



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

C. West Huddleston, III

Judge Karen Freeman-Wilson (ret.)

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National Drug Court Institute

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Painting the Current Picture: A National Report Card on Drug Courts and Other Problem Solving Court Programs in the United States¹

This report represents, for the first time, data, results, and outcomes compiled from numerous sources providing the current state of drug court research as well as results from the National Survey on Problem Solving Courts, conducted by the National Drug Court Institute in the last quarter of 2003. *Painting the Current Picture: A National Report Card on Drug Courts and Other Problem Solving Court Programs in the United States* is a product of the National Drug Court Institute (NDCI) and was made possible by the Office of National Drug Control Policy (ONDCP), Executive Office of the President, in conjunction with the Bureau of Justice Assistance (BJA), U.S. Department of Justice.

This report, intended to be published twice a year, seeks to present information regarding the impact of drug courts as stated in the current scientific literature as well as to provide an aggregate summary of survey results from each state detailing the number and type of all operational problem solving court programs in the United States (Table II). Specific to this inaugural volume, sections have been dedicated to national, state, and local drug court research findings as well as state-specific drug court legislation and the amount of each state's appropriation supporting such court programs (Table III). In addition to a regular report on the state of current drug court research and the number of problem solving courts by state, future volumes will also focus on drug court population capacity, treatment services, drug use trends, monitoring technology, and team composition.

Drug Courts: A National Phenomenon

Drug courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities to actively and forcefully intervene and break the cycle of substance abuse, addiction, and crime. As an alternative to less effective interventions, drug courts quickly identify substance abusing offenders and place them under strict court monitoring and community supervision, coupled with effective, long-term treatment services.

Table I

Operational Drug Court Programs in the United States	
Year	To Date ²
1989	1
1990	1
1991	5
1992	10
1993	19
1994	40
1995	75
1996	139
1997	230
1998	347
1999	472
2000	665
2001	847
2002	1,048
2003	1,183 ³

In this blending of systems, the drug court participant undergoes an intense regimen of substance abuse and mental health treatment, case management, drug testing, and probation supervision while reporting to regularly scheduled status hearings before a judge with specialized expertise in the drug court model (Fox & Huddleston, 2003). In addition, drug courts may provide job skill training, family/group counseling, and many other life-skill enhancement services.

No other justice intervention brings to bear such an intensive response with such dramatic results; results that have been well-documented through the rigors of scientific analysis. From the earliest evaluations, researchers have determined that drug courts provide “closer, more comprehensive supervision and much more frequent drug testing and monitoring during the program than other forms of community supervision. More importantly, drug use and criminal behavior are substantially reduced while offenders are participating in drug court” (Belenko, 1998; 2001). To put it bluntly, “we know that drug courts outperform virtually all other strategies that have been attempted for drug-involved offenders” (Marlowe, DeMatteo, & Festinger, 2003).

With 1,183 drug courts currently in operation (Table I), 414 actively involved in the planning process in 2003 (American University, 2003), and another 184 jurisdictions accepted into the Bureau of Justice Assistance (BJA), U.S. Department of Justice formal drug court planning training series for 2004 (Mankin, 2004), drug courts are the future, having transformed from a grass roots movement of “specialized courts” to an institutionalized way of doing business in the courts.

Drug Court Benefits

Drug courts have been called the most significant criminal justice initiative in the last century. Many of the leading benefits of drug court programs are discussed below.

Drug Courts Decrease Criminal Recidivism

National Research

According to a study released by the National Institute of Justice (NIJ) in 2003 from a sample of 17,000 drug court graduates nationwide, within one year of program graduation, only 16.4 percent had been rearrested and charged with a felony

offense (Roman, Townsend, & Bhati, 2003). A 2000 Vera Institute of Justice report concluded that “the body of literature on recidivism is now strong enough, despite lingering methodological weaknesses, to conclude that completing a drug court program reduces the likelihood of future arrest” (Fluellen & Trone, 2000).

Statewide Research

The largest statewide study on drug courts to date was released in 2003 by the Center for Court Innovation (CCI). The study analyzed the impact of the New York State drug court system. The study found that the re-conviction rate among 2,135 defendants who participated in six of the state’s drug courts was, on average, 29 percent lower (13% to 47%) over three years than the rate for the same types of offenders who did not enter the drug court (Rempel, et al., 2003). The study also concluded that drug court cases reached initial disposition more quickly than conventional court cases and that the statewide drug court retention rate was approximately 65 percent, exceeding the national average of 60 percent (Rempel, et al., 2003).

Local Research

To date, hundreds of evaluations have been conducted on local drug court programs throughout the nation. A sample of the most rigorous evaluations conducted among particular drug courts shows significant reductions in recidivism. In Chester County, Pennsylvania, drug court graduates had a rearrest rate of 5.4 percent, versus a 21.5 percent rearrest rate among the control group (Brewster, 2001); a 33 percent rearrest rate for drug court graduates in Dade County, Florida, versus a 48 percent rearrest rate among the control group (Goldkamp & Weiland, 1993); and a 15.6 percent rearrest rate for drug court graduates in Dallas, Texas, versus a 48.7 percent rearrest rate for the control group (Turley & Sibley, 2001).

Drug Courts Save Money

Statewide Research

A state taxpayer’s return on the upfront investment in drug courts is substantial. A study of six drug courts in Washington State reports that “a county’s investment in drug courts pays off through lower crime rates among participants and graduates” (Washington State Institute for Public Policy, 2003). The study estimates that the average drug court participant produces \$6,779 in benefits that stem from the estimated 13 percent reductions in recidivism (Washington State Institute for Public Policy, 2003). Those benefits are made up of \$3,759 in avoided criminal justice system costs paid by taxpayers and \$3,020 in avoided costs to victims (Washington State Institute for Public Policy, 2003). A total of \$1.74 in benefits for every dollar spent on drug court was realized (Washington State Institute for Public Policy, 2003).

Based on the Center for Court Innovation’s study of New York drug courts, the State Court System estimates that \$254 million in incarceration costs were saved by diverting 18,000 non-violent drug offenders into treatment (Rempel, et al., 2003).

In California, researchers have recently completed two studies that demonstrate significant cost-benefit savings. Both studies demonstrate a minimum savings of \$18 million per year through California drug courts. In fact, the studies concluded that California’s investment of \$14 million, in combination with other funds, created a total cost avoidance of \$43.3 million over a two year period (Judicial Council of California & California Department of Alcohol & Drug Programs, 2002; NPC Research, Inc. & Judicial Council of California, 2002). One of the two studies assessed the cost effectiveness of drug courts in terms of avoided incarceration costs and costs offset by participants’ payment of fees and fines. A total of 425,014 jail days were avoided, with an averted cost of approximately \$26 million (Judicial Council of California & California Department of Alcohol & Drug Programs, 2002). A total of 227,894 prison days were

avoided, with an averted cost of approximately \$16 million (Judicial Council of California & California Department of Alcohol & Drug Programs, 2002). Participants who completed a drug court program paid almost one million dollars in fees and fines imposed by the court (Judicial Council of California & California Department of Alcohol & Drug Programs, 2002).

The other study, of three adult drug courts in California, documented cost avoidance averaging \$200,000 annually per court per 100 participants (NPC Research, Inc. & Judicial Council of California, 2002). When projected statewide, these savings amount to \$18 million in cost avoidance per year assuming that 90 adult drug courts operate with 100 clients per year (NPC Research, Inc. & Judicial Council of California, 2002). Due to these studies and an analysis of prison days saved by drug courts, 58 percent of California's drug court funding is provided by a direct transfer of funds from the Department of Corrections budget.

Local Research

In Multnomah County, Oregon, a countywide study estimated that for every dollar spent on drug court, taxpayers saved ten dollars (Finigan, 1998). A follow-up study in the same location conducted by the National Institute of Justice showed that when costs were compared between “doing business as usual” and the drug court model, the drug court model saved an average of \$2,328.89 per year for each participant (Carey & Finigan, 2003). One of the components of cost benefit analysis research is the value of the costs associated with victims of crime. If crime is reduced, the cost to victims, also known as “victimization costs,” is also reduced. When the victimization costs were accounted for in the Multnomah County study, the average savings increased to \$3,596.92 per client (Carey & Finigan, 2003). The total savings to the local taxpayer over a thirty-month period was \$5,071.57 per participant, or a savings of \$1,521,471 per year (Carey & Finigan, 2003).

A study by the Department of Economics at Southern Methodist University reported that for every dollar spent on drug court in Dallas, Texas, \$9.43 in tax dollar savings was realized over a forty-month period (Fomby & Rangaprasad, 2002).

Finally, a recent study on the effectiveness of the seven-year-old drug court in Saint Louis, Missouri, found that the program's benefits far outweigh its costs. The findings of the Institute of Applied Research, an independent social science research firm, indicated that nonviolent drug offenders who were placed in treatment instead of prison generally earned more money and took less from the welfare system than those who successfully completed probation. The study compared the 219 individuals who were the program's first graduates in 2001 with 219 people who pleaded guilty to drug charges during the same period and completed probation. For each drug court graduate, the cost to taxpayers was \$7,793, which was \$1,449 more than those on probation (Institute for Applied Research, 2004). However, during the two years following program completion, each graduate cost the city \$2,615 less than those on probation (Institute for Applied Research, 2004). The savings were realized in higher wages and related taxes paid, as well as lower costs for health care and mental health services.

