

Drug Courts in the Age of Sentencing Reform

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Changing the Sentencing Landscape

In recent years, several U.S. states have adopted legislation aimed at decreasing sentences for low-level drug offenses. These reforms represent a promising effort to reduce the use of unnecessary incarceration, which is both costly and socially harmful.¹ But one unintended consequence, in many places, has been reduced enrollment in drug courts.

For example, in November 2014, California voters approved Proposition 47, the Reduced Penalties for Some Crimes Initiative, which changed the classification of many nonviolent property and drug crimes from felony to misdemeanor. Utah followed soon after, passing House Bill 348 in March 2015 and reducing all drug possession offenses from felonies to misdemeanors until the third conviction. Both measures were intended as correctives to years of harsh drug sentencing laws, which had not only failed to reduce crime but also caused unprecedented increases in prison populations at great cost to taxpayers. The new laws are consistent with current research, which suggests that treatment and community-based supervision are far more effective than incarceration at rehabilitating drug offenders and reducing drug-related crime.

At the same time, these reforms have made defendants less likely to enroll in drug court programs. By reclassifying felony drug offenses as misdemeanors and reducing the maximum prison sentence to one year, they have changed the calculus for defendants. A 2014 report from the *Los Angeles Times* expressed the problem succinctly: “At the heart of the [drug court] program is the threat of a felony sentence if participants flunk out. That threat was sharply reduced last month when California voters approved Proposition 47.”²

For drug court advocates, this situation presents a dilemma. Many favor drug law reforms that reduce incarceration. Indeed, few would argue for maintaining harsh sentencing laws simply to prop up drug court enrollment. Yet research shows drug courts to be more effective than traditional sentencing at reducing recidivism and promoting long-term recovery—not to mention saving costs.³ Drug courts keep people in treatment longer and lead to more sustained sobriety than other interventions, including both criminal-justice approaches and voluntary, community-based treatment.⁴ This research suggests that drug courts should be a central component of any criminal-justice reform strategy. All of which raises a fundamental question: how can drug court programs adapt themselves to complement important state sentencing reforms?

This paper seeks to answer that question by looking more closely at the cases of California and Utah. In both states, the Center for Court Innovation worked with drug court officials to analyze the effects of sentencing reforms and consider how the courts might adapt. From there, the paper explores a range of strategies that drug courts can use to continue serving as a powerful, lifesaving intervention for defendants with substance use disorders.

Assessing the Impact of Sentencing Reforms

Observers in California and Utah could see that drug court programs were suffering under the new sentencing reforms. “It’s true that, under Proposition 47, enrollment in some drug courts has dropped,” wrote Stephen Manley, a superior court judge in Santa Clara County, California, in a 2015 op-ed.⁵ To learn more about the impact of the reforms, the Center for Court Innovation worked with court administrators in both states to conduct surveys, caseload analyses, and interviews with drug court staff.

The surveys asked about changes in drug court screening, assessment, and referral practices, as well as eligibility guidelines. They also looked at practical changes, like program length, participation requirements, courts' responses to non-compliance, and overall outcomes. To supplement the survey, we conducted a caseload analysis, which measured changes in drug court intake based on referral and enrollment data. The analysis compared caseloads from at least one year prior to the sentencing reforms to the six-month period following the reforms.

After collecting survey responses and caseload data, we worked closely with research staff, court administrators, and experienced judges and practitioners in both states to analyze the information. The aim was to develop a set of strategic responses that would reflect the unique conditions, resources, and needs of drug courts in each state. Finally, we conducted in-depth interviews with administrators, court staff, supervision officers, treatment providers, offenders, and community members to gain firsthand insight on the processes drug courts were using.

Key Findings in California

In California, the passage of Proposition 47 was clearly associated with a decrease in drug court caseloads. According to our survey of 67 adult drug courts across the state, 67 percent of courts reported that their caseloads were down following the legislation's approval, and 51 percent reported considerable decreases. The average caseload declined significantly, from 51 to 39.

A reduction in drug court referrals explains much of this decline. Sixty-five percent of courts reported a decrease in referrals, and even among defendants who were referred, more refused to enroll. The surveys suggest that the decreased legal leverage under Proposition 47 influenced that decision. In over half the California courts, eligible defendants were more likely to refuse participation following the passage of the new law. The most common reason cited was that the program was too long and intensive. Other reasons for refusal were that better legal outcomes were available outside of drug court or that they were not ready to commit to treatment. Courts that accepted only misdemeanor drug defendants reported more refusals.

California's drug courts responded to declining enrollment with a variety of actions. More than half changed their legal eligibility requirements. Of those, 28 percent expanded eligibility to include defendants with more serious charges or more extensive criminal histories, and 31 percent expanded eligibility to include lower-level charges like misdemeanors. Some of the commonly added charges included weapons possession, felony-level drug sales, violent felonies, and misdemeanor drug charges. Clinical eligibility was a different story: 84 percent of courts reported making no changes. However, 10 percent of courts expanded clinical eligibility to include additional primary drugs or participants with co-occurring mental health disorders. Thirty-one percent of California drug courts reported making no changes at all to eligibility criteria in response to Proposition 47.

The drug courts that did make changes to eligibility requirements seem to have improved their reach. Indeed, 23 percent of courts reported that their caseload was up following Proposition 47. Those that saw an increase in referrals also attributed the change to an expansion of eligibility criteria.

Key Findings in Utah

In Utah, it is less clear what direct effect HB 348 had on drug courts' caseloads, but referrals and enrollment are a challenge for some. We surveyed 18 courts, including 16 adult drug courts and two veterans treatment courts. Forty-two percent of those courts reported no overall change in caseload since the passage of the law, while 34 percent reported a decrease and 25 percent reported an increase.

Referrals decreased in 67 percent of surveyed drug courts, and 35 percent indicated that gaining adequate referrals was a major challenge for their program. Only 17 percent of courts reported no overall change in referrals following the passage of HB 348. A clear 83 percent majority of courts reported that eligible defendants were more likely to refuse participation following the passage of HB 348. The most common reason defendants cited for refusal is that they believed they would gain better legal outcomes by not participating, according to court staff. The length and intensity of drug court programs was also a deal-breaker for many defendants.

As in California, several drug courts reported that their caseload initially declined following sentencing reform but then recovered after changes to eligibility requirements or screening practices. About two thirds of surveyed courts made such changes. Of these, 41 percent expanded to accept higher-risk participants and 6 percent began to accept misdemeanor defendants. One third of courts that reported making eligibility changes expanded clinical eligibility to include co-occurring mental health disorders, and 17 percent added additional primary drugs.

Responses to Sentencing Reforms

As the California and Utah experiences show, sentencing reforms have ushered in new challenges for drug courts. But both states have demonstrated that drug courts can attract new participants by implementing changes to their programs. What are the best measures drug courts can take to build enrollment when they possess diminished legal leverage?

Recommendation One: Implement Universal Screening

The evidence suggests that drug courts reach only a small fraction of the justice-involved individuals eligible for their services. The Urban Institute's Multi-Site Adult Drug Court Evaluation, which surveyed 600 courts, found that about 55,000 defendants enter treatment out of an estimated 1.5 million who are at risk of substance use disorders—less than 4 percent.⁶ Many jurisdictions rely on the case-by-case discretion of prosecutors, defense attorneys, and judges to make referrals to drug court.⁷ This approach means that many eligible defendants are never offered the opportunity to participate. But promising models exist to screen drug court candidates more systematically and ensure that courts identify and refer defendants who are a good fit.

For example, the New York City court system uses a centralized screening process to identify all defendants eligible for drug court and refer them to community-based treatment providers. The city founded its first drug court, the Brooklyn Treatment Court, in 1996. For many years it used a pre-arrest screening process to review all cases for legal eligibility and automatically adjourn the eligible ones to drug court for further assessment. But coordination was lacking among the district attorney's office, probation, defense counsel, and treatment providers. The courts often failed to refer

eligible defendants to treatment until their cases were trial-ready or never referred them at all. In other cases, ineligible offenders were sent to treatment programs for assessment, which wasted time and resources.⁸

In an effort to improve the process and enroll more eligible defendants, the Brooklyn Criminal Court implemented the Screening Treatment and Enhancement Part (STEP) in 2003.⁹ STEP opened two new drug courts and expanded eligibility criteria to include felony property crimes and chronic misdemeanor defendants. The project also expanded the pre-arraignment screening model to account for the new eligibility criteria, the different types of defendants, and the interagency coordination required to screen defendants rapidly. Crucially, the process assumed that most nonviolent defendants arrested in Brooklyn deserve consideration for court-ordered treatment.¹⁰

These improvements have systemized the screening process and helped more defendants access treatment. A 2010 study found that STEP increased drug court referrals and participation. In the first year, the number of defendants the courts found legally eligible at the pre-arraignment stage doubled.¹¹ The number of referrals nearly tripled in the first year, with an increase of more than 250 percent each successive year.¹² The study also found that the new process did not overburden court clerks—or require additional staff—despite the increased caseload.¹³

Drug courts should consider using a universal screening process similar to the Brooklyn model. What features should it include? First, the process should be truly universal, with a trained staff screening every defendant for eligibility and directing them to the right program. Second, the screening should be immediate, meaning that the court should aim to reach every defendant by the pre-arraignment stage. Third, the process should be integrated into regular case processing, with interagency agreements in place so practitioners can share information throughout the process and avoid wasting resources.

Recommendation Two: Accept Less Serious Cases

Drug courts have traditionally focused on felony cases that carry the possibility of significant prison time. Research has shown that felony defendants typically fair better in drug court than those facing misdemeanors, since those defendants have more incentive to participate and complete the program.¹⁴ However, after sentencing reforms, many of the felony offenses that used to lead defendants to drug court have been reclassified as misdemeanors. One way for drug courts to continue serving defendants in need of treatment is to begin accepting these lower-level charges and adapting their programs to reflect the reduced legal leverage that these cases carry. A variety of changes can help courts to rethink their eligibility criteria and incentivize lower-level defendants to participate.

Accepting low-level defendants with lengthy criminal histories. Many defendants with low-level charges have little incentive to enter a drug court—they face little possibility of incarceration or probation and would prefer to have their cases handled through conventional case processing. But there is a population of defendants with long criminal histories who face greater legal risks and are therefore more open to the treatment alternatives that drug courts offer. Some drug courts have made special efforts to reach this population. For example, the Queens Misdemeanor Treatment Court in New York City focuses specifically on “persistent misdemeanants,” or defendants with multiple prior convictions.¹⁵ The rationale is twofold. First, conventional case processing has not reduced this population’s offending.¹⁶ Second, they have greater legal exposure—while defendants with no prior record rarely face meaningful jail time in New York City, jail is a real possibility for persistent misdemeanants. Therefore,

the courts have greater legal leverage, and the defendants have greater incentive to participate and perform well in a drug court program.

Learning from DUI Courts. Defendants facing driving under the influence (DUI) charges might also be good candidates for drug court intervention. For example, the city of Billings, Montana, established a special DUI court to serve defendants who have been found guilty of a misdemeanor alcohol-related driving offense. The program includes relicensing and reinsuring, seatbelt education, victim notification, and payment of restitution. Of the program's many benefits—which include suspended jail time, intensive treatment, and access to community resources—the greatest incentive to participate is financial. One year of participation in the DUI court costs the participant around \$3,500 compared to around \$9,800 in fines and fees under ordinary case processing. The program accepts first-, second-, and third-time high-risk participants for an 18-to-24-month period, during which they are required to wear an alcohol monitoring bracelet for the first 90 to 180 days. Participants are required to maintain employment, engage in treatment and self-help classes, complete community service, and pay restitution. Between 2012 and 2015, the program served 65 participants, and fewer than 19 percent reoffended.¹⁷

Learning from community courts. Community courts provide a powerful model for serving low-level offenders who face little to no jail time. Combining accountability and help, they require participants to pay back the community through restorative community service projects while also enrolling in individualized social services, such as drug treatment, mental health counseling, or job-readiness programs. Like drug courts, community courts use risk and need assessments to match participants to the right level of supervision, sanction, and services. What sets community courts apart is that they are designed to address defendants' needs through immediate, short-term treatment and clinical interventions that often take place in the courthouse itself, and they involve an explicit focus on community engagement and accountability. While many drug court programs are too long and intensive to incentivize participation from low-level defendants, the short-term interventions of community courts—which include treatment-readiness groups, group counseling sessions, and job-readiness programs—might be more palatable to this population.¹⁸ Drug courts can learn to engage low-level participants by using less structured supervision and emphasizing short-term services, while still holding them accountable to the community.

Creating alternative tracks. Creating specialized tracks for low-level defendants can also extend the reach of drug courts. A drug court in the Bay Area of California responded to Proposition 47 by developing a three-track system to provide an alternative to the standard three-year probation sentence for misdemeanor drug charges. Using the American Society of Addiction Medicine criteria for assessing treatment needs, the court assigned defendants to different tracks based on the severity of their substance use disorder. The first track, for defendants without serious needs, offers 90 days of status hearings, drug testing, and self-help programs like Life Ring and 12-step meetings. The second track, for defendants with intermediate needs, offers four months of outpatient treatment. Most participants occupy this track. The third track, for defendants with the highest needs, offers three months of residential treatment, followed by two months of outpatient treatment, followed by one month of the first track program. Importantly, the court is willing to individualize treatment for its participants, moving them between tracks when appropriate.

One innovative and unusual feature of this drug court is that there is no sobriety requirement for participation; participants cannot be dismissed for continuing their substance use. If a participant tests negative for substance use at the end of the program and the staff has witnessed them trying to meet the program's requirements, they graduate drug court—even if they have continued to struggle with

substance use throughout. If a participant tests positive for substance use at the end of the program, their original misdemeanor drug charge is still dismissed, but they do not graduate, and any other charges are not dismissed. Graduation carries important incentives: the original drug charge is dismissed and sealed; the staff advocates for all other charges to be dropped; the staff sends a letter to the probation office to recommend terminating supervision early; the program pays for sober living housing and provides gift cards; and the graduate receives a ceremony and certificate.

Recommendation Three: Accept Non-Drug Cases

Drug courts have traditionally focused on felony cases that carry the possibility of significant prison time. Research has shown that felony defendants typically fair better in drug court than those facing misdemeanors

Drug courts can reach more people by accepting defendants charged with non-drug crimes. Frequently, these crimes are motivated by the defendant’s substance use disorder. For example, people often commit property crimes like theft and burglary, as well as financial crimes like check fraud or identity theft, to obtain money to support drug use. Some drug courts have begun to extend eligibility to these kinds of cases, and a growing body of research supports this practice as a means to help a broader population.¹⁹

For San Francisco’s drug court, accepting a greater number of property-related charges helped to maintain enrollment numbers following the passage of Proposition 47. The court conducted a study to learn more about how the law had affected its caseload and participant characteristics, and it found that the number of participants with a property-related primary charge increased from 91 to 118 over a single year.²⁰ “This explains the relatively stable number of drug court participants from Year 1 to Year 2, as the increase in property charges has thus far made up for any large net decrease in participant numbers,” the study reports.²¹

The Multi-Site Adult Drug Court Evaluation showed that 87 percent of drug courts accepted defendants charged with felony property offenses, but only 56 percent accepted those charged with misdemeanor property offenses.²² This means that there is considerable opportunity to offer treatment to defendants in misdemeanor property cases. Each court should appraise its local crime conditions and eligibility requirements. As in the case of San Francisco, accepting property crimes and other non-drug charges can help courts preserve their caseload and serve a broad base of people in need of treatment following sentencing reforms.

Recommendation Four: Accept More Serious Cases, Including Violent Cases

There are tens of thousands of defendants who could benefit from drug court who are excluded on the grounds that their current charge or criminal history are “too serious.” Accepting more serious cases would enable drug courts to reach more people in need and have a greater impact on both defendants and community safety. Research shows that drug courts are more effective and achieve greater cost savings with defendants facing serious felony charges and the possibility of long prison terms.²³

Accepting cases involving drug sales. Many cases involving drug sales are potentially appropriate for drug court. Defendants charged with selling drugs are often addicts seeking money to buy more drugs for themselves. These defendants are clinically indistinguishable from those facing drug possession

charges. By successfully treating these individuals, drug courts can reduce their future drug use and prevent further sales as well. For these reasons, the Adult Drug Court Best Practice Standards concludes that “there appears to be no justification for routinely excluding individuals charges with drug dealing from participation in Drug Courts, provided they are drug addicted.”²⁴

Accepting cases involving violence. Violence has long been the third rail in the drug court movement. Federal drug court funding cannot be used to serve violent defendants, and many states prohibit drug courts from accepting cases involving violence. It is not surprising, then, that an overwhelming majority of drug courts surveyed as part of the Multi-Site Adult Drug Court Evaluation exclude defendants with prior violence as a matter of policy.²⁵

There are few studies specifically evaluating violent cases in drug courts. However, the research available has found that these participants are “statistically no more likely than those with no history of violent offending to be rearrested during the post-drug court follow-up period.”²⁶ Indeed, “drug courts were especially likely to produce a reduction in criminal behavior among offenders with a history of violence,” according to the Multi-Site Adult Drug Court Evaluation. They also produced equal reductions in substance use among those offenders.²⁷ Based on this research, the Adult Drug Court Best Practice Standards caution drug courts against maintaining categorical exclusions on violent offenders. “If adequate treatment and supervision are available, there is no empirical justification for routinely excluding violent offenders from participation in Drug Courts.”²⁸

Several examples provide a roadmap for drug courts that are considering accepting violent cases. In California, several drug courts—including those in San Francisco, Santa Clara, Alameda, and Humboldt counties—reported that the district attorney’s office began referring more serious felonies, including those with violent charges or histories, following the passage of Proposition 47. These courts had never excluded violent charges, but they expanded their programs after sentencing reforms to include more violent cases. In Sacramento County, the drug court changed their eligibility policy for defendants with a history of violence. Prior to Proposition 47, defendants were ineligible if they had a violent charge within the past 10 years; today that period is seven years. Solano County’s drug court began accepting participants with a history of gun possession charges.

Other types of problem-solving courts have made a routine practice of accepting cases involving violence. In Buffalo, New York, the veterans treatment court and mental health court both accept violent defendants on a case-by-case basis. Their eligibility relies on the recommendation of the district attorney and the approval of the victim. Because of this approval process, violent cases represent about 5 percent of the program’s total caseload. They include such offenses as domestic violence, bar fights, burglaries resulting from mental health episodes, and possession of an unlicensed firearm during traffic stops. In these cases, the court makes additional resources available, such as medication management. Typically, violent cases travel the same path in court as others, and there has been no significant difference in outcomes for participants in those cases.

Planning for the Future

No single approach will work for all drug courts. “Context matters,” Greg Berman, director of the Center for Court Innovation, has said of the problem-solving court model. “There’s basically no such thing as a program that can be taken off the shelf regardless of local conditions and implemented successfully.”²⁹ Each solution must be carefully tailored to the jurisdiction using it. But the recommendations in this paper offer options for drug courts to adapt their practices and reach more people when sentencing

reforms lead to reduced enrollment. Countless examples across the country—including those from California and Utah—show that courts can adjust to legislative changes while still safeguarding the integrity of their programs.

As drug courts prepare to make changes, they should ask themselves some simple questions. Does the court use a universal screening process for early identification and speedy referral? If not, implementing universal screening can increase the number of referrals and ensure that the defendants referred fit the court's target population. Is the court open to changing its eligibility criteria? If so, accepting less serious cases, non-possession cases, and a select set of more serious cases can link more defendants to treatment.

Answering these questions, and drawing from the good practices of others nationally, will help drug courts to meet the challenges posed by sentencing reform and continuing offering life-saving treatment and supervision to the justice-involved people who most need it.

Endnotes

- ¹ Chris Mai, and Ram Subramanian, *The Price of Prisons: Examining State Spending Trends, 2010-2015* (New York, NY: Vera Institute of Justice, May 2018), https://storage.googleapis.com/vera-web-assets/downloads/Publications/price-of-prisons-2015-state-spending-trends/legacy_downloads/the-price-of-prisons-2015-state-spending-trends.pdf; John Pfaff, "The Incalculable Costs of Mass Incarceration," *The Appeal* (September 20 2018), <https://theappeal.org/the-incalculable-costs-of-mass-incarceration/>; Eric Martin, "Hidden Consequences: The Impact of Incarceration on Dependent Children," *NIJ Journal*, Vol. 278, <https://www.nij.gov/journals/278/Pages/impact-of-incarceration-on-dependent-children.aspx>
- ² Marisa Gerber, "Prop. 47 May Keep Addicts from Using Drug Court's Treatment Program," *Los Angeles Times* (December 13, 2014), <https://www.latimes.com/local/california/la-me-adv-drug-court-20141214-story.html>
- ³ National Institute of Justice, *Drug Courts: The Second Decade* (Washington, D.C.: U.S. Department of Justice, National Institute of Justice, 2006), <https://www.ncjrs.gov/pdffiles1/nij/211081.pdf>
- ⁴ S. Belenko, "Research on Drug Courts: A Critical Review," *National Drug Court Institute Review* 1 (1998), <http://www.ndci.org/sites/default/files/ndci/CASA.Belenko.1998.pdf>; M. Rempel, et al., *The New York State Adult Drug Court Evaluation: Policies, Participants, and Impact*, report submitted to the New York State Unified Court System and the Bureau of Justice Assistance (New York, NY: Center for Court Innovation, 2003), https://www.courtinnovation.org/sites/default/files/drug_court_eval.pdf
- ⁵ Stephen V. Manley, "California's Prop. 47 Revolution: What's the Future of Drug Courts?" *Los Angeles Times* (October 29, 2015), <https://www.latimes.com/opinion/op-ed/la-oe-1029-manley-prop-47-drug-court-20151029-story.html>
- ⁶ Avinash S. Bhati, John K. Roman, and Aaron Chalfin, *To Treat or Not to Treat: Evidence on the Effects of Expanding Treatment to Drug-Involved Offenders* (Washington D.C.: The Urban Institute, 2008), 33, <https://www.ncjrs.gov/pdffiles1/nij/grants/222908.pdf>
- ⁷ Sarah Picard-Fritsche, *Expanding Access to Drug Court: An Evaluation of Brooklyn's Centralized Drug Screening and Referral Initiative* (New York, NY: Center for Court Innovation, 2008), iii.
- ⁸ Picard-Fritsche, *Expanding Access*.
- ⁹ Enhanced Drug Screening Project, *Policy and Procedures Manual: Screening and Treatment Enhancement Part* (New York, NY: Criminal Court of the City of New York, 2018), https://www.nycourts.gov/courts/nyc/drug_treatment/publications_pdf/STEP%20-%20Policy%20and%20Procedure.pdf
- ¹⁰ Picard-Fritsche, *Expanding Access*, 7.
- ¹¹ Picard-Fritsche, *Expanding Access*, iv.
- ¹² Picard-Fritsche, *Expanding Access*, iv.
- ¹³ Picard-Fritsche, *Expanding Access*, 32.
- ¹⁴ Amanda Cissner, Michael Rempel, and Allyson Walker Franklin, *A Statewide Evaluation of New York's Adult Drug Courts: Identifying Which Policies Work Best* (New York, NY: Center for Court Innovation, 2013), 74. <https://www.urban.org/sites/default/files/publication/23826/412867-A-Statewide-Evaluation-of-New-York-s-Adult-Drug-Courts.PDF>
- ¹⁵ Melissa Labriola, *Process Evaluation of the Queens Misdemeanor Treatment Court*, (New York, NY: Center for Court Innovation, 2006), <https://www.courtinnovation.org/publications/process-evaluation-queens-misdemeanor-treatment-court>
- ¹⁶ Labriola, *Process Evaluation*, 7.
- ¹⁷ Mike Ferguson, "End of Grant Program Threatens Billings DUI Court," *Billings Gazette* (Oct. 19, 2016), https://billingsgazette.com/news/state-and-regional/crime-and-courts/end-of-grant-program-threatens-billings-dui-court/article_c6bcdfe-f2e7-5f07-be7d-1e8c59a997f6.html
- ¹⁸ Nancy E. Gist, "Responding to the Community: Principles for Planning and Creating a Community Court," *Bureau of Justice Assistance Bulletin* (Nov. 1997), <https://www.ncjrs.gov/pdffiles1/bja/166821.pdf>
- ¹⁹ Picard-Fritsche, *Expanding Access*, 6.
- ²⁰ Carlos Martinez and Michael Corriere, *Drug Court Study: An Evaluation of the San Francisco Drug Court and the Impacts of Proposition 47 on Drug Court Caseload and Participants* (San Francisco, CA: San Francisco Superior Court, 2016).
- ²¹ Martinez and Corriere, *Drug Court Study*, 9.
- ²² Shelli B. Rossman, et al., *The Multi-Site Adult Drug Court Evaluation: What's Happening with Drug Courts? A Portrait of Adult Drug Courts in 2004*, Vol. 2 (Washington, D.C.: Urban Institute, Justice Policy Center, 2011), <https://www.ncjrs.gov/pdffiles1/nij/grants/237110.pdf>
- ²³ National Association of Drug Court Professionals, *Adult Drug Court Best Practice Standards*, Vol. 1 (Alexandria, VA: National Association of Drug Court Professionals, 2018), 7, <https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-I-Text-Revision-December-2018-1.pdf>
- ²⁴ NADCP, *Adult Drug Court Best Practice Standards*, Vol. 1.
- ²⁵ Shelli B. Rossman, et al., *The Multi-Site Adult Drug Court Evaluation: The Impact of Drug Courts*, Vol. 4 (Washington, D.C.: Urban Institute, Justice Policy Center, 2011), 75, <https://www.ncjrs.gov/pdffiles1/nij/grants/237112.pdf>.
- ²⁶ Christine A. Saum and Matthew L. Hiller, "Should Violent Offenders Be Excluded From Drug Court Participation?: An Examination of the Recidivism of Violent and Nonviolent Drug Court Participants," *Criminal Justice Review* 33 (2008): 303, <https://journals.sagepub.com/doi/10.1177/0734016808322267>
- ²⁷ Rossman, et al., *MADCE*, Vol. 4, 75.
- ²⁸ NADCP, *Adult Drug Court Best Practice Standards*, Vol. 1.
- ²⁹ Greg Berman, *Transcript of "Try Again, Fail Again, Fail Better: Lessons from Community Courts"* (Washington, D.C.: U.S. Department of Justice, National Institute of Justice, 2011), <https://nij.gov/multimedia/presenter/presenter-berman/pages/presenter-berman-transcript.aspx>

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