenile court judge. He was able to obtain funding from the Children’s Alliance and later the state to purchase incentives. The NCSC project team observed creative use of incentives during their observations of a court staffing and hearing.

Under Judge Browning’s leadership, a mentoring component was added, group counseling services were obtained from the YMCA, MST was replaced with family counseling provided by the Coalition for a Drug Free Hawai’i (CDFH), a martial arts program was added, employment services were obtained from MANPOWER, additional opportunities for community service were secured (e.g., Parents and Children Together), participation in “Project Visitation” enabled foster care

siblings to get together, and training for staff on cultural sensitivity was obtained (provided by "Ama Leaki"). Judge Browning also established a steering committee that meets every month or two to discuss issues and improve communication.

Future plans for the court include:

- More social service assistance for participants and their families.
- Working with a church (United Church of Christ) for a possible camp.
- Oahu Juvenile Drug Court (OJDC) used to have a psychiatrist, but no longer. Judge Browning wants to employ a mental health expert with trauma therapy and assessment expertise because he believes that trauma has to be identified and treated to secure long-term adjustment. He noted that a number of the female participants have been sexually abused.
- Form a nonprofit corporation that would support the OJDC, increase awareness of the OJDC in the community, and help the program grow.
- Judge Browning would like to see the program expand to 60 or 70 participants.

***What are the size and nature of the total population eligible for drug court? How are screening and referral functions carried out? How many people are referred to drug court, how many are accepted, and why are those not accepted rejected?***

It is clear from discussions with the drug court staff that the population served by the drug court represents only a tiny fraction of youth on Oahu who are in need of such services. The eligibility criteria for participation in the drug court are:

- Age between 12 and 17
- No history of violence
- No history of sex crimes
- Both parent(s)/guardian and child must agree to participate

The drug court coordinator estimated that about two out of every ten referrals are admitted to the drug court program, with most cases rejected because either the juvenile or his or her parents did not want to participate. Referrals come principally from probation officers (POs). It takes about one and one-half to two months from referral to admission. Principal assessment instruments are the Michigan Alcohol Screening Test (MAST) and Youth Level of Service Inventory (YLSI).

The prosecutor's screening function is largely bypassed by the current admission process, since she or he only learns about referrals after a motion to admit has been filed by a probation officer. The prosecutor recommends a two week period for prosecutorial review of all referrals and that his or her recommendation should accompany the recommendations by POs.

**What are the policies and procedures of drug court? How have they changed over time, and why? Policies and procedures should cover: (a) screening (selection) criteria used to determine eligibility, including the types of offenses allowed; (b) the point in the criminal justice system at which referrals to drug court occur; (c) program requirements (rules for treatment, 12-step meetings, urinalysis testing, how points are earned, etc.); and (d) sanctions available in cases of noncompliance. What are the major case processing steps? What happens to participants in drug court? What are their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, and so forth?**

Figure B-1 provides the OJDC Logic Model that lists key drug court processes, resources input to the court and the outputs, outcomes, and impacts that the processes are expected to produce and that should be measured. Additional detail on these processes follows.

The minor is admitted into the program after a referral from the referring probation officer is completed, screening done, and orientation/intake completed by the OJDC probation officer and deputy public defender. After completion of the orientation/intake, the minor is formally admitted into the program by the juvenile drug court judge.<sup>1</sup>

The program has three tracks: Track 1-status offenses; Track 2-probation; and Track 3-probation violation (facing time in HWCF). Currently, the program is using only Track 3 but, according to the drug court coordinator, is working on revamping the other tracks. In a few instances, according to the prosecutor, they have paroled juveniles from HWCF to the program, in some instances after eight or nine months in HWCF.

The program has four phases:

- Phase 1—One month, focus on getting the juvenile stabilized at home and at school. Minimum of two drug tests per week, meet with the PO twice a week, and attend court every week.
- Phase 2—Three to six months (POs estimate 4 months), counseling with YMCA, drug test once or twice a week, meet with the PO twice a week, attend court every other week, if doing well.
- Phase 3—Two to six months (POs estimate 2 months), if there are continuing issues, the juvenile will continue counseling/family counseling. Meet with the PO once a week, drug test once a week, attend court every other week or every three weeks, if doing well. Attend weekend Holu Program (part of Merimed Foundation).
- Phase 4—Two to four months (minimum of 1 month), drug court coordinator (who is a Certified Substance Abuse Counselor or CSAC) runs a continuing care group, with a lot of role-playing. Also, a registered nurse conducts a sex education class. Attend court once a month and drug test once a week.

---

<sup>1</sup> FY2004-2005, Report to the Chief Justice on Statewide Drug Court Program Core Data Set, Drug Court Coordinating Committee, 2005.

**Figure B-1. Oahu Juvenile Drug Court Logic Model**

**Goal/Mission:** To reduce harm to communities by responding to the treatment needs of alcohol and drug-exposed adolescents involved in the juvenile justice system, and their families through gender-specific, culturally-competent, family-based, and juvenile justice appropriate interventions

**Objectives:**

1. To reduce recidivism through early intervention and increased diversions from HWCF placement (Juvenile Drug Court is expected to have a long term influence on HWCF and relieve the stress of overcrowding at the detention home).
2. To provide access to continuum of drug/ rehabilitative treatment options for the individual from UA testing to intensive outpatient services, residential services, and aftercare services.
3. To reduce recidivism through continued judicial tracking and increase of judicial involvement in monitoring treatment participation with the use of incentives for compliance and graduated sanctions for non-compliance.
4. To provide early and consistent intervention of the substance abuser and to divert the individual from further involvement with the criminal justice system.

**Target Population:** Delinquents between the ages of 12 to 17 whose criminal activity is related to alcohol or drug abuse with no history of violence or sex crimes. Both the parent and child must agree to participate.

Inputs	Processes	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> <li>▪ Clients: Program capacity: 60 clients.</li> <li>▪ OJDC Team: judge, coordinator, six probation officers, clinical supervisor, prosecutor, public defender, assistant AG, clerks, and treatment providers.</li> <li>▪ Funding.</li> <li>▪ OJDC Steering Committee.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Three tracks: two pre-conviction and one post-conviction (probation revocation).</li> <li>▪ Referral primarily from probation.</li> <li>▪ Determination of eligibility by PO, clinical supervisor, and prosecutor with input from police.</li> <li>▪ Assessment (YLSI, and MAST).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of referrals rejected.</li> <li>▪ Number and percent graduations.*</li> <li>▪ Number and percent terminations by phase terminated.*</li> <li>▪ Number and percent of withdrawals.</li> <li>▪ Number of assessments conducted.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent completing high school, GED, or other equivalent by graduation, if applicable.*</li> <li>▪ School attendance during program participation (number of unexcused absences/ participant).</li> <li>▪ Educational advancement (grade change).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recidivism.</li> <li>▪ Health.</li> <li>▪ Employment.</li> <li>▪ Education.</li> <li>▪ Family functioning.</li> <li>▪ Other long-term impacts to be specified after consultation with DCCC.</li> </ul>

Inputs	Processes	Outputs	Outcomes	Impact
	<ul style="list-style-type: none"> <li>▪ Orientation/intake completed by the OJDC probation officer and deputy public defender.</li> <li>▪ After completion of the orientation/intake, minor is formally admitted into the program by the OJDC judge.</li> <li>▪ 12-month minimum program with four phases.</li> <li>▪ Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings/sponsors.</li> <li>▪ Treatment interventions and other services as indicated by treatment plan and program phase (YMCA, CDFH, and Breakthrough for Youths (BTY)).</li> <li>▪ Random drug testing.</li> <li>▪ Supervision and case management by PO (meetings with probation officer, home visit in first phase, etc).</li> <li>▪ Monitoring by law enforcement during regular patrols and other</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of AA and NA meetings attended/participant.</li> <li>▪ Number of treatment sessions attended and hours of treatment received per participant by type of treatment.</li> <li>▪ Hours/number of sessions of drug/alcohol education/participant.</li> <li>▪ Number of drug/alcohol tests administered; number and percent of positive tests; number of no shows/refusals; number of admits w/o testing*/participant.</li> <li>▪ Number of contacts with OJDC officer/case manager*/per participant.</li> <li>▪ Number of status/review court hearings*/participant.</li> <li>▪ Number and types of sanctions imposed (for jail, number of days served; for community service, number of hours completed)/participant.*</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of graduates employed (and length) at graduation.*</li> <li>▪ Number and percent making full payment of required program and treatment fees at graduation.</li> <li>▪ Number and percent remaining drug and alcohol-free one year after graduation.</li> <li>▪ Improved family functioning (as reported by family).</li> <li>▪ Number of arrests in-program/participant.</li> <li>▪ Number of program violations/participant.</li> <li>▪ Number of alternative care placements while in program and LOS/participant.</li> </ul>	

Inputs	Processes	Outputs	Outcomes	Impact
	<p>operations.</p> <ul style="list-style-type: none"> <li>▪ Periodic status reports and recommendations regarding court hearing actions from probation officer.</li> <li>▪ Staffings w/OJDC team, including treatment providers.</li> <li>▪ Court hearings with full team.</li> <li>▪ Imposition of graduated sanctions as warranted and in discretion of judge. Focus on timely imposition.</li> <li>▪ Award of intangible and tangible incentives.</li> <li>▪ Motion for termination or application for graduation.</li> <li>▪ Graduation ceremony and exit questionnaire.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and types of incentives awarded/participant.*</li> <li>▪ Amount of fines, fees, restitution paid /participant.</li> <li>▪ Number of hours of community service/participant.</li> </ul>		
<p>*Indicates measure that is included in the core measures developed the Drug Court Coordinating Committee (DCCC).</p>				

A certificate is issued as an incentive when a participant moves up to a new phase, and there is never a demotion to a lower phase. According to the drug court coordinator, a juvenile can graduate in 12 months, but the norm is more like 15 to 18 months (with one case graduating after three years), which by the standards of most drug courts is rather long.

Staffing preceded each hearing, and the one observed was very lively. The staffing was attended by the judge (per diem Judge Ching presided as Judge Browning was not available), five probation officers, the prosecutor, public defender, drug court coordinator, deputy attorney general, five treatment providers, and two clerks. The staffing was conducted in a hearing room. Nine cases were discussed with the time spent on each case ranging from approximately one minute to six minutes.

The judge was provided with a status report the day before the staffing. The judge led the session while POs discussed the status of the case. The discussion was very open, cooperative, and inclusive; participants appeared free to ask questions and offer opinions. A consensus was reached on next steps in each case. Staff made suggestions to the judge about what to bring up in the hearing (talk about the paper one client wrote, compliment another on assignment, pose a certain question, and so forth). Interaction with the family, drug test results, educational status, participation/progress in treatment, clean and sober environment were discussed as warranted. Staffing showed familiarity with cases and evidenced good working relationships among staff. Later, treatment providers noted that staffings were a good team effort and that Judge Browning does a good job.

The hearing that the project team observed was attended by the judge (again per diem Judge Ching), five probation officers, prosecutor, public defender, drug court coordinator, four treatment providers, one clerk, and a bailiff. Parents were present for all but one client. Nine cases were heard with the time spent on each case ranging from approximately two minutes to twenty-two minutes, though most lasted six to eight minutes. The drug court coordinator offered that the court usually does the compliant (good) cases first, but sometimes the judge will ask that a noncompliant (bad/sanction) case be put first to serve as an example. Most OJDC participants stay for the entire hearing; however, some left presumably because of jobs or other appointments. Participants sat with their parents in the general seating area.

With one exception, the hearing reflected discussion and decisions made in staffing (a prosecutor brought up an unanticipated question in one case—the juvenile had too much free time). No participants asked questions, but several parents did; there was no perception that participants did not feel free to ask questions. The judge generally addressed the parents directly. All participants appeared engaged. The judge made encouraging remarks to almost all (eight of nine) participants, usually related to clean drug tests and their length of sobriety. Their time clean and sober was almost always mentioned. The judge did not really threaten sanctions but did usually talk about consequences of actions. The judge called upon probation officers and treatment providers for comments.

Educational status was always addressed at the hearing, and progress in treatment, communication with family, and other services were discussed as warranted. Hearings ended with

the judge reviewing the order—this was very specific and individualized, and included important dates, such as the next hearing date. The review also usually included AA meeting participation, drug testing, privileges, and reporting to OJDC staff.

As reported by the drug court coordinator, the court uses a system of graduated sanctions. Many restrictions are imposed in Phase 1 (curfew, etc.), which are gradually eased as the participant progresses through the program. If there is a violation in Phase 2, the court may re-impose restrictions (e.g., extend curfew) or increase the number of AA/NA meetings, counseling sessions, or court appearances. Verbal rebuke is also a sanction that participants (based on our interviews with them) find very aversive, as Judge Browning can apparently deliver these with great effect. Community service is used as yet another sanction by the court. The first positive drug test will usually result in an increase in meetings or court appearances, but by the third or fourth violation, the court will send them to Detention Hall (DH), usually for a weekend, a week or, at the extreme, 30 days. Home detention is also used as a sanction. There is no schedule of sanctions that are instead tailored to the individual case by the POs and are logically related to the transgression. The drug court coordinator estimates that the judge follows the recommendations of the POs about 90 to 95 percent of the time. All agree that the impact of sanctions is directly related to how soon they are imposed after the transgression and that the success of drug courts in general rests on the effective use of sanctions.

Incentives include verbal praise, lifting restrictions (e.g., curfew), granting more privileges, and awarding gift certificates for food or at Borders Books, K-mart, or Tower Records. Early release from court hearings is also used as an incentive since most participants (especially those in the early phases of the program) are required to sit through the entire hearing. The court uses Act 40 monies (distributed among drug courts to expand treatment options) to purchase incentives. Phase transition is awarded with a certificate and gift cards. At graduation certificates are awarded to graduates as well as gift certificates (in higher amounts than for phase transition) and other rewards (e.g., stuffed animals).

The creative use of sanctions during the staffing and hearing was observed. A participant who was making good progress in the program and who loves to surf had recently had his boogie board stolen. He was given gift certificates to purchase a new one, in recognition of his progress. This incentive was tailor-made for the situation.

All participants have to perform community service. This can include work at the OJDC or Probation Department Office or a referral to Matt Levi to assist with the programs he has at the public housing projects. Judge Browning has also worked with the Department of Human Services (DHS) to involve participants with children in foster care.

***What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?***

Because there is no program database, this question cannot be easily answered. However, based on court observation and interviews with OJDC team members, some impressions can be shared. Most of the clients observed (seven out of ten) were male. They were ethically

diverse, and many were at least part Hawaiian. Ages were generally between 14 and 17 years. Most were still in school and lived at home with their parents.

***What are the characteristics of available treatment interventions? What treatment and other services are participants getting?***

*YMCA:* This is an outpatient adolescent treatment program meeting criteria for the American Society of Addictive Medicine (ASAM). It primarily involves participants in Phases 1 and 2 of the drug court program. The YMCA provides individual (30 to 60 minutes) and group (60 to 90 minutes) counseling sessions using the "Living in Balance" curriculum that emphasizes decision-making and communication skills. It also has a "family night" once a month where it educates parents on adolescent drug use. In addition, once a month it runs the "Low Ropes" program, engaging clients in physical activities. It also runs an after school group in which it tries to integrate participants with its other clients and promote their interaction.

According to the YMCA, the OJDC makes a much greater difference than the regular Family Court, citing the level of supervision, consistency, and family involvement as most important factors.

*Coalition for a Drug Free Hawai'i (CDFH):* This family counseling program was developed by family counseling professionals working in California who observed that the MST model needed modification to be effective with South East Asian immigrant families. Asians tend to equate family with community, and hence school, church, and other community-based organizations need to be incorporated into the treatment program along with the home visits that are the hallmark of MST. As a result, CDFH refers to its approach as being "systems-based." It builds on the family's belief system, be it Catholic, Buddhist, or something else, while at the same time incorporating results from clinical diagnostics to develop a treatment plan. It also teaches families to "use" the courts and to learn from the courts (e.g., by observing how the judge handles discipline). It videotapes the counseling sessions and reframes within the language of the family for additional counseling.

CDFH took this modified family counseling model to Hawai'i where it was found to be applicable and has been involved with the drug court for about two and a half years. Currently, the OJDC can contract with Department of Health (DOH) to do MST; although DOH will only do it for three months. CDFH was brought in to do family therapy on a case-by-case basis. Participants are usually referred by probation to this program in Phase 2, but may also be in Phase 3. POs found this program to be particularly helpful and expressed the desire that all participants be required to participate in CDFH.

CDFH would like more input into the process of triaging participant families based on their need for services. It also expressed concern about the way that clinical assessments have been used inappropriately to justify some action on the part of the OJDC in the past.

*Breakthroughs for Youth (BTY):* Matt Levi runs a martial arts class and has been involved with OJDC since March 2005 through the efforts of Judge Browning. The program encourages skills that participants need in order to be successful in OJDC, such as self-discipline, self-responsibility, and timeliness. Matt also operates other programs that can be made available to participants including a hiking club, an ocean awareness program, soccer, a scrabble tournament, and assistance with employment and housing. These programs encourage OJDC participants to interact with other clients and match new participants with older participants who have made breakthroughs. He is currently working on creating a support group of parents who can come back and help parents currently involved in the program.

Initially, the OJDC was referring only the more resistant clients to BTY, but now the referrals are broader in scope and include females (one female participant remarked on how his program increased her self-esteem and self-discipline).

***Who are the staff and what are their responsibilities? What is the drug court's annual budget and sources of funds?***

**Judge:** Judge Browning has served as a judge for ten years and became presiding OJDC judge two or three years ago. He also currently serves as the lead/supervising judge for the divorce/domestic division of the Family Court as well as OJDC judge. There are four divisions, and judges generally rotate every two to three years. Judge Browning does not believe that rotation is or will be a problem for the continuity of the OJDC. He is confident that that the senior judge will keep the program running and satisfied that he has built a lasting foundation and empowered the OJDC team to carry on no matter who is OJDC judge. Judge Browning attended the one week National Council of Juvenile and Family Court Judge's (NCJFCJ) training on juvenile drug courts.

Judge Browning has been very successful in empowering and supporting the other members of the drug court team, POs in particular. He reports to have reduced divisiveness among the team by stressing common points of agreement. For example, he pointed out that the public defender makes a valuable contribution to the team by helping to find the "key" to the participant's psyche, which makes rehabilitation a real possibility. The prosecutor, on the other hand, assists the team by, for example, gathering intelligence on participants and potential participants and by issuing subpoenas for family members.

Treatment providers note that the program has evolved more since Judge Browning has taken over. They report that he obviously has a good working relationship with POs and attempts to have a good relationship with the treatment providers as well.

Per diem judges, e.g., Judge Ching, are employed in Judge Browning's absence. Judge Ching was observed presiding over a court hearing and seemed in tune with Judge Browning's philosophy and practices.

**Court Administrator:** Joel Tamayo has been the administrator for one year, but with the OJDC since 2003. Prior to that, he was with the adult drug court team as a social

worker/counselor 4 and is a certified CSAC. Joel noted the difficulty of hiring CSACs—also noted in Kauai. There was no administrator or CSAC when the OJDC first started.

**Clinical Supervisor:** On maternity leave during the site visit. With Joel, she assigns cases to POs along with her clinical responsibilities. Her function is currently being provided by a PO who is a certified CSAC.

**Probation Officers:** The court is fully staffed with six POs, one of whom performs intake functions and another who is a CSAC. Current caseload (44 active clients) is approximately seven to eight cases per officer, and the program expansion plans eventually call for caseloads of around ten per PO. This compares to a caseload of approximately 50 per officer in regular probation. Probation officers express reservations about caseload per officer exceeding ten. They reported that when a PO has two or more clients who are problematic, i.e., not doing what they are supposed to be doing, it taxes their ability to keep up with the rest of their caseload. POs reported that they have frequent meetings with their clients and expressed a strong desire to be proactive and not reactive.

A typical weekly schedule for a OJDC PO goes as follows:

- Monday, Wednesday: POs visit schools, counselors, parents—fieldwork, reported to be very hectic days
- Tuesday: POs catch up on paperwork
- Thursday: POs write status reports
- Friday: Staffing and court

POs cite the strong team culture of the office and the camaraderie was obvious. They have different backgrounds and experience with service providers, so they share information and ask each other for advice on cases. Communication is open and there is no hoarding of information. They know each other's cases and will drug test each other's kids. They share a philosophy that values positive incentives and immediate consequences for program violations.

An OJDC participant who was interviewed noted that the PO was the main contact with the program and that communication between the client and the PO was very open. POs also noted that there is some friction between OJDC and non-drug court POs, who resent the smaller caseloads and high resource utilization of the OJDC POs.

POs report that they have only two state cars for eight people and that more are needed. Reimbursement policies for mileage on personal cars are not clear.

**Circuit Court Clerks:** At least one is present at a staffing; both are present at a hearing.

**Prosecutor:** Iwalani White, First Deputy Prosecuting Attorney, serves in this capacity and has other administrative responsibilities as well. She reviews referrals and attends staffings and court hearings. She is also responsible for executing terminations from the OJDC. After a PO files a motion for termination (the prosecutor observed that this function should be performed by an

attorney rather than a PO), she schedules a hearing and advocates for the state. She also interfaces with the police to get their input on prospective enrollees and to obtain information from them about active participants.

**Public Defender:** This individual was not interviewed, but is purportedly a strong advocate for her clients. She usually attends staffings and hearings.

**Deputy Attorney General (DAG):** He facilitates funding from the DOH for some OJDC services. He was present at the observed staffing.

**Budget:** According to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005<sup>2</sup> the budget for the OJDC was \$664,220. Funding was provided by the state.

**Is there an advisory board or governing task force, and if so, who serves and what are his or her responsibilities? Include the roles of the judge, prosecutor, and defense attorney.**

Judge Browning established a steering committee that meets every month or two to discuss issues and improve communication. The committee consists of the drug court coordinator, OJDC judge, a representative from Juvenile Probation and Intake, the deputy and chief court administrators, and program specialists.

**What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, and so forth? What information is routinely made available to and/or required by these agencies?**

The OJDC interfaces with:

- Juvenile probation, from which they get their referrals. Interaction is somewhat clouded by the apparent resentment that regular juvenile POs feel about OJDC POs. Resentment reportedly stems from the perception of regular POs that drug court cases require a disproportionate amount of probation resources in comparison to other probation cases. This perception leads to a reluctance to refer eligible cases to drug court.
- DOH: DAG facilitates funding of some OJDC services with DOH funding.
- Prosecution: Acts as a liaison to the OJDC with police. Reviews referrals and handles terminations. Attends staffings and hearings.
- Public Defender: Advocates for participants.
- Schools: POs visit schools to obtain information on clients.
- Treatment Providers: Attend staffings and hearings.
- General Public: Judge speaks to community groups whenever he has the opportunity.

---

<sup>2</sup>FY2004-2005, *Report to the Chief Justice on Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005

**What local conditions (court caseloads, community attitudes, local legal culture, etc.) affect drug court?**

The methamphetamine and ice<sup>3</sup> problems plaguing Hawai'i provide a ready rationale for the OJDC's continued and expanding role in combating this problem. OJDC is fortunate to receive state funding. Enforcement of truancy laws seems lax, and there appears to be little to keep juveniles in treatment short of OJDC.

**How long do participants stay in drug court? Who drops out, at what point, and why? How many participants, with what characteristics, graduate from drug court?**

Table B-1 provides the distribution of cases by type of case since the court began operation. At the end of October 2005 there were 37 active cases with another 12 pending admission. The table shows that about half of the cases processed by the OJDC were rejected. Slightly more than 10 percent withdrew from the program. The program has produced 45 graduates and 20 terminations.

Table B-1. Type of Cases Processed by Oahu Juvenile Drug Court		
Type of Case	Frequency	Percent
Rejection	148	49.7
Graduate	45	15.1
Termination	20	6.7
Withdrawal/Admitted	23	7.7
Withdrawal/Not Admitted	11	3.7
Active	37	12.4
Absconded (after admission)	1	0.3
No Show	1	0.3
Pending	12	4.0
Total	298	100.0

The statistics in Table B-1 permit the calculation of graduation and retention rates for the OJDC. The graduation rate is calculated by dividing the number of graduates (45) by the number of admissions (=number graduates + number of terminations + number of withdrawals/admitted+number active +number absconded=45+20+23+37+1=126) minus the number of actives (37) or  $45/(126-37)=45/89$  or 50.1 percent. Comparable statistics from other

<sup>3</sup> Methamphetamine (aka "meth") is a powerful central nervous system stimulant. Typically meth is a white powder that easily dissolves in water but is also ingestible in pill form. Another form of meth, in clear chunky crystals, called "crystal meth", or "ice", is the smokeable form of the drug (KCI, 2006, [http://www.kci.org/meth\\_info/faq\\_meth.htm](http://www.kci.org/meth_info/faq_meth.htm)). According to the DEA, ice is the drug of choice in Hawai'i and is considered by far the most significant drug threat. Per capita, Hawai'i has the highest population of ice users in the nation (DEA, 2006, <http://www.dea.gov/pubs/states/hawaii.html>).

juvenile drug courts are difficult to find. For example, Butts and Roman<sup>4</sup> review seven juvenile drug court evaluations but report the graduation rates of only two: Santa Clara, CA, after 17 months of operation, reported 15 percent grads, 52 percent still active, and 33 percent failed; Orange County, FL reported 41.8 percent graduates. Adult graduation rates are around 48 percent<sup>5</sup> (Belenko, 2001). Consequently, the graduation rate of the OJDC would seem to be in line with the few comparable rates reported by other drug courts if not somewhat higher.

The retention rate is calculated by dividing the number of graduates + number of actives by the number of admissions or  $(45+37)/126=65.1$  percent. By way of comparison, seven juvenile drug courts designated as exemplary by DOJ/OJP's Drug Courts Program Office (now defunct) reported retention rates as follows: Escambia County, FL – 56 percent; Las Cruces, NM – 65 percent; Missoula, MT – 69 percent; Monroe County, FL – 72 percent; Orlando, FL – 77 percent; San Francisco, CA – 57 percent; and Santa Clara, CA – 74 percent.<sup>6</sup> The OJDC's retention rate seems to be about in the middle of the reported retention rates, suggesting that greater efforts to retain clients who have been admitted to the program might be warranted.

Regarding time in program (data to calculate time in phase were not available), data supplied by the OJDC indicated that the average amount of time between screening and admission or rejection was almost 27 days, a rather long time for those juveniles who are eventually admitted to have to wait for services. While there are currently no standards as to what constitutes an optimal amount of time between screening and admission, the importance of getting juveniles into treatment as soon as possible is widely acknowledged.<sup>7</sup> The NCSC project team did not uncover the reasons why it takes almost a month to screen the case and make an admission decision but recommend that the activities (especially the role of DOH in the assessment process) that occur during this important period be carefully examined in order to develop a strategy to shorten the time between screening and admission or rejection. Table B-2 shows the time between admission and graduation or termination. The average number of days between admission and graduation was about 564 days (1.55 years), 6 months beyond the required minimum stay. The average number of days between admission and termination was 467 days (1.28 years), a lot of time to have invested in cases that ultimately failed. The maximums for both graduates and terminations represent a major investment in time and resources in these participants.

---

<sup>4</sup>Butts, J. and Roman, J. (Eds.). (2004). *Juvenile Drug Courts and Teen Substance Abuse*. Washington, DC: The Urban Institute Press.

<sup>5</sup> Belenko, S. (2001). *Research on Drug Courts: A Critical Review, 2001 Update*. New York: Columbia University, National Center on Addiction and Substance Abuse.

<sup>6</sup> Cooper, C. (2001, May). *Juvenile Drug Court Programs, Juvenile Accountability Incentive Block Grants (JAIBG) Program Bulletin*. NCJ184744. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

<sup>7</sup> *Ibid*

<b>Table B-2. Time between Admission and Graduation or Termination</b>			
	<b>Mean</b>	<b>Minimum</b>	<b>Maximum</b>
<b>Days from Admission to Graduation</b>	563.8	259	1155
<b>Days from Admission to Termination</b>	467.2	154	959

***What is the percentage of drug court clients who are arrested while in the program and what are their charges (BJA)?***

Data on the number of in-program arrests and charges are not available. As of July 2005, however, 12.5 percent of the program's graduates had been convicted of crimes following exit from the program.<sup>8</sup>

<sup>8</sup>Drug Court Coordinating Committee, The Judiciary, state of Hawai'i. (2005). *FY 2004 – 2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*. Honolulu, Hawai'i: Author.

***The Oahu Juvenile Drug Court and the Bureau of Justice Assistance's 16 Strategies for Juvenile Drug Courts.<sup>9</sup>******1. Collaborative Planning: Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.***

- Staffings provide an arena where a variety of interdisciplinary perspectives on each OJDC case can be heard and where services and strategies can be coordinated. Prosecution, public defenders, treatment providers as well as a DAG actively participate in staffings and decision-making about cases and are present at the hearings (excepting the DAG). The staffings had a very good mix of professionals (although it should be noted that there were no representatives from the police) and were among the most effective the NCSC team has ever observed.
- Interviews, court observation, and a limited amount of file review demonstrated that the program is stable, structured, and systematic and that policies and procedures are predictable, if not documented. There is no policy and procedures manual for this court.
- Parents are present at hearings.
- Additional stakeholders are engaged by means of the regularly held Steering Committee meetings.

***2. Teamwork: Develop and maintain an interdisciplinary, non-adversarial work team.***

- Judge Browning made teamwork a priority for the drug court team. He attempts to “empower and support” the OJDC team. He is instrumental in resolving tensions between the prosecutor and public defender. His approach to team-building is to identify commonalities in goals among OJDC team members and direct their areas of strength, knowledge, and expertise toward the ultimate welfare of the client.
- POs work together very collaboratively and function as a “well-oiled machine.” They enjoy good relations with Judge Browning.
- The treatment providers and POs provide a variety of interdisciplinary perspectives (including clinical psychology, CSAC, and social work) on each case.

***3. Clearly Defined Target Population and Eligibility Criteria: Define a target population and eligibility criteria that are aligned with the program's goals and objectives.***

- Though not documented in a manual, eligibility criteria and target population (i.e., Tracks 1-3) are well-known among staff.
- Current emphasis on Track 3 participants allows little room for Track 1 and 2 participants, who, being generally younger and less drug-involved, could also benefit from OJDC services.
- The screening function of the prosecutor appears in need of additional clarification.

---

<sup>9</sup>National Drug Court Institute and National Council of Juvenile and Family Court Judges. (2003). *Juvenile Drug Courts: Strategies in Practice*. NCJ187866. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

**4. Judicial Involvement and Supervision: Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.**

- Hearings are held every week in Phase 1, every other week in Phase 2, every other or third week (if warranted) in Phase 3, and every month in Phase 4.
- Judge Browning is, according to participants and staff interviewed, a very effective OJDC judge capable of both inspiring and instilling fear of consequences in participants.

**5. Monitoring and Evaluation: Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.**

- Not present. This requires a OJDC database that does not exist.

**6. Community Partnerships: Build partnerships with community organizations to expand the range of opportunities available to youth and their families.**

- Judge Browning has made extensive and successful outreach efforts to secure resources for the OJDC (e.g., BTY, Children's Alliance, and United Church of Christ).

**7. Comprehensive Treatment Planning: Tailor interventions to the complex and varied needs of youth and their families.**

- Drug court coordinator, POs, and clinical supervisor jointly develop treatment plans.
- Treatment providers participating in the program provide a variety of services including individual and group counseling and family therapy, as well as positive recreational opportunities.
- Treatment providers acknowledge the value of periodic meetings among themselves to discuss strategy, and it is recommended that these be formally scheduled on an ongoing basis.
- Several treatment gaps were identified during interviews with staff and treatment providers as well as by data analysis. These are listed below with the understanding that a more systematic needs assessment, beyond the scope of the current study, is required to validly assess the magnitude of the needs identified.
  - Additional residential placement options (other than "Bobby Benson," the current provider of such services) are needed.
  - The lag between diagnostics (services provided through DOH) and provision of treatment should be shortened from its current 27 days.
  - More emphasis on finding jobs for participants is needed.
  - Transitional housing for independent living for older participants is needed.
  - More activities that allow participants to give back to the community are needed.
  - The age of jurisdiction of OJDC should be extended to 19 or beyond to allow for better provision of services to participants.
  - Mental health services are needed for co-occurring disorders.
  - More follow-through after graduation and aftercare are needed.
  - Department of Health Services is needed.

- Treatment for victims of trauma should be provided.
- Support groups for participant families should be provided.
- A number of the respondents cite the need for mental health services. Judge Browning said there were a lot of co-occurring disorders and the state does not have mental health resources. The prosecutor said that most of the juveniles who do not do well in the program have mental health issues and added that the POs do not know what they are getting. Some juveniles have problems and issues beyond what the OJDC can handle. POs note that the program is not supposed to take clients with co-occurring disorders, but they slip through, and it can become a problem. Co-occurring disorders are difficult to assess at the time of screening because mental health problems are not easily distinguishable from substance abuse problems at this early stage of the program. Effort should be given to identifying screening and assessment instruments that are more effective at detecting co-occurring disorders among adolescent populations than those currently used by the court.
- CDFH is concerned about how information on the client is being used and interpreted and suggests that the court does not seem to know how to get the information that it needs. It considers the lag time in getting juveniles tested by DOH to be excessive and would like to see the OJDC get its own list of psychiatrists, a sentiment shared by the judge. CDFH would like to be more involved in the triage of cases, perhaps in conjunction with the YMCA.

**8. Developmentally Appropriate Services: Tailor treatment to the developmental needs of adolescents.**

- YMCA uses the "Living in Balance" curriculum, specifically designed for adolescents.
- BTY program seems to be a particularly well-suited for adolescent interests and energies.
- The court recognizes that trauma has played a role in the adjustment problems of many of its adolescent clients and is seeking resources to enable it to address these problems.

**9. Gender-Appropriate Services: Design treatment to address the unique needs of each gender.**

- The need for additional gender-specific services was noted by POs, in particular.

**10. Cultural Competence: Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.**

- Hawaiian drug courts have a special responsibility in this regard, given the ethnic and cultural diversity of the population they serve. In recognition of this responsibility, the OJDC obtained cultural sensitivity training on Hawaiian culture for staff from "Ama Leaki."
- Also evidenced in service providers, in particular CDFH who build on the family's belief system, be it Catholic, Buddhist, or something else, for family therapy.

**11. Focus on Strengths: Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.**

- Service providers offer programs to increase participant self-esteem, especially BTY.

- CDFH builds on family strengths as part of its family therapy.

**12. Family Engagement: Recognize and engage the family as a valued partner in all components of the program.**

- Parent(s)/guardians are required to attend hearings and actively participate.
- Service providers also engage family. YMCA conducts “family night” once a month where it educates parents on adolescent drug use. Families are at the core of CDFH’s program of family therapy.

**13. Educational Linkages: Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.**

- POs frequently interact with schools and monitor participants’ performance.

**14. Drug Testing: Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.**

- Drug testing policies appear to be appropriate though there is no policies and procedures manual to document them.
- Participants are drug tested twice per week during Phase 1, once or twice a week during Phase 2, once a week during Phases 3 and 4.
- The Drug Court Coordinating Committee (DCCC) reported an average of 32.2 drug and 2.5 alcohol tests per participant during the last Fiscal Year.

**15. Goal-Oriented Incentives and Sanctions: Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.**

- Court actively employs sanctions and incentives with participants.
- Sanctions seem appropriate and timely, but no written schedule of sanctions/incentives exists. It would probably be in the court’s best long-term interest to develop one. Sanctions and incentives appear to be designed creatively and in consultation with other drug court team members.
- The DCCC reported an average of 26.1 sanctions and 43.8 incentives (tangible rewards regardless of source) per participant during the last Fiscal Year, the latter figure being particularly impressive and reflective of active use of incentives.

**16. Confidentiality: Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.**

- Because there is no policies and procedures manual, the NCSC project team was unable to assess the court in this regard. The lack of security at the OJDC office and the distance to the courthouse are striking, however.

**NCSC Summary and Conclusions:** The OJDC has positioned itself well under Judge Browning for future growth and program improvement. The OJDC staff and service providers function together very effectively. This is one of the most striking features of this court. In most regards, the OJDC is an exemplary juvenile drug court, worthy of emulation any place in the United States.

The OJDC offers an array of services that address many of the problems facing participants, even noting the service gaps identified earlier. The program serves primarily Track 3 participants but should give consideration to expanding its services to cover Track 1 and 2 participants before they become Track 3s. The program is currently serving the most serious participants in terms of their delinquent records and substance abuse problems, and thus there is little evidence of “widening-of-the-net.”

### Recommendations for the Oahu Juvenile Drug Court (OJDC)

**Oahu Juvenile Drug Court Recommendation 1.** *The identified service and treatment gaps should be systematically assessed and, based on the results of this assessment, plans should be developed to address the most critical treatment and service needs.*

**Oahu Juvenile Drug Court Recommendation 2.** *Assess the need for gender-specific services.*

**Oahu Juvenile Drug Court Recommendation 3.** *Develop a comprehensive policies and procedures manual.*

**Oahu Juvenile Drug Court Recommendation 4.** *Develop a program database. The program logic model, referenced earlier, provides guidance as to the type of information that should be collected in this database.*

**Oahu Juvenile Drug Court Recommendation 5.** *Permit a more active role for the prosecutor in screening cases.*

**Oahu Juvenile Drug Court Recommendation 6.** *Treatment providers acknowledge the value of periodic meetings among themselves to discuss strategy, and it is recommended that these be formally scheduled on an ongoing basis.*

## **APPENDIX C**

**First Circuit  
Oahu Family Drug Court**

## OAHU FAMILY DRUG COURT

### ***How was the program developed—who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?***

The Oahu Family Drug Court (OFDC) has been in existence, as a pilot project, since May 2002. Its primary source of funding, to date, involved a 2002 \$1.2 million dollar award from the Substance Abuse and Mental Health Services Administration (SAMSHA). This money has been utilized to ensure immediate access into treatment services, to enhance supervised visitation services, and to purchase family incentives for participants who comply with all aspects of their service plan. (Another significant source of funding involved a \$250,000 award from the Department of Health (DOH), which is discussed in future paragraphs.) A recent 2005 legislative appropriation delegated monies to the family drug court enabling the program to move from a pilot project to permanent status and increased staffing levels. According to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, the OFDC has served 98 parents. Of those 98 participants, 37 have graduated, 39 have been terminated for non-compliance, and 22 remain active. As a requirement of SAMSHA funding, the family drug court was evaluated by the University of Hawai'i and the evaluation report was published in December 2005.

The mission and specific goals of the OFDC, as provided in program materials and outlined in the logic model depicted in Figure C-1, is *to ensure child safety by providing the opportunity to assist family members to become healthy, sober, and positive parents through the provision of a seamless continuum of holistic, effective, culturally appropriate care for all life issues*. The logic model also identifies its target population, which includes substance abusing parents involved in a child welfare case. By providing parents with treatment, parenting skills, ongoing support services, and judicial monitoring, the OFDC provides substance abusing parents *with a realistic chance to succeed in treatment and subsequently to preserve their families*. *By ensuring that the Judge receives regular updates about parental performance in treatment, OFDC improves the Judge's ability to make informed decisions about custody issues, enabling children to move forward and gain stability in their lives as quickly as possible*.

According to information gleaned from interviews and focus groups, the OFDC was developed in response to a general frustration of removing children from substance abusing parents without the hope of ameliorating the substance abuse or returning the child within the demands of federal timelines dictated by the Adoption and Safe Families Act of 1997, Public Law 105-89 (ASFA).<sup>1</sup> As such, efforts were needed to improve the existing service delivery model, which did not focus on strength-based techniques to reunite the families of substance abusing parents. There was a high level of support for this endeavor in the Family Division of the Circuit Court.

---

<sup>1</sup> The Adoption and Safe Families Act of 1997, Public Law 105-89, 45 C.F.R. §§ 1355, 1356 & 1357.

**Figure C-1. Oahu Family Drug Court Logic Model**

**Goal/Mission:** The mission of the OFDC is to ensure child safety by providing the opportunity to assist family members to become healthy, sober, and positive parents through the provision of a seamless continuum of holistic, effective, culturally appropriate care for all life issues.

- Objectives:**
1. Evaluate how quickly services can be delivered.
  2. Encourage success (retention) through meaningful and therapeutic incentives.
  3. Enhance existing treatment services and build new treatment capacity.
  4. Create more gender specific programs for mothers and fathers.
  5. Develop and maintain culturally appropriate approaches for all participants.
  6. Create a successful transition from FDC to independent living.
  7. Create safe, nurturing families for children who come to the attention of the court.

**Target Population:**  
 The OFDC Program serves parents involved in a child abuse and neglect judicial proceeding whose struggle with substance abuse has left them at risk of permanently losing custody of their children.

Inputs	Processes	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> <li>▪ Program capacity: 30 families; potential increase to 45.</li> <li>▪ OFDC Team: OFDC judge, coordinator, case managers, Child Welfare Services (CWS) workers, Attorney General representative, Guardians ad Litem (GALs), 12 treatment providers with service agreements with</li> </ul>	<ul style="list-style-type: none"> <li>▪ One track for entry: CWS case flagged by Special Services Division employee at the Circuit Court or CWS worker nominates case directly to the program (parent has substance abuse problem and is primary reason for CWS involvement in case).</li> <li>▪ Determination of eligibility (by OFDC program</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of referrals rejected.</li> <li>▪ Number and percent graduations.*</li> <li>▪ Number and percent terminations by phase terminated.*</li> <li>▪ Number of biopsychosocial assessments conducted.**</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent completing high school, GED, or other equivalent at graduation, if applicable.*</li> <li>▪ Number and percent of graduates employed, re-employed and or improved employment (and length of employment) at graduation.*</li> <li>▪ Number and percent securing stable housing at</li> </ul>	<ul style="list-style-type: none"> <li>▪ Post Graduation Recidivism (For child welfare cases, recidivism could be considered another incident of child neglect or abuse or threatened neglect/abuse.)                             <ul style="list-style-type: none"> <li>○ Number and percent of children who do and do not return to CWS foster care.</li> </ul> </li> <li>▪ Family functioning.</li> <li>▪ Health.</li> </ul>

Inputs	Processes	Outputs	Outcomes	Impact
<p>program.</p>	<p>coordinator).</p> <ul style="list-style-type: none"> <li>▪ Biopsychosocial assessment by OFDC program coordinator.</li> <li>▪ Formal admission - completion of admission agreement and other forms/waivers. Hearing before the judge.</li> <li>▪ Treatment interventions and other services as indicated by treatment plan and program phase.</li> <li>▪ Progress reports from treatment providers.</li> <li>▪ Frequent random drug testing by treatment providers and OFDC case managers.</li> <li>▪ Intensive monitoring and case management by OFDC case managers.</li> <li>▪ Weekly Updates reports from OFDC case managers and relevant service providers placed in participant files and submitted to court.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings (or other designated group) attended/participant.</li> <li>▪ Number of treatment sessions attended and hours of treatment received per participant by type of treatment.</li> <li>▪ Number of drug/alcohol tests administered; number and percent of positive tests; number of no shows/refusals; number of admits w/o testing*/participant.**</li> <li>▪ Number of contacts with OFDC case manager*/per participant.</li> <li>▪ Number of status/review court hearings*/participant.</li> <li>▪ Number and types of sanctions imposed/participant.*</li> <li>▪ Number and types of incentives awarded/participant.*</li> </ul>	<p>graduation.*</p> <ul style="list-style-type: none"> <li>▪ Number and percent making full payment of required program and treatment fees at graduation.</li> <li>▪ Number and percent remaining drug and alcohol-free one year after graduation.</li> <li>▪ Number of program violations/participant.</li> <li>▪ Restoration of custody rights.**</li> <li>▪ Number and percent of children who reach legal permanency (by reunification, guardianship, permanent planned living arrangement, or adoption, or other legal categories that correspond to ASFA).</li> <li>▪ Compliance w/CWS case plans.</li> <li>▪ Time to reunification with child, in days</li> <li>▪ Number of TPR petitions filed/participant (post OFDC termination).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Abstinence.</li> <li>▪ Number of drug free births and babies.</li> <li>▪ Other long-term impacts to be specified after consultation with DCCC.</li> </ul>

Inputs	Processes	Outputs	Outcomes	Impact
	<ul style="list-style-type: none"> <li>▪ Staffings w/ OFDC judge, FDC coordinator, OFDC caseworkers, Deputy Attorney General (DAG), GALs, CWS workers, and treatment providers.**</li> <li>▪ Court hearings with full team in attendance.**</li> <li>▪ Imposition of sanctions as warranted and in discretion of judge. Focus on timely imposition.**</li> <li>▪ Award of intangible (in-court acknowledgment and praise) and tangible (coins and certificates) incentives.**</li> <li>▪ Graduation.**</li> <li>▪ Alumni group.**</li> </ul>	<ul style="list-style-type: none"> <li>▪ Time in level/participant and total time in OFDC, in days.</li> </ul>	<ul style="list-style-type: none"> <li>▪ In Program Recidivism (For child welfare cases, recidivism could be considered another incident of child neglect or abuse or threatened neglect/abuse while under OFDC's jurisdiction.)                             <ul style="list-style-type: none"> <li>○ Number and percent of children who do and who do not have subsequent petition for abuse/neglect.</li> </ul> </li> </ul>	
<p>*Indicates measure that is included in the core measures developed by the Drug Court Coordinating Committee (DCCC).                      **Indicates currently collected by OFDC.</p>				

### The Adoption and Safe Families Act of 1997, Public Law 105-89

ASFA was in part “a response to the fact that more children were entering the foster care system than were exiting.”<sup>2</sup> This landmark legislation clearly and unequivocally established the national goals of *safety, permanency, and well being* for children in foster care. Five principles underlie ASFA, evolving from several of the assumptions underlying *Adoption 2002*, and these apply to professionals working with families through public and private agencies as well as state courts. These principles are:

- Safety is the paramount concern that must guide all child welfare services
- Foster care is temporary
- Permanency planning efforts should begin as soon as the child enters care
- The child welfare system must focus on results and accountability
- Innovative approaches are needed to achieve the goals of safety, permanency, and well being.<sup>3</sup>

ASFA necessitates timelier, decisive, and substantive hearings, and more frequent court and administrative case reviews. These include:

- Review hearings every six months
- 12-month time limit for permanency hearing
- 22-month time limit for termination hearing

ASFA also requires a focus on outcomes and performance reports, and stresses both court and child welfare system accountability. ASFA also stresses the need for collaboration and community partnerships that are focused on child safety and timely permanency. ASFA places demands on state court resources. Moreover, the passage of ASFA also significantly increases the role of the court as well as the agencies and advocates throughout the processing of the case, and ultimately places responsibility for compliance and good outcomes for children and families squarely on the shoulders of the court.

Through a DOH contact, grant money was identified for pregnant and parenting women. The First Circuit applied for the funding and received a \$250,000 award.<sup>4</sup> A drug court coordinator was hired and the one-year planning stage began. Text of policies and procedures were submitted for review and approval at the Circuit Court level. Additionally, the impact on the workload of other judicial employees, such as clerks of court, had to be measured and minimized. Finally, during the planning process, decisions were made regarding program operations including: (1) the voluntary nature of the court; (2) the development of screening elements for inclusion in the program; (3) the development of a rapid response system for screening at the initial removal hearing, which takes place 72 hours after removal; and (4) the development of a template and structure outlining a three level, 12-month program.

<sup>2</sup>U. S. General Accounting Office, *Juvenile Courts: Reforms Aim to Better Serve Maltreated Children*, 1999 at 8.

<sup>3</sup>U.S. Department of Health and Human Services, Children's Bureau, *Guidelines for Public Policy and State Legislation Governing Permanence for Children* (Washington, D.C.: June, 1999), 1-5—1-6.

<sup>4</sup> Because of the limitations of the existing funding, which extended to pregnant and parenting women, other funding sources were pursued; including a 2002 \$1.2 million dollar SAMSHA award.

At about the six month mark, the drug court planner and coordinator on behalf of the circuit court, engaged outside stakeholders to become involved in the planning process. A critical aspect for the court involved the development of viable partnerships to sustain the family drug court; including reaching out to the administrative judge of the family division of the circuit court; agreements with inpatient and outpatient treatment providers; the Child Welfare Services (CWS) Division of the Department of Human Services (DHS); DOH; and attorney guardians ad litem (GALs). As a result of these team-building activities:

- Sand Island allotted beds and treatment slots for family drug court and engaged other providers to participate.
- CWS offered dedicated caseworkers to avoid problems associated with high CWS turnover.
- DOH allocated a dedicated public health nurse.
- A dedicated district court judge within the family court was assigned to preside over family drug court cases.
- Dedicated GALs agreed, as a condition of their contract, to participate in weekly staffings and court hearings and see the children on a monthly basis.
- A dedicated deputy attorney general (DAG) was assigned to drug court cases.

Currently, the OFDC is operating under its second coordinator. The first coordinator left in March of 2005 to assume the same role in Maui. The current drug court judge originated the position. Several of the originating members of the drug court team are still involved today: several GALs, one drug court case manager, and one CWS caseworker.

The program currently has a static capacity of 30 families<sup>5</sup> based on the number of cases (15) that can be managed by each of the two case managers. An annual utilization rate was noted in the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, as over 107 percent (calculated as the average number of clients served on any day during FY 2005, 32 divided by the static program capacity). As a result of the 2005 legislative appropriations (moving the program from pilot to permanent and increasing staffing levels), there are plans to increase the current static capacity to 45. While this may be a manageable level for drug court program personnel, several respondents noted the impact on other stakeholder systems may create inequitable workloads and logistical problems with this expected increase.<sup>6</sup>

There is an OFDC manual or set of materials assembled by the first program coordinator; however, no respondents appear to regularly reference it. The new program coordinator helpfully provided the separate electronic files that formed the sections of the manual, but has not yet adapted it to reflect the changes that have occurred in the program in its first three years. In short, the program manual is currently not being used.

---

<sup>5</sup> A static capacity of 30 families could translate into 45 or more clients.

<sup>6</sup> CWS has agreed to provide an additional caseworker to meet the increased caseload and the OFDC is working on a phased increase with CWS and the DAG.

**What are the policies and procedures of the drug court? How have they changed over time and why?**

**Referral, Screening, and Admission**

An abuse and neglect petition is filed with Family Court by a CWS case worker. Petitions are sent to the Special Services Division. Court officers in the Special Services Division are trained to identify potential drug court participants according to eligibility criteria developed by the drug court team and administrative judge. When a petition looks appropriate, the drug court coordinator is called in to review the file. The coordinator logs this petition, notes the date and time of the hearing, and attaches a colored form to the file, alerting the presiding judge for that day of a potential drug court candidate. The Special Services court officer then assigns the Family Drug Court contracted GALs.

The coordinator (or designee) is present in court on the day of the 72 hour removal hearing and briefs the parent (the potential drug court participant) on the concepts of the drug court prior to the court hearing. Screening instruments and releases are signed and completed in the courtroom to determine initial eligibility.

The OFDC is voluntary. If the parent(s) is interested, the coordinator schedules an appointment for a biopsychosocial assessment<sup>7</sup> and a child safety screen that will be conducted during the following week. A one-month court return date is requested, the intervening time to be used by the drug court staff to evaluate and determine the eligibility and commitment of the parent(s) in participating in the program.<sup>8</sup> If denied admission or the parent refuses to participate, the CWS case will proceed as a standard child abuse and neglect case. If the parent is accepted, the drug court staff will request an order for the parent to appear at the next appropriate hearing date in front of the drug court judge.

**Staffings and Court Hearings**

The OFDC holds staffings each Friday morning at 8:15 am; prior to the scheduled 9:30 am court hearings. Staffings are held in Judge Uale's small hearing room near chambers. The drug court professionals involved in the staffing session include the judge, the drug court coordinator, the drug court case managers, the drug court administrative assistant, DHS-CWS caseworkers, the DAG, GALs, the judge's bailiff and clerk. In the drug court staffing observed by the National Center for State Courts (NCSC) project team during the site visit, individuals seemed to come and go as needed.

During the observed staffing, the drug court professionals were provided with an *Order of Case* list and the *Weekly Update* (generated by the drug court case manager for each case). The *Weekly Update* includes sections titled Progress Report, Treatment Update, and Treatment

---

<sup>7</sup> The evaluation is structured according to the American Society of Addiction Medicine [ASAM] Patient Placement Criteria and evaluates the following dimensions: Intoxication/Withdrawal; Biomedical Conditions/Complications; Emotional/Behavioral Conditions/Complications; Treatment Readiness; Relapse Potential; and Recovery Environment.

<sup>8</sup> There are three possibilities: acceptance; denial by the court; refusal by the participant to enter the program. If the parent is accepted then the return date is canceled. If the parent refuses or is rejected, the return date is held.

Tracking. Cases were called in the order of highest level drug court participants to lowest level. Time spent on each case ranged from three minutes to twenty minutes; the average involved four-five minutes. Treatment providers and GALs provided verbal reports.

Twenty one cases were reviewed on the day observed; most respondents indicated that the average is 12-18 cases and therefore, the day observed was a heavy load. For the most part, the judge led the staffing process and the discussion of each case. All drug court professionals, however, were present and everyone was able to state their opinion and concerns. One issue raised during interviews with the NCSC project team about the staffing process is the redundancy of information shared in staffing and court. For example, it was suggested that staffings should focus on issues to be resolved rather than regurgitation of facts; especially if people are doing well.

Court hearings follow immediately after the staffings are concluded. The court hearings are formal with proceedings brought to order by the bailiff, cases called by the courtroom clerk, proceedings "gaveled in," and courtroom occupants asked to rise for the robed judge. The observed drug court hearing session lasted approximately two hours and covered 22 participants. The order of the cases called generally mirrored the staffing order; higher level drug court participants taken first--Level 3, Level 2, and then Level 1; with some exceptions for in-custody or shackled participants.<sup>9</sup> Level 1 participants remain for the entire court hearing session.

Drug court participants sit in the gallery or jury box until their case is called. Drug Court team members sit in the gallery and stand when they are speaking. Comments are generally directed to the drug court participant. Only attorneys (DAG and GAL) sit at tables with the parent(s) participants. Drug Court participants are first seated at the attorney table and then are invited to the well area of the bench, after the statements by the family drug court case manager, the DHS-CWS caseworker, GAL, and treatment provider. Then the judge engages the participant in a brief dialogue, which in most instances did not last more than 30 seconds. The judge commended them, discussed their progress, and then the judge invited the participant to speak. Only three participants took advantage of the invitation to speak.

### **Sanctions and Incentives**

The OFDC provided a graduated infraction and sanction schedule as indicated in Table C-1, which as many interview and focus group respondents indicated is utilized as a guiding framework rather than a concrete formula. Sanctions are delivered by the drug court judge upon the recommendation of the drug court case managers and team. The imposition of sanctions and rewards is discussed in case staffing meetings and executed during the court hearing. The judge, however, makes the final decision in deciding which sanctions/incentives are appropriate for which infraction/achievements.

---

<sup>9</sup> Participants in Level 1 are required to attend court every week. Participants in Level 2 and Level 3 generally appear for court no less than once a month. Frequency of court attendance in Level 2 and 3 may be adjusted depending on participant status or progress. According to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005, participants attend a mean number of 10.32 hearings during their involvement with drug court.

The most severe sanction is termination from the drug court. According to respondents, the biggest change in the delivery of sanctions involved termination. In the past it was a very perfunctory process. Now, it is performed in a more therapeutic way; the participant is prepared and put on notice that this will be addressed in the next court hearing. Also, if any of the drug court professionals feels that there is hope of success, the rest of the professionals will listen and reconsider the termination.

<b>Table C-1. Oahu Family Drug Court-Graduated Infraction and Sanctions Schedule</b>	
<p><b>“A” Infractions</b></p> <ul style="list-style-type: none"> <li>• Involuntary termination from outpatient or residential program</li> <li>• Abscond with child in remand</li> <li>• Missed court appearance</li> <li>• Serious violations of treatment program rules or refusal to continue Family Drug Court participation</li> <li>• Tampered or substituted urine sample</li> </ul>	<p><b>“A” Sanction Possibilities</b></p> <ul style="list-style-type: none"> <li>• Bench warrant issued</li> <li>• Reductions or limitations in visitation**</li> <li>• Remove children currently in respondent’s care**</li> <li>• Increased treatment program intensity or change modality including detox</li> <li>• Level setback</li> <li>• Community service</li> <li>• Charged with criminal contempt-jail time, if convicted</li> </ul>
<p><b>“B” Infractions</b></p> <ul style="list-style-type: none"> <li>• Non-cooperation with treatment program rules</li> <li>• Missed visitation with children</li> <li>• Unauthorized visit with children at kinship or foster home</li> <li>• Unauthorized person at a visitation or in respondent’s home</li> <li>• Failure to cooperate with a referral for children</li> <li>• Failure to perform a sanction</li> <li>• Positive toxicology for drugs or alcohol</li> </ul>	<p><b>“B” Sanction Possibilities</b></p> <ul style="list-style-type: none"> <li>• Increased urine testing</li> <li>• Increased court appearances</li> <li>• Reductions or limitations in visitation</li> <li>• Penalty box in court</li> <li>• Mandatory support group attendance</li> <li>• Increased treatment program intensity or change of modality including detox</li> <li>• Community service</li> <li>• Level setback</li> <li>• Charged with criminal contempt-jail time, if convicted</li> </ul>
<p><b>“C” Infractions</b></p> <ul style="list-style-type: none"> <li>• Unexcused missed appointment at any mandated service</li> <li>• Positive toxicology for drugs and alcohol</li> <li>• More than three unexcused late appearances (combined) for court, case management, visitation, treatment program, or other mandated service</li> </ul>	<p><b>“C” Sanction Possibilities</b></p> <ul style="list-style-type: none"> <li>• Increased court appearances</li> <li>• Increased urine testing</li> <li>• Essay on impact of drugs or alcohol on your children, family, or life (to be read in court)</li> <li>• Increased treatment program intensity or change of modality including detox</li> <li>• Mandatory support group attendance</li> <li>• Penalty box in court</li> <li>• Community service</li> <li>• Charged with criminal contempt-jail time, if convicted</li> </ul>

**\*\*any increase or decrease in visitation must first be based on the best interest of the child**

Incentives include advancement through the levels, gift certificates, sobriety coins, and increased visitation, as indicated in Table C-2. At graduation participants are awarded a number of things including K-Mart gift cards. Most respondents did indicate, however, that there could be greater emphasis on incentives; particularly those of an intangible nature such as spoken praise.

<b>Table C-2. Oahu Family Drug Court-Graduated Achievement and Rewards Schedule</b>	
<b>Achievements</b>	<b>Possible Rewards</b>
30 days clean and in compliance with all aspects of the Court Plan/Dispositional Order	<ul style="list-style-type: none"> <li>• 30 day coin</li> <li>• In-court acknowledgment by the judge</li> <li>• Gift certificate</li> <li>• Consideration of increased visitation**</li> </ul>
60 days clean and in compliance with all aspects of the Court Plan/Dispositional Order	<ul style="list-style-type: none"> <li>• 60 day coin</li> <li>• Gift certificate</li> <li>• In-court acknowledgment by the judge</li> <li>• Consideration of increased visitation**</li> </ul>
90 days clean and in compliance with all aspects of the Court Plan/Dispositional Order	<ul style="list-style-type: none"> <li>• 90 day coin</li> <li>• Gift certificate</li> <li>• Increased frequency of supervised visits**</li> <li>• Consideration of unsupervised visits</li> <li>• Placement disposition with specific visitation orders</li> </ul>
120 days clean and in compliance with all aspects of the Court Plan/Dispositional Order	<ul style="list-style-type: none"> <li>• Case called early in court with permission to leave</li> <li>• Reduced court appearances</li> <li>• Unsupervised day visits considered</li> <li>• Consideration of return of child to the home</li> </ul>
Completion of Level 1 of Family Drug Court	<ul style="list-style-type: none"> <li>• Level advancement</li> <li>• Certificate in court</li> <li>• Gift certificate</li> </ul>
180 days clean and in compliance with all aspects of the Court Plan/Dispositional Order	<ul style="list-style-type: none"> <li>• Case called early in court</li> <li>• Overnight weekend visits</li> <li>• Extended holiday visitation</li> <li>• Consideration of trial return</li> <li>• Reduced frequency of urine testing</li> <li>• Reduced court appearance</li> </ul>
240 days clean and in compliance with all aspects of the Court Plan/Dispositional Order	<ul style="list-style-type: none"> <li>• Case called early in court</li> <li>• Trial return</li> <li>• Reduced court appearances.</li> <li>• Reduced urine testing</li> </ul>
Completion of Level 2 of Family Drug Court (approximately)	<ul style="list-style-type: none"> <li>• Level advancement to Level 3</li> <li>• Reduced court appearances to one time per month</li> <li>• Advancement certificate in court</li> <li>• Gift certificate</li> </ul>
Completion of Level 3 of Family Drug Court and 12 month Disposition Period, clean and in compliance with all aspects of the Court Plan/Dispositional Order	<ul style="list-style-type: none"> <li>• Certificate of completion</li> <li>• Final return of child with/without supervision</li> <li>• Gift certificates</li> <li>• Award of journal</li> <li>• Graduation ceremony</li> </ul>

\*\*any increase or decrease in visitation must first be based on the best interest of the child

***What is the size and nature of the total population eligible for drug court? How are screening and referral functions carried out? How many people are referred to drug court, how many are accepted, and why are those not accepted rejected?***

In theory, all cases in which CWS files an abuse and neglect petition with the court alleging a parent with substance abuse issues would be eligible for the family drug court. The primary referral source is the CWS Division of DHS and the Special Services court officers who may review a case and refer back to CWS.

Until the OFDC coordinator is notified of the referral, there is little data maintained by the drug court program on the numbers eligible for drug court. Referral data (numbers and percentage) are maintained, however. According to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, during fiscal year 2004-2005, 65 percent of those referred and screened for drug court were deemed appropriate for admission.

***What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?***

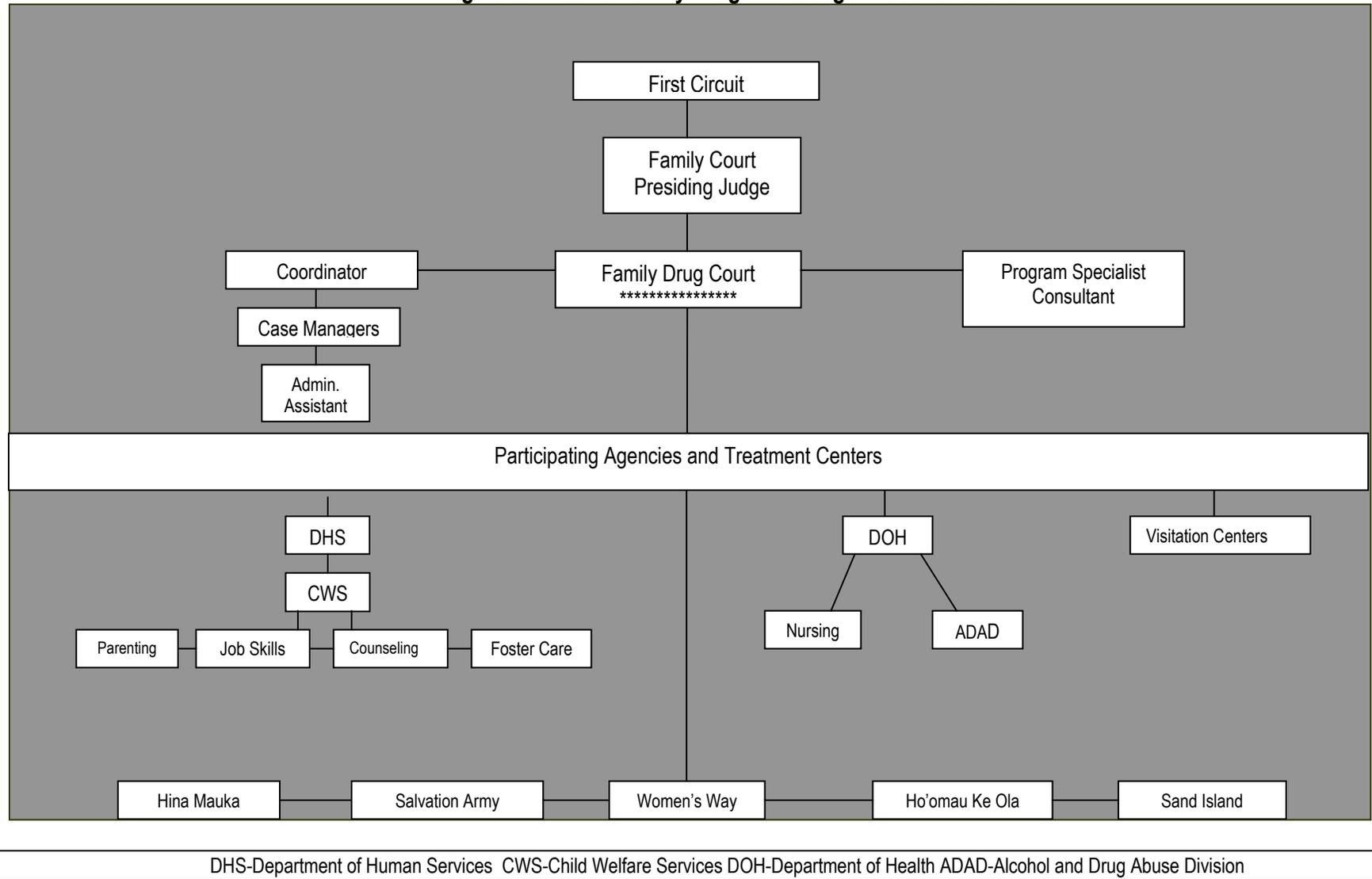
According to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005 during fiscal year 2004-2005, information other than basic counts of graduates are not available at this time. However, anecdotal accounts by most respondents during interviews and focus groups indicate that participants are (a) predominantly women; (b) the drug of choice is methamphetamine; and (c) have limited to no criminal histories.

***What are the characteristics of available treatment interventions? What treatment and other services are participants getting?***

As evident in Figure C-2, the OFDC has developed an extensive network of treatment providers. In fact, the purchase of service line item for the OFDC, as reported in the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005 during fiscal year 2004-2005, (p. 49), is almost as large as the primary drug court budget (drug court expenses \$491,375, plus purchase of service \$387,822, totals \$859,197 for FY 2005, concluding 6/30/2005).

The primary service providers include: Ho'omau Ke Ola, Hina Mauka, Sand Island Treatment Center, Salvation Army, Salvation Army-Family Treatment Services, and Women's Way. Other providers include: Care Hawai'i Inc., Freedom Recovery, Malama Recovery Services, Ohana Ola O Kahumana, JJM & M Limited Partnership, Ke Ola Pono Therapeutic Living, Waianae Men In Recovery, Catholic Charities Hawai'i. Together, these providers offer a wide range of services including inpatient residential, intensive outpatient (IOP), outpatient, day treatment, and clean and sober houses. Some of the other services participants receive include: family therapy, parenting classes, domestic violence intervention classes, individual therapy, and groups facilitated by the

Figure C-2. Oahu Family Drug Court-Organizational Chart



OFDC coordinator at the family drug court offices to help with issues such as job readiness, and an alumni group of graduates. Several members of the drug court staff indicated they would like to expand these "life skills" classes in order to better prepare the drug court participants to become functioning and contributing adults and better parents. Finally, all of the treatment providers interviewed report a positive working relationship with the drug court team and anticipate continued and on-going working relationships and partnerships.

***What are the major case processing steps? What happens to participants in drug court? What is their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, etc.?***

The OFDC is a 12-month program with a single entry "track" (i.e., a substance abusing parent of a child with an active judicial child abuse and neglect case) with three program levels. The court and the drug court professionals provide very close supervision with incentives and sanctions. The program staff members provide case management services and utilize several area service providers. As indicated in the *Operational Manual* and by interview and focus group respondents, each of the three levels involves various tasks, responsibilities, and privileges.

**Level 1:** Participant completes residential treatment or intensive out-patient or day treatment as applicable, maintains positive treatment center report history, obtains 12-step sponsor, attends minimum of five 12-step meetings per week (unless other treatment restrictions conflict), submits weekly signed meeting logs; schedules appointments for all service plan requirements, has a minimum of eight satisfactory supervised visitations (if child placed out of home), remains for a minimum of 90 days, and moves to Level 2 when pre-level two questionnaire is completed to the team's satisfaction (and judge promotes individual in court).

**Level 2:** Participant attends a minimum of five 12-step meetings per week, submits signed weekly meeting attendance logs, maintains 90 consecutive days of negative drug tests, begins unsupervised visits with children, joins 12-step home group and attends group meetings as scheduled, obtains home group "service position," completes outpatient services or aftercare, contacts CWS caseworker once each week, attends 12-step study group, attends sponsorship work shop at family drug court program office within one month of moving to Level 2, starts service plan requirements (e.g. parenting class, anger management, etc.), completes ordered psychological evaluations, remains on level for minimum of 90 days, and moves to Level 3 when pre-level three questionnaire is completed to the team's satisfaction (and judge promotes individual in court).

**Level 3:** Participant schedules weekly sessions at family drug court offices (counseling session or other activities) to replace every other week court appearance, completes all assignments by case worker, attends minimum five 12-step meetings each week, submits signed meeting attendance logs, obtains employment or enrolls in school, completes service plan requirements, sustains visitation, maintains negative drug test history, remains for minimum of 90 days on Level 3, and moves to recommendation for graduation when pre-graduation questionnaire is completed to the team's satisfaction (and judge schedules for graduation in court).

**Who are the staff and what are their responsibilities? What is the drug court's annual budget and sources of funds?**

As informed by the *Family Drug Court Operational Manual* and confirmed by the comments and statements of interview and focus group respondents, the OFDC team consists of a dedicated team of judicial, court, agency, and contract personnel, which currently includes: one presiding judge, one drug court coordinator (court employee), two drug court case managers (court employee), three guardians ad litem (contract), one deputy attorney general (agency-DHS-CWS), three CWS caseworkers (agency-DHS-CWS), one public health nurse (agency-DOH),<sup>10</sup> one drug court administrative staff (court employee), one bailiff (court employee), one court clerk (court employee), and various treatment providers. As indicated in the *Operational Manual*, (and confirmed through interviews, focus groups, and observation), Table C-3 illustrates the responsibilities of principal team members.

<b>Table C-3. Oahu Family Drug Court Team Roles and Responsibilities</b>	
<b>Judge</b>	Offers leadership for the project, direction in program policy development, and presides over all Family Treatment Court judicial matters.
<b>Coordinator</b>	Oversees all daily operations and supervises all OFDC staff. Convenes and chairs all policy development and team meetings. This person also oversees all record keeping, statistical reporting, program material development, operational program development, personnel issues, budgeting, grant writing, and grant management. In addition, oversees the eligibility screening process and the courtroom aspect of operations. Maintains accurate records of all admitted and excluded cases, maintains statistical logs and spreadsheets, and serves as an operational troubleshooter, interacting with all necessary court and partner staff. The Drug Court Coordinator is responsible for building and maintaining the broad network of treatment agencies and social services utilized by the court. They spearhead case conferences among all legal staff and serve as a full member of the client's drug court team.
<b>Case Manager</b>	Responsible for the coordination between service providers and the family. They are responsible to monitor compliance with all dispositional plans, court mandated appointments, referrals, and compliance with service provider's expectations and recommendations. The Case Manager is expected to acquire resources and facilitate referrals to support family goals. This staff person facilitates communication with the

<sup>10</sup> The Public Health Nurse provides generalized clinical nursing intervention and care coordination services to the clients who are engaged in the OFDC program and their children. The focus of public health nursing practice is to work with the FDC clients and their families to improve and enhance health practices and facilitate access to health and other services through a system of comprehensive, family centered, and community based services.

	individual, family, and the drug court team regarding the expectations, process, time frames, rewards, and sanctions of the OFDC. They participate in OFDC weekly team meetings and appear in court to inform the judge of progress. The Case Manager maintains accurate records including the documentation of significant events, service activities, and outcomes.
<b>CWS Case Worker</b>	Maintains responsibility for coordinating all referrals and services for children involved in OFDC.
<b>GAL</b>	Represents the best interests of the children in Family Court. They are independent advocates for the child and their primary function is to represent the best interests of the child in court. They do this through home visits and interviews with adults involved with the child.

### Oahu Family Drug Court Budget

The FY 2005 budget (ending 6/30/2005) for the OFDC was \$859,197 (drug court expenses \$491,375, plus purchase of service \$387,822, totals \$859,197 for FY 05, concluding 6/30/2005) as stated in the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005. The sources of these funds comes from (1) a Memorandum of Understanding (MOU) with the Alcohol and Drug Abuse Division of DOH for \$250,000/year and (2) a SAMHSA grant for \$1.2 million (that ends September 30, 2005).

***Is there an advisory board or a governing task force, and if so, who serves and what are their responsibilities?***

According to the current coordinator and program specialist, an advisory team and policy level team were formed to develop and implement the policies and processes for the drug court during its planning and implementation phases. The advisory team is no longer active but is available to reconvene, if needed. On-going operational issues are now generally discussed among the drug court team via quarterly meetings. Generally, these are held prior to graduation in the judge's chambers and are run by the drug court coordinator. The program specialist is an operational and funding resource for the team and will attend the quarterly meetings as needed.

***What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, and others? What information is routinely made available to and/or required by these agencies?***

According to every respondent, there is a high degree of coordination, collaboration, and cooperation among agencies. This is especially evident of those agencies that have dedicated staff to the effort, without additional funding. CWS offered dedicated caseworkers to avoid problems associated with high CWS, DOH allocated a dedicated public health nurse, and a dedicated DAG was assigned to drug court cases. It is also evident through the on-going series of cooperative agreements with the treatment providers. This level of coordination and collaboration came after much work and effort and continues to this day.

The primary pieces of information shared between the drug court team members and stakeholders include treatment provider reports and the weekly updates generated by the case managers.

**What local conditions (court caseloads, community attitudes, local culture, etc.) affect the drug court?**

According to most interview and focus group respondents, local conditions and environment do positively and negatively affect the drug court. Conditions identified by respondents include:

- A culture of collaboration among the agencies, as discussed in the previous section, enhances the program-level and case-level operations of the family drug court.
- A high level of engagement, cooperation, and appreciation of the efforts of the drug court team.<sup>11</sup>
- Hawaiian culturally-based treatment services that use the strengths of those cultures to address primary population has made a significant positive impact on the success of the drug court; including those of non-Hawaiian descent.
- Local media coverage has highlighted success stories and the impressive work and importance of the family drug court.
- Legislative support, particularly for those programs that extend to the “average” guy on the street. This extends to the 2005 appropriation discussed previously.
- The prevalence of methamphetamine (in the form of “ice”) has had a severe affect on the cases in the drug court and the need for appropriate treatment services.
- Inadequate family court facilities necessitating that family drug court personnel be housed off site. The lack of available courtroom and staffing space creates challenges, as well.

**How long do participants stay in the drug court? Who drops out, at what point, and why? How many participants (number and percentage, Bureau of Justice Assistance (BJA)), with what characteristics, graduate from drug court?**

The OFDC serves parents whose struggle with drug abuse left them at risk of permanently losing their children to CWS. Since it began in 2002, 53 parents have graduated and 28 have been terminated.

Cumulative graduate, admission, and termination data, as well as current enrollment data, provided in the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005 differs on different pages of the report. On page 49, the report states that there have been 53 graduates, 100 admissions, 22 current enrollees, and 28 terminations. On page 47, slightly different numbers are provided: 37 graduates, 98 admissions since program's inception, 22 current cases, and 39 terminations.<sup>12</sup> On average, participants are reunited with their children after 197 days, which is nearly 100 days sooner than those not admitted to the drug court.

<sup>11</sup> Past and current participants indicated that the best thing about the drug court is the supportiveness of the drug court team. In fact, graduates continue to contact members of the drug court team for support, encouragement, and advice.

<sup>12</sup> The correct numbers are 100 admissions, 53 graduates, 28 terminations, and 19 in program.

According to most respondents, if a participant makes it through the three months in residential, they will likely be successful. Generally, those who are terminated from OFDC are male and do so in the early levels of the program.

Because no client specific database exists at the current time for the OFDC, it is not possible at the present time to easily answer queries about which participants with which demographic and program performance characteristics ultimately graduate, terminate, and continue on in the program.

**Oahu Family Drug Court and Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model.****Characteristic 1--Integrated a focus on the permanency, safety, and welfare of abused and neglected children with the needs of the parents.**

*NCSC Comment: The makeup of the OFDC team and their respective roles guarantees that the needs and issues of both the drug court participant and the child are considered and featured. The OFDC maintains a parallel focus on the needs of the parent and the best interest of the child.*

- The CWS caseworker maintains responsibility for coordinating all referrals and services for children involved in OFDC.
- According to CWS caseworkers interviewed, the CWS caseworker develops a child-focused case plan, which addresses the child's permanency goal, service needs, and visitation.
- All judicial decisions are dictated by the best interest of the child.
- GALs are independent attorney advocates of the child and their function is to represent the best interests of the child in OFDC.
- The CWS case managers focus on coordinating all referrals and services for the OFDC parent participants.

**Characteristic 2--Intervened early to involve parents in developmentally appropriate, comprehensive services with increased judicial supervision.**

*NCSC Comment: The OFDC referral, screening, and admission processes enable the OFDC to respond, admit, and connect participants to a host of treatment and CWS services quickly for immediate therapeutic benefit and ASFA compliance.*

- At the time of filing of a judicial petition alleging abuse and neglect, CWS and Special Services Division officers have been trained to identify OFDC cases and alert the OFDC coordinator.
- The OFDC coordinator reviews the file prior to the 72-hour hearing.
- The judge handling the 72-hour hearing is alerted of a potential drug court candidate.
- The OFDC coordinator is present in court on the day of the 72-hour hearing and briefs the drug court candidate on the concepts of the drug court prior to the hearing.
- Screening instruments and releases are signed and completed in the courtroom to determine initial eligibility.
- If the parent(s) is interested, the coordinator schedules an appointment for an assessment that will be conducted during the following week.
- A one-month court return date is requested, the intervening time to be used by the drug court staff to evaluate and determine the eligibility and commitment of the candidate in participating in OFDC.
- At the return date, the OFDC coordinator returns to court to report parent's acceptance into the program or denial of admission.
- If the parent is accepted, the drug court staff will request an order for the parent to appear at the next appropriate hearing date in front of the drug court judge for formal admission to OFDC.

- The referral to admission process takes approximately 30-35 days.
- The OFDC is designed as a 12-month program, which is consistent with ASFA timelines.

**Characteristic 3--Adopted a holistic approach to strengthening family function.**

*NCSC Comment: Throughout the course of participation in OFDC, case managers, CWS caseworkers, GALs, and treatment providers work collaboratively to ensure that the treatment and services for OFDC participants, their child(ren), and the family are successful.*

- During the staffing process, information is shared by all members of the OFDC team including: OFDC case managers, CWS case workers, GALs, and treatment providers.
- In addition to substance abuse services, an array of services is available to strengthen the family including: family therapy, parenting, domestic violence counseling, and life skills.
- The Public Health Nurse works with OFDC participants and their families to improve and enhance health practices and facilitate access to health and other services through a system of comprehensive, family centered, and community based services.

**Characteristic 4--Used individualized case planning based on comprehensive assessment.**

*NCSC Comment: The OFDC operates under CWS case plans and drug court treatment plans, which are developed based upon comprehensive assessments by CWS and OFDC personnel.*

- The OFDC coordinator administers a biopsychosocial assessment for each drug court participant. The evaluation is structured according to the ASAM Patient Placement Criteria and evaluates the following dimensions: Intoxication/Withdrawal, Biomedical Conditions/Complications, Emotional/Behavioral Conditions/Complications, Treatment Readiness, Relapse Potential, and Recovery Environment. The results of the assessment dictate the participant's treatment plan and the level of services required.
- According to CWS caseworkers interviewed, the CWS caseworker develops a child-focused case plan, which addresses the child's permanency goal, service needs, and visitation, based upon standardized assessment tools.

**Characteristic 5--Ensured legal rights, advocacy, and confidentiality for parents and children.**

*NCSC Comment: The OFDC has a series of processes in place that ensure the legal rights, advocacy, and confidentiality of participants and children. Additionally, through a series of handbooks, forms, and interactions with OFDC team members, the participant is put on notice regarding their individual legal rights and the OFDC expectations and rules.*

- According to several focus group and interview respondents, the OFDC judge advises each participant of their right to counsel and, if requested, will appoint counsel to those financially eligible.
- A GAL is appointed as an independent advocate to represent the best interests of the child.

- The OFDC has promulgated a series of policies and procedures addressing: (1) Client's Rights, (2) Client's Review of Records, and (3) Acceptance of Program Participation Agreement.
- OFDC case managers provide each participant with the *OFDC Participant Handbook* which covers: Benefits of Drug Court, Admission Criteria, Program Rules, Levels of Participation, Achievements and Rewards, Infractions and Sanctions, Warnings, Contact, Visitation, Trial Return, Drug Court Failure, and Graduation.

**Characteristic 6--Scheduled regular staffings and judicial court reviews.**

*NCSC Comment: The OFDC holds frequent staffings and hearings to review the progress of each participant and their child(ren).*

- OFDC staffings take place each Friday morning.
- A wide range of professionals advocating for the process, the participant, and the child are involved in the staffing session: the judge, the drug court coordinator, the drug court case managers, DHS-CWS caseworkers, the DAG, and the GALs.
- Court hearings also take place on Friday mornings immediately after the staffings are concluded.
- Participants in Level 1 are required to attend court every week. Participants in Level 2 and Level 3 generally appear for court no less than once a month.
- According to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, participants attended a mean number of 10.32 hearings during the FY.
- Over the life of their involvement with OFDC, participants will attend a minimum of 22 court hearings.

**Characteristic 7--Implemented a system of graduated sanctions and incentives.**

*NCSC Comment: The OFDC has a graduated infraction/sanction schedule to hold participants accountable and an achievement/incentives schedule to reward progress, which are utilized as guiding frameworks rather than concrete formulas.*

- Sanctions are delivered by the drug court judge upon the recommendation of the drug court case managers and team. The most severe sanction is termination from the drug court.
- The imposition of sanctions and rewards is discussed in case staffing meetings and executed during the court hearing.
- The judge makes the final decision in deciding which sanctions/incentives are appropriate for which infraction/achievements.
- Incentives include advancement through the levels, gift certificates, sobriety coins, and increased visitation, when appropriate.
- More emphasis is needed, however, on intangible rewards such as verbal praise.

**Characteristic 8--Operated within the mandates of the Adoption and Safe Families Act (ASFA) of 1997.**

*NCSC Comment: The OFDC operates within the mandates of ASFA.*

- The OFDC is designed as a 12-month program, which is consistent with ASFA timelines.
- According to interview and focus group respondents, ASFA hearings (six month reviews and 12 month permanency hearings) are scheduled and heard as required by law.

**Characteristic 9--Relied on judicial leadership for both planning and implementing the court.**

*NCSC Comment: Judicial leadership is evident in the planning and implementation of the OFDC.*

- There is a high level of support for the development, implementation, and on-going operations of the OFDC by the Family Division of the Circuit Court.
- A dedicated judge was assigned to the OFDC.
- The OFDC judge is a member of the National Council of Juvenile and Family Court Judges, a national leadership organization.
- The OFDC judge participated in the Bureau of Justice Assistance (BJA) funded Family Drug Court Planning and Implementation trainings delivered by the National Drug Court Institute (NDCI).
- The OFDC judge “gives up” judicial authority to the consensus of the team, but is still recognized as its leader.

**Characteristic 10--Made a commitment to measuring program outcomes.**

*NCSC Comment: The OFDC is committed to improving outcomes for children and families under the court's jurisdiction. The evidence for this characteristic is varied, however, and is likely to make this task a challenge.*

- The University of Hawai'i performed an evaluation of the OFDC, pursuant to a requirement of SAMSHA funding. The evaluation was published in December 2005.
- The OFDC was unable to provide several categories of information for the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005. A commitment has been articulated, however, to collect the information.
- As observed during the NCSC file review process, the OFDC program files contain inconsistent, missing, and/or unreliable information to measure outputs and outcomes.
- The OFDC does not maintain a Management Information System (MIS) to assist with performance, output, or outcome measurement.

**Characteristic 11--Planned for program sustainability.**

*NCSC Comment: The OFDC has a multi-pronged approach for financial sustainability that includes federal dollars, DOH funding, state legislative appropriations, and MOUs for non-judicial agency personnel, which also includes a strategy to move the OFDC beyond its reliance on federal dollars.*

- SAMSHA awarded the OFDC a \$1.2 million dollar federal grant, which expired in September 2005.
- Through a series of MOUs, CWS provides three dedicated caseworkers to OFDC and DOH allocates a dedicated public health nurse.
- The Alcohol and Drug Abuse Division of DOH provides \$250,000 per year.
- A recent 2005 legislative appropriation delegated monies to the family drug court enabling the program to move from a pilot project to permanent status and increased staffing levels.

**Characteristic 12--Strived to work as a collaborative, nonadversarial team supported by cross training.**

*NCSC Comment: The OFDC not only strives to work as a collaborative and nonadversarial team, it exceeds expectations. On-going cross training is needed, however, to ensure a single philosophy for the OFDC; including an understanding of ASFA requirements which mandate timelines for permanency for children.*

- There is a high degree of coordination, collaboration, and cooperation among the FDC team that is evident from interviews/focus group, staffing/court observation, and the way team members speak of each other.
- Agencies such as CWS and DOH have dedicated staff to the OFDC, without additional funding.
- Original members of the OFDC team participated in the BJA-funded Family Drug Court Planning and Implementation trainings, delivered by NDCI. However, the passage of time and personnel changes may necessitate updates and on-going cross training.
- Discussions among some of the respondents during interviews and focus groups reflect some of the tensions between substance abuse treatment/relapse and ASFA timelines.

**NCSC Summary and Conclusions:** The OFDC is a well functioning family drug court and there appears to be few, if any, deficiencies in the types and quality of services it delivers. Additionally, the OFDC exceeds many of the characteristics identified with the first operating family drug courts in *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*. The level of collaboration and cooperation among the members of the OFDC team is impressive.

As the OFDC moves to increase its census and static capacity in response to a 2005 legislative appropriation moving it from pilot program to permanent status and increased staffing levels, care should be taken in assessing and monitoring the impact of an increased census and static capacity on other members of the FDC team, including judicial, court, and agency resources.

The increase in participants should be done in a planned, organized, and incremental manner and over a period of time. Discussions have been ongoing among the OFDC team as to how this increase will be phased in so as not to overburden the team. Additionally, CWS has increased the number of dedicated caseworkers from three to four.

While the possibility of admitting and servicing more participants is an exciting goal, efforts should also be focused on strengthening its programmatic infrastructure in areas such as the review and update of policies and procedures manuals; the improvement of hard-copy paper records in the areas of record keeping and file management practices, as well as accuracy of documents stored in the paper files; performance measurement and tracking of outputs, outcomes, and impacts.

Additionally, during this time of program expansion, it is time to reflect on the many staffing and operational changes that have occurred since the implementation of the OFDC. Original members of the OFDC team participated in the BJA-funded Family Drug Court Planning and Implementation trainings, delivered by NDCI and a CWS orientation program was recently implemented. However, the passage of time and personnel changes necessitate updates and on-going cross training to achieve a high functioning drug court.

### **Recommendations for the Oahu Family Drug Court**

***Oahu Family Drug Court Recommendation 1. Care should be taken in assessing and monitoring the impact of an increased census and static capacity on other members of the family drug court team, including judicial, court, and agency resources. The increase in participants should be done in a planned, organized, and incremental manner and over a period of time.***

***Oahu Family Drug Court Recommendation 2. Efforts should be focused on strengthening its programmatic infrastructure in areas such as the review and update of policies and procedures manuals; the improvement of hard-copy paper records in the areas of record keeping and file management practices, as well as accuracy of documents stored in the paper files; and performance measurement and tracking of outputs, outcomes, and impacts.***

***Oahu Family Drug Court Recommendation 3. The passage of time and personnel changes necessitate updates and on-going cross training to achieve a high functioning drug court. Topics could include: the philosophy of family drug courts; basic operational concepts of family drug courts (staffing, hearings, screening, referral, and assessment); dynamics of substance abuse; federal child welfare legislation; roles and responsibilities of FDC team members; and team building techniques.***

## **APPENDIX D**

**Second Circuit  
Maui Adult Drug Court**

## MAUI ADULT DRUG COURT

### ***How was the program developed—who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?***

The Maui Adult Drug Court (MDC) is located in the Second Circuit, and has served both Maui and Moloka'i since August 2000. The program was initiated by its current primary judge and the first program coordinator inspired by the success of the Oahu Adult Drug Court program started in 1996. At the time of the founding of the Oahu program, any methamphetamine use would generate an automatic prison sentence of five years creating a crisis situation. Maui's Circuit Court Judge Shackley F. Raffetto observed an inequity in that Maui citizens were jailed for the entire sentence while on Oahu (where there was a drug court), people were being diverted, and he became determined to create a similar program on Maui.

When the Oahu program received an expansion grant around 2000, they hired their current coordinator, and required a set of individuals to attend the National Association of Drug Court Professionals (NADCP) annual conference. Judge Raffetto attended that conference and was inspired. He noted that the national model of contracting for drug treatment services differed from what had been developed on Oahu, and decided that the national model would work best on Maui.

The Maui planning process that culminated in August 2000 had all the current program tracks and the initial plan to serve all three islands (Maui, Lanai, and Moloka'i). The tracks were set up collaboratively, involving the judiciary, public safety, the parole board, and service providers. In this spirit, the residential dorms at the Maui Community Correctional Center (MCCC) (now the primary source for admission into the drug court program) were built.

The first coordinator focused on establishing policies and procedures that addressed the court dimensions of the program and linking to a contracted service provider. The first coordinator is now the Hawai'i State Director of the Department of Human Services and an ongoing proponent of the program.

The mission and specific goals of the MDC as indicated in MDC materials and reinforced by interview and focus group participants, outlined in Figure D-1, the Maui Adult Drug Court Logic Model, address both community and individual participant benefits: treatment for the participants and reduced costs for the community. The logic model also outlines the program's target population--adults 18 and over who have committed a "C" or "B" felony; who are residents of Maui or Moloka'i; whose current offense is non-violence and have no history of violent criminal behavior as defined by chapter 708 of Hawai'i Revised Statutes; who have no prior or current firearm charge; and who have an indication of an alcohol or drug problem. Individuals are eligible for drug court at any state of involvement in the criminal justice system. As outlined in the MDC Logic Model, there are specific exceptions that allow the drug court judge to admit defendants in Tracks I through IV with otherwise disqualifying past charges or convictions with input from counsel at a staffing prior to an admission hearing.

**Figure D-1. Maui Adult Drug Court Logic Model**

**Goal/Mission:** The mission of the Maui Drug Court Program is to channel non-violent pre-trial and post-conviction substance-abusing defendants, who would otherwise be incarcerated in Hawai'i's correctional system, into a comprehensive and integrated system of judicial and treatment services effective with substance-abusing offenders. The Drug Court was developed to help reduce the adverse impact of substance-abusing offenders on the criminal justice system in Maui County and on our community as a whole.

**Objectives:**

1. Reduce jail admissions and average length of stay for the target population.
2. Reduce recidivism of offenders who are alcohol and/or drug abusers.
3. Reduce costs to the criminal justice system in handling alcohol and drug abusers.
4. Establish a continuum of effective rehabilitation services for eligible participants.

**Target Population:**

- Adult (18 years +).
- Subject offense is a class "C" or "B" felony and resident of Maui or Moloka'i.
- Non-violent offense, no criminal history of violent behavior [n.b. not "non violent offender" if charged with or convicted of robbery as defined by chapter 708 of Hawai'i Revised Statutes; causing or threatening to cause serious and/or substantial bodily injury against another person defined by HRS Chapter 708].
- No firearm charge.
- Indication of an alcohol or drug problem—"Criminal activity stems from alcohol or drug abuse."
- Can enter at any stage of involvement in criminal justice system.
- Exceptions: Drug Court judge has discretion to admit defendants who are pre-trial into Track I or Track II with any disqualifying charge of conviction that is more than five years old; admit offenders into Track III or Track IV with any disqualifying past conviction. Before exercising this admission discretion, Drug Court Judge "shall consider any input and recommendations from the Prosecutor and Defense Counsel at a staff conference prior to the defendant's admission at a drug court hearing."

Inputs	Processes	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> <li>▪ Program capacity: 90 clients.</li> <li>▪ DC Team: DC judge, coordinator, case managers, prosecutors, public defenders, treatment providers (Aloha House), police department, private</li> </ul>	<ul style="list-style-type: none"> <li>▪ Five tracks for entry (with different potential rewards for drug court participation): (1) Pre-Charge, post arrest (charges dismissed); (2) Pre-trial, post charge (charges dismissed); (3) Probation Revocation (probation violations and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of referrals rejected (through coordinator describes job and not screening out but screening in).</li> <li>▪ Number and percent graduations.*</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent completing high school, GED, or other equivalent at graduation, if applicable.*</li> <li>▪ Number and percent of graduates employed, re-employed and or improved employment (and length of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recidivism.</li> <li>▪ Abstinence.</li> <li>▪ Health.</li> <li>▪ Employment.</li> <li>▪ Family functioning.</li> </ul>

Inputs	Processes	Outputs	Outcomes	Impact
<p>attorney.</p> <ul style="list-style-type: none"> <li>▪ "Friends of the Maui Drug Court," 501(c)(3) non-profit provides funds for incentives and other program services.</li> </ul>	<p>unserved probation dismissed); (4) Parole Revocation (reduced parole term recommended by MDC Judge to Department of Public Safety and Hawai'i Paroling Authority); (5) Furlough Program (reduced parole term recommended by MDC Judge to Department of Public Safety and Hawai'i Paroling Authority).</p> <ul style="list-style-type: none"> <li>▪ Referral by prosecutor for Tracks I and II (i.e., prosecutor has trump power); referral from defense and other attorneys for Track III; referral by probation for Tracks IV and V (prosecutor cannot trump).</li> <li>▪ Determination of eligibility (by program coordinator).</li> <li>▪ Assessment by Aloha House.</li> <li>▪ Formal admission-completion of admission agreement and other forms/waivers. Hearing before the judge.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent terminations by phase terminated.*</li> <li>▪ Number of assessments conducted.</li> <li>▪ Number and percent of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings (or other designated group) attended/participant.</li> <li>▪ Number of treatment sessions attended and hours of treatment received per participant by type of treatment.</li> <li>▪ Number of drug/alcohol tests administered; number and percent of positive tests; number of no shows/refusals; number of admits w/o testing*/participant</li> <li>▪ Number of contacts with DC case manager*/participant.</li> <li>▪ Number of status/review court hearings*/participant.</li> <li>▪ Number and types of sanctions imposed (for jail,</li> </ul>	<p>employment) at graduation.*</p> <ul style="list-style-type: none"> <li>▪ Number and percent securing stable housing at graduation.*</li> <li>▪ Number and percent making full payment of required program and treatment fees at graduation.</li> <li>▪ Number and percent remaining drug and alcohol-free one year after graduation.</li> <li>▪ Number of arrests in-program/participant.</li> <li>▪ Number of program violations/participant.</li> <li>▪ Restoration of custody/visitation rights (where relevant) .</li> <li>▪ Restoration of driver's license.</li> <li>▪ Resolution of other legal matters/payment of outstanding fines and fees.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Other long-term impacts to be specified after consultation with DCCC.</li> </ul>

Inputs	Processes	Outputs	Outcomes	Impact
	<ul style="list-style-type: none"> <li>▪ 15-month minimum program with four phases.</li> <li>▪ Treatment interventions and other services as indicated by treatment plan and program phase.</li> <li>▪ Progress reports from treatment providers (Aloha House).</li> <li>▪ Frequent random drug testing.</li> <li>▪ Intensive supervision and case management by MDC case managers.</li> <li>▪ Periodic status reports from MDC case managers and by Aloha House staff.</li> <li>▪ Staffings w/ MDC judge, MDC coordinator, probation officer(s), prosecutor, public defender, other attorneys, and treatment providers.</li> <li>▪ Court hearings with full team in attendance.</li> <li>▪ Imposition of sanctions as warranted and in discretion of judge. Focus on timely imposition. Some automatic</li> </ul>	<ul style="list-style-type: none"> <li>number of days served; for community service, number of hours completed)/participant.*</li> <li>▪ Number and types of incentives awarded/participant.*</li> <li>▪ Amount of fines, fees, restitution paid /relevant participant.</li> <li>▪ Amount of child support paid/relevant participant.</li> <li>▪ Number of hours of community service/participant.</li> </ul>		

Inputs	Processes	Outputs	Outcomes	Impact
	demotions. <ul style="list-style-type: none"> <li>▪ Award of intangible (approbation) and tangible (coins and certificates) incentives.</li> <li>▪ Administrative review hearings for terminations.</li> <li>▪ Graduation.</li> </ul>			
*Indicates measure that is included in the core measures developed by the Drug Court Coordinating Committee (DCCC).				

According to MDC materials and interview respondents, MDC currently has a static capacity of 90 participants based on the number of cases (30) that can be managed by each of the three program case managers and the amount of available contract treatment services. An annual utilization rate was noted in the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee September 2005 as over 109 percent (calculated as the average number of clients served on any day during FY 2005 98.42 divided by the static program capacity of 90). 2005 legislative appropriations will enable MDC to expand its current static capacity to 120, service 15 participants on Moloka'i, increase staffing levels, and move to larger offices.

There is an extensive MDC Policies and Procedures Manual, which was provided to the NCSC project team. The manual was assembled by the first program coordinator, but does not seem to be used by the staff or other individuals that work with the drug court, nor has this manual been updated since the second project coordinator assumed her position. Apparently, most of these materials were developed during the planning process, but have been amended from time to time.

The program developed a 501(c)(3) non-profit very soon after the program was created, called *Friends of Maui Drug Court* to provide funds for incentives and for training. This non profit was started by a local doctor on a pro bono basis and its role, particularly in obtaining training funds, has been helpful in these early program years.

***What are the policies and procedures of the drug court? How have they changed over time and why?***

**Referral, Screening, and Admission**

The MDC provides close court supervision, graduated sanctions and incentives, case management, substance abuse treatment, anger management, life skills, educational and vocational training, and other services, which are designed to address the needs of the offender and the community. The minimum program length is 15 months. Treatment includes individual counseling, group sessions including family support groups, alternative group sessions such as Qi Gong, frequent alcohol and drug testing, and free after-care for up to one year after program completion.

A substance-abusing defendant can enter MDC at five points in the criminal justice process. The five points in time form the basis for the MDC's entry track framework:

- Track I: Pre-Charge, post arrest (charges dismissed upon completion)
- Track II: Pre-Trial, post charge (charges dismissed upon completion)
- Track III: Probation Revocation (violations and unserved probation dismissed upon completion)
- Track IV: Parole Revocation (reduced parole recommended upon completion)
- Track V: Furlough Program (reduced parole recommended upon completion)

The MDC focuses on providing alcohol and drug treatment services for those defendants that might otherwise not have access to services. According to program materials and interview information, over 80 percent of current MDC participants enter MDC while incarcerated, spending a minimum of 90 days in one of the two treatment dorms (Dorm 3 for Men and Dorm 5 for Women) within the Maui Community Correctional Center (MCCC). These dorms were developed after the program began. The male dorm (currently housing 24 men, not all of whom are formally in the drug court program but all of whom receive what could be described as the program's "trial phase") was developed first. The 12-person women's dorm was developed some time later. The drug court judges indicated that these dorms have played a more prominent role than anticipated. These dorms have illustrated the possibilities for providing treatment services in a correction setting.

The most significant change to the track structure involved the addition of Track IV-Parole Revocation. Judge Raffetto noted that more than one half of the people on parole were facing revocation due to drug use (Track IV). This track works closely with the parole board. The judge feels that Track V provides the program tremendous buy in from public safety and allows the program to fill the available treatment beds in the MCCC dorms.

Participants are generally referred to MDC by a private attorney or public defender (PD). The attorney nominates the client, writes a letter outlining reasons for the person to be considered to the prosecutor's office and to the drug court program. The program coordinator waits for word from prosecutor's office, where they review all the referrals for any objections. According to respondents, this process can take from a few weeks to a few months (rarely).

If the prosecutor objects to a Track I (Pre-Charge, post arrest) or Track II (Pre-Trial, post charge) admission, there will be no drug court case (their voice "trumps" the process). Prosecutorial objections are noted for Tracks III, IV, and V, but they are not dispositive; those cases will still be brought to the table for consideration for admission at a MDC case staffing meeting. The prosecutor assigned to the drug court completes a check list outlining criteria for admission of an individual to the drug court. This form becomes part of the drug court participant's file maintained by the MDC program. Potential participants are sent notice of the decision to admit them, and they are given a time period to contact the program. The program coordinator calls the potential participants, outlines the drug court process, screens them for psychoses, and relies on the program services director at MCCC to provide insight into the individuals. The minority of participants not already incarcerated before admission to the drug court program receives a letter to contact their attorney, and then to contact the program coordinator and the process begins. Whether in MCCC or in the community, there is a trial period where the MDC program coordinator "carries" the case and assesses whether the new participant is amenable to the program's requirements.

### **Staffings and Court Hearings**

MDC staffings are held on Wednesday afternoon in the third floor multi-purpose room. MDC professionals participating in the staffings include the judge, the drug court coordinator, the dedicated representative from the prosecutor's office, probation and parole (if pertinent cases are being discussed), a representative from the public defender's office, a private attorney (with a general policy and "assigned" pro bono role for Track IV cases), MDC court case managers, and

treatment providers. In the case staffing observed during the site visit, individuals seemed to come and go as needed during the 75 minutes session.

During the observed staffing, the drug court judge led the discussion of the status of each case. MDC professionals were provided with a packet of information containing the *Staffing Conference Agenda and Weekly Statistics*, a one page *Client Status Report* (per MDC participant) completed by MDC case managers, and an accompanying one-page *Review Hearing Status Report*, completed by the treatment providers staff from Aloha House. Cases with special issues or challenges were discussed first. Then, the staffing proceeded in order through the cases as listed on the “*Staffing Conference Agenda and Weekly Statistics*” packet. Over 50 cases were reviewed on the day observed. Team members were free to offer opinions. Most cases proceeded quickly; occasionally a case presented a sticky issue or a policy challenge. The MDC judge was especially concerned that he had specific and personal details to discuss with each participant (especially those in MCCC) in the next day’s hearing.

MDC court hearings occur on Thursday afternoons at 1:30 pm in the courtroom of the MDC judge. Court hearings are formal with proceedings called by the courtroom clerk, proceedings are “gaveled in,” courtroom occupants are asked to rise for the robed judge, etc. All participants stay for the entire proceeding, unless in-custody or excused by the judge for a specific reason.<sup>1</sup> The in-custody MCCC and residential participants were handled first and then by level starting with the highest phase to the lowest-Phase 4, 3, 2, and then 1.

During the observed court hearing session lasting approximately 90 minutes, MDC participants were invited to stand and/or proceed to the podium to engage in a dialogue with the MDC judge regarding his/her progress. The judge weaves in the specific details he learned at the staffing during his one-on-one interactions with the drug court participants. The entire MDC team was present in the hearing but rarely do any individuals speak in the courtroom except the court clerk introducing the cases, the judge, and each of the participants. For the most part, it appeared to be a series of conversations between the MDC judge and individual participants.

### **Sanctions and Incentives**

The MDC materials and interview participants describe a graduated therapeutic system of sanctions that can include: discussion in court, increased court appearances, increases in drug testing. Depending on the violation, the drug court does not wait until the next scheduled court appearance to impose sanctions, but rather acts as soon as possible. The imposition of sanctions and rewards is discussed in case staffing meetings.

Conventional sanctions come from the bench. Demotion in phase is automatic; e.g., if a participant misses a meeting, they can be set back 90 days. The judges noted that they do not have a formulaic approach in this drug court. For promotions, “it is a recommendation until the judge promotes them.”

---

<sup>1</sup> MDC participants are required to attend court hearings as follows: Phase 4-once every four weeks; Phase 3-once every three weeks; Phase 2-once every two weeks; and Phase 1 (trial and MCCC included) every week. The frequency of court attendance was modified during the Summer of 2005 and is reflected herein.

***What is the size and nature of the total population eligible for drug court? How are screening and referral functions carried out? How many people are referred to drug court, how many are accepted, and why are those not accepted rejected?***

MDC is an intensive supervision and treatment program for non-violent class "B" or "C" felony offenders residing on the island of Maui or Moloka'i whose criminal activity stems from alcohol or drug abuse. A total of 373 individuals have been admitted (as of October 18, 2005) to the Maui Drug Court since the program inception. According to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, during FY 2004-2005, 49 individuals were screened by the current program coordinator. Of these individuals, 47 (96 percent) were found appropriate for program admission. These screening results confirm the coordinator's belief to "screen in" rather than "screen out." From most reports, most of these referrals (80 percent) come to the MDC program through the MCCC treatment dorms.

***What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?***

According to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, during fiscal year 2004-2005, information other than basic counts of graduates are not available at this time. Anecdotal reports indicate, however, that (1) the vast majority of MDC participants are males; (2) the drug of choice is methamphetamine. A current (and recent) challenge for the MDC is the number of its pregnant female participants and the impact on program requirements and linkages to services.

***What are the characteristics of available treatment interventions? What treatment and other services are participants getting?***

Aloha House is the primary contracted treatment services provider of group and individual treatment services for all phases, both in the community (outpatient) and at the MCCC treatment dorms (Dorm 3-Men, Dorm 5-Women). In addition, the program has a strong cooperative relationship with the Resource Center that they use for participants in transition (housing) and Aloha House Therapeutic Living Program. Aloha House provides MDC's therapeutic and counseling content: best practices substance abuse treatment, anger management, life skills, educational and vocational training, and other services that meet the needs of the offender and the community. Treatment provided by Aloha House includes individual counseling and group sessions including family support groups. The frequency and type of services depends upon the MDC participant's phase and is outlined in the next section. The schedule of outpatient treatment services is depicted in Table D-1.

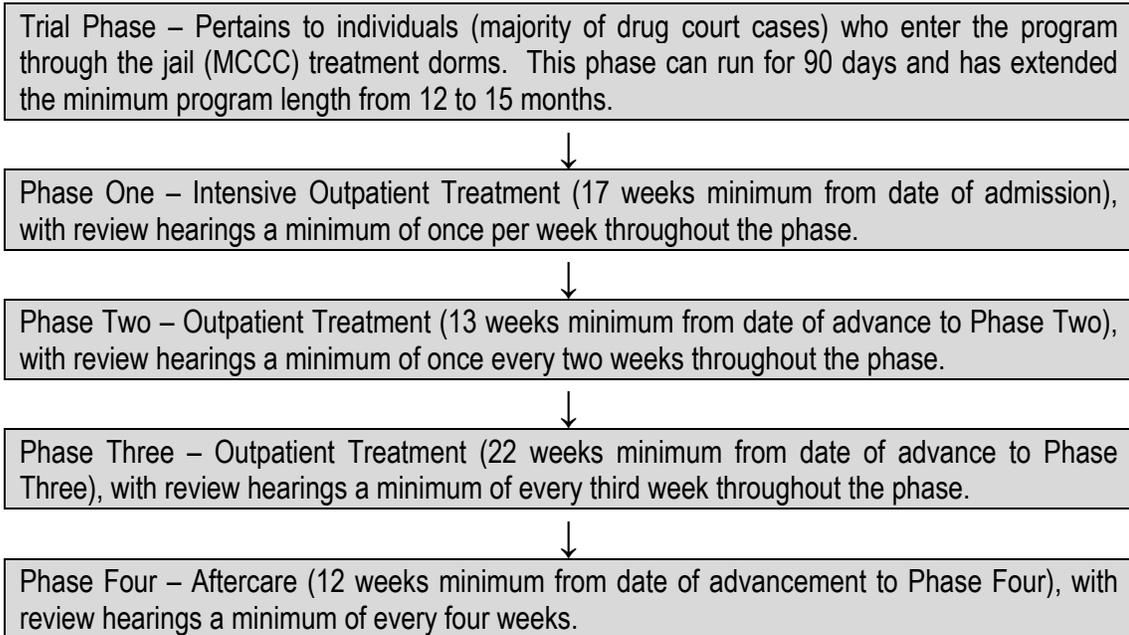
<b>Table D-1. Aloha House Outpatient Treatment Schedule</b>					
<b>MDC Level</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Trial/ Phase 1</b>	4-6 pm	4-6 pm	4-6 pm		4-6 pm
<b>Phase 2</b>	4-6 pm	4-6 pm			4-6 pm
<b>Phase 3</b>				4-6:30 pm	
<b>Phase 4/ Aftercare</b>				5-7pm	

Some gaps in treatment resources were noted by respondents:

- Residential treatment (other than the treatment dorms at MCCC) is not available on the island.
- Clean, safe, sober housing is at a premium and is a prerequisite for program graduation.
- Although there is an alumni group, there is a need for a more structured and active continuing care or support group program for those who graduate the program.

***What are the major case processing steps? What happens to participants in drug court? What is their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, etc.?***

MDC is a five phase and 15-month (minimum) program with five entry tracks (from pre-charge/post arrest to furlough). The court provides close supervision with incentives and sanctions. The MDC program staff of case managers provides case management services.



Each phase has guidelines for treatment, drug testing, and attendance at AA/NA meetings or other support groups, with requirements for employment and/or educational commitments.

Criteria for graduation are included in the MDC manual and available as handouts. Graduation criteria include: a minimum of 15 months participation (including aftercare) and a minimum of 12 weeks in Phase 4, with credit provided for time in "pre-treatment screening-trial" phase in MCCC Dorm 3 or Dorm 5; negative alcohol and drug tests for 90 consecutive days prior to graduation; no unexcused absences from group sessions in the 90 days prior to graduation; no unexcused absences from individual sessions in the 90 days prior to graduation; obtaining high school diploma or GED if applicable; maintain current employment or enrollment in appropriate education or training program; maintenance of secure, clean, sober living environment; file restitution order (if applicable), and payment in full of required program and treatment fees.

The issue of administrative reviews for cases that are in danger of being terminated from the program was a current issue (with a current test case) at the time of the October 2005 project site visit. According to the drug court judges, an individual being considered for termination will be staffed but if the decision is to consider a person for termination, the judge will schedule a termination hearing, making a decision to consider the issue. The MDC program is considering the pros and cons of drawing out this process (contrary to national drug court standards that suggest that these decisions should not be delayed). There have been examples in this program in which the drug court team wanted to terminate but the judge decided to keep the case in the program; sometimes, the judges noted, it can be useful for the judge to simply instruct the team to keep trying. "We want to err on the side of rehabilitation here."

***Who are the staff and what are their responsibilities? What is the drug court's annual budget and sources of funds?***

Members of the MDC team include a combination of judicial, court, and agency personnel: two judges; one coordinator (court employee); three case managers (court employees); one dedicated public defender; one private attorney; one dedicated prosecutor; representatives of Aloha House; and members of probation and parole, as needed.

**Drug Court Judge:** There are two Circuit Court Judges hearing adult drug court cases on Maui. Judge Raffetto now handles all of the divertible drug cases (B and C felonies) and all the probation revocations for Family Court and for Circuit Court. He handles all of the potentially divertible cases to encourage a uniform approach to divertible cases. In the past fiscal year, the Circuit received another judge that made this allocation possible. The A felonies go to the other three judges in the Circuit (including Judge Cardoza, who also handles the drug court docket when Judge Raffetto needs coverage).

**Drug Court Coordinator:** The current drug court program coordinator is the second individual to hold this position. The founding coordinator was an attorney and created the program with the current primary drug court judge. The current coordinator has held the job since 2003 and has focused on the therapeutic and counseling end of the program components, as well as her other duties. The coordinator does not have a formal caseload, as do her other staff members, but does have responsibility for the "trial phase" of the program that runs at the MCCC. Her philosophy is "I don't screen out, I screen in," and she maintains contact with the judge and courtroom, and with the intake and "trial phase" dorms at MCCC. The coordinator supplies reports to case

staffings, attends (along with her case management staff) court hearings, and takes an active role in those discussions. Additionally, she is responsible for the overall operations of the MDC.

**Drug Court Case Managers and Support Staff:** The program has three certified substance abuse counselors (CSAC) who function as case managers, coordinating drug court participant case activities and preparing status reports for the drug court team and for the judges and other participants during drug case staffings and court hearings. The new (as of October 2005) support staff position assists the counselors/case managers and the program coordinator with activity coordination, document preparation, and other tasks that are being clarified. The role of the case manager is to know where the participants are in the program and how they are doing. Sometimes they provide assistance in locating a range of services: shelter bed, dental care, employment, mental health service referrals, medical referrals, and connections to educational opportunities (e.g., at Maui Community College). The case managers reported that they kept themselves apprised by finding area resources themselves. One case manager noted that “we empower them, we don’t lead them,” by linking them to resources and monitoring their compliance.

Some respondents were concerned about the staff category “case manager” because they didn’t want these staff members “managing” the participants. These respondents preferred that the drug court staff focus on engaging with participants and assisting them with their recovery.

### **Maui Adult Drug Court Budget**

The annual budget for the MDC is \$298,202 (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005).

### ***Is there an advisory board or governing task force, and if so, who serves and what are their responsibilities?***

According to several respondents, the MDC has a policy committee that was of assistance when the program was started. This group apparently has not been meeting for the past several years.

### ***What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, and others? What information is routinely made available to and/or required by these agencies?***

The pride for the MDC and its success is evident. The NCSC project team visit occurred during a graduation and its related festivities. There was indeed a palpable sense of excitement and congratulations among the MDC team.

For the most part, respondents indicate that MDC professionals and the various agencies they represent get along well. When difficult issues need to be worked out, they noted, people do not just protect their own turf but approach the challenge as “an opportunity for us to come to a new solution.” As an illustration of the open discussion among the MDC team in case staffing situations, one respondent noted that even defense attorneys have indicated that in select cases the group has been “going way too easy” on a participant.

There are always opportunities for improvement, especially in light of MDC personnel changes and additions, and policy changes. MDC professionals spoke glowingly of interdisciplinary trainings made available to them personally or to their colleagues during the evolution of the program or in recent years. Participation in these training and conference educational opportunities clearly serve to re-energize program staff and their colleagues. In fact, a national conference served to spark the very existence of this program and its initial attributes.

During the staffing process, MDC professionals are provided with a packet of information containing the *Staffing Conference Agenda and Weekly Statistics*, a one page *Client Status Report* (per MDC participant) completed by MDC cases managers and an accompanying one-page *Review Hearing Status Report*, completed by the treatment provider staff from Aloha House. The *Weekly Statistics* contains MDC statistics such as total admissions, total graduates, total terminations, total current participants, total in trial phase, total on waiting list, and total current participants by phase. Most respondents indicate that this is a useful tool and is helpful to monitor success as well as need.

***What local conditions (court caseloads, community attitudes, local culture, etc.) affect the drug court?***

The Maui community as observed and reported by all individuals interviewed is inclusive and accepting and invested in the success of the drug court participants. One of the drug court judges noted that several years ago a judge from a neighboring jurisdiction with a longer running program was "shocked" at how quickly the Maui program got up and running. The judge noted that on Maui there is tremendous community support that translated into people who are willing to come out and employ drug court graduates and to act as NA and AA sponsors, provide funding, and generally encourage the drug court participants and graduates in their recovery. Several respondents noted that Maui also encountered the methamphetamine problem before the rest of the jurisdictions and were reeling from the fallout of the crisis, so were motivated to respond.

There was extensive conversation among the program coordinator, program case managers, the judges, and others about funding for a fourth case manager, which would allow the program to serve 30 additional participants. From several reports, there have been at least this many potential participants on a waiting list for several months. When queried about whether there was sufficient court time and staff time to staff and hear another 30 cases or more, everyone agreed that it would push them but that "we'll just expand to do what we need."

***How long do participants stay in the drug court? Who drops out, at what point, and why? How many participants (number and percentage, Bureau of Justice Assistance), with what characteristics, graduate from drug court?***

Cumulative graduation, admission, and termination data, as well as current enrollment data, provided in the *Maui Drug Court Staffing Conference Agenda and Weekly Statistics Report* dated October 18, 2005, was reviewed during case staffing and court hearing observed on site. As of October 18, 2005, 171 participants had graduated from the MDC since program inception. Based on the total number of admissions to that date (373) and currently active cases at the time of data collection of the report (90 cases on October 18, 2005), the overall graduation rate

(graduates divided by admission minus actives) is 60 percent and the retention rate (graduates plus actives divided by admissions) is 70 percent. One hundred twelve (112) participants had been terminated from the program since its inception, for a termination rate (terminations divided by admissions minus actives) of 40 percent. According to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005, MDC terminates any client that absconds from the program for over a one month period of time to allow the treatment slot to be utilized.

Because no client specific automated database exists at the current time for the MDC, it is not possible at present to easily answer queries about which participants with which demographic and program performance characteristics ultimately graduate, terminate, and continue on in the program.<sup>2</sup>

***What is the percentage of drug court clients who are arrested while in the program and their charges (Bureau of Justice Assistance)?***

According to the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005, MDC has tracked recidivism of criminal activity in terms of arrests and convictions for its program graduates. As noted above, there have been 159 graduates since the program's inception in 2000. Of these, as per the data collection of the 2005 report, there had been 39 arrests for an arrest rate of 25 percent, ten total convictions for a conviction rate of 6 percent. It should be noted that there were eight total felony convictions, four drug related felony convictions, and an additional five misdemeanor convictions. Three graduates were convicted of both a felony and a misdemeanor after graduating from the drug court program.

---

<sup>2</sup> The former treatment provider, Impact, maintained an automated MIS database for MDC participants. At the expiration of the contract, Impact did not submit a continuation proposal and was eliminated from consideration. Aloha House was subsequently awarded the contract for treatment services. Impact did not provide the MDC with a copy of the database or the data upon its departure from Maui.

## Maui Adult Drug Court and the *Ten Key Components*

**Key Component 1.** Drug courts integrate alcohol and other drug treatment services with justice system case processing.

*NCSC Comment: The MDC recognizes the importance of treatment and its complementary role to judicial supervision and intensive case management. Aloha House provides a comprehensive and wide range of treatment services.*

- MDC is a five phase program that begins with a trial phase and concludes with Phase 4. It incorporates in custody in-patient, intensive outpatient, outpatient, and aftercare services to its judicial supervision and case management services,
- Aloha House personnel participate in MDC staffings, attend MDC hearings, provide weekly *Review Hearing Status Reports* (for each MDC participant scheduled for court review) and frequently communicate with the MDC case managers.
- The MDC judge reviews the Aloha House staffing reports during staffings and, then, actively engages the MDC regarding their therapeutic progress during hearings.
- The lack of local residential (including clean and sober houses), mental health services, and aftercare services were noted as concerns by MDC team members.
- Program materials specifically reference an integrated approach (judicial supervision, case management services, and treatment) to combat the substance abuse of the MDC participant.
- The MDC Policy and Procedures manual documents program objectives, the entry process, treatment phases, eligibility standards, criteria for graduation and termination, the drug testing protocol, and sanctions and incentives, among other topics. The manual was developed in 2001 and needs to be updated to reflect current practices and service providers.

**Key Component 2.** Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

*NCSC Comment: While the prosecutor and PD have separate and distinct roles in the process, both individuals and agencies are actively engaged in the goals and mission of the MDC.*

- Referrals to MDC are generated by defense counsel, usually the PD.
- The prosecutor is responsible for making the admission decision for Track I and Track II. The prosecutor makes admission recommendation to the MDC team for all other tracks.
- According to interviews, the PD is a strong supporter of MDC and actively encourages clients to participate because of the treatment and disposition benefits.
- The prosecutor and PD participate in MDC staffings and attend all court hearings.

**Key Component 3.** Eligible participants are identified early and promptly placed in the drug court program.

*NCSC Comment: The MDC has published eligibility criteria and a specific admission process. The identified steps and the series of approvals by the prosecutor and the MDC team, interferes, somewhat, with the early identification and prompt placement of the participant into MDC and treatment services.*

- Referrals to MDC are generated by defense counsel, usually the PD.
- The prosecutor is responsible for making the admission decision for Track I and Track II. The prosecutor makes admission recommendation to the MDC team for all other tracks.
- No statistics are maintained by MDC regarding the time from referral, to admission, to treatment.

**Key Component 4.** Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

*NCSC Comment: Aloha House provides MDC with a continuum of therapeutic services including counseling, substance abuse treatment, anger management, life skills, educational and vocational training, and other services that meet the needs of the drug court participant and the community.*

- Treatment provided by Aloha House includes individual counseling and group sessions including family support groups. The frequency and type of services depends upon the MDC participant's phase and complements judicial supervision and case management services.
- Each phase has guidelines for treatment, drug testing, and attendance at AA/NA meetings or other support groups.
- Data on the aggregate and average number of treatment sessions and treatment days are not currently maintained by the MDC in a usable FY format.
- MDC case managers are also Certified Substance Abuse Counselors and are tuned into the treatment needs of the participant and can effectively intervene, when necessary, or notify Aloha House personnel.
- Gaps in treatment resources include residential treatment; clean, safe, sober housing; and a more structured and active continuing care or support group program for those who graduate the program.

**Key Component 5.** Abstinence is monitored by frequent alcohol and other drug testing.

*NCSC Comment: The MDC developed written policies and protocols, which are still in effect, for the frequent and random drug testing of drug court participants. These policies and protocols continue to be executed to this day.*

- Each drug court phase has guidelines for drug testing. Aloha House administers the urinalysis test according to the articulated guidelines.

- According to respondents, the MDC team is immediately notified of a positive drug test and action is immediate.
- As a condition of graduation, the MDC participant must be abstinent for 90 days.
- Data on the aggregate and average number of urinalysis tests are not currently maintained by the MDC in a usable FY format.

**Key Component 6.** A coordinated strategy governs drug court responses to participants' compliance.

*NCSC Comment: The MDC has policies and protocols in place to put the drug court participant on notice regarding program expectations, rules, and requirements and to respond to infractions and noncompliance in a timely and consistent way.*

- MDC participants receive and sign a series of documents that advise them of program expectations and the consequences of infractions as articulated in the MDC Policy and Procedure manual and as evident during a review of closed files.
- MDC utilizes a series of graduated therapeutic and conventional sanctions. The most extreme sanction is termination from MDC.
- An evidentiary hearing is held prior to termination in order to adequately prove and or rebut the underlying conditions and circumstances for termination.

**Key Component 7.** Ongoing judicial interaction with each drug court participant is essential.

*NCSC Comment: There is a high level of judicial interaction with the drug court participant.*

- MDC participants appear before the drug court judge at regular intervals. The frequency of court appearances is determined by the phase of treatment, but may be increased or decreased depending on compliance and progress: Phase 4-once every four weeks; Phase 3-once every three weeks; Phase 2-once every two weeks; and Phase 1 (Trial and MCCC included) every week.
- Thursday court hearings are preceded by Wednesday staffings during which the MDC judge reviews the *Client Status Report* and the *Review Hearing Status Report*, and the team discusses issues that need to be addressed for each participant at the hearing.
- During the court hearing, the MDC judge calls each participant forward and engages him/her in a dialogue regarding their treatment progress and a personal fact or reference tailored specifically for that participant.

**Key Component 8.** Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

*NCSC Comment: While the MDC has a few selected performance indicators in place, considerable improvement is needed to effectively monitor and evaluate the program goals and to gauge its effectiveness.*

- The MDC Policy and Procedure manual anticipated a process and an outcome evaluation; no such evaluations have taken place to date.
- The Drug Court Coordinating Committee recently promulgated a set of uniform goals and performance measures for drug courts statewide.
- The MDC was unable to provide several categories of information for the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005. A commitment has been articulated, however, to collect the information.
- As observed during the NCSC file review process, that while the file format and structure are good, the MDC program files contain inconsistent, missing, and/or unreliable information to measure outputs and outcomes.
- The *Weekly Statistics* contains MDC statistics such as total admissions, total graduates, total terminations, total current participants, total in trial phase, total on waiting list, and total current participants by phase. Most respondents indicate that this is a useful tool and is helpful to monitor success as well as need.
- The MDC does not maintain a Management Information System (MIS) to assist with performance, output, or outcome measurement.
- Currently, the MDC is participating in the NCSC comprehensive process and outcome/impact evaluation.

**Key Component 9.** Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

*NCSC Comment: The MDC does not have a program of continuing interdisciplinary training to promote effective drug court operations,*

- Opportunities in this area should be pursued especially in light of MDC personnel changes and additions, and policy changes.
- MDC professionals spoke glowingly of interdisciplinary trainings made available to them personally or to their colleagues during the evolution of the program or in recent years.
- Participation in these training and conference educational opportunities clearly serve to re-energize program staff and their colleagues. In fact, a NADCP national conference served to spark the very existence of MDC and its initial attributes.

**Key Component 10.** Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

*NCSC Comments: The MDC has made efforts to involve and educate the community about drug court goals and operations.*

- MDC developed a 501(c)(3) non-profit very soon after the program was created, called *Friends of Maui Drug Court*, to provide funds for incentives and for training.
- MDC created bumper stickers and t-shirts espousing the success of MDC with statements such as, "Maui Drug Court, IT works."
- MDC has partnered with the American Cancer Society to deliver its smoking cessation curriculum under the theory that successful substance abuse treatment is tied into smoking cessation.

**NCSC Summary and Conclusions:** The pride for the MDC and its success is evident. There was indeed a palpable sense of excitement and congratulations among the MDC team surrounding the recent drug court graduation. The MDC is operating well and there appears to be relatively few shortages in the types and quality of judicial, treatment, and case management services it delivers. Additionally, the MDC surpasses many of the components outlined for operating adult drug courts in *Defining Drug Courts: The Key Components*. Two areas that require attention, however, are Component #3 and Component #8.

The MDC also plans to increase its census and static capacity during 2006. The increase in participants should be executed in a methodical and incremental manner and over a period of time. While the possibility of admitting and servicing more MDC participants is indeed a laudable plan, efforts should also be focused on strengthening MDC's programmatic infrastructure in areas such as: the review and update of the MDC Policies and Procedures manual; improving the accuracy of documents stored in the paper files; the development of a meaningful alpha/numeric identifier system for MDC participants; and the development of a meaningful performance measurement system and an automated database to track outputs, outcomes, and impacts.

Additionally, during this time of anticipated program expansion, the time is ripe to reflect on the many staffing and operational changes that have occurred since the implementation of the MDC. The passage of time and personnel changes necessitates an ongoing program of interdisciplinary training to promote effective drug court operations.

### **Recommendations for the Maui Adult Drug Court**

***Maui Adult Drug Court Recommendation 1. Efforts should be focused on strengthening MDC's programmatic infrastructure in areas such as: the review and update of the MDC Policies and Procedures manual; improving the accuracy of documents stored in the paper files; the development of a meaningful alpha/numeric identifier system for MDC participants; and the development of a meaningful performance measurement system and an automated database to track outputs, outcomes, and impacts.***

***Maui Adult Drug Court Recommendation 2. An ongoing program of interdisciplinary training should be developed to promote effective drug court operations.***

## **APPENDIX E**

**Second Circuit  
Maui Family Court Drug Court**

**MAUI FAMILY COURT DRUG COURT**

***How was the program developed—who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?***

The Maui Family Court Drug Court (MFCDC) commenced operations in January 2005. The MFCDC is a case-type based, four-track drug court program accepting: child welfare services (CWS) cases; juvenile delinquency cases, domestic violence (DV) cases, and divorce cases. MFCDC currently has seven clients on the child welfare services track, one on the juvenile track, one on the domestic violence track, and zero in the divorce track. The MFCDC, which also serves the islands of Moloka'i and Lanai, expects to have 15 clients by the end of 2005 and will expand to 30 in 2006.

The goals and objectives of the MFCDC, as provided in program materials and outlined in the logic model depicted in Figure E-1, include: increase knowledge about the effects of substance use; decrease substance use; cease and abstain completely from any use of methamphetamine (Ice); increase pro-social activities and improve adaptive functioning in school, work, peer relationships, recreational activities, and other areas; identify, create, and strengthen cohesive, developmentally appropriate relationships; decrease criminal or delinquent behavior; decrease related problems such as school failure, behavior problems, and emotional distress; and increase nonviolence. Table E-1 lists the goals and objectives by case track.

<b>Table E-1. Maui Family Court Drug Court Goals and Objectives by Track</b>			
<b>Child Welfare Services "S" Track</b>	<b>Juvenile "J" Track</b>	<b>Domestic Violence "CR" Track</b>	<b>Divorce "D" Track</b>
<ul style="list-style-type: none"> <li>• At the time of graduation from the program, client has steady employment or a reliable source of family income.</li> <li>• At the time of graduation from the program, client has housing appropriate to the needs of the child(ren).</li> <li>• Three years after entry into the MFCDC the client has no new involvement with CWS.</li> </ul>	<p>Youth does not use any alcohol or drugs during minority after completion of the MFCDC program.</p>	<ul style="list-style-type: none"> <li>• Three years after entering the MFCDC, the subject has not been convicted of a crime of violence.</li> <li>• Three years after entering the MFCDC, no HRS 586 Orders for Protection have been issued against the subject.</li> <li>• Three years after entering the MFCDC, the subject has not been arrested for a crime of violence where there is documented evidence of visible physical injury to a victim.</li> <li>• Three years after entering the MFCDC, the subject's employment or education circumstances are better than they were at the time of entry into MFCDC.</li> </ul>	<ul style="list-style-type: none"> <li>• Three years after entering the MFCDC, the client has frequent unsupervised contact with his/her children.</li> <li>• At the time of graduation from the program, a client's substance use is no longer a factor that limits unsupervised contact with his/her children.</li> <li>• At the time of graduation from the program, the client has steady employment or a reliable source of family income.</li> </ul>

**Figure. E-1. Maui Family Court Drug Court Logic Model**

**Goal/Mission:** The mission of the Maui Family Court Drug Court: The Judiciary, Aloha House, Inc., and four of Maui's premier Behavioral Health Service Agencies working together in a collaborative spirit to provide support, intervention, and/or rehabilitative services to juveniles, adults, and families.

**Global Objectives:**

1. Increase knowledge about the effects of substance use.
2. Decrease substance use.
3. Cease and abstain completely from any use of methamphetamine.
4. Increase pro-social activities and improve adaptive functioning in school, work, peer relationships, recreational activities, and other areas.
5. Identify, create, and strengthen cohesive, developmentally appropriate relationships.
6. Decrease criminal or delinquent behavior.
7. Decrease related problems such as school failure, behavior problems, and emotional distress.
8. Increase nonviolence.

**Track Specific Objectives:**

## J track:

- Youth does not use any alcohol or drugs during minority after completion of the MFCDC program.

## S track:

- At the time of graduation from the program, client has steady employment or a reliable source of family income.
- At the time of graduation from the program, client has housing appropriate to the needs of the child(ren).
- Three years after entry into the MFCDC the client has no new involvement with Child Welfare Services.

## CR track:

- Three years after entering the MFCDC, the subject has not been convicted of a crime of violence.
- Three years after entering the MFCDC, no HRS 586 Orders for Protection have been issued against the subject.
- Three years after entering the MFCDC, the subject has not been arrested for a crime of violence where there is documented evidence of visible physical injury to a victim.
- Three years after entering the MFCDC, the subject's employment or education circumstances are better than they were at the time of entry into FCDC.

## D track:

- Three years after entering the MFCDC, the client has frequent unsupervised contact with his/her children.
- At the time of graduation from the program, a client's substance use is no longer a factor that limits unsupervised contact with his/her children,
- At the time of graduation from the program, the client has steady employment or a reliable source of family income.

**Target Population: [Four tracks]** Intensive and moderate services will be available only to those individuals over whom the family court has jurisdiction, or who are subject to a charge for a criminal or juvenile offense which would be heard in family court.

J track:

- Highest priority will be given to youth charged with Dangerous Drug Offense.
- Youths who cause serious or substantial bodily injury or who use a weapon in the commission of an offense are ineligible for participation in the MFCDC.
- No preferences will be given to youth on the basis of the amount of history they have with the juvenile justice system.
- Youth are eligible to enter the program up to age eighteen (18) but, if they have reached the age of seventeen (17) at time of entry into the program, they must agree not to contest extension of jurisdiction until age nineteen (19).

S track:

- Substance use must be the primary reason for CWS intervention.
- There must not be any unresolved criminal charges that will interfere with the client's full participation in MFCDC services.
- If a prospective client is on parole or probation, the parole or probation officer must participate in the admission decision.
- There is no preference for either family supervision or foster custody cases.
- Priority is given to clients willing to participate in the MFCDC at the commencement of the case, as opposed to those over whom jurisdiction already exists and those who contest jurisdiction.

CR track:

- Persons charged with an offense under HRS 709-906, HRS 586-4, and HRS 586-11.
- Probation revocations from any of the above offenses.
- Highest priority is given to those most likely to receive a jail sentence significantly in excess of the two-day minimum.
- Persons who cause serious or substantial bodily injury or use a weapon in the commission of an offense are ineligible for participation in the MFCDC.
- If the Prosecutor opposes a person's entry into the MFCDC, that person will not be admitted.

D track:

- Substance use must be the primary reason for restricting a client's contact with minor child(ren).
- There must not be any unresolved criminal charges pending against the prospective client that will interfere with the client's ability to fully participate in the MFCDC.
- If a prospective client is on parole or probation, the parole or probation officer must participate in the admission decision.

Inputs	Processes	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> <li>▪ Program capacity: 15 clients.</li> <li>▪ DC Team "revolving door": [1] J track (see Processes) add</li> </ul>	<ul style="list-style-type: none"> <li>▪ There are four tracks named to correspond to the legal file designations of the cases that are eligible for MFCDC services.</li> <li>[1] J track (juvenile) will serve</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of referrals rejected.</li> <li>▪ Number and percent of graduations.*</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent completing high school, GED, or other equivalent at graduation, if applicable.*</li> </ul>	<ul style="list-style-type: none"> <li>▪ Post Graduation Recidivism (For child welfare cases, recidivism could be considered another incident of child neglect or abuse or</li> </ul>

Inputs	Processes	Outputs	Outcomes	Impact
<p>probation officer                      [2] S track adds CWS worker and GALs                      [3] CR track (DV) add supervisor of DV unit, prosecutors, and defense attorney                      [4] D track not yet implemented.</p>	<p>youth and families over whom the court has jurisdiction under HRS 571. (3 slots)                      [2] The S track (CWS) serves parents and their families under HRS 587 family court jurisdiction. (7-8 slots)                      [3] The CR track (DV) serves defendants charged with or convicted of offenses under HRS 709-906, HRS 586-4, or HRS 586-11. It will also serve the families of these defendants. (3 slots)                      [4] The D track (divorce) serves parents with recurring custody/visitation disputes in which substance use is the primary issue. (1 slot)</p> <ul style="list-style-type: none"> <li>▪ Determination of eligibility (by MF CDC coordinator).</li> <li>▪ Assessment by contracted service provider-Maui Youth and Family Services.</li> <li>▪ Formal admission-completion of admission agreement and other forms/waivers. Hearing before the MF CDC judge.</li> <li>▪ Three levels of service: [coordinated by Aloha House][1] Intensive:</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of terminations by phase terminated.*</li> <li>▪ Number of assessments conducted.</li> <li>▪ Number and percent of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings (or other designated group) attended/participant.</li> <li>▪ Number of treatment sessions attended and hours of treatment received per participant by type of treatment.</li> <li>▪ Number of drug/alcohol tests administered; number and percent of positive tests; number of no shows/refusals; number of admits w/o testing*/participant.</li> <li>▪ Number of contacts with MF CDC case manager.*/per participant.[1] J track-juvenile PO; [2] S track-CWS caseworker;[3] CR track-DV PO.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of graduates employed, re-employed and or improved employment (and length of employment) at graduation.*</li> <li>▪ Number and percent securing stable housing at graduation.*</li> <li>▪ Number and percent making full payment of required program and treatment fees at graduation.</li> <li>▪ Number and percent remaining drug and alcohol-free one year after graduation.</li> <li>▪ Number of arrests in-program/participant.</li> <li>▪ Number of program violations/participant.</li> <li>▪ Restoration of visitation rights (where relevant).</li> <li>▪ Restoration of driver's license.</li> <li>▪ Resolution of other legal matters/payment of outstanding fines and fees.</li> </ul>	<p>threatened neglect/abuse</p> <ul style="list-style-type: none"> <li>○ Number and percent of children who do and do not return to CWS foster care.</li> </ul> <ul style="list-style-type: none"> <li>▪ Health.</li> <li>▪ Abstinence.</li> <li>▪ Family functioning.</li> <li>▪ Number of drug free births and babies.</li> <li>▪ Other long-term impacts to be specified after consultation with DCCC.</li> </ul>

Inputs	Processes	Outputs	Outcomes	Impact
	<p>comprehensive drug court services, including residential and outpatient SA treatment[2] moderate: outpatient SA treatment with range of collateral services[3] minimal: one or two low level interventions plus drug testing.</p> <ul style="list-style-type: none"> <li>▪ Treatment interventions and other services as indicated by CWS treatment plan (as applicable) and program phase.</li> <li>▪ Progress reports from contracted treatment providers (Aloha House).</li> <li>▪ Frequent random drug testing by contracted service provider (Aloha House).</li> <li>▪ Intensive supervision and case management by case managers. [1] J track-juvenile PO; [2] S track-CWS caseworker; [3] CR track-DV PO.</li> <li>▪ Periodic status reports from MF CDC case managers and relevant service providers placed in</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number of status/review court hearings*/participant</li> <li>▪ Number and types of sanctions imposed (for jail, number of days served; for community service, number of hours completed)/participant.*</li> <li>▪ Number and types of incentives awarded/participant.*</li> <li>▪ Amount of fines, fees, restitution paid/relevant participant.</li> <li>▪ Amount of child support paid/relevant participant.</li> <li>▪ Time in level/participant and total time in FCDC, in days.</li> <li>▪ Number of hours of community service/participant.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of children who reach legal permanency (by reunification, guardianship, permanent planned living arrangement, or adoption, or other legal categories that correspond to ASFA).</li> <li>▪ Compliance w/ CWS case plans.</li> <li>▪ Time to reunification with child, in days.</li> <li>▪ Number of TPR petitions filed/participant.</li> <li>▪ In Program Recidivism (For child welfare cases, recidivism could be considered another incident of child neglect or abuse or threatened neglect/abuse while under MF CDC's jurisdiction.)                         <ul style="list-style-type: none"> <li>○ Number and percent of children who do and who do not have subsequent petition for abuse/neglect while under MF CDC's jurisdiction.</li> </ul> </li> </ul>	

Inputs	Processes	Outputs	Outcomes	Impact
	<p>participant files and submitted to court.</p> <ul style="list-style-type: none"> <li>▪ Staffings w/ MFCDC judge, MFCDC coordinator, MFCDC case managers [[1] J track-juvenile PO; [2] S track-CWS caseworker; [3] CR track-DV PO] and Aloha House representative (treatment provider).</li> <li>▪ Periodic court hearings with full team in attendance.</li> <li>▪ Imposition of sanctions as warranted and in discretion of judge. Focus on timely imposition.</li> <li>▪ Award of intangible (in-court acknowledgment and praise) and tangible (coins and certificates) incentives.</li> <li>▪ Graduation.</li> </ul>		<p><u>For J-track Participants:</u></p> <ul style="list-style-type: none"> <li>▪ School Attendance during program participation (number of unexcused absences/participant).</li> <li>▪ Educational advancement (Grade change).</li> <li>▪ Improved Family functioning (as reported by family).</li> <li>▪ Number of alternative care placements while in program and length of stay (LOS).</li> </ul>	
<p><b>*Indicates measure that is included in the core measures developed by the Drug Court Coordinating Committee (DCCC).</b></p>				

According to materials and interviews and focus group information, the overriding reason for the development and format of the MFCDC was the recognition that (1) families come before the family court at multiple entry points and represent various case types; (2) substance abuse is an overriding issue in family court cases; and (3) effective treatment of substance abuse and the related impact it has on children and families requires .."comprehensive coordinated, integrated services that combine the skills and resources of various community entities."<sup>1</sup>

As a result, in 2003, the now retired Judge McNish engaged a series of agency representatives in an 18-month process regarding the planning and development of the MFCDC. At various points in the process, representatives from court administration, court officers, Department of Human Services (DHS) Child Welfare Services (CWS), the prosecutor's office, the office of the public defender (PD), guardians ad litem (GALs) juvenile probation, adult probation, and private treatment agencies were at the table. Community outreach and input also informed the process. As a necessary condition to the viability and achievement of the goals, MFCDC required the development of partnerships to sustain the drug court; including agreements with inpatient and outpatient treatment providers; CWS; attorney guardians ad litem (GALs). Additionally, a Request for Proposals was published for screening, assessment, and treatment services. As a result of this collaborative process:

- Aloha House developed a multi-level comprehensive treatment services delivery model for the MFCDC, which included existing and new Aloha House services such as residential and therapeutic living programs; functional family therapy, youth residential, individual counseling; drug testing services; in-community services for juveniles; substance abuse school-based services; and aftercare.
- CWS offered a dedicated caseworker to provide case management services.
- Adult and juvenile probation offices of the circuit court offered dedicated probation officers to serve as case managers.
- A dedicated circuit court judge within the family court was assigned to preside over family court drug court cases.
- Dedicated GALs (private and PDs) agreed to participate in the MFCDC.
- Dedicated deputy prosecutors and public defenders were assigned to MFCDC cases.

The resulting product of this collaboration process is titled *Maui County Family Court Drug Court Project*. This document lays out the MFCDC general policies and procedures as well as the specific policies for each track. The MFCDC "bible," as it is often referred to by respondents, contains the goals and objectives, the structure and service level of the court, the FCDC staff, screening and assessment practices, case management services, judicial supervision, drug testing, incentives and sanctions, expulsion, eligibility, length of participation,<sup>2</sup> and treatment services.

The culmination of the planning and implementation effort was the admission of the first participants in January 2005. The current and originating MFCDC coordinator did not come on

---

<sup>1</sup> See *Maui County Family Court Drug Court Project*, July 31, 2004. Often referred to as the "bible" of the Maui Family Court Drug Court.

<sup>2</sup> The range for length of participation for "J" and "S" tracks is 9-15 months and 9-18 months for "CR" and "D" tracks.

board until June 2005. Until that time, the program was run by the seated MFCDC judge, Judge Valdriz.

The MFCDC currently has a static capacity of 15 participants and is divided among the tracks as follows: Track "J"--three; Track "S"--eight; Track "CR"--three; and Track "D"--one. As stated previously, MFCDC currently has seven clients on the child protective services track, one on the juvenile track, one on the domestic violence track, and zero in the divorce track. A rough estimate of the utilization rate is 60 percent (calculated as the average number of clients served on a day during October 2005 nine divided by the static program capacity of 15). This is a similar statistic as reported by other drug courts across Hawai'i in the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005.

***What are the policies and procedures of the drug court? How have they changed over time and why?***

**Referral, Screening and Admission**

The MFCDC is a case-type based, four-track drug court program accepting child welfare services cases; juvenile delinquency cases, domestic violence cases, and divorce cases. According to documents and interviews, a referral to MFCDC is triggered upon the filing of a petition or complaint with the court, which alleges substance abuse. At that time, the case is screened by court staff (probation officers, MFCDC team) to determine eligibility for the MFCDC. At screening, referral for assessment and consent forms are executed.

The assessment is performed by Maui Youth and Family Services, a contract agency. The assessment is a comprehensive determination of the participant's treatment and services needs. The completed assessment is reviewed by the MFCDC team, who recommend an admission position to the judge. The MFCDC judge makes the final decision on admission.

**Staffings and Court Hearings**

The MFCDC holds weekly staffings on Monday or Wednesdays; depending upon the availability of the MFCDC judge and his commitment on Moloka'i. Staffings are held in the courtroom. As illustrated in Table E-2, the drug court professionals involved in the staffing session include the judge, the drug court coordinator, the juvenile probation officer, the adult probation officer, the CWS caseworker, a prosecutor, a public defender, and GALs. The MFCDC judge leads the staffing process and the discussion of each case, which opened with a statement by the MFCDC coordinator. All applicable MFCDC professionals were present and everyone was able to state their opinion and concerns.

Court hearings follow immediately after the staffings are concluded. The court hearings are formal with proceedings brought to order by and cases called by the courtroom clerk; proceedings are "gaveled in," and courtroom occupants asked to rise for the robed judge. MFCDC participants sit in the gallery until their case is called. Drug Court participants are invited to the central podium for the hearing. Only two hearings and their related staffings were observed by the

NCSC project team, however, respondents indicate that the format of the staffings and hearings were typical, if not the number.

<b>Table E-2. Maui Family Court Drug Court Team by Track</b>			
<b>Child Welfare Services "S" Track</b>	<b>Juvenile "J" Track</b>	<b>Domestic Violence "CR" Track</b>	<b>Divorce "D" Track</b>
<ul style="list-style-type: none"> <li>• Judge</li> <li>• MFCDC Coordinator</li> <li>• Treatment Provider</li> <li>• MFCDC Case manager-CWS</li> <li>• Case worker</li> <li>• GAL</li> </ul>	<ul style="list-style-type: none"> <li>• Judge</li> <li>• MFCDC Coordinator</li> <li>• Treatment Provider</li> <li>• MFCDC Case manager-Juvenile</li> <li>• Probation Officer</li> <li>• Prosecutor</li> <li>• Public Defender</li> </ul>	<ul style="list-style-type: none"> <li>• Judge</li> <li>• FCDC Coordinator</li> <li>• Treatment Provider</li> <li>• MFCDC Case manager-Adult</li> <li>• Probation Officer</li> </ul>	<ul style="list-style-type: none"> <li>• Judge</li> <li>• MFCDC Coordinator</li> <li>• Treatment Provider</li> <li>• MFCDC Case manager-Court Officer</li> </ul>

**Sanctions and Incentives**

The document titled *Maui County Family Court Drug Court Project* (aka the "bible") did not articulate a specific list of sanctions and incentives. It directed that such a list would be developed prior to operations. It did, however, articulate a set of guiding concepts in their development.

- Sanctions should be certain and predictable, which means the behavior to be sanctioned must be reliably detected.
- Sanctions should be of sufficient severity to change behavior.
- MFCDC team must be able to articulate whether sanction is punishment or negative reinforcement.
- Removal of something desirable is preferable to imposition of something undesirable.
- Include intangible rewards in incentives.
- Consider incentives that present opportunities for rewards as well as actual rewards.
- Use more incentives than sanctions; positive reinforcement is more effective.

Since that time, the MFCDC has relied on a graduated infraction and sanction schedule as developed by the Oahu Family Drug Court as a framework. These sanctions and incentives are listed in the Participant's Handbook. Sanctions are delivered by the drug court judge upon the recommendation of the MFCDC team. The imposition of sanctions and rewards is discussed in case staffing meetings and generally executed during the court hearing. The judge, however, makes the final decision in deciding which sanctions/incentives are appropriate for which infraction/achievements. The most severe sanction is expulsion from the drug court. Incentives include advancement through the levels, gift certificates, sobriety coins, and increased visitation.

***What is the size and nature of the total population eligible for drug court? How are screening and referral functions carried out? How many people are referred to drug court, how many are accepted, and why are those not accepted rejected?***

Until a petition or complaint is filed with the court, there are no data maintained by the drug court program on the numbers eligible for MF CDC. Referral data (numbers and percentage) are to be maintained in the future, however, pursuant to the core data set elements outlined in the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005.

As discussed in the preceding paragraphs, the primary trigger for referral is the petition or complaint filed with the family court. As an aid to the early identification and referral process in "S" Track cases, the MF CDC coordinator and the CWS caseworker have partnered to meet with potential candidates to explain the MF CDC model and its benefits in advance of filing of the abuse and neglect petition and/or at the time of the Temporary Foster Care Hearing. This practice will be monitored by the MF CDC coordinator in order to determine its efficacy.

***What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?***

Information other than basic counts of participants is not available at this time. As of October 2005, there are seven participants in the "S" Track, one participant in the "J" Track, and one participant in the "CR" Track. However, anecdotal accounts by most respondents during interviews and focus groups indicate that participants are predominantly women. The drug of choice is methamphetamine.

***What are the characteristics of available treatment interventions? What treatment and other services are participants getting?***

As evident in Table E-3, Aloha House has developed an extensive service and treatment network, in collaboration with Malama Family Recovery Center, Child and Family Services, The Maui Farm, and Ohana Makamae, to support the treatment needs of MF CDC participants.<sup>3</sup> According to the various treatment providers, the volume of participants and their related services needs have been less than anticipated to date; which is likely due to a 60 percent utilization rate. It is anticipated that additional services will be utilized when the number of participants is increased as planned.

---

<sup>3</sup> See *Maui Family Court Drug Court Treatment Services*, Aloha House Presentation, 2005.

Table E-3. Maui Family Court Drug Court Treatment Services				
Treatment Services	Track			
	J	S	CR	D
Functional Family Therapy	X	X	X	X
Substance Abuse School-based Program	X			
Individual Counseling		X	X	X
Outpatient Substance Abuse Treatment	X	X	X	X
Intensive Outpatient Substance Abuse Treatment	X	X	X	X
Aftercare		X	X	
Maui Hero Project	X			
Developing Options to Violence			X	
Akamai Parenting Program		X		X
Drug Testing	X	X	X	X
Therapeutic Living Program for Parents with Children		X		

**What are the major case processing steps? What happens to participants in drug court? What is their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, etc.?**

The MFCDC is a nine to 18 month program, depending upon the entry “track,” with three levels of services. The court and the drug court professionals provide very close supervision with incentives and sanctions. As indicated in the *Maui Family Court Drug Court Project* and confirmed by interview and focus group respondents, each of the three levels involves very specified service delivery models based upon a level of service framework.

**Intensive:** Provides comprehensive drug court services, including residential and outpatient substance abuse treatment.

**Moderate:** Provides outpatient substance abuse treatment. Its range of collateral services might be less than what is available under the Intensive level.

**Minimal:** Provides one or two low level interventions plus drug testing. This intervention might serve persons not under court jurisdiction. The MFCDC might be serving in a secondary capacity cooperating with other community resources by providing some limited service such as drug testing.

The MFCDC has developed comprehensive judicial supervision and treatment services models and schedules depending upon the Track and level of services (intensive, moderate, and minimal) described above. Judicial supervision refers to the frequency of staffings and judicial reviews. As indicated in the *Maui Family Court Drug Court Project* and *Maui Family Court Drug Court Treatment Services*, Aloha House Presentation, 2005, treatment services schedules identify the number and type of treatment hours as well as the frequency of drug testing.

**Who are the staff and what are their responsibilities?**

As informed by the *Maui County Family Court Drug Court Project* document and confirmed by interviews and observation, the MFCDC consists of a dedicated team of judicial, court, agency and contract personnel, which currently includes: one presiding judge, one drug court coordinator (court employee), one juvenile probation officer case manager (court employee), one adult probation officer case manager (court employee), four GALs (contract and PD), one prosecutor, one PD, and one CWS caseworker case manager. As indicated in Table E-2, these team members appear in various configurations depending upon the entry track. The responsibilities of each include:

- **Judge**-Presides over all MFCDC hearings and establishes a rehabilitative relationship with the client through intensive interaction during these hearings. Makes final decisions on admission and expulsion and, with input from the MFCDC team, on imposition of incentives and sanctions. Facilitates MFCDC team meetings and is the ultimate decision maker for MFCDC team decisions. Provides leadership to support, operate, and improve the MFCDC.
- **MFCDC Coordinator**-Manages program operations including MFCDC teams.
- **Case Manager**-Implements and oversees MFCDC team decisions and case direction. Obtains timely reports from client contacts and service providers.
- **Primary Treatment/Service Provider**-Provides MFCDC client with the treatment/service contracted for. Makes continuing assessments of client progress and needs. Recommends changes to a service plan or treatment regime to the MFCDC team. Implements changes to treatment regimes decided upon by the MFCDC team.

**Is there an advisory board or governing task force, and if so, who serves and what are their responsibilities?**

According to the MFCDC coordinator, there is a policy group of associated agency heads that helps to define the macro-level policies of the MFCDC. As the coordinator, it is her responsibility to execute the policies.

**What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, and others? What information is routinely made available to and/or required by these agencies?**

According to several respondents, turf issues and a lack of understanding of the drug court model, the dynamics of addiction, and the concept of consensus building are the primary inhibitors to an optimal level of coordination, collaboration, and cooperation among agencies. This is especially evident from interviews regarding "S" Track cases; particularly when there is a tension between the child safety issue and the parent participant's substance abuse and addiction. A local National Drug Court Institute (NDCI) training was scheduled for December 2005, which may have helped increase capacity, understanding, and break down the barriers to collaboration.

**What local conditions (court caseloads, community attitudes, local culture, etc.) affect the drug court?**

According to most interview and focus group respondents, there are several local conditions and environmental factors that positively and negatively affect the drug court. Most of the factors identified involved the infancy stages of the MFCDC and include:

- An enthusiasm for the MFCDC concept and an eagerness for it to be successful.
- The relative infancy of the FCDC and the associated growing pains as processes and organizational structures are tested and FCDC team members become familiar with the processes and their respective roles.
- Turf issues, a lack of understanding of the drug court model, and the concept of consensus building are the primary inhibitors to an optimal level of coordination, collaboration, and cooperation among agencies.
- The underutilization of the MFCDC with respect to Tracks "J," "CR," and "D" and the planned number of "spots" for these tracks.

**How long do participants stay in the drug court? Who drops out, at what point, and why? How many participants (number and percentage, Bureau of Justice Assistance (BJA)), with what characteristics, graduate from drug court?**

As of October 2005, there are seven participants in the "S" Track, one participant in the "J" Track, and one participant in the "CR" Track. There have been two terminations in the "J" Track. The first graduation of the MFCDC is expected in February 2006.

Cumulative graduate, admission, and termination data, as well as current enrollment data, will be manually maintained by the MFCDC coordinator in the future, pursuant to the core data set elements outlined in the *FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, 2005.

Because no client specific automated database exists for the MFCDC, it is not possible to easily answer queries about which participants with which demographic and program performance characteristics ultimately graduate, terminate, and continue on in the program.

**NCSC Summary and Conclusions:** The MFCDC is in its infancy stages and is experiencing the growing pains associated with many new programs. With the passage of time more information and experience inform the "program as planned" (as articulated in the "bible") versus the "program as is."

Current processes and operational decisions should be revisited (perhaps after the first class of graduates as a benchmark) in order to ensure that the processes and operations accurately reflect "as is." For example, the following areas should be reviewed: the identification and referral processes; the need for such an extensive level approach to treatment services; the viability of continuing Track "D"; and the number of slots allotted to Track "D" and Track "CR" cases.

Another issue involves the communication and collaboration of the MFCDC team. Turf issues and a lack of understanding of the drug court model, the dynamics of addiction, and the concept of consensus building are the primary inhibitors to an optimal level of coordination, collaboration, and cooperation among the MFCDC team. This is especially evident from interviews regarding "S" Track cases; particularly when there is a tension between the child safety issue and the parent participant's substance abuse and addiction. While this will likely come with time and understanding, efforts must be made to strengthen the MFCDC team.

### **Recommendations for the Maui Family Court Drug Court**

***Maui Court Family Drug Court Recommendation 1. Current processes and operational decisions should be revisited (perhaps after the first class of graduates as a benchmark) in order to ensure that the processes and operations accurately reflect "as is." For example, the following areas should be reviewed: the identification and referral processes; the need for such an extensive level approach to treatment services; the viability of continuing Track "D"; and the number of slots allotted to Track "D" and Track "CR" cases.***

***Maui Family Court Drug Court Recommendation 2. Efforts must be made to strengthen the MFCDC. The team may wish to participate in the BJA funded Team Building Curriculum developed by the National Center for State Courts. This is an asynchronous web-based curriculum, which is currently available without charge.***

## **APPENDIX F**

**Third Circuit**

**The Big Island of Hawai'i Adult Drug Court**

## BIG ISLAND ADULT DRUG COURT

***How was the program developed—who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?***

The Adult Drug Court on the Island of Hawaii (Big Island) had its origins in the 1999 adoption of Senate Concurrent Resolution No. 26, S.D. 1 which requested that the judiciary study the feasibility of establishing a drug court in the Third Circuit. A “Big Island Drug Court Planning Team” was formed in 2000 consisting initially of ten members including two judges, prosecutor, public defender, treatment providers from the East and West sides of the island, a Management Information Systems (MIS) evaluator, and drug court coordinator. Also in 2000, the Third Circuit received a grant from the Drug Court Programs Office (DCPO), Office of Justice Programs (OJP), United States Department of Justice (DOJ) for the Planning Team to attend the Adult Drug Court Planning Initiative Training, a series of three workshops, which were conducted in 2001. The Planning Team met monthly over a period of two years to design the structure and operations of the program and resolve issues, such as whether the program would be pre-plea or post-plea. The result was a minimum 12-month, three-phase program with defined goals and objectives and a plan to provide a continuum of comprehensive services, substance abuse treatment, and intensive judicial supervision to non-violent felony substance abusing offenders.

The Big Island Drug Court (BIDC) was implemented in September 2002 and accepted its first participant in October of that year. Initially, the program was post-plea, but has since expanded to four different tracks, two of which are pre-plea or diversion tracks. As of October 2005, the program had admitted a total of 89 clients and had 46 active participants.

As shown in Figure F-1, the Big Island Adult Drug Court Logic Model, the mission and specific goals and objectives of the BIDC emphasize the program’s potential benefits to the offender, but also the larger criminal justice system and community, in terms of increased public safety and decreased justice system and societal costs. These broader effects are defined more specifically as reductions in recidivism, jail admissions, length of stay in jail, and the justice system cost of handling alcohol and drug abusers. Also notable, however, is the stress on improving the timeliness of the system’s response to the offender in terms of court intervention and entry into treatment. Finally, the potential for the drug court to develop services, better organize available resources, and improve accountability are recognized in the objectives that address the provision of comprehensive, integrated program of drug treatment and rehabilitation services and enhanced collaboration among all key stakeholders, including the judicial system, the range of service providers, and policy makers.

The target population is defined, in part, by the program eligibility standards. As documented in the Adult Drug Court Manual (2002, and as amended) and on-site interviews, to be eligible for admission into the Adult BIDC; the offender must be within the jurisdiction of the Third Circuit Court, at least 18 years of age, and a non-violent offender; that is, not presently charged with or convicted of an offense during the commission of which (a) the person carried, possessed, or used a firearm or other dangerous weapon, (b) the person used force against another person, or (c) death or serious bodily injury occurred to any person, without regard to whether (a) or (b) was

**Figure F-1. Big Island Adult Drug Court Logic Model**

**Goal/Mission:** To help address societal problems related to substance abuse in order to minimize their societal and economic costs and to protect the Big Island community by providing timely and effective treatment for drug offenders with appropriate sanctions and incentives.

**Objectives:**

1. Promote public safety by reducing recidivism in non-violent substance abusing offenders on the Big Island.
2. Reduce jail admissions and average length of stay for the target population thus freeing existing incarceration resources for the violent offender.
3. Reduce recidivism of offenders with significant alcohol and other drug involvement.
4. Shorten the response time of the judicial system to violations by offenders.
5. Reduce costs to the criminal justice system in handling alcohol and drug abusers.
6. Effectively treat those offenders referred to drug court within a treatment period of no less than 12 months.
7. Provide timely court intervention, screening, and assessment to non-violent drug abusing and dependent offenders by diversion into a court supervised program of treatment.
8. Provide a comprehensive, integrated program of drug treatment and rehabilitation services to non-violent substance abusing adult offenders.
9. Enhance collaboration between the judicial system, law enforcement, substance abuse treatment agencies, health care providers, social services, mental health interests, and public policy makers.

**Target Population:** Generally, non-violent felony offenders whose criminal activity is related to alcohol or drug abuse, pre-conviction or post-conviction; however, while the offender can have no prior convictions for a Class A felony crime of violence, if five years have past since the offender was arrested, charged, or convicted of a Class B or C felony, misdemeanor, or petty misdemeanor crime of violence, excepting sex offenses and gun offenses, where a primary factor in the behavior was an underlying substance abuse problem, the offender is eligible for admission. Emphasis is on high-risk offenders where the resources of the drug court can have the most impact.

Inputs	Processes	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> <li>▪ Program capacity: 100 clients.</li> <li>▪ Funding.</li> <li>▪ DC Team: DC judge, coordinator, supervisor, probation officers, prosecutor, public defender, treatment and ancillary</li> </ul>	<ul style="list-style-type: none"> <li>▪ Four tracks: (1) arrested/not charged; (2) arrested and charged/indicted; (2.5) plead guilty/awaiting sentencing; (3) sentenced/pending violation or revocation of probation.</li> <li>▪ Referral from prosecutor for Tracks 1 and 2; referral from</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of referrals rejected.</li> <li>▪ Number and percent graduations.*</li> <li>▪ Number and percent terminations by phase terminated.*</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent completing high school, GED, or other equivalent at graduation, if applicable.*</li> <li>▪ Number and percent of graduates employed, re-employed and or improved employment (and length of employment) at graduation.*</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recidivism.</li> <li>▪ Abstinence.</li> <li>▪ Health.</li> <li>▪ Employment.</li> <li>▪ Family functioning.</li> </ul>

Inputs	Processes	Outputs	Outcomes	Impact
<p>service providers.</p> <ul style="list-style-type: none"> <li>▪ "Friends of the Big Island Drug Court," 501c3 non-profit that provides funds for incentives and other program services.</li> </ul>	<p>judges for Track 2.5 and 3.</p> <ul style="list-style-type: none"> <li>▪ Determination of eligibility. Contested admissions argued before the judge.</li> <li>▪ Assessment (LSI, ASUS, and other standardized instruments).</li> <li>▪ Formal admission - completion of admission agreement and other forms/waivers. Hearing before the judge.</li> <li>▪ 12-month minimum program with three phases.</li> <li>▪ Treatment interventions and other services as indicated by treatment plan and program phase. Outpatient treatment and TLPs available; no residential treatment facilities on the Island.</li> <li>▪ Progress reports from treatment providers.</li> <li>▪ AA and NA meetings/sponsors</li> <li>▪ Frequent random drug testing.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number of assessments conducted.</li> <li>▪ Number and percent of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings attended/participant.</li> <li>▪ Number of treatment sessions attended and hours of treatment received per participant by type of treatment.</li> <li>▪ Number of drug/alcohol tests administered; number and percent of positive tests; number of no shows/refusals; number of admits w/o testing*/participant</li> <li>▪ Number of contacts with DC officer/case manager*/per participant.</li> <li>▪ Number of status/review court hearings*/participant.</li> <li>▪ Number and types of sanctions imposed (for jail, number of days served; for community service, number of hours completed)/participant.*</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent securing stable housing at graduation.*</li> <li>▪ Number and percent making full payment of required program and treatment fees at graduation.</li> <li>▪ Number and percent remaining drug and alcohol-free one year after graduation.</li> <li>▪ Number of arrests in-program/participant.</li> <li>▪ Number of program violations/participant.</li> <li>▪ Restoration of custody/visitation rights.</li> <li>▪ Restoration of driver's license.</li> <li>▪ Resolution of other legal matters/payment of outstanding fines and fees.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Other long-term impacts to be specified after consultation with the DCCC.</li> </ul>

Inputs	Processes	Outputs	Outcomes	Impact
	<ul style="list-style-type: none"> <li>▪ Intensive supervision and case management by DC officers.</li> <li>▪ Periodic status reports from DC officers.</li> <li>▪ Staffings w/ DC judge, DC coordinator, probation officer(s), prosecutor, public defender, and treatment providers.</li> <li>▪ Court hearings with full team in attendance.</li> <li>▪ Imposition of sanctions as warranted and in discretion of judge. Focus on timely imposition.</li> <li>▪ Award of intangible and tangible incentives.</li> <li>▪ Administrative review hearings for terminations.</li> <li>▪ Graduation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and types of incentives awarded/participant.*</li> <li>▪ Amount of fines, fees, restitution paid /relevant participant.</li> <li>▪ Amount of child support paid/relevant participant.</li> <li>▪ Number of hours of community service/participant.</li> </ul>		
<p><b>*Indicates measure that is included in the core measures developed by the Drug Court Coordinating Committee (DCCC).</b></p>				

an element of the offense or conduct for which the person is charge or convicted. In August of 2005, the BIDC amended its eligibility standards in the area of prior convictions of violent crimes. While the offender can not have a prior conviction(s) for a Class A felony crime of violence, if five years have past since the offender was arrested, charged, or convicted of a Class B or C felony, misdemeanor, or petty misdemeanor crime of violence, excepting sex offenses and gun offenses, where a primary factor in the behavior was an underlying substance abuse problem, the offender is now eligible for BIDC admission. In addition, certain factors disqualify offenders, including (1) no clinical assessment of alcohol or drug problem, (2) serious mental health or other personal problems that would interfere with treatment, and (3) offender is subject to a mandatory minimum term of imprisonment. However, even with clearly defined eligibility criteria, decisions are sometimes and, must be, made on a case-by-case basis, considering the cumulative factors in a case.

The target population of the BIDC is also defined by its emphasis on high-risk offenders within its pool of eligible participants. In the belief that the resources of the program should be spent where they can have the most impact, the program has, over time, shifted its focus to higher-risk offenders. According to interviews, participants often have multiple prior offenses and a history of failure in other drug treatment programs. Some described most participants as having "hit rock bottom," with drug court as their last opportunity to turn their lives around. According to the National Drug Court Institute, a shift toward higher risk populations, or at least more post-plea/post-conviction defendants, appears to be a trend that is occurring in drug courts nationwide.<sup>1</sup> However, among team members, there is some support for including more first-time offenders and even misdemeanor cases in the program and for more participants in the diversion tracks.

The BIDC has a capacity of 100 participants based on the number of treatment slots available (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005). With 46 active participants as of October, 2005, the utilization rate was 46 percent, compared to the statewide goal of 80 percent utilization. However, some team members noted a recent increase in admissions as the result of the aforementioned change in the eligibility standards related to prior conviction(s) for less serious violent offenses. Still, several team members commented on the fact that, in the big picture, the number of program participants was small compared to the number of potential participants; that is, a small percentage of the total cases which involve drugs or alcohol that face the court system. As previously indicated, there was some support for expanding the program population to include, for example, more first-time offenders, some misdemeanor offenses, and domestic violence cases, which, it was observed, are often linked to drug/alcohol use/abuse.

There is an Adult Drug Court Manual that includes the program's mission and goals/objectives and descriptions and procedures for the entry process, treatment phases, eligibility standards, criteria for graduation and termination, drug testing, and sanctions and incentives, among other topics, and includes client forms and Memoranda of Understanding (MOU). Apparently, most of these materials were developed during the planning process, but have been amended in certain areas over time. As programs grow and evolve, however, they tend to

---

<sup>1</sup> 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*, Vol. 1, No. 2, Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice (May, 2005).

vary from written policies in day-to-day practices, often for very good and practical reasons. Program staff noted the need to be flexible and to sometimes make decisions on a case-by-case basis, considering all the factors. Still, it is important that all program documentation be periodically reviewed to ensure that it is up-to date and reflects current agreed-to practices and procedures. Some team members expressed a desire for more refined and complete written policies and procedures, citing the areas of judge-initiated referrals and bench warrants as examples of topics where clearer directions were needed.

The BDC has formed a 501(c)(3) non-profit corporation, Friends of Big Island Drug Court, which provides funds and in-kind contributions of goods and services for the program and its clients, including but not limited to incentives. The Friends of Big Island Drug Court meets every two months at which time drug court staff update the membership on referrals and active clients and other operational issues as well as the incentives that have been used. Participants write a thank-you letter to the Friends of Big Island Drug Court when they have been the recipient of an incentive or other benefit from the group.

***What are the policies and procedures of the drug court? How have they changed over time and why?***

### **Referral, Screening and Admission**

Offenders may be referred to one of four tracks: Track 1—arrested but not charged; Track 2—arrested and charged/indicted; Track 2.5—plead guilty but awaiting sentencing; and Track 3—sentenced but pending violation or revocation of probation/deferment. For Tracks 1 and 2, the prosecutor is the “gatekeeper.” Assistant prosecutors will screen for potential drug court cases and talk to the public defender/defense counsel about their client’s interest. A referral form is completed and sent to the designated drug court prosecutor who reviews and forwards a recommendation to the BDC court team. Clients in Tracks 1 and 2 will be placed on supervised release.

While the prosecutor and defense counsel, and even probation in the early stages, previously made referrals for Track 2.5 and Track 3, all referrals now come from the judges presiding over criminal cases. The judges are viewed as having a better understanding of the potential clients and their cases. Following referral, if there is disagreement on the defendant’s suitability for drug court, the prosecutor and defense counsel will argue the case for and against admission in front of the drug court judge during the staffing, a procedure that is similar to a sentencing hearing. Team members expressed no reservations about the current referral process; however, the prosecutor would like to have greater influence over certain admission decisions, especially when the crime involves a victim.

If there is agreement that the offender qualifies for drug court, they are referred to the BDC for assessment, where standardized instruments, the Level of Supervision Inventory (LSI) and the accompanying Adult Substance Use Survey (ASUS), are used to screen for readiness for treatment, motivation, and risks to the community. Guidelines call for a ten day turnaround time from referral to acceptance into drug court, and staff is aware of and attempts to meet this goal. Both defense counsel and the drug court officer assigned to the case will advise the potential client

on the nature of drug court and its rules and requirements. If the defendant agrees to participate, they will execute a series of forms, including the admission agreement, waiver of rights, and consent for disclosure of confidential court substance abuse information. The case is then set for a petition/admission hearing before the judge, at which time the judge reviews the petition, conditions of release/participation, and the admission agreement in detail.

### **Staffings and Court Hearings**

In Kona, staffings are held in the jury room on the Tuesday morning before the Wednesday court hearing. In Hilo, staffings are held on Thursday morning in the courtroom before the afternoon court hearing. Participants in the staffing include the judge, the drug court coordinator, prosecutor, public defender, drug court officers, and treatment providers. Treatment providers are only present for the discussion of their cases and come and go as needed. While the public defender always attends the staffing, appointed counsel only attends if sanctions are to be discussed.

In the two staffings observed while on site, the drug court officer led the discussion of the status of each case, providing details on compliance and other issues. The topics of discussion were far-ranging and included completion of sanctions previously imposed, status of other cases/offenses, payment of fines and restitution, employment and family status, physical health and housing. Each team member was asked to provide their observations and opinions on the cases and all appeared to be engaged in the process. At times, team members made suggestions as to issues that should be raised or reminders that should be given to participants.

Court hearings are conducted with formality but avoid procedural complexity. All participants stay for the entire proceeding, unless excused by the judge for a specific reason. There is a high level of interaction between the judge and each participant and, as in the staffings, the topics of inquiry are far-ranging but tailored to the specific circumstances of each case. The judge makes encouraging remarks to participants and reminds them of their accomplishments as appropriate.

The combination of juvenile and adult staffings and court hearings on one day in Hilo is a challenging calendar. The court is discussing the possibility of moving the staffings to a different day, as they do in Kona.

### **Sanctions and Incentives**

The BIDC uses a graduated system of sanctions. Sanctions may include admonishment; writing an essay on a topic related to the participant's particular violation; increases in drug testing, court appearances, and/or outpatient treatment sessions; for instance, a 30/30 or 90/90 plan which requires the participant to attend 30/90 Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings in 30/90 days; and/or the imposition of community service hours and/or jail time. Team members noted that it was not just the nature of the sanctions, but the swiftness with which they are applied. Observation of staffings and court hearings conducted on-site indicated that the program does indeed respond swiftly to violations; in several instances participants were brought in on bench warrants and incarcerated soon after the drug court staff was notified of a violation and

were brought to court from the jail. Depending on the violation, the drug court does not wait until the next scheduled court appearance to impose sanctions, but rather acts as soon as possible.

Generally, the imposition of sanctions is discussed in the staffing. The judge asks all participants for their recommendation on the sanction to be applied in each case where sanctions are being considered. The judge does not decide on the sanction in the staffing, but determines the possible range so that defense counsel can communicate the maximum to the client. The participant then knows the possible consequences if they admit to the violation(s).

In discussing the court's approach to sanctioning, the judge explained that in the first phase of the program the court is more tolerant of a relapse, usually imposing only an essay or community service. However, there is a high emphasis on honesty in the program, and lying about violations will result in jail time. Relapse when the participant is involved in the intensive treatment phase of the program, Phase II, will usually be treated more severely, and incarceration may be used for positive drug tests.

Most of the team members expressed the view that the range of sanctions was adequate and that they were consistently applied. While one team member believed the frequency and severity of sanctions should be increased, others expressed reservations about the frequency and length of jail sanctions.

Incentives are not routinely used in the drug court. This reflects the philosophy of the court that participants should not be rewarded for doing the things they are required and have agreed to do as part of participation in the program. Instead, incentives should be awarded for something "extraordinary" that shows the participant is making progress in leading a more law-abiding life. The view was also expressed that incentives are not effective in discouraging certain behaviors. However, some team members believed that incentives were an important part of the program, encouraged the positive changes in behavior, and should be used more frequently. One team member noted that incentives help to involve and educate the community on the drug court.

Incentives currently used in the program include a round of applause in the court hearing, a lessening of restrictions or other program requirements, such as court appearances or drug tests, and/or gift certificates, movie passes, or other tangible rewards. Phase transition is also acknowledged by the award of a certificate.

***What is the size and nature of the total population eligible for drug court? How are screening and referral functions carried out? How many people are referred to drug court, how many are accepted, and why are those not accepted rejected?***

As of July 2005, a total of 317 defendants had been referred to the program and 238 had been rejected (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005). Reasons for rejection vary. Some potential clients decline to participate; staff estimated that approximately 10 percent of referrals are not interested. Others may have prior violent, firearms, or sexual assault offenses that preclude their participation under the program's eligibility standards. Still others may have mental or physical health issues which are too severe to be addressed within available resources.

**What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?**

Table F-1 shows selected socio-demographic characteristics of BIDC graduates and terminations by court location. Missing data precluded using some of the variables that are collected and entered into the local management information system, the CMS 2000 system. For instance, detail on treatment history. In addition, given the small number of cases, any generalizations about differences in participant characteristics between locations or between graduates and terminations need to be made with caution. They should also be assessed against a broader profile of all referrals and admissions in the two locations. However, some of the figures are of interest, most notably, the high percentage of graduates who are female in both Kona and Hilo, 61 percent and 64 percent respectively.

<b>Table F-1. Characteristics of Graduates and Terminations by Location</b>				
	<b>KONA</b>		<b>HILO</b>	
	<b>GRADUATES (n = 18)</b>	<b>TERMINATION (n = 6)</b>	<b>GRADUATES (n = 11)</b>	<b>TERMINATION (n = 8)</b>
<b>Average Age at Intake</b>	28.6	29.8	29.6	31.3
<b>Percent Female</b>	61 %	33 %	64 %	25 %
<b>Percent Asian/Pacific Islander</b>	44 %	50 %	55 %	38 %
<b>Percent Married/Living as Married</b>	33 %	0	18 %	25 %
<b>Percent High School Graduates</b>	33 %	50 %	50 %	43 %
<b>Percent With Job as Source of Income at Intake</b>	33 %	33 %	9 %	25 %
<b>Percent With No Source of Income at Intake</b>	6 %	17 %	27 %	25 %
<b>Percent Reporting Family Substance Abuse</b>	27 %	25 %	27 %	25 %
<b>Percent Reporting Methamphetamine as Primary, Secondary, Third, or Fourth Drug</b>	78 %	67 %	46 %	50 %

Table F-2 shows the prior arrests and prior treatment experience of graduates and terminations by location. As indicated in the table, consistent data was not available for all prior treatment measures for all participants. Notable is the difference between graduates and terminations on the average number of prior arrests for non-violent, non-drug related offenses in both locations, but significantly in Kona. Hilo participants also appear to have had considerably more experience in both outpatient and inpatient treatment prior to entering the program than those in Kona.

<b>Table F-2. Prior Arrests and Prior Treatment Experience of Graduates and Terminations by Location</b>				
	<b>KONA</b>		<b>HILO</b>	
	<b>GRADUATES</b> (n = 18)	<b>TERMINATION</b> (n = 6)	<b>GRADUATES</b> (n = 11)	<b>TERMINATION</b> (n = 8)
<b>Average Number of Non-Violent, Drug-Related Arrests</b>	2.0 (n = 18)	2.7 (n = 6)	1.5 (n = 11)	0 (n = 8)
<b>Average Number of Non-Violent, Non-Drug-Related Arrests</b>	2.5 (n = 18)	15.0 (n = 6)	0.1 (n = 11)	3.5 (n = 8)
<b>Average Number of Days of Prior Inpatient Treatment</b>	75.8 (n = 6)	60.0 (n = 1)	58.3 (n = 7)	216.8 (n = 4)
<b>Average Number of Days of Prior Outpatient Treatment</b>	131.3 (n = 6)	90.0 (n = 2)	351.7 (n = 9)	214.4 (n = 7)

***What are the characteristics of available treatment interventions? What treatment and other services are participants getting?***

On the West side of the island, there are three agencies involved in the treatment component of the BIDC. These include the Big Island Substance Abuse Council (BISAC) which offers outpatient and day treatment; Access Capabilities, Inc., which offers outpatient treatment, and Lokahi Treatment Center. Bridge House, a therapeutic living program (TLP) with a capacity of 14 clients, links participants to services, such as individual counseling, substance abuse treatment, and vocational and educational services (competency-based diplomas); provides transportation to services; holds daily AA and NA meetings, and facilitates groups.

On the East side of the island, there are also three agencies involved in the treatment component: BISAC, Ke Ala Pono Recovery Center, and Lokahi Treatment Center. The East Side drug court also has access to TLPs, including a “moms and babies” and “fathers and children” program.

Table F-3 shows the in-program treatment experience of graduates and terminations by location.

<b>Table F-3. In Program Outpatient and Inpatient Treatment Experience of Graduates and Terminations by Location</b>				
	<b>KONA</b>		<b>HILO</b>	
	<b>GRADUATES</b> (n = 18)	<b>TERMINATION</b> (n = 6)	<b>GRADUATES</b> (n = 11)	<b>TERMINATION</b> (n = 8)
<b>Average Number of Outpatient Treatments</b>	1.7 (n = 18)	1.5 (n = 6)	1.8 (n = 9)	1.6 (n = 7)
<b>Average Number of Days of Outpatient Treatment</b>	371.6 (n = 14)	189.8 (n = 6)	Not Available	Not Available
<b>Average Number of Inpatient Treatments</b>	1.0 (n = 4)	1.5 (n = 2)	1.1 (n = 7)	1.5 (n = 4)
<b>Average Number of Days of Inpatient Treatment</b>	172.0 (n = 2)	185.5 (n = 2)	Not Available	Not Available
<b>Average AA/NA Attendance</b>	58.4 (n = 18)	37.5 (n = 6)	45.2 (n = 11)	35.7 (n = 8)

The most commonly cited gaps in treatment resources were:

- There is no residential treatment facility on the Island, although this service is available on Oahu.
- Early screening for co-occurring disorders is inconsistent; psychiatric exams are either not done or not done in a timely manner. If admitted to the program, participants with mental health problems are very “resource-intensive” and “high maintenance.” The current level of intervention was viewed as inadequate and most team members agreed that this was an area of concern. For example, in Hilo, BISAC contracts with the Department of Health for mental health services and clients may get services through community mental health centers. However, if the primary problem is substance abuse, the client is not eligible for community mental health services.
- Although there is an alumni group, there is a need for a more structured and active continuing care or support group program for those who graduate the program.

In terms of other resources, the most frequently cited critical needs were (1) housing, (2) transportation, and (3) job training and jobs. The drug court judge has reached out to the community and encouraged businesses to hire drug court participants, citing their frequent drug testing and other requirements of the program to assure potential employers of their reliability.

***What are the major case processing steps? What happens to participants in drug court? What is their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, etc.?***

The Adult BIDC is a 12-month minimum program with a three phase structure. Although there are proposed average time frames for each phase and specific advancement criteria, the approach is individualized, taking into account each participant’s progress in achieving both sobriety and law-abiding behavior. The phases are:

Phase I – Stabilization, Orientation, and Assessment (Six to eight weeks).

Phase II -- Intensive Treatment (16 – 18 weeks).

Phase III -- Transition (30 weeks minimum)

Each phase has guidelines for treatment, drug testing, and attendance at AA/NA meetings or other support groups, with an increasing emphasis on employment, educational plans, and other life-style adjustments as the participant moves forward. As reflected in the time line for the transition phase, the BIDC is based in a strong belief that to have successful outcomes, the program must focus on more than drug abuse treatment and address broader life concerns. The criminal life style and criminal ways of thinking that accompany drug addiction must be overcome. Therefore, while becoming drug-free is still the core component, there is an equal emphasis in the program in restoring family and community ties; cleaning up other justice system involvements, such as outstanding traffic violations, vehicle licensure issues, court-imposed fines and fees, and restitution; obtaining and maintaining gainful employment; securing appropriate and stable housing; and other broader adjustments in lifestyle that reflect a move away from criminal ways of thinking and behaving. This emphasis was evident in the court hearings, albeit a limited number, that were observed on-site. The judge routinely inquired, often in detail, about family relationships, employment, and progress on other issues specific to the individual case.

Criteria for graduation are included in the Adult Drug Court Manual and include a minimum of 90 day sobriety; no unexcused absences from required services; consistent and gainful employment or enrollment in school for a minimum of three to five months, as determined by the BIDC, maintenance of stable housing for a period of ten to 12 months, as determined by the BIDC; and payment of all fees. Again, however, the program takes an individualized approach to graduation and the court retains discretion over all graduation decisions.

Administrative reviews with a three-person panel are held for cases that are in danger of being terminated from the program. This process is initiated by the probation officer who outlines the specific violations/instances of non-compliance, which are shared with the client prior to the hearing. These are reviewed at the hearing and the client is given an opportunity to respond. A behavioral contract is developed which explains the specific changes that will have to occur to remain in the program. Clients are warned that this is their “last chance” and any violation will likely result in their termination from the program.

***Who are the staff and what are their responsibilities? What is the drug court's annual budget and sources of funds?***

### **Drug Court Judge**

In the first year of the program, there were drug court judges for each side of the Island. Currently, the Chief Judge of the Third Circuit, Judge Ronald Ibarra, presides over the entire drug court docket to ensure a consistent approach to participants and program operations across the Island. Team members credited Judge Ibarra with pulling the program together, bringing more consistency and procedural clarity to operations, and clarifying the roles and responsibilities of team members.

## Drug Court Officers

There are two drug court officers in Kona. One of the officers, the designated juvenile drug court officer, had only been with the program for eight weeks at the time of the site visit. She was handling a limited number of Phase 1 adult cases because the juvenile court had only one participant. There are two adult and one juvenile officer in the Hilo office as well as a drug court supervisor who oversees both adult and juvenile sections.

The primary responsibility of the drug court officers is to ensure compliance with program requirements as specified in each participant's admission agreement/contract with the drug court. Drug court officers conduct intake and assessment, drug testing, home visits, work-site visits, other field visits, meet with clients in the office, and attend staffings and court hearings. They receive weekly reports from treatment providers and consult with them in person and by phone as needed. Officers also broker services for clients, especially services other than substance abuse treatment. The officers prepare a *Drug Court Adjustment Report* on each client which is shared among team members prior to staffings. The duties and responsibilities of the drug court officers are outlined in the practice and procedural manual.

Caseloads for the drug court officers are capped at 25 and were at approximately 15 cases per officer in the Hilo office at the time of the site visit. The adult officer in Kona reported a caseload of 28 cases. The two officers in Hilo do not specialize, not even by gender, and receive their cases through simple rotation.

Officers expressed the view that 25 cases would be difficult to manage given their responsibilities and the program's emphasis on intensive supervision. They also noted that a spike in new admissions can put at least a temporary strain on the program as there will be a cluster of participants involved in the earlier, more intensive stage of the program where there is more frequent contact with court staff, court hearings, drug testing, and other services. Given the program's emphasis on high-risk offenders and intensive supervision, increases in the utilization rate must be balanced with the entire range of resources available, including drug court judge and staff time as well as treatment slots.

The annual budget for the BDC is \$840,908 (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005). This budget figure covers both the adult and juvenile drug courts.

### ***Is there an advisory board or governing task force, and if so, who serves and what are their responsibilities?***

The BDC has a Steering Committee composed of the Chief Judge of the Third Circuit, the Deputy Chief Judge of the Family Court, the Circuit Court Administrator, the Prosecuting Attorney of Hawaii County, the State Public Defender, and the Probation Administrator for the Third Circuit. The Planning Committee, formed in 2000, also continues to exist and meets every two or three months to discuss operations and issues; for instance, the recent change in the eligibility standards for offenders with prior convictions for violent offenses. The Planning Committee is now composed of two judges, prosecutors from both the East and West side, public defenders from both the East

and West side, the drug court coordinator, representatives from the Big Island Substance Abuse Council and Access Capabilities, Inc. (treatment providers), and a professor of political science from the University of Hawaii at Hilo who serves as the in-house evaluator. There has been continuity in the membership over time which helps to ensure that decisions are made with knowledge of the history and development of the program.

***What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, and others? What information is routinely made available to and/or required by these agencies?***

The degree and quality of coordination and collaboration with treatment and other service providers was generally described as good by team members. Treatment providers are represented on the Planning Committee and attend staffings and court hearings. They also track progress and attendance at counseling sessions and prepare progress reports for the drug court officers. The *Drug Court Adjustment Report*, the status report prepared by the officers, is shared among team members the day before the staffing. Based on the on-site observation of staffings, the court seeks the input of treatment providers and they are engaged in the process. However, one provider did express a desire for more dialogue and openness in the staffings. Several providers would like to see more interdisciplinary training.

In the last year, there have been reorganizations at two of the provider agencies, posing some transition issues which, in one instance, do not appear to be fully resolved. Frequent case manager changes and lack of timely responses from the community mental health centers were also noted. On the whole, however, there appear to be good working relationships, frequent contact, and respect among the judge, drug court staff, and representatives from the various services. A number of team members expressed the view that the providers did a good job in light of the resources available, and that the quality and quantity of services had improved over time. The fact that the judge holds the treatment providers accountable was cited as factor in these improvements.

The BIDC also has a 2002 memorandum of understanding which includes the Judiciary, Office of the Prosecuting Attorney, Office of the Public Defender, Department of Public Safety, Sheriff's Division, County Police Department, Hawaii Community Correctional Center, and Hawaii Intake Service Center which specifies the commitments and responsibilities of each agency. In addition, there is a written code of ethics and confidentiality for BIDC operations.

***What local conditions (court caseloads, community attitudes, local culture, etc.) affect the drug court?***

The context of the BIDC program is an important factor in understanding and assessing its operations. The large geographic area of Hawaii Island requires that the drug court operate in two locations, in Hilo for the East side and Kona for the West side. The Judge and Drug Court Coordinator are based in Kona but travel to conduct staffings and court hearings in Hilo on Thursday of each week. However, each location has its own staff of drug court officers, and designated prosecutors, public defenders, representatives from treatment and TLP agencies, and community police officers. These dual locations are necessary to provide the level of supervision

and participant access to services and the court required in a drug court; however, the travel required for the judge and court coordinator and the challenge of managing operations in two separate locations are not insignificant. The employment in September, 2005 of a drug court supervisor for the Hilo Drug Court Office was viewed by a number of respondents as a very positive development, as it provides the local drug court officers with an on-site resource for consultation on individual cases and overall policies and procedures. Some team members expressed the need for a similar position in Kona and/or that consideration be given to splitting the operations entirely.

***How long do participants stay in the drug court? Who drops out, at what point, and why? How many participants (number and percentage, Bureau of Justice Assistance (BJA)), with what characteristics, graduate from drug court?***

As of October 2005, 29 participants had graduated from the BIDC. Based on the total number of admissions and currently active cases, the overall graduation rate is 67 percent and the retention rate is 84 percent. The graduation and retention rates for Hilo are 58 percent and 81 percent, respectively. The graduation and retention rates for Kona are 78 percent and 87 percent, respectively. Fourteen participants had been terminated from the program, eight in Hilo and six in Kona.

Table F-4 shows the average and median time in each treatment phase and from referral to exit for graduates and terminations. Both the average and median are presented to allow for comparison and identification of extreme values (high or low) that may be affecting the average.

The average time from referral to graduation in Kona was 17.8 months, although the median time was closer to 16 months. In Hilo, the average time to graduation was approximately 16.5 months and the median was closer to 15 months. There is a wide distribution of times to termination in Kona which is reflected in the difference between the average and median, approximately 13.2 months as compared 9.7 months. There is less difference in Hilo; the average time to termination was approximately 14.8 months and the median was 13.6 months.

<b>Table F-4. Time in Program of Graduates and Terminations by Location</b>				
	<b>KONA</b>		<b>HILO</b>	
	<b>GRADUATES (n = 18)</b>	<b>TERMINATIONS (n = 6)</b>	<b>GRADUATES (n = 11)</b>	<b>TERMINATIONS (n = 8)</b>
	<b>AVERAGE/MEDIAN TIME IN DAYS</b>	<b>AVERAGE/MEDIAN TIME IN DAYS</b>	<b>AVERAGE/MEDIAN TIME IN DAYS</b>	<b>AVERAGE/MEDIAN TIME IN DAYS</b>
<b>Phase 1</b>	128 / 127 (n = 18)	98 / 98 (n = 2)	83 / 83 (n = 9)	109 / 78 (n = 4)
<b>Phase 2</b>	188 / 169 (n = 18)	161 (n = 1)	147 / 132 (n = 9)	272 (n = 1)
<b>Phase 3</b>	220 / 212 (n = 18)	610 (n = 1)	281 / 225 (n = 9)	490 (n = 1)
<b>Referral to Exit</b>	535 / 490 (n = 18)	398 / 291 (n = 6)	496 / 460 (n = 11)	446 / 408 (n = 8)

***What is the percentage of drug court clients who are arrested while in the program and their charges (BJA)?***

Data on the number of in-program arrests and charges is not available. As of July 2005, however, no graduates had been convicted of crimes following exit from the program (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005).

## Big Island Adult Drug Court and the Ten Key Components

**Key Component 1.** Drug courts integrate alcohol and other drug treatment services with justice system case processing.

*NCSC Comment: The Adult BIDC has integrated a significant treatment component into its program of intensive supervision and judicial monitoring.*

- Treatment provider representatives were included in the original drug court planning team and continue to serve on the planning team in its current role as a forum for discussion and decision-making on emerging policy and operational issues.
- Treatment provider representatives participate in staffings, attend drug court hearings, and are in frequent written, via progress reports, and oral communication with drug court staff.
- Treatment services include assessment, individual and group counseling, therapeutic living programs, AA/NA meetings and sponsorship, and some specialized services. The lack of local residential treatment and adequate mental health interventions are concerns.
- There is a multi-phased treatment process: stabilization, orientation, and assessment; intensive treatment, and transition.
- Stated program objectives include specific reference to the provision of a comprehensive, integrated program of drug treatment and rehabilitation, timely entry to treatment, and enhanced collaboration with treatment and other service providers.
- A practice and procedure manual developed in the collaborative planning process and amended as appropriate, documents program objectives, the entry process, treatment phases, eligibility standards, criteria for graduation and termination, the drug testing protocol, and sanctions and incentives, among other topics.
- There is a written code of ethics and confidentiality for the program.

**Key Component 2.** Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

*NCSC Comment: Prosecution and defense counsel are integral members of the drug team, supportive of the program's objectives and approach, but exercise and respect their respective roles in the process.*

- Prosecutors and public defenders were involved in the planning process and are represented on the current Planning Team and Steering Committee.
- The prosecutor makes referrals for Tracks 1 and 2 of the program, but other referrals are from the criminal court judges. The prosecutor is involved in determinations of eligibility and checks the prior criminal record of participants. Contested admissions are argued before the drug court judge.
- The public defender advises clients as to the nature of drug court, program requirements and rules, sanctions, and any rights the defendant may be waiving by agreeing to participate.
- Prosecutor and public defender actively participate in staffings and attend all court hearings.

**Key Component 3.** Eligible participants are identified early and promptly placed in the drug court program.

*NCSC Comment: The Adult BIDC program has written eligibility criteria and a defined admission process for each of the program tracks. The transition to a judge-initiated referral process is fairly recent and procedures are still being refined.*

- The goal for time from initial referral to acceptance into the program is ten days.
- The mean time from admission to treatment entry in FY 2005 was 1.6 days (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005).
- Potential participants are advised of program requirements in a timely way by defense counsel and drug court officer.
- Admission may be delayed if the defendant has pending cases which would need to be resolved prior to acceptance.

**Key Component 4.** Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

*NCSC Comment: The Adult BIDC has built a sound array of services for participants within the resources available at each court location. Participants have access to individual and group counseling, therapeutic living programs, and AA/NA programs. There are no residential treatment facilities on the Island; however, participants can receive this service in Oahu. Early screening and providing services for mental health disorders is the most critical gap in treatment services.*

- Standardized instruments are used for initial assessments. Progress reports from treatment providers, status reports from drug court officers, and staffings provide the means of identifying problematic behavior or a need to change the individualized treatment/service plans.
- The multi-phase structure of the program is designed to match the intensity/frequency of treatment, judicial monitoring, and supervision with participant needs.
- The average number of treatment days provided per client in FY 2005 was 56.3 (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005).
- Early identification of participants with co-occurring disorders and obtaining services for these clients are problematic.
- The program does not have a Certified Substance Abuse Counselor (CSAC).
- Obtaining stable, affordable housing, job training, and employment is often difficult and access to services is complicated by insufficient public transportation.

**Key Component 5.** Abstinence is monitored by frequent alcohol and other drug testing.

*NCSC Comment: Drug testing is governed by a written protocol and is conducted at frequent, continuing, and random intervals during the program.*

- Drug tests are conducted a minimum of two times per week in Phase 1, one to two times per week in Phase 2, and two to four times per month in Phase 3. Additional tests are conducted as indicated or recommended by program staff.
- The average number of urinalysis tests per client in FY 2005 was 38.1; the average number of alcohol tests per client was 0.8 (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005).
- Written phase transition and graduation requirements include abstinence guidelines. A minimum of 90 consecutive days of abstinence is required for graduation.

**Key Component 6.** A coordinated strategy governs drug court responses to participants' compliance.

*NCSC Comment: Program requirements and expectations are clearly communicated to participants in writing and orally prior to and at admission and are reinforced at subsequent court hearings. Staffings serve as the forum to discuss progress and issues of compliance and obtain input from all team members on the court's response. The program understands the importance of timely imposition of sanctions for instances of non-compliance.*

- Participants sign an admission agreement which becomes the basis for monitoring compliance during supervision.
- The program uses graduated sanctions that range from admonishment to jail time. Imposition of sanctions is at the discretion of the judge, but all team members offer recommendations.
- Tangible incentives in response to compliance are used less frequently than sanctions for non-compliance. Incentives include rounds of applause in the court hearing, lessening of restrictions, and/or gift certificates, movie passes, or other tangible rewards. Phase movement is acknowledged by the award of a certificate and the court conducts graduation ceremonies.
- An administrative review hearing is held prior to any decision to terminate to ensure that the participant has a clear understanding of the violations that have led to possible termination. The changes that will have to occur for continued participation are incorporated into a behavioral contract.

**Key Component 7.** Ongoing judicial interaction with each drug court participant is essential.

*NCSC Comment: Participants appear before the drug court judge at regular intervals. The frequency of court appearances is determined by the phase of treatment, but may be increased or decreased depending on compliance and progress.*

- There is a high level of interaction between the judge and each participant at court hearings, and the judge thoroughly addresses issues specific to each case.
- Unless excused on an individual basis, all participants stay for the entire proceeding, giving them the opportunity to learn from the experiences of others and reinforcing the consequences of compliance and non-compliance.
- Court hearings are preceded by staffings during which the team discusses issues that need to be addressed for each participant at the hearing.

**Key Component 8.** Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

*NCSC Comment: The Adult BIDC developed generalized goals and some specific objectives for the program during the planning process. Information for monitoring of operations is entered into the Drug Court CMS 2000 system and is also available from some other automated and paper reports. (The functionality of the CMS 2000 and other information collection and distribution systems in the Hawaii drug courts is the subject of separate report.)*

- The Drug Court Coordinating Committee recently promulgated a set of uniform goals and performance measures for drug courts statewide.
- Reports on urinalysis results, 12-step meeting attendance, and payment of fees and a summary of participant progress are available from the CMS 2000 system.
- The BIDC is participating in the comprehensive NCSC evaluation.

**Key Component 9.** Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

*NCSC Comment: There is no program of ongoing interdisciplinary education; however team members have the opportunity to attend some national level trainings and conferences.*

- The drug court team attended Bureau of Justice Assistance interdisciplinary training during the planning process.
- Individual members continue to attend national conferences and trainings, such as the National Association of Drug Court Professionals (NADCP) annual meeting.

**Key Component 10.** Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness

*NCSC Comment: The Adult BIDC has made specific efforts to involve and educate the community about drug court goals and operations.*

- The drug court has formed a 501(c) (3) non-profit corporation, The Friends of Big Island Drug Court, which provides funds and in-kind contributions of goods and services for the program and its clients, including but not limited to incentives. The Friends of Big Island Drug Court meets every two months at which time drug court staff update the membership on referrals and active clients and other operational issues as well as the incentives that have been used. Participants write a thank-you letter to the Friends of BIDC when they have been the recipient of an incentive or other benefit from the group.
- The drug court judge reaches out to the local business community and encourages them to hire drug court participants.
- While there is a Steering Committee, it does not include representatives from community organizations or public agencies outside of the criminal justice system.

**Summary and Conclusions of the NCSC:** The Big Island Adult Drug Court benefits from strong judicial leadership and a clear commitment to the program, its philosophy, and approach on the part of all team members. The program has developed a good array of treatment and ancillary services within the resources available. Emphasis on intense supervision by the drug court officers, the prompt imposition of sanctions for program and legal violations, and the effort to address broader life concerns and problems of offenders are among the strengths of the program. The judge's interaction with each participant is intense but effective. Team members are generally pleased with the program's operations and encouraged by the changes they see in participants.

Resources are always an issue, and most of the concerns that were expressed involved the lack of treatment services, especially residential treatment, on the island, the difficulty of finding employment and stable housing for participants, and the need for more staff.

### **Recommendations for the Big Island Adult Drug Court**

***Big Island Adult Drug Court Recommendation 1. B IDC should consider developing a policies or guidelines that would result in the greater use of incentives while incorporating the philosophy of the court that incentives should not be awarded just for compliance with program requirements and rules. According to drug court principles, applying a continuum of sanctions and rewards for non-compliance and compliance is considered an important element in achieving progress in individual drug court cases, and several members of the B IDC team expressed the view that incentives should play a more prominent role in the program.***

***Big Island Adult Drug Court Recommendation 2. B IDC should assess its capacity to respond to and work with clients who have a dual diagnosis. According to Guideline for Drug Courts on Screening and Assessment (Peters and Peyton, 1998) admission should not be restricted based solely on mental health symptoms or a history of mental health treatment, but rather the degree to which the disorder leads to a functional impairment that would preclude effective participation in the program. In addition, existing resources and services should be reviewed to determine if they are sufficient to address the needs of this population and what level of functioning is required to participate in the programs that are available. Finally, the program should address whether the current screening process can be augmented, through staff training or timelier contracted assessments, to better identify mental health symptoms at an early stage, recognizing that early detection will remain a challenge.***

***Big Island Adult Drug Court Recommendation 3. While a program of continuing interdisciplinary education is a key component of drug courts, developing and implementing an ongoing, systematic program at the local level is not a realistic goal given the resources and time that are required versus what is available. B IDC should advocate for more interdisciplinary training to be made available at the state level and continue its efforts to***

*provide opportunities for team members to attend national level conferences and trainings. Beyond the actual substance of the training, national level conferences allow team members to network with other drug court professionals, identify common challenges and promising practices, and learn about additional resources that may be available in the form of technical assistance and training. To the extent possible, drug court staff should attend as a team.*

*Big Island Adult Drug Court Recommendation 4. BIDC should evaluate the need for a supervisor position in the Kona office and the addition of CSACs to program staff in light of current and future funding, caseload, and the increased targeting of high-risk offenders.*

*Big Island Adult Drug Court Recommendation 5. BIDC should review and amend its current practice and procedure manual to ensure that it reflects current processes and policies and can serve as a reliable reference for staff and new hires. Staff mentioned several areas where policies were in need of development and documentation.*

*Big Island Adult Drug Court Recommendation 6. BIDC should consider providing opportunities for all team members, including service providers, to discuss and share perspectives on program operations and policies, outside of the weekly staffings for individual cases.*

*Big Island Adult Drug Court Recommendation 7. The full participation of the drug court team in the staffings and court hearings, the thoroughness of the discussions, and the high level of attention to, and interaction with each case, are all positive elements of the BIDC. As a result, however, considerable time is spent by all involved in these proceedings. For treatment providers, who must monitor their billable time, time spent waiting for their cases to be called can pose problems. While the order in which cases are called is often dictated by more important priorities, such as in-custody matters, imposition of sanctions, and so forth; the BIDC should consider whether within these priorities and unexpected circumstances, cases could be stacked by treatment provider.*

## **APPENDIX G**

**Third Circuit  
The Big Island of Hawai'i Juvenile Drug Court**

## BIG ISLAND OF HAWAII JUVENILE DRUG COURT

### ***How was the program developed -- who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?***

The Juvenile Drug Court Program of the Third Circuit, also known as the Big Island Drug Court, Juvenile Division or BIDCJ, accepted its first adolescent clients into the program in March 2005. The court convenes at two locations, Kona and Hilo, each of which has a different probation staff. Since its inception, the program has admitted a total of seven adolescents (six at Hilo and one at Kona); none of whom have either graduated or been terminated. The capacity of each court is eight.

Judge Ibarra, who is also the Adult Drug Court Judge and the Administrative Judge on the Big Island, was the initiator of the Juvenile Division of the Big Island Drug Court. A planning committee that included Judges Ibarra and Nakamura, the adult drug court administrator (Warren Kitaoka), prosecutors and public defenders from both sides of the Big Island, representatives from Family Court and adult probation, the Deputy and Chief Court Administrators, and treatment providers developed the basic parameters of the court. The entire drug court team attended training on juvenile drug courts offered by NDCI. Judge Ibarra originally presided over the court in Kona only and Judge Nakamura presided over the court in Hilo, though Judge Ibarra now presides over both courts.

The mission of the BIDCJ is to reduce substance abuse and increase law abiding behavior of youthful offenders by offering timely and effective individualized/family treatment through strength-based programming and intensive judicial supervision. The program's goals are:

- Ensure that all BIDCJ participants significantly reduce drug and alcohol use while in the program and maintain abstinence after graduation.
- During participation in BIDCJ, participants will not have further arrests, charges, or adjudicated law violations, and will maintain crime-free lifestyles after graduation.
- Ensure that participants increase or maintain protective factors during participation in the program and after graduation.

Judge Ibarra brings the same philosophy to the juvenile drug court as to the adult drug court, which is to say that the key to long-term success with drug court participants is to change their "criminal-thinking patterns." Substance abuse is seen to be a symptom of this style of thinking about society. As a result of this philosophy, Probation Officers (Pos) working with the court are very deterrence-oriented ("hound and pound"), and a sentence to BIDCJ is similar to a sentence to intensive probation.

The BIDCJ has been slower to become operational in Kona than in Hilo. This may be due in part to the reportedly older population of Kona.

**What are the size and nature of the total population eligible for drug court? How are screening and referral functions carried out? How many people are referred to drug court, how many are accepted, and why are those not accepted rejected?**

It is clear from discussions with the drug court staff that the population served by the drug court represents only a tiny fraction of youth on the Big Island who are in need of such services. The eligibility criteria for participation in the BDCJ are:

- Residence within the jurisdiction of the Third Circuit Court
- Age at referral between 14 and 17
- Adjudication for a law violation (no status offenders)
- Entry of the offender into the BDCJ is agreed upon by the prosecution and defense
- Both parent(s)/guardian and child must agree to participate
- Any of the following will disqualify the offender:
  - No clinical assessment of alcohol or drug problem
  - Serious mental health or other personal problems that would interfere with treatment
  - Prior or current sex offenses
  - Prior or current serious, violent offenses
  - Other criteria as established by the BDCJ

Referrals currently come from Family Court judges (at the direction of Judge Ibarra, Chief Administrative Judge on the Big Island), though previously they came from POs. As in the case in other jurisdictions, friction between drug court POs and regular POs resulted in too few referrals being made to BDC and BDCJ.

After a referral has been made, the PO has ten working days (at the end of which time the initial staffing to consider admission of the candidate will be held) to conduct intake to determine whether the defendant should be recommended for admission into the BDCJ program. The juvenile PO conducts an alcohol/drug screen [using the Youth Level of Supervision Inventory (YLSI), if the instrument was not already administered in Family Court] during this period to determine whether the candidate for BDCJ is "appropriate." The prosecutor also screens incoming cases for pending charges and legal sufficiency of the current charges before the initial staffing.

The juvenile PO in Hilo reports that four cases have been rejected, in contrast to six admissions, all for misdemeanor-type offenses. Comparable data from the Kona side of the island was not available.

**What are the policies and procedures of drug courts? How have they changed over time, and why? Policies and procedures should cover: (a) screening (selection) criteria used to determine eligibility, including the types of offenses allowed; (b) the point in the criminal justice system at which referrals to drug courts occur; (c) program requirements (rules for treatment, 12-step meetings, urinalysis testing, how points are earned, etc.); and (d) sanctions available in cases of noncompliance. What are the major case processing steps? What happens to participants in drug court? What are their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, and so forth?**

Figure G-1 provides a logic model that lists key drug court processes, resources input to the court, and the outputs, outcomes, and impacts that the processes are expected to produce and that should be measured. Additional detail on these processes follows. Judge Ibarra believes in procedural clarity, and the policies and procedures of the BIDCJ reflect his orientation.

After initial screening and a staffing on admission by the full BIDCJ team, if the candidate is deemed appropriate for entry, the case is set for a petition hearing (petition for admission to the drug court, waiver of rights, and admission agreement). The petition hearing will occur within one day after disposition by the Family Court, if the case was not disposed before the initial staffing.

Parents or guardians of new admissions from all tracks must also sign the admissions agreement. The agreement contains obligations for the parents and guardians, as well as the participant.

Both defense counsel and the drug court officer assigned to the case will advise the potential client on the nature of drug court and its rules and requirements. If the defendant agrees to participate, he or she will execute a series of forms, including the admission agreement, waiver of rights, and consent for disclosure of confidential court substance abuse information. The case is then set for a petition/admission hearing before the judge, at which time the judge reviews the petition, conditions of release/participation, and the admission agreement in detail with both the defendant and his or her parent(s)/guardian.

The BIDCJ is a 12-month minimum program with four phases:

**A. Phase I - 3 to 6 Months**

1. Admission and orientation
2. Court appearance, one time/week
3. Face to face with Probation Officer, two times/week minimum
4. Home visit by Probation Officer, one time/week minimum
5. Substance abuse treatment, orientation, and motivation
6. Appropriate school participation
7. Curfew time 8:00 p.m.
8. Engage in community activities, one time/week
9. Urinalysis, two times/week (minimum)
10. Develop and implement: individual and family plans

**Figure G-1. Big Island Drug Court, Juvenile Division, Logic Model**

**Goal/Mission:** To reduce substance abuse and increase law abiding behavior of youthful offenders by offering timely and effective individualized/family treatment through strength-based programming and intensive judicial supervision.

**Objectives:**

1. Ensure that all BIDCJ participants significantly reduce drug and alcohol use while in the program and maintain abstinence after graduation.
2. During participation in BIDCJ, participants will not have further arrests, charges, or adjudicated law violations, and will maintain crime-free lifestyles after graduation.
3. Ensure that participants increase or maintain protective factors during participation in the program and after graduation

**Target Population:** Delinquents between the ages of 14 to 17 whose criminal activity is related to alcohol or drug abuse with no history of violence or sex crimes or serious mental illness. Both the parent/guardian and child must agree to participate.

Inputs	Processes	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> <li>▪ Clients: Program capacity: 12 clients.</li> <li>▪ BIDCJ Team: BIDCJ judge, coordinator, probation supervisor, two probation officers, prosecutor, public defender, 2 clerks, and treatment providers.</li> <li>▪ Funding.</li> <li>▪ BIDCJ Steering Committee.</li> <li>▪ Friends of the Big Island Drug Court.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Referral primarily from family court judges (no tracks).</li> <li>▪ Assessment (YLSI).</li> <li>▪ Determination of eligibility by PO and BIDCJ team.</li> <li>▪ Orientation/intake completed by the probation officer and BIDCJ team.</li> <li>▪ After completion of the orientation/intake, minor is formally admitted into the program by the Juvenile Drug Court Judge.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of referrals rejected.</li> <li>▪ Number and percent graduations.*</li> <li>▪ Number and percent terminations by phase terminated.*</li> <li>▪ Number and percent of withdrawals.</li> <li>▪ Number of assessments conducted.</li> <li>▪ Number and percent of Alcoholics Anonymous (AA) and Narcotics Anonymous</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent completing high school, GED, or other equivalent by graduation, if applicable.*</li> <li>▪ School Attendance during program participation (number of unexcused absences/participant).</li> <li>▪ Educational advancement (Grade change).</li> <li>▪ Number and percent of graduates employed (and length) at graduation.*</li> <li>▪ Number and percent making full payment of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recidivism.</li> <li>▪ Abstinence.</li> <li>▪ Health.</li> <li>▪ Employment.</li> <li>▪ Education.</li> <li>▪ Family functioning.</li> <li>▪ Other long-term impacts to be specified after consultation with DCCC.</li> </ul>

Inputs	Processes	Outputs	Outcomes	Impact
	<ul style="list-style-type: none"> <li>▪ 12-month minimum program with four phases.</li> <li>▪ Treatment interventions and other services as indicated by treatment plan and program phase. (ACCESS and BISAC)</li> <li>▪ Random drug testing.</li> <li>▪ Supervision and case management by PO (meetings with probation officer, home visit in first phase, etc).</li> <li>▪ Monitoring by law enforcement during regular patrols and other operations.</li> <li>▪ Periodic status reports and recommendations re court hearing actions from probation officer.</li> <li>▪ Staffings w/ BIDCJ team, including treatment providers.</li> <li>▪ Court hearings with full team.</li> <li>▪ Imposition of graduated sanctions as warranted and</li> </ul>	<ul style="list-style-type: none"> <li>(NA) meetings attended/participant.</li> <li>▪ Number of treatment sessions attended and hours of treatment received per participant by type of treatment.</li> <li>▪ Hours/number of sessions of drug/alcohol education/participant.</li> <li>▪ Number of drug/alcohol tests administered; number and percent of positive tests; number of no shows/refusals; number of admits w/o testing*/participant.</li> <li>▪ Number of contacts with JDC officer/case manager*/per participant.</li> <li>▪ Number of status/review court hearings.*/participant.</li> <li>▪ Number and types of sanctions imposed (for jail, Number of days served; for community service, number of hours completed)/participant.*</li> <li>▪ Number and types of</li> </ul>	<ul style="list-style-type: none"> <li>required program and treatment fees at graduation.</li> <li>▪ Number and percent remaining drug and alcohol-free one year after graduation.</li> <li>▪ Improved Family functioning (as reported by family).</li> <li>▪ Number of arrests in-program/participant.</li> <li>▪ Number of program violations/participant.</li> <li>▪ Number of alternative care placements while in program and length of stay (LOS).</li> </ul>	

Inputs	Processes	Outputs	Outcomes	Impact
	in discretion of judge. Focus on timely imposition. <ul style="list-style-type: none"> <li>▪ Award of intangible and tangible incentives (limited).</li> <li>▪ Motion for termination or application for graduation.</li> <li>▪ Graduation ceremony.</li> </ul>	incentives awarded/participant.* <ul style="list-style-type: none"> <li>▪ Amount of fines, fees, restitution paid /participant.</li> <li>▪ Number of hours of community service/participant.</li> </ul>		
*Indicates measure that is included in the core measures developed the Drug Court Coordinating Committee (DCCC).				

Advancement Criteria

1. Clean urinalysis for six consecutive weeks
2. Positive attendance in school with report of progress
3. Participation in substance abuse treatment with report of progress=50% of goals
4. Participation in community activities
5. Complete written report on "Why I Am Ready for Promotion"
6. Must be recommended by the BIDCJ team

**B. Phase II - 3 to 6 months**

1. Court appearance two times/month
2. Face to face with Probation Officer, two times/month (minimum)
3. Home visit by Probation Officer, two times/month (minimum)
4. Substance abuse treatment participation
5. School participation
6. Curfew time 9:00 p.m.
7. Engage in community activities, two times/month
8. Urinalysis, one time/week (minimum)
9. Progress with individual plans, includes conditions of probation restitution

Advancement Criteria

1. Clean urinalysis for eight consecutive weeks
2. Report progress in school with no absences for eight consecutive weeks
3. Report participation in substance abuse treatment with completion of 75% of goals
4. Engage in positive family interaction/family plan
5. Report participation in community activities for eight consecutive weeks
6. Complete written report on "Why I Am Ready for Promotion"
7. Must be recommended by BIDCJ team

**C. Phase III - 3 to 6 months**

1. Court appearance, one time/month
2. Face to face with Probation Officer, one time/month
3. Home visit by Probation Officer, one time/month
4. Substance abuse treatment participation
5. School participation
6. Curfew time 10:00 p.m.
7. Community activities, one time/month
8. Urinalysis, two times/month (minimum)
9. Progress and completion of individual plan

Advancement Criteria

1. Clean urinalysis for ten consecutive weeks
2. Report of progress in school with no absences for ten consecutive weeks
3. Report of completion of substance abuse treatment with referral to continued care
4. Report of positive family interaction/completion of family plan

5. Report of participation in community activities for three consecutive months
6. Complete "Promotion Report"
7. Must be recommended by BIDCJ team

**D. Phase IV - 3 to 6 months Continued Care**

1. Court appearance, as needed
2. Face to face with Probation Officer, as needed
3. Home visits, as needed
4. Substance abuse continued care participation
5. School participation
6. Curfew, weekdays 10:00 p.m., weekends 12:00 a.m.
7. Urinalysis, random

**E. Graduation**

1. Clean urinalysis for three months
2. Complete continued care with no absences
3. Participation in school with substantial progress
4. Completion of family plan goals, i.e., demonstration of improved family role behaviors
5. No curfew violations for three months
6. Completion of community service
7. Pay restitution
8. Pay court fees
9. Receive graduation recommendation from Probation Officer, parent, school, substance abuse treatment provider, and BIDCJ staffing team

**F. Termination**

A BIDCJ participant may be recommended for termination by majority vote of the team if she/he:

1. Possesses a weapon, verbally threatens or commits physical violence to other clients, BIDCJ staff, or staff of other service providers.
2. Repeatedly fails to abide by the BIDCJ agreement or court conditions.

BIDCJ judge will make the final decision.

Graduation from the program is determined by the Drug Court Judge in consultation with the drug court team and treatment provider, and provided that the participant has satisfied the criteria for graduation. Likewise, termination from the program is determined by the Drug Court Judge in consultation with the drug court team and treatment provider. Prior to termination, an administrative review is conducted; providing the participant with one last opportunity to bring about changes and get in compliance. During the review, the participant is informed specifically about

what changes will be required to remain in the program. Failure to comply typically results in termination from the program.

Drug testing is frequent (see schedule by Phase listed above), random, and observed. Spot testing is also used.

In Kona, staffings are held in the jury room on the Tuesday morning before the Wednesday court hearing in what is reportedly the first courthouse completely dedicated to a drug court, certainly the first in Hawaii. The courtroom is modern and newly and nicely appointed. In Hilo, staffings are held on Thursday morning in the courtroom before the afternoon court hearing. The courtroom in Hilo is obviously makeshift, in rented office space, as they await completion of a new Circuit Courthouse. The seats in the gallery were uncomfortable, and the level of noise in the small courtroom became high during a thunderstorm. Participants in the staffing typically include the judge, the drug court coordinator, prosecutor, public defender, drug court officers, and treatment providers. Treatment providers are only present for the discussion of their cases and come and go as needed. While the public defender always attends the staffing, appointed counsel attends only if sanctions are to be discussed.

In the two staffings observed while on site, the drug court officer led the discussion of the status of each case, providing details on compliance and other issues. The single juvenile case in Kona and all six juvenile cases in Hilo were staffed. Juvenile and adult cases were staffed at the same time at both sites with juvenile cases being discussed first. The topics of discussion were far-ranging and included completion of sanctions previously imposed, status of other cases/offenses, payment of fines and restitution, employment and family status, physical health, and housing. The treatment providers were consulted on every juvenile case and were influential in the discussions. Each team member was asked to provide his or her observations and opinions on the cases, and all appeared to be engaged in the process. A consensus set of recommendations for Judge Ibarra and other members of the drug court team was made for each case. At times, team members made suggestions as to issues that should be raised or reminders that should be given to participants.

Court hearings are conducted with formality but avoid procedural complexity. All participants stay for the entire proceeding, unless excused by the judge for a specific reason. Parents are present but the juvenile participants stand in front of Judge Ibarra by themselves. The judge is provided with a status report from the earlier staffing for each case but reserves final decisions to himself although he generally follows the recommendations from the staffing. There is a high level of interaction between the judge and each participant, and, as in the staffings, the topics of inquiry are far-ranging but tailored to the specific circumstances of each case.

Judge Ibarra's style reflects his philosophy that the ultimate goal of drug court is to change the criminal style of thinking that either results from or is the cause of illicit drug use. He commands the complete attention of each participant, though he takes a more nurturing stance with juveniles. There is no tolerance for equivocation or, even worse, lying by the participants to the court. Each participant is thoroughly interrogated by the judge who makes a determination as to whether the participant is responding to him truthfully, based on his years of experience as a prosecutor and judge. For those who are not responding to the judge as he expects, the interrogation can go on for quite some time and can be agonizing. For those that do respond

according to his expectations, there are praise and encouraging remarks. He frequently reminds participants of their accomplishments since being admitted to the drug court. It is also clear that the judge has high expectations for participants and that they should not expect praise for accomplishing what is normally expected of them. The judge appeared to be very effective and is held in high esteem by other members of the drug court team.

The combination of juvenile and adult staffings and court hearings on one day in Hilo is a challenging calendar. The court is discussing the possibility of moving the staffings to a different day, as they do in Kona.

Sanctions are a critical element of this deterrence-oriented court's program. The BIDCJ uses a graduated and individualized system of sanctions. Sanctions may include admonishment; writing an essay on a topic related to the participant's particular violation, increases in drug testing, court appearances, and/or outpatient treatment sessions; for instance, a 30/30 or 90/90 plan that requires the participant to attend 30/90 AA or NA meetings in 30/90 days; and/or the imposition of community service hours and/or time in the Detention Center on Oahu. Participants can also be committed to a higher level of care, including residential community treatment. Team members noted that it was not just the nature of the sanctions, but the swiftness with which they are applied that determines their effectiveness. Observation of staffings and court hearings conducted on-site indicated that the program does indeed respond swiftly to violations; in several instances participants were brought in on bench warrants and incarcerated soon after the drug court staff was notified of a violation and were brought to court from the jail. Depending on the violation, the drug court does not wait until the next scheduled court appearance to impose sanctions but rather acts as soon as possible, which according to deterrence theory will vastly improve its effectiveness. Parents can also be sanctioned, and the judge was observed delivering a verbal rebuke to a parent during a hearing.

Generally, the imposition of sanctions is discussed in the staffing. The judge asks all participants for their recommendation on the sanction to be applied in each case where sanctions are being considered. The judge does not decide on the sanction in the staffing but determines the possible range so that defense counsel can communicate the maximum to the client. The participants then know the possible consequences if they admit to the violation(s).

In discussing the court's approach to sanctioning, the judge explained that in the first phase of the program the court is more tolerant of a relapse, usually imposing only an essay or community service. However, there is a high emphasis on honesty in the program, and lying about violations will result in jail time. Relapse when the participant is involved in the intensive treatment phase of the program, Phase II, will usually be treated more severely, and incarceration may be used for positive drug tests.

Most of the team members expressed the view that the range of sanctions was adequate and that they were consistently applied. While one team member believed the frequency and severity of sanctions should be increased, others expressed reservations about the frequency and length of jail sanctions. Other members noted that Judge Ibarra tends not to de-escalate sanctions even if the participant becomes compliant, which could be discouraging to the client in the long run.

Incentives are not routinely used in the drug court, and there is almost no use of tangible incentives. This reflects the philosophy of the court that participants should not be rewarded for doing things they are required and have agreed to do as part of participation in the program. Instead, incentives should be awarded for something "extraordinary" that shows the participant is making progress in leading a more law-abiding life. The view was also expressed that incentives are not effective in discouraging certain behaviors. However, some team members believed that incentives were an important part of the program, encouraged positive changes in behavior, and should be used more frequently. The drug court coordinator at the staffing in Kona was observed making a call to the other drug team members to make greater use of incentives. One team member noted that incentives help to involve and educate the community on the drug court.

Incentives currently used in the program include a round of applause in the court hearing, a lessening of restrictions or other program requirements, such as court appearances or drug tests, reduced time in a Phase, reduced court appearances, and/or gift certificates, movie passes, or other tangible rewards. Phase transition is also acknowledged by the award of a certificate.

***What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?***

Because the BIDCJ does not currently have a program database populated with data, this question cannot be easily answered. However, it can be noted that five of the seven current participants are female. The participants were ethnically diverse (the lone male was Caucasian), and many were at least part Hawaiian. Ages were generally between 14 and 17 years. Most were still in school and lived at home with their parents.

***What are the characteristics of available treatment interventions? What treatment and other services are participants getting?***

The BIDCJ principally utilizes two treatment providers, The Big Island Substance Abuse Council (BISAC) and Access Capabilities, Inc. Other service providers include the Lokahi Treatment Center (outpatient treatment) and the Ke Ala Pono Recovery Center. Residential treatment is provided by Interim House, Catholic Charities (which operates a group home), Kid's Behavioral Health (KBH), and therapeutic foster homes. Drug court team members commented that Judge Ibarra holds service providers accountable with the result that services have improved since he became judge.

***Access Capabilities, Inc:*** Operated by Don Lupien, Ph. D., Access Capabilities, Inc. offers outpatient treatment. Clinical individual counseling and group work are offered along with family counseling. The treatment program is based on UCLA's highly regarded "matrix model" of therapy and is asset-based and focuses on successes. Dr. Lupien is a Board Certified Substance Abuse Counselor.

***BISAC:*** BISAC offers intensive outpatient and day treatment as well as therapeutic living programs for adults. It also provides assessments of participants in its program as well as drug tests. Employment and housing assistance are also provided to participants. BISAC also acts as a service broker to its participants, assisting with services such as driver licensing, welfare, and community service.

The most commonly cited gaps in treatment resources were:

- There is no residential treatment facility on the Big Island, although this service is available on Oahu.
- Early screening for co-occurring disorders is inconsistent; psychiatric exams are either not done or not done in a timely manner. If admitted to the program, participants with mental health problems are very “resource-intensive” and “high maintenance.” The current level of intervention was viewed as inadequate, and most team members agreed that this was an area of concern. For example, in Hilo, BISAC contracts with the Department of Health (DOH) for mental health services and clients may get services through community mental health centers. However, if the primary problem is substance abuse, the client is not eligible for community mental health services.
- There is a need for a more structured and active continuing care or support group program for those who graduate the program.
- Comprehensive family therapy is needed.
- There should be better coordination with Child Welfare Services (CWS).
- More activities are needed for juveniles other than sports, especially on weekends.
- The 90-day review period in Family Court, from which drug court referrals come, interferes with the timely provision of services to BIDCJ participants.

In terms of other resources, the most frequently cited critical needs were (1) housing, (2) transportation, and (3) job training and jobs. The drug court judge has reached out to the community and encouraged businesses to hire drug court participants, citing their frequent drug testing and other requirements of the program to assure potential employers of their reliability.

***Who are the staff and what are their responsibilities? What is the drug court's annual budget and sources of funds?***

**Judge:** In the first year of the program, there were drug court judges for each side of the Big Island. Currently, the Chief Judge of the Third Circuit, Judge Ronald Ibarra, presides over the entire drug court docket to ensure a consistent approach to participants and program operations across the Big Island. Team members credited Judge Ibarra with pulling the program together, bringing more consistency and procedural clarity to operations, and clarifying the roles and responsibilities of team members. Judge Ibarra originates from the Kona side of the Big Island and had six years experience as a prosecutor before becoming a judge. He credits his long experience as a judge and prosecutor with his effectiveness as a drug court judge. The judge must travel weekly between Kona and Hilo to hold drug court, roughly a two-hour drive.

**Drug Court Coordinator:** Warren Kitaoka has served in this capacity since the BIDC's creation. His background is in probation, and he subscribes to the deterrence/criminal thinking orientation of Judge Ibarra. Among his duties is leading the staffings. POs spoke appreciatively of Warren's support and guidance.

**Probation Supervisor:** The probation supervisor in the Hilo office was a relatively new hire, though POs there were very happy to have her. The position in Kona is not filled, and POs there expressed a strong desire to see this position filled as soon as possible.

**Drug Court (Probation) Officers:** There are two drug court officers in Kona. One of the officers, the designated juvenile drug court officer, had only been with the program for eight weeks at the time of the site visit. She was handling a limited number of Phase 1 adult cases because the juvenile court had only one participant. There are two adult and one juvenile officers in the Hilo office.

Caseloads for the juvenile drug court officers are capped at eight. The primary responsibility of the drug court officers is to ensure compliance with program requirements as specified in each participant's admission agreement/contract with the drug court. Drug court officers conduct intake and assessment, drug testing, home visits, work-site visits, other field visits, meet with clients in the office, and attend staffings and court hearings. They receive weekly reports from treatment providers and consult with them in person and by phone as needed. Officers also broker services for clients, especially services other than substance abuse treatment. The officers prepare a *Drug Court Adjustment Report* on each client, which is shared among team members prior to staffings. The duties and responsibilities of the drug court officers are included in the practice and procedural manual.

***Is there an advisory board or governing task force, and if so, who serves and what are their responsibilities? Include the roles of the judge, prosecutor, and defense attorney.***

The BIDC and BIDCJ have a Steering Committee composed of the Chief Judge of the Third Circuit, the Deputy Chief Judge of the Family Court, the Circuit Court Administrator, the Prosecuting Attorney of Hawaii County, the State Public Defender, and the Probation Administrator for the Third Circuit.

The Planning Committee, formed in 2000, also continues to exist and meets every two or three months to discuss operations and issues, for instance, the recent change in the eligibility standards for offenders with prior convictions for violent offenses. The Planning Committee is now composed of two judges, prosecutors from both the East and West side, public defenders from both the East and West side, the drug court coordinator, representatives from the Big Island Substance Abuse Council and Access Capabilities, Inc. (treatment providers), and a professor of political science from the University of Hawaii at Hilo who serves as the in-house evaluator. There has been continuity in the membership over time, which helps to ensure that decisions are made with knowledge of the history and development of the program.

***What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, and so forth? What information is routinely made available to and/or required by these agencies?***

The BIDCJ interfaces with:

- Family Court, from which they get their referrals.

- Prosecution: Acts as a liaison to the BIDCJ with police. Reviews Track 1 and 2 referrals and handles terminations. Attends staffings and hearings.
- Public Defender: Advocates for participants. Attends staffings and hearings.
- Schools: POs visit schools to obtain information on clients.
- Treatment Providers: Attend staffings and hearings.
- General Public: Judge speaks to community groups whenever he has the opportunity.
- The BIDC has formed a 501 (c)(3) nonprofit corporation, The Friends of Big Island Drug Court, which provides funds and in-kind contributions of goods and services for the program and its clients, including but not limited to incentives. The Friends of Big Island Drug Court meets every two months at which time drug court staff update the membership on referrals and active clients and other operational issues as well as the incentives that have been used. Participants write a thank-you letter to the Friends of BIDC when they have been the recipient of an incentive or other benefit from the group.

***What local conditions (court caseloads, community attitudes, local legal culture, etc.) affect drug court?***

The methamphetamine and ice<sup>1</sup> problems plaguing Hawaii provide a ready rationale for the BIDCJ's continued and expanding role in combating this problem. BIDCJ is fortunate to receive state funding. Enforcement of truancy laws seems lax, and there appears to be little to keep juveniles in treatment short of BIDCJ.

The context of the BIDCJ program is an important factor in understanding and assessing its operations. The large geographic area of Hawaii Island requires that the drug court operate in two locations, in Hilo for the East side and Kona for the West side. The judge and drug court coordinator are based in Kona but travel to conduct staffings and court hearings in Hilo on Thursday of each week. However, each location has its own staff of drug court officers, designated prosecutors, public defenders, representatives from treatment and therapeutic living program (TLP) agencies, and community police officers. These dual locations are necessary to provide the level of supervision and participant access to services and the court required in a drug court; however, the travel required for the judge and court coordinator and the challenge of managing operations in two separate locations are not insignificant. The employment in September, 2005 of a Drug Court Supervisor for the Hilo Drug Court Office was viewed by a number of respondents as a very positive development, as it provides the local drug court officers with an on-site resource for consultation on individual cases and overall policies and procedures. Some team members expressed the need for a similar position in Kona and/or that consideration be given to splitting the operations entirely.

---

<sup>1</sup> Methamphetamine (aka "meth") is a powerful central nervous system stimulant. Typically meth is a white powder that easily dissolves in water but is also ingestible in pill form. Another form of meth, in clear chunky crystals, called "crystal meth", or "ice", is the smokeable form of the drug (KCI, 2006, [http://www.kci.org/meth\\_info/faq\\_meth.htm](http://www.kci.org/meth_info/faq_meth.htm)). According to the DEA, ice is the drug of choice in Hawaii and is considered by far the most significant drug threat. Per capita, Hawaii has the highest population of ice users in the nation (DEA, 2006, <http://www.dea.gov/pubs/states/hawaii.html>).

**How long do participants stay in drug court? Who drops out, at what point, and why?  
How many participants, with what characteristics, graduate from drug court?**

The program is too new to answer these questions.

**What is the percentage of drug court clients who are arrested while in the program and what are their charges?<sup>2</sup>**

Data on the number of in-program arrests and charges are not available.

**The Big Island Juvenile Drug Court and the Bureau of Justice Assistance's 16 Strategies for Juvenile Drug Courts.<sup>3</sup>**

**1. Collaborative Planning: Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.**

- Staffings provide an arena where a variety of interdisciplinary perspectives on each BIDCJ case can be heard and where services and strategies can be coordinated. Prosecution, public defenders, and treatment providers actively participate in staffings and decision-making about cases and are present at the hearings. The staffings had a very good mix of professionals and were very effective at developing a coordinated plan of action for each client.
- Interviews and court observation demonstrated that the program, though in its infancy, is stable, structured, and systematic and that policies and procedures are predictable.
- Parents are present at hearings.
- Additional stakeholders are engaged by means of the regularly held Steering Committee meetings.

**2. Teamwork: Develop and maintain an interdisciplinary, non-adversarial work team.**

- The juvenile POs are both relatively new to the BIDCJ, but the drug court coordinator, Warren Kitaoka, and Judge Ibarra have worked together for years. Together, Warren and Judge Ibarra have developed an effective interdisciplinary juvenile drug court team. Judge Ibarra holds drug court team members and treatment providers accountable to a standard of full and genuine participation in decisions about each case.
- The treatment providers and POs provide a variety of interdisciplinary perspectives (including clinical psychology, CSAC, and social work) on each case.

<sup>2</sup> National Drug Court Institute and National Council of Juvenile and Family Court Judges. (2003). *Juvenile Drug Courts: Strategies in Practice*. NCJ187866. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

<sup>3</sup> Ibid.

**3. Clearly Defined Target Population and Eligibility Criteria: Define a target population and eligibility criteria that are aligned with the program's goals and objectives.**

- Reportedly documented in a manual, eligibility criteria and target population (i.e., Tracks 1-3) are well-known among staff.
- Current emphasis on Track 3 participants allows little room for Track 1 and 2 participants, who, being generally younger and less drug-involved, could also benefit from BDCJ services.

**4. Judicial Involvement and Supervision: Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.**

- Hearings are held every week in Phase 1, every other week in Phase 2, every other or third week (if warranted) in Phase 3, and every month in Phase 4.
- It is difficult to imagine a drug court judge who is more involved in each participant's case than Judge Ibarra. He is not easily "conned," and his penetrating questions no doubt play a role in keeping participants on the straight and narrow.
- Sanctions are applied very quickly in this court, which undoubtedly increases their impact.

**5. Monitoring and Evaluation: Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.**

- Not present. The Juvenile DTC 2000 database could generate such reports if it was populated with data, as could other databases as well.

**6. Community Partnerships: Build partnerships with community organizations to expand the range of opportunities available to youth and their families.**

- Judge Ibarra and other members of the BDCJ team have made successful outreach efforts to persuade local employers to hire participants and graduates.
- The judge speaks to community groups whenever he has the opportunity, usually a couple of times per month
- The BDC has formed a 501(c)(3) nonprofit corporation, The Friends of Big Island Drug Court, which provides funds and in-kind contributions of goods and services for the program and its clients, including but not limited to incentives. The Friends of Big Island Drug Court meets every two months at which time drug court staff update the membership on referrals and active clients and other operational issues as well as the incentives that have been used.

**7. Comprehensive Treatment Planning: Tailor interventions to the complex and varied needs of youth and their families.**

- Drug Court Coordinator, Pos, and service providers jointly develop treatment plans.
- Treatment providers participating in the program provide a variety of services including individual and group counseling and family therapy, as well as positive recreational opportunities.

- Several treatment gaps were identified:
  - There is no residential treatment facility on the Big Island, although this service is available on Oahu.
  - Early screening for co-occurring disorders is inconsistent; psychiatric exams are either not done or not done in a timely manner. If admitted to the program, participants with mental health problems are very “resource-intensive” and “high maintenance.” The current level of intervention was viewed as inadequate and most team members agreed that this was an area of concern. For example, in Hilo, BISAC contracts with the DOH for mental health services and clients may get services through community mental health centers. However, if the primary problem is substance abuse, the client is not eligible for community mental health services.
  - There is a need for a more structured and active continuing care or support group program for those who graduate the program.
  - Comprehensive family therapy is needed.
  - There should be better coordination with Child Welfare Services (CWS).
  - More activities are needed for juveniles other than sports, especially on weekends.
  - The 90-day review period in Family Court, from which drug court referrals come, interferes with the timely provision of services to BIDCJ participants.

**8. Developmentally Appropriate Services: Tailor treatment to the developmental needs of adolescents.**

- Both service providers have had a lot of experience with addressing the needs of substance abusing adolescents and develop treatment plans and strategies that reflect this experience.
- The ACCESS program uses a variation of the matrix model of therapy specifically geared to adolescents.

**9. Gender-Appropriate Services: Design treatment to address the unique needs of each gender.**

- The need for additional gender-specific services, especially residential services, was noted by POs in particular, given that five out of seven participants are female.

**10. Cultural Competence: Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.**

- The BIDCJ team is ethnically diverse and sensitive to issues related to culture.

**11. Focus on Strengths:** Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.

- The matrix model of therapy used by ACCESS is an assets- and strengths-based treatment philosophy that incorporates family involvement.
- Service providers offer programs to increase participant self-esteem.

**12. Family Engagement: Recognize and engage the family as a valued partner in all components of the program.**

- Parent(s)/guardians are required to attend hearings and actively participate.
- Service providers also engage family.

**13. Educational Linkages: Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.**

- POs frequently interact with schools and monitor participants' performance.

**14. Drug Testing: Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.**

- Drug testing policies are in conformance with Strategy 14.
- Participants are drug tested twice per week during Phase 1, once or twice a week during Phase 2, and two to four times a month during Phases 3.

**15. Goal-Oriented Incentives and Sanctions: Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.**

- Sanctions are used aggressively but appropriately and in a very timely fashion.
- Incentives are used infrequently and should be utilized more to be in compliance with this strategy. The court should try to achieve a more equitable balance between the use of sanctions and incentives in recognition of the contribution that positive reinforcement plays in behavioral change.

**16. Confidentiality:** Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.

- Because we were unable to review the policies and procedures manual, we were unable to assess the court in this regard.

**NCSC Summary and Conclusions:** The BIDCJ is clearly fulfilling an important, if limited, mission in the fight to protect the Big Island's youth from the scourge of drug abuse. While it is an infant court that has yet to produce either graduates or terminations, it has positioned itself well under Judge Ibarra for future growth and program development. Judge Ibarra's philosophy that participants' criminal-style thinking must be addressed in order to achieve long-term rehabilitation sets the tone for the court and leads to a deterrence-oriented strategy of case management. The court uses sanctions in a very timely fashion but makes almost no use of incentives. Reconsideration of the use of incentives should be made by the court in order to achieve a more equitable balance between their use, and the use of sanctions. Judge Ibarra's obvious commitment to provide each participant with the opportunity to succeed, the accountability that he

demands from service providers and other members of the BDCJ team, along with the commitment observed of the juvenile POs and the high level of supervision that they provide participants make this a promising start for the new court.

BDCJ offers a limited but adequate array of services that address many of the problems facing participants, even noting the service and treatment gaps identified earlier. The need for a juvenile detention facility and residential treatment for juveniles on the Big Island are noteworthy. The program serves primarily Track 3 participants but should give consideration to expanding its services to cover Track 1 and 2 participants before they become Track 3s. The program is currently serving the most serious participants in terms of their delinquent records and substance abuse problems, and thus there is little evidence of "widening-of-the-net."

### **Recommendations for the Big Island Drug Court, Juvenile Division (BDCJ)**

***Big Island Drug Court Juvenile Division Recommendation 1. A CSAC is needed for each office of the BDCJ.***

***Big Island Drug Court Juvenile Division Recommendation 2. The identified service and treatment gaps should be systematically assessed and, based on the results of this assessment, plans should be developed to address the most critical treatment and service needs.***

***Big Island Drug Court Juvenile Division Recommendation 3. Assess the need for gender-specific services.***

***Big Island Drug Court Juvenile Division Recommendation 4. The deterrence orientation of this court causes treatment concerns to take a backseat. Treatment concerns should be more fully integrated into the court's decision-making process.***

***Big Island Drug Court Juvenile Division Recommendation 5. Begin to use and completely populate a program database, either the Juvenile DTC 2000 database which the court has in its possession or an alternative data base.***

***Big Island Drug Court Juvenile Division Recommendation 6. A workshop should be conducted for referring judges to show them the proper procedure for making referrals to the BDCJ.***

***Big Island Drug Court Juvenile Division Recommendation 7. Diagnostic procedures to better identify dual diagnosis cases are needed.***

***Big Island Drug Court Juvenile Division Recommendation 8. Consideration should be given to the provision of some substance abuse services in-house.***

***Big Island Drug Court Juvenile Division Recommendation 9. BDCJ and treatment providers should train together.***

**Big Island Drug Court Juvenile Division Recommendation 10.** *More sensitive drug tests are needed. The threshold for a dirty urinalysis is too high with current tests.*

**Big Island Drug Court Juvenile Division Recommendation 11.** *The BIDCJ judge should interact with participants on a level that is easily comprehensible to them and not “talk over their heads.”*

**Big Island Drug Court Juvenile Division Recommendation 12.** *A detention facility is needed on the Big Island.*

**Big Island Drug Court Juvenile Division Recommendation 13.** *Develop residential placement facilities for juveniles on the Big Island.*

**Big Island Drug Court Juvenile Division Recommendation 14.** *This court needs to revisit its policies on the appropriate combination of sanctions and incentives required to encourage participants to successfully complete the program. Incentives should be used more frequently and should be an integral component of the program. Sanctions should de-escalate if a participant rectifies the situation that led to the sanctions and continues to progress in the program.*

**Big Island Drug Court Juvenile Division Recommendation 15.** *The combination of juvenile and adult staffings and court hearings on one day in Hilo is a challenging calendar. The court is discussing the possibility of moving the staffings to a different day, as they do in Kona.*

**Big Island Drug Court Juvenile Division Recommendation 16.** *A probation supervisor is needed for the Kona office.*

**Big Island Drug Court Juvenile Division Recommendation 17.** *Additional recreational opportunities for juveniles during the weekend, other than sports, should be developed.*

## **APPENDIX H**

### **Fifth Circuit Kaua'i Adult Drug Court**

## KAUAI ISLAND ADULT DRUG COURT (KDC)

***How was the program developed—who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?***

The Adult Drug Court on the Island of Kaua'i was implemented in August of 2003 after a year of planning. The program is described as a collaborative effort of the State Judiciary, State Public Defender, and Kaua'i County Prosecutor with various other agencies, including local law enforcement, the Department of Health (DOH), and private non-profit organizations making important contributions to its successful operations. A team composed of the judge, court coordinator, public defender, and prosecutor attended National Drug Court Institute (NDCI) training prior to the implementation of the program. The drug court coordinator, with 20 years of experience in adult probation services, brought his knowledge of the service provider network and other community and state resources to the effort and gathered materials from already established drug courts in other jurisdictions. The result was a minimum 12-month, three-phase program with defined goals and objectives and a plan to provide an intensive supervision and treatment program for non-violent felony offenders.

As shown in Figure H-1, the Kaua'i Adult Drug Court Logic Model, the mission and specific goals and objectives of the program emphasize potential benefits to the larger criminal justice system and community, in terms of increased public safety and decreased justice system and societal costs. These effects are defined as reductions in recidivism, jail admissions, length of stay in jail, and the justice system cost of handling alcohol and drug abusers. Objectives also include the development of an effective continuum of services for the drug court participants.

To be eligible for admission into the drug court, the offender must be within the jurisdiction of the Fifth Circuit Court, at least 18 years of age, be charged with a class "B" or "C" nonviolent felony offense, and have no firearm charges, criminal history of violent behavior, or sexual assault convictions. According to the drug court manual, a violent offender is defined as a defendant who is charged with or has been convicted of (a) robbery as defined by Chapter 708 of Hawai'i Revised Statutes (HRS) or (b) causing, or threatening to cause, serious and/or substantial bodily injury against another person as defined by HRS, Chapter 707. However, the drug court judge has discretion to admit defendants who are pre-trial into Tracks 1 or 2 with any disqualifying charge or conviction that is more than five years old and to admit defendants who are sentenced offenders into Track 3 with any disqualifying prior conviction.

The drug court has a capacity of 30 participants based on the number of treatment slots available (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005). As of October 2005, the program had admitted a total of 43 participants and had 21 active participants.

There is a Policies and Procedures Manual for the program and a Participant Handbook. The manual includes the program's mission and goals/objectives, referral process, treatment phases, eligibility standards, criteria for graduation, drug testing protocol, policy, a procedure and grid for

**Figure H-1. Kaua'i Adult Drug Court Logic Model**

**Goal/Mission:** To divert non-violent substance abusing offenders to treatment and rehabilitation as an alternative to incarceration by providing a cost-effective system that keeps substance abusing offenders productive and reduces recidivism while involving the community in the process.

- Objectives:**
1. Reduce jail admissions and average length of stay for the target population.
  2. Reduce recidivism of offenders who are alcohol or drug abusers.
  3. Reduce costs to the criminal justice system in handling alcohol and drug abusers.
  4. Establish a continuum of effective rehabilitative services for eligible participants.

**Target Population:** Non-violent class "C" or "B" felony offenders whose criminal activity is related to alcohol or drug abuse, pre-conviction or post-conviction. Judicial discretion to include pre-conviction offenders with certain violent offenses that are more than five years old and post-conviction offenders with any disqualifying offense.

Inputs	Processes	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> <li>▪ Clients: Program capacity: 30 clients.</li> <li>▪ DC Team: DC judge, coordinator, probation office, CSAC, prosecutor, public defender, and police liaison.</li> <li>▪ Operations and procedures manual.</li> <li>▪ Funding.</li> <li>▪ "Friends of the Drug Court," 501c3 non-profit that provides funds for incentives, graduation rewards, and other program services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Three tracks: two pre-conviction and one post-conviction (probation revocation). Referral from defense counsel or probation.</li> <li>▪ Determination of eligibility by prosecutor with input from police.</li> <li>▪ Assessment (LSI, ASUS, and other standardized instruments).</li> <li>▪ Pre-admission screening (trial phase).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent of referrals rejected.</li> <li>▪ Number and percent graduations.*</li> <li>▪ Number and percent terminations by phase terminated.*</li> <li>▪ Number and percent of drop-outs.</li> <li>▪ Number of assessments conducted.</li> <li>▪ Number and percent of AA and NA meetings attended/participant.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number and percent completing high school, GED, or other equivalent at graduation, if applicable.*</li> <li>▪ Number and percent of graduates employed (and length) at graduation.*</li> <li>▪ Number and percent securing clean and sober housing at graduation.*</li> <li>▪ Number and percent making full payment of required program and treatment fees at graduation.</li> <li>▪ Number and percent</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recidivism.</li> <li>▪ Abstinence.</li> <li>▪ Health.</li> <li>▪ Employment.</li> <li>▪ Family functioning.</li> <li>▪ Other long-term impacts to be specified after consultation with the DCCC.</li> </ul>

Inputs	Processes	Outputs	Outcomes	Impact
	<ul style="list-style-type: none"> <li>▪ Formal admission - completion of forms/waivers.</li> <li>▪ 12-month minimum program with three phases.</li> <li>▪ Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings/sponsors.</li> <li>▪ Treatment interventions and other services as indicated by treatment plan and program phase. Two out-patient treatment providers; one drug/alcohol education program; no local residential treatment facilities.</li> <li>▪ Random drug testing.</li> <li>▪ Supervision and case management by officer (meetings with probation officer, home visit in first phase, etc).</li> <li>▪ Monitoring by law enforcement during regular patrols and other operations.</li> <li>▪ Periodic status reports and recommendations re court hearing actions from</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number of treatment sessions attended and hours of treatment received per participant by type of treatment.</li> <li>▪ Hours/number of sessions of drug/alcohol education/participant.</li> <li>▪ Number of drug/alcohol tests administered; number and percent of positive tests; number of no shows/refusals; number of admits w/o testing*/participant.</li> <li>▪ Number of contacts with DC officer/case manager.* /per participant.</li> <li>▪ Number of status/review court hearings*/participant.</li> <li>▪ Number and types of sanctions imposed (for jail, number of days served; for community service, number of hours completed)/participant.*</li> <li>▪ Number and types of incentives awarded/participant.*</li> </ul>	<ul style="list-style-type: none"> <li>remaining drug and alcohol-free one year after graduation.</li> <li>▪ Improved Family functioning.</li> <li>▪ Number of arrests in-program/participant.</li> <li>▪ Number of program violations/participant.</li> </ul>	

Inputs	Processes	Outputs	Outcomes	Impact
	<p>probation officer.</p> <ul style="list-style-type: none"> <li>▪ Staffings w/ DC judge, DC coordinator, probation officer, and CSAC. Focus on compliance.</li> <li>▪ Court hearings with full team.</li> <li>▪ Imposition of graduated sanctions as warranted and in discretion of judge. Focus on timely imposition.</li> <li>▪ Award of intangible and tangible incentives.</li> <li>▪ Motion for termination or application for graduation.</li> <li>▪ Graduation ceremony and exit questionnaire.</li> <li>▪ Community outreach by DC coordinator.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Amount of fines, fees, restitution paid /participant.</li> <li>▪ Number of hours of community service/participant.</li> </ul>		
<p><b>*Indicates measure that is included in the core measures developed the Drug Court Coordinating Committee (DCCC).</b></p>				

graduated sanctions, team member roles and responsibilities, program forms, and reference material. The handbook for participants includes program contact information, rules and requirements of the program, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meeting schedules and attendance verification sheets, the drug testing agreement, and other forms and materials for the use of the participant.

In 2003, the KDC established a 501(c)(3) non-profit agency, the Friends of the Kaua'i Drug Court, to provide funding for participant incentives, graduation ceremonies, and other supplies for the program. The drug court coordinator sits on the board of directors.

***What are the policies and procedures of the drug court? How have they changed over time and why?***

**Referral, Screening and Admission**

Offenders may be referred to one of three tracks: Track 1—pre-indictment/pre-arraignment; Track 2—post-charge/pre-trial; and Track 3—probation violators facing revocation. For the pre-conviction tracks, Tracks 1 and 2, the prosecutor is the “gatekeeper” and must approve all referrals from the public defender. The prosecutor will notify defense counsel of the offender’s eligibility and the need for their client to contact the drug court within five business days to arrange for screening. Referrals for Track 3 may come from defense counsel, probation, the court or the prosecuting attorney.

If deemed eligible for drug court, the participant is referred to the “pre-admission” phase of the program. The purpose of this phase is to determine the “suitability” of each participant prior to granting formal admission into the program by assessing their readiness, motivation, and responsiveness to treatment. The primary assessment instruments are the Level of Supervision Inventory (LSI) and the accompanying Adult Substance Use Survey (ASUS), but other instruments, such as the short Michigan Alcoholism Screen Test (MAST), the Addiction Severity Index (ASI), the Adult Self-Assessment Questionnaire (ADSAQ) are also used on a case-by-case basis. During the pre-admission phase, potential clients may be required to attend AA or NA meetings, counseling sessions, or other services and are drug tested for a period of two to three weeks. The drug court officer estimated that approximately 50 percent of the potential clients drop out or are ruled out in this phase because of non-compliance. However, after 30 days, unsuccessful potential clients can re-apply. The drug court officer estimated that approximately half of those initially rejected will be admitted to the drug court at some point. Statistics from the FY 2005 AOC Report indicate that 41 potential clients were screened for appropriateness during the period and 18 (44 percent) were found to be appropriate (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005).

The Police Department also plays a role in the screening and admission process by providing intelligence on potential drug court cases to the prosecutor. It was also suggested that the police department may influence the ultimate decision in certain cases. The police department has had concerns about past decisions to admit defendants that it believed to be inappropriate for drug court because of the nature of their crimes. As a result, there has been closer consultation between the prosecutor and police over the last year. According to the police liaison to the drug

court, the department has a collective knowledge of the individuals under consideration and knows when the offender may be involved in drug distribution in addition to drug use/abuse, and also better understands the seriousness of the crime. Some expressed the view that the nature of the referrals had improved over the last year as a result of the increased law enforcement involvement.

The referral and admission process, or “gate keeping function,” was described as a point of contention in the program. Concern was expressed about the lack of substantiation and documentation of the reasons for rejection in individual cases, repeated attempts by defense counsel to argue for admission of certain clients even after several failures in the pre-admission phase, and the role of the police department. One team member suggested that admission decisions should be discussed in staffings with full team involvement.

### **Staffings and Court Hearings**

A staffing for the drug court is held in the judge’s chambers on the Tuesday before the Wednesday court hearing and includes the drug court judge, drug court coordinator, probation officer, and Certified Substance Abuse Counselor (CSAC) (The CSAC position was vacant at the time of the site visit, but the program was actively recruiting for a replacement). The prosecutor and public defender only attend staffings if there is a possibility that serious sanctions will be imposed in a case.

Prior to the staffing, the probation officer provides the judge with case notes, a running commentary and assessment of case events, and a status report which summarizes the results of drug tests; type of treatment program and progress; sanctions incurred; supervision; crisis conditions, if any; and fulfillment of community responsibilities, such as the payment of fines, fees, and restitution, community service completed, attendance at AA and/or NA, and interaction with a sponsor. Recommendations on next steps, possible sanctions, or other conditions are also submitted to the judge.

A total of ten cases were discussed in the one staffing session that was observed on-site. The judge led the discussion by calling each case, and the probation officer reported on the status of the case. The emphasis was on compliance with program requirements; if the client was in compliance and there were no other issues, the discussion was brief. However, time was taken to discuss potential problems and issues when warranted. While the staff offers recommendations in their report, the judge does not announce decisions on cases in the staffing.

The subsequent court hearing for the ten cases that were discussed in the staffing was attended by the probation officer, prosecutor, and public defender. Participants were seated in the jury box and stayed for the entire proceeding. The entire hearing lasted only twenty minutes, perhaps reflecting the fact that most of the participants were in Phase 1 of the program and in complete compliance. While the interaction between the judge and participant were brief, the judge took an individualized approach to each participant, inquiring about progress in treatment, services, and employment as warranted. The judge congratulated those who were in total compliance and reminded all participants of their continuing responsibilities. Participants who were in compliance were rewarded with a round of applause led by the judge.

## Sanctions and Incentives

The program has a documented, detailed system of graduated sanctions for technical violations and program infractions. The protocol for sanctions includes a statement of the objectives and purpose of sanctions, the procedure for imposition of sanctions, and a grid which lists the violations (misdemeanor, felony, violence, first positive drug test, second positive drug test, and so forth) and the range of appropriate sanctions. Drug court staff submits a recommended sanction(s) to the judge who has the discretion to decide on the actual sanction to be imposed. It is not clear how actual sanctioning practices mirror the grid; one team member noted that the imposition of sanctions was individualized even while staying fairly close to the grid. There is also an emphasis on the timely imposition of sanctions. For instance, if a client has a positive drug test, the judge issues a bench warrant so that the sanction can be immediately imposed.

Interviews suggest that community service and jail time are the primary sanctions imposed, although whether the client is employed is a consideration in the imposition of jail time. According to program staff, the court imposed fairly extensive periods of jail time in the past. However, as a result of information imparted at various drug court education and training workshops and conferences, the court has altered its approach in this area and is now using more limited terms of incarceration. Short terms of incarceration are an important part of a system of escalating sanctions and forewarn the defendant about the possible consequences of continuing failure to comply with program requirements. Especially for offenders who have not been previously incarcerated, requiring an immediate, though short, jail sanction may have a "shock value" that discourages future violations. The Kaua'i Intake Service Center is responsible for making community service assignments and supervising the participants who are ordered to complete community service hours. Data is not available to assess changes in sanctioning practices over time.

The most frequent incentive employed in the program is the positive reaction of the judge at the review hearings and the subsequent round of applause. In addition, at each review hearing, all the participants who are 100 percent compliant are entered into a random drawing for a gift certificate.

***What is the size and nature of the total population eligible for drug court? How many people are referred to drug court, how many are accepted, and why are those not accepted rejected?***

According to data available from the CMS 2000 system, a total of 91 defendants had been referred to the drug court as of October 2005. Of these, 48 defendants, approximately 53 percent were rejected. The reasons for rejection were not available.

***What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?***

Table H-1 shows selected socio-demographic characteristics of program graduates and terminations based on data extracted from the CMS 2000 system. Although other variables, such as source of income at intake and prior treatment history, are included in the CMS 2000 system,

where information was incomplete or missing for a large number of cases, the variable was excluded.

<b>Table H-1. Characteristics of Graduates and Terminations: Kaua'i Adult Drug Court</b>		
	<b>GRADUATES (n = 13)</b>	<b>TERMINATIONS (n = 9)</b>
<b>Average Age at Intake</b>	29.4	24.2
<b>Percent Female</b>	23 %	22 %
<b>Percent White</b>	17%	33%
<b>Percent Married/Living as Married</b>	15 %	0
<b>Percent High School Graduates</b>	77 %	67 %
<b>Percent Source of Income Unknown</b>	62%	33%
<b>Percent Reporting Methamphetamine as Primary or Secondary Drug</b>	77 %	89 %

Graduates appear to be slightly older, somewhat more likely to be married, and have a high school diploma than terminations; however the limited number of graduates and terminations does not allow for significant differences to be ascertained at this time. Table H-2 shows the average number of non-violent drug- and non-drug-related prior arrests for graduates and terminations.

<b>Table H-2. Prior Arrests of Graduates and Terminations: Kaua'i Adult Drug Court</b>		
	<b>GRADUATES (n = 13)</b>	<b>TERMINATIONS (n = 9)</b>
<b>Average Number of Non-Violent, Drug- Related Arrests</b>	5.7 (n = 13)	3.8 (n = 9)
<b>Average Number of Non-Violent, Non-Drug- Related Arrests</b>	0 (n = 13)	0 (n = 9)

Neither graduates nor terminations had prior arrests for non-drug-related offenses. Graduates have a higher average number of drug-related arrests than terminations. This data is provided for descriptive purposes only and is not meant to imply any causal relationship.

***What are the characteristics of available treatment interventions? What treatment and other services are participants getting?***

There was a consensus that more treatment providers were needed for the Kaua'i Adult Drug Court (KDC). There are only two outpatient treatment centers, Ke Ala Pono Recovery Center and Hina Mauka, and no residential treatment facilities on the Island. As a result, there are no gender-specific or other specialized treatment programs available. Participants requiring residential treatment can be transferred to Hoomau Ke Ola in Oahu. There is a third agency that provides drug and alcohol education only. AA and NA meetings were cited as an important source of support, and it was noted that some participants do fairly well with just this educational component and AA/NA meetings. The one graduate of the program who was interviewed stated

that the AA meetings and interactions with his sponsor were the most important factors that contributed to his recovery. There was some support for a structured program of continuing support and counseling following graduation.

Program staff noted the difficulty of recruiting for CSACs. CSACs are in short supply in the Islands and can earn larger salaries in the private sector. Staff also cited the lack of clean and sober housing, affordable housing in general, and transportation as issues. Obtaining employment is generally not a problem because the resort hotels are big employers, however, it was noted that participants in Track 3 who have felony charges have more difficulty finding jobs because of their criminal record.

***What are the major case processing steps? What happens to participants in drug court? What is their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, etc.?***

The KDC is a 12-month minimum/24 month maximum program with a three phase structure:

- Phase I – Intensive Outpatient Treatment (two to four months).
- Phase II -- Outpatient Treatment (seven to 12 months).
- Phase III -- Outpatient Treatment (three to eight months).

Each phase has specific objectives, guidelines for the frequency and type of treatment interventions, drug testing, and attendance at AA/NA meetings, with an increased emphasis on lifestyle issues, such as employment, family relationships, and educational plans, and a decreased emphasis on treatment in the final phase. Although there are proposed average time frames for each phase, the approach is individualized, taking into account each participant's progress in achieving both abstinence and other conditions, such as employment and stable housing. However, criteria for phase advancement are enforced.

Criteria for graduation are included in the practice and procedure manual and include a minimum of 12 months active participation in the program; negative drug and alcohol tests for a minimum of 90 days; no unexcused absences from required services for 90 days; employment or enrollment in vocational training or other educational program for a minimum of 90 consecutive days; stable, clean, and sober housing; and payment in full of any required program and treatment fees. Again, it was noted the graduation criteria are enforced.

***Who are the staff and what are their responsibilities? What is the drug court's annual budget and sources of funds?***

**Drug Court Judge**

Two different judges have presided over the drug court since its implementation in 2003, and the current judge is scheduled to rotate to another assignment at the end of 2005. The judge is the operational manager of the drug court and involved in the development of policies and procedures. The judge leads the staffings and presides over drug court hearings. Several team

members stressed the importance of the judge in the drug court process, one noting that for some participants, the judge's approval is very important. The one drug court graduate who was interviewed on-site indicated that Phase 3 of the program was the most difficult for him because the frequency of contact with the court was reduced to once a month.

### **Drug Court Coordinator**

The drug court coordinator handles the administrative and legal aspects of the program and has been with the drug court since the planning stage. Prior to becoming the drug court coordinator, he was with adult probation for 20 years and, as a result, is knowledgeable about available treatment and ancillary services, and familiar with insurance requirements and managed care plans. The coordinator also takes an active role in community-drug court relations and makes presentations on the drug court for community organizations and at other state agencies. He organizes community-focused activities for participants on weekends, including a recent beach clean-up project. The drug court coordinator is a member of the Board for the Friends of the Kaua'i Drug Court.

### **Drug Court Officer and CSAC**

At the time of the site visit, there was only one drug court probation officer; however, plans call for two more probation officers to be hired and cross-trained for the adult and soon-to-be implemented juvenile drug court. The current officer has been with probation for four years and the drug court for two years. She did not participate in the National Drug Court Institute adult drug court training, but has received specific training in the use of the LSI, ASUS, and motivational interviewing. Because of the vacancy in the CSAC position, her caseload at the time of the site visit was 25, which she observed was too high given the requirements of the program and the emphasis on intensive supervision.

The responsibilities of the probation officer include administering drug tests; conducting home visits in phase 1; meeting with clients in the office; preparing case notes, status reports, and recommendations on each case; participating in staffings; attending court hearings; and performing other case management functions as needed. The probation officer and CSAC work as a team, with the CSAC taking primary responsibility for the development of an individualized treatment plan and maintaining contact with direct service providers. The probation officer has also assumed responsibility for preparing statistical reports on program participants/operations and financial conditions based on data from the CMS 2000 system and other spreadsheet applications.

### **Prosecuting Attorney**

The deputy prosecuting attorney assigned to drug court is responsible for screening referrals for Tracks 1 and 2, including checking on the prior criminal record of potential participants. The prosecuting attorney attends court hearings, but does not regularly attend staffings unless the imposition of serious sanctions is to be discussed. While the chief prosecutor was described as fair and supportive of the program, the deputy assigned to the drug court was described by other team members as somewhat disengaged from the ongoing operations of the drug court.

## Public Defender

The public defender has been involved with the drug court since the planning stage, and attended one of the series of three planning workshops. The public defender can make referrals for all program tracks and advises clients on the nature of the program and its rules and requirements. He does not attend staffings unless serious sanctions may be imposed on his client, but does attend the court hearings. He maintains ongoing contact with his clients and ensures that they are aware of the potential consequences of their actions and what to expect from the court. He is supportive of the drug court concept and believes rehabilitation is a better alternative for his clients over the long term.

***Is there an advisory board or governing task force, and if so, who serves and what are their responsibilities? Include the roles of the judge, prosecutor, and defense attorney.***

There is no formal KDC oversight board or advisory committee; however, the island is small and communication and coordination among the involved agencies—the Judiciary, the Prosecutor's Office and the Public Defender—does not appear to be a problem. The drug court coordinator played a pivotal role in the planning for the adult court and continues to do so for the juvenile drug court. His skill in this area was noted by several of those interviewed as was his openness to suggestions on program operations and dialogue on issues.

***What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, etc? What information is routinely made available to and/or required by these agencies?***

Team members reported no significant problems of coordination and communication with other agencies and the KDC has a strong working relationship with law enforcement in particular. The drug court coordinator noted that they have not had a consistent liaison person in the Police Department in the past, but this has improved over the last year. The drug court sends the liaison a list of the clients and law enforcement assists the probation officer in tracking the clients; for instance, they may issue a BOLA, "be on the look out for." The liaison meets with the drug court team periodically, monthly, or every two or three months, but does not attend staffings or court hearings.

***What local conditions (court caseloads, community attitudes, local culture, etc.) affect the drug court?***

According to team members, the most significant factor affecting the operations of the drug court is the limited treatment resources and other support services on the island. While participants can be sent to Oahu for residential treatment, there is a cost associated with this alternative. Clean and sober housing is in short supply, and again, some participants secure appropriate housing on Oahu or the Big Island.

In addition, as is the case in other counties, the fact that crystal methamphetamine (ice) is the primary drug of choice is significant. A number of those interviewed noted the destructive

effects of methamphetamine on the user both short and long term.<sup>1</sup> According to some commentary on the role of the drug court in addressing the growing, nationwide methamphetamine problem, one of the main challenges is engaging users in outpatient treatment and retaining them in treatment for clinically significant periods of time.<sup>2</sup>

**How long do participants stay in the drug court? Who drops out, at what point, and why? How many participants, with what characteristics, graduate from drug court?**

As of October 2005, the KDC had 13 graduates. Based on the total number of admissions and active cases, this represents a graduation rate of 59 percent and a retention rate of 79 percent. Nine participants had been terminated from the program.

Table H-3 shows the average and median time in program; by treatment phase, and from referral to exit from the program, either by graduation or termination. The table provides only a preliminary picture because, as indicated in the table, complete data was not available for all graduates and terminations. Both the average and median are included because the average may be affected by extreme values (high or low) in the distribution and give a somewhat distorted picture of the overall pattern. The median, which reflects the value that divides the array in half, is more stable in the face of extreme values.

<b>Table H-3. Time in Program for Graduates and Terminations: Kaua'i Adult Drug Court</b>		
	<b>GRADUATES (n = 13)</b>	<b>TERMINATIONS (n = 9)</b>
	<b>AVERAGE/MEDIAN TIME IN DAYS</b>	<b>AVERAGE/MEDIAN TIME IN DAYS</b>
<b>Phase 1</b>	147 / 131 (n = 13)	250 / 239 (n = 5)
<b>Phase 2</b>	227 / 211 (n = 12)	63 (n = 1)
<b>Phase 3</b>	110 / 113 (n = 6)	98 (n = 1)
<b>Referral to Exit</b>	428 / 406 (n = 6)	323 / 308 (n = 8)

For the graduates for which complete data was available, the average time from program entry to exit was approximately 14 months, and ranged from a minimum of just over 13 months in one case to almost 18 months in another. The average time from entry to termination was slightly less than 11 months, but ranged from approximately five months to 16.5 months. Median times are generally lower, but not significantly different.

<sup>1</sup>According to the U.S. Drug Enforcement Agency (DEA), Hawai'i has the highest per capita population of ice users in the nation, and ice abuse and associated violent crimes, such as domestic abuse, child neglect, and homicide continue to increase throughout the state. DEA 2005 Hawai'i Factsheet available at <http://www.dea.gov/pubs/states/hawaii.html>.

<sup>2</sup>C.W. Huddleston, *Drug Courts: An Effective Strategy for Communities Facing Methamphetamine*, Bureau of Justice Assistance Bulletin, Washington, DC (May, 2005).

The proposed time frame for Phase 1 is two to four months. For graduates, time in Phase 1 ranged from approximately two and a half months in one case to slightly more than nine months in another. Because of this range, the median, approximately four months, is a better indicator. Those participants who were eventually discharged from the program appear to spend a longer average time, approximately eight months, in Phase 1. However, the limited number of cases and the range, from a minimum of four months to a maximum of more than 12 months, precludes any conclusion. Average time in Phases 2 and 3 for graduates is within the proposed time frames for these stages, which are seven to 12 months and three to eight months, respectively.

***What is the percentage of drug court clients who are arrested while in the program and their charges (BJA)?***

As of July 2005, no graduates of the program had been convicted of a crime (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005). Information on the number of in-program arrests is not available.

## Kaua'i Adult Drug Court and the Ten Key Components

**Key Component 1.** Drug courts integrate alcohol and other drug treatment services with justice system case processing.

*NCSC Comment: Drug and alcohol treatment services are an integral part of the overall program approach and compliment the ongoing judicial monitoring and intensive supervision.*

- Stated program objectives include specific reference to the provision of a continuum of effective rehabilitation services for eligible participants.
- A Certified Substance Abuse Counselor is a member of the core drug court team and works collaboratively with the probation officer on the development of individualized treatment and service plans and maintains contact with direct service providers.
- Treatment services include assessment, individual and group counseling, alcohol and drug abuse education, and AA/NA meetings, but there is no residential treatment facility on the Island and a lack of specialized services.
- There is a defined multi-phased treatment process beginning with intensive outpatient services and gradually incorporating an emphasis on broader life style changes in subsequent phases.
- A practice and procedure manual documents program objectives, eligibility criteria, referral process, treatment phases and criteria for advancement, criteria for graduation, drug testing protocol, and the system of graduated sanctions, among other topics.
- There is a written code of ethics and confidentiality for the program.

**Key Component 2.** Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

*NCSC Comment: Prosecution and defense counsel were involved in the drug court planning process, are members of the core drug court team, and exercise their respective roles in the process; however, there are issues surrounding the transparency of the admission process.*

- As is recommended in the performance benchmarks for this key component, the prosecutor is actively involved in the review of the case and determination of eligibility; however, there is concern on the part of defense counsel that decisions are not adequately substantiated and documented.
- The public defender advises clients as to the nature of drug court, program requirements and rules, and possible sanctions.
- Prosecutor and public defender do not participate in staffings unless serious sanctions are to be imposed.
- The KDC has had two judges since its inception and is scheduled to rotate to a third at the end of 2005. While the transition to the current judge was apparently not disruptive to the program or participants, longer periods of judicial assignment, especially in the first years of the program, can help to build a sense of teamwork and ensure consistency and stability in program roles and operations.

**Key Component 3.** Eligible participants are identified early and promptly placed in the drug court program.

*NCSC Comment: The KDC has written eligibility criteria and a defined referral process. The program has a two-to-four week pre-admission (trial) phase, the purpose of which is to allow the court to determine the suitability and motivation of the defendant prior to formal admission.*

- Data on the average time from initial referral to formal admission is not available.
- The mean time from admission to treatment entry in FY 2005 was approximately 21 days (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005).
- Potential participants are advised of program requirements by defense counsel and drug court officer.

**Key Component 4.** Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

*NCSC Comment: The KDC is limited by the resources available on the island, but is providing individual and group counseling, alcohol and drug abuse education, and 12-step program support to participants. There are no residential treatment facilities on the island; participants can receive this service in Oahu, but cost is a factor. A Certified Substance Abuse Counselor is a member of the core drug court team and is therefore qualified to provide group counseling and other treatment services to participants.*

- Standardized instruments are used for initial assessments. The CSAC and probation officer work as a team and regularly review treatment and service plans to identify any needed changes and assess progress.
- The phase structure of the program is designed to match the intensity/frequency of treatment, judicial monitoring, and supervision with participant needs.
- The average number of treatment days provided per client in FY 2005 was 93.1 (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005).
- Lack of public transportation and clean and sober housing are issues for clients.
- Recruiting for individuals to fill the Certified Substance Abuse Counselor position is difficult because there is a limited number of CSACs in the state, and they can earn higher salaries in the private sector.
- There is some support for providing some system of continuing care/support for graduates.
- The program organizes community-oriented activities for drug court participants.

**Key Component 5.** Abstinence is monitored by frequent alcohol and other drug testing.

*NCSC Comment: Drug testing is governed by a written protocol and is conducted at frequent, continuing, and random intervals during the program.*

- Drug tests are conducted three to four times per week in Phase 1, two to four times per week in Phase 2, and one to two times per week in Phase 3. Additional tests are conducted as indicated or recommended by program staff.
- The average number of urinalysis tests per client in FY 2005 was 20.1; the average number of alcohol tests per client was 0.3 (*FY 2004-2005 Report to the Chief Justice on the Statewide Drug Court Program Core Data Set*, Drug Court Coordinating Committee, September 2005).
- Written phase transition and graduation requirements include abstinence guidelines. A minimum of 90 consecutive days of negative drug tests is required for graduation.

**Key Component 6.** A coordinated strategy governs drug court responses to participants' compliance.

*NCSC Comment: Program requirements and expectations are communicated to participants in writing, via the admission agreement, handbook, and other materials, and orally prior to admission, and the judge reminds participants of their continuing responsibilities at subsequent court hearings. Staffings serve as the forum to discuss progress and issues of compliance; however, the prosecutor and public defender do not routinely attend staffings. There is an emphasis on the timely imposition of sanctions for instances of non-compliance.*

- Participants sign an admission agreement, statement of rights, responsibilities, and rules, and drug testing agreement as part of the admission process. They are also provided with a drug court handbook.
- Intensive supervision is the focus of the program and compliance is strictly monitored.
- The program has a written protocol for the imposition of sanctions and a system of graduated sanctions. The probation officer makes recommendations on sanctions, but they are imposed at the discretion of the judge. Sanctions are described as individualized while still adhering fairly closely to the sanction grid.
- The program is moving away from lengthy terms of incarceration and incorporating the use of shorter sentences as part of a strategy of escalating sanctions.
- Prosecutor and defense counsel will attend staffings if serious sanctions are to be imposed.
- The primary incentive is verbal praise from the judge and a round of applause. A gift certificate is awarded for 100 percent compliance in a random drawing.

**Key Component 7.** Ongoing judicial interaction with each drug court participant is essential.

*NCSC Comment: Participants appear before the drug court judge at regular intervals. The frequency of court appearances is determined by the phase of treatment, from once every two weeks in Phase 1 to every other month in Phase 3. Court appearances may be increased or decreased depending on compliance and progress.*

- Observation of court hearings on-site was too limited to assess the level of interaction between the judge and participants under different circumstances of compliance and non-compliance and/or program phase.
- All participants stay for the entire proceeding, giving them the opportunity to learn from the experiences of others and reinforcing the consequences of compliance and non-compliance.

- The judge is provided with status reports and case notes prior to the staffing for each court hearing. Staffings provide the opportunity for the judge, probation officer, CSAC, and coordinator to discuss compliance and any specific issues that need to be addressed for each participant at the hearing.

**Key Component 8.** Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

*NCSC Comment: The KDC enters selected program monitoring information into the Drug Court CMS 2000 system and other spreadsheet applications, and the drug court officer produces management reports as needed. There has been no formal external evaluation of the program.*

- The Drug Court Coordinating Committee recently promulgated a set of uniform goals and performance measures for drug courts statewide.
- The program is participating in the NCSC comprehensive evaluation.

**Key Component 9.** Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

*NCSC Comment: There is no ongoing program of interdisciplinary education, but drug court team members have opportunities to attend national level drug court conferences and trainings and education and training programs specific to their roles in the program.*

- The drug court team attended National Drug Court Institute/Bureau of Justice Assistance interdisciplinary training during the planning process and individual members continue to attend national conferences and trainings, such as the National Association of Drug Court Professionals (NADCP) annual meeting.
- The same team members are currently involved in the planning for the juvenile drug court and have attended the series of three juvenile drug court planning sessions presented by NDCI.

**Key Component 10.** Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness

- The KDC has formed a 501(c) (3) non-profit corporation, The Friends of Kaua'i Drug Court, which provides funds for incentives, graduation ceremonies, and other program activities.
- The drug court coordinator is active in the community and makes presentations on drug court to community groups and other state agencies.
- The program has formed partnerships with local law enforcement agencies to assist in the monitoring of drug court participants.
- The program has organized community-focused activities for participants on weekends, including a recent beach clean-up project.
- The KDC participated in National Drug Court Month.

**NCSC Summary and Conclusions:** The KDC is the result of an inclusive and comprehensive planning process and the program appears to be operating well. The array of services available to

participants is limited by available resources, and there are no residential treatment facilities or specialized services. Still the program has assembled a good array of services within these limits and benefits by having a CSAC on staff to supplement counseling and other services and work in conjunction with the probation officer. Intensive supervision and the swift imposition of sanctions are strengths of the program. The team generally functions well, although there are some issues surrounding the admission process that need to be addressed. The court coordinator appears to be very effective in establishing ties with the community, accessing resources, and promoting collaboration with key stakeholders.

### **Recommendations for the Kaua'i Adult Drug Court**

***Kaua'i Adult Drug Court Recommendation 1. The KDC should review its processes for determining eligibility and admission to ensure that decisions are documented and that the basis for decisions is clear to all team members. Where admissions are contested, the program should consider addressing the case in a staffing with the full team. Systematic information on the decisions made during the initial referral and screening process can also be useful for other purposes in the course of operations, including assessing whether eligibility criteria are clear and consistently applied, whether the program is reaching its target population, and how any proposed changes in criteria might affect the number of referrals and admissions over time.***

***Kaua'i Adult Drug Court Recommendation 2. The KDC should continue to review and consider the role of jail as a sanction. Key Component 6 establishes that sanctions are not used to punish or as an end in themselves, but are part of a therapeutic strategy to motivate the participant toward compliance. The program should evaluate whether short periods of escalating jail time prove to be as or more effective as longer terms in promoting sobriety and compliance with other program requirements.***

***Kaua'i Adult Drug Court Recommendation 3. The KDC should advocate for more interdisciplinary training to be made available at the state level and continue its efforts to provide opportunities for team members to attend national level conferences and trainings. Prosecution and defense counsel should be included in all interdisciplinary trainings to better ensure a common understanding of program objectives and operations and a coordinated strategy in responding to participants.***

# **APPENDIX I**

## **Fifth Circuit Kaua'i Juvenile Drug Court**

## **Kaua'i Juvenile Drug Court**

The Kaua'i Juvenile Drug Court (KJDC) has not been implemented yet, but plans for its implementation are well underway. During the last day of the NCSC site visit (the week of October 24, 2005), the juvenile drug court team left to attend the last of three juvenile drug court training sessions conducted by the National Council of Juvenile and Family Court Judges; pursuant to federal funding from the Bureau of Justice Assistance. Generally, the plan is to structure the juvenile court similar to the adult court but with family involvement. The same group that planned the adult drug court is planning the juvenile drug court and has completed the vision and mission statements, drug testing rules, intake processes, and the service delivery model for the new court. The plan is to focus on Track 3 offenders (probation violators). There is some concern about finding incentives to get juveniles to agree to participate. The program intends to accept three juveniles. Agreements are in place with related state and nonprofit agencies. Another challenge facing the new court is that there is no detention facility on the island and the court cannot get holding cells approved, so there is no short-term detention available to the court. The court is in the process of hiring two probation officers who will be cross-trained in adult and juvenile services. Police plan to use the Youth Services side of the Department to assist the KJDC, and school resource officers will monitor clients during the day. There are only three high schools on the island, and it is a very closed system.

An interesting aspect of this court is the planned use of Department of Education (DOE) funds to provide services to juvenile drug court participants. A Mental Health Supervisor with the Hawai'i DOE, provided details during an interview. The Felix consent decree—the result of a class action suit against the state on behalf of special needs children—dictates that children with special needs have to be provided with a quality education. As a result of this decree, funding was made available to DOE to provide services, particularly in the mental health division (where substance abuse services are located).

After Felix, Kaua'i became the pilot project for implementation of the decree. A DOE and a Department of Health behavior specialist currently provide Felix services and contracts for higher level services. Psychologists will conduct clinical evaluations. As a result of Felix, there is an emphasis on evidence-based programs. KJDC participants and their families will be eligible to receive Felix services.