“What you learn is that drug courts, which involve treatment for all the individuals and real support – along with sanctions when they fail – are a more cost effective method of dealing with drug problems than either probation or prison” (Institute for Applied Research, 2004).

Drug Courts Increase Retention in Treatment

A drug court's coercive power is the key to admitting drug-involved offenders into treatment quickly, for a period of time that is long enough to make a difference. This proposition is unequivocally supported by the empirical data on substance abuse treatment programs. Data consistently show that treatment, when completed, is effective. However, most addicts and alcoholics, given a choice, would not enter a treatment program voluntarily. Those who do enter programs rarely complete them; among such dropouts, relapse within a year is the norm.

Accordingly, if treatment is to fulfill its considerable promise, drug involved offenders must not only enter treatment but also remain in treatment and complete the program. If they are to do so, most will need incentives that may

be characterized as “coercive.” In the context of treatment, the term coercion – which is used more or less interchangeably with “compulsory treatment,” “mandated treatment,” “involuntary treatment,” “legal pressure into treatment” – refers to an array of strategies that shape behavior by responding to specific actions with external pressure and predictable consequences. Moreover, evidence shows that substance abusers who get treatment through court orders or employer mandates benefit as much as, and sometimes more than, their counterparts who enter treatment voluntarily (Satel, 1999; Huddleston, 2000).

Four national studies, which began as early as 1968 and ended as recently as 1995, assessed approximately 70,000 patients, 40 to 50 percent of whom were court ordered or otherwise mandated into residential and outpatient treatment programs (Simpson & Curry; Simpson & Sells, 1983; Hubbard, et al., 1989; Center for Substance Abuse Treatment, 1996). Two major findings emerged.

First, the length of time a patient spent in treatment was a reliable predictor of his or her post-treatment performance. Beyond a 90-day threshold, treatment outcomes improved in direct relation to the length of time spent in treatment, with one year generally found to be the minimum effective duration of treatment (Simpson & Curry; Simpson & Sells, 1983; Hubbard, et al., 1989; Center for Substance Abuse Treatment, 1996). Second, coerced patients tended to stay in treatment longer than their “non-coerced” counterparts. In short, the longer a patient stays in drug treatment, the better the outcome (Simpson & Curry; Simpson & Sells, 1983; Hubbard, et al., 1989; Center for Substance Abuse Treatment, 1996).

“Unfortunately, few drug abuse treatment clients reach these critical thresholds. Between 40% and 80% of drug abusers drop out of treatment” prior to the 90-day threshold of effective treatment length (Stark, 1992, as cited in Marlowe, DeMatteo, & Festinger, 2003) and 80 to 90 percent drop out in fewer than twelve months (Satel, 1999, as cited in Marlowe, DeMatteo, & Festinger, 2003).

“Drug courts exceed these abysmal projections” (Marlowe, DeMatteo, & Festinger, 2003). Nationally, drug courts report retention rates between 67 and 71 percent (American University).

In short, over two thirds of participants who begin treatment through a drug court complete it a year or more later. “This represents a six-fold increase in treatment retention over most previous efforts” (Marlowe, DeMatteo, & Festinger, 2003).

Drug court is the best vehicle within the criminal justice system to expedite the time interval between arrest and entry into treatment, and provide the necessary structure to see that an offender stays in treatment long enough for treatment benefits to be realized.

Drug Courts Provide Affordable Treatment

Surveys completed by treatment providers indicate that the annual cost of treatment services for drug court participants differs widely based on many factors. These factors include the target population treated in the program and the type of treatment services provided (which range widely in availability, cost, and application; i.e., intensive outpatient, medically monitored inpatient, methadone maintenance, therapeutic communities, etc.). In addition, annualized treatment costs may include ancillary services offered (i.e., job training, anger management counseling, etc.), drug testing, and case management (American University, 2000).

Given these variations in services offered and services delivered, 61 percent of drug court treatment providers report that the annual cost of treatment services per client ranges between \$900 and \$3,500 (American University, 2000).

Drug Court Permutations: Taking the Model to Other Populations

Since the first drug court program was implemented in 1989, the number of drug courts has steadily increased throughout the country (Table I and Table II). As the literature on the drug court model continues to demonstrate its impact on the offender and the justice system, many local officials have aggressively pursued the implementation and expansion of the drug court model to address other problems that emerge in the court system. Other problems currently being addressed in the

courts using the drug court model include juvenile delinquency, child abuse, neglect and permanency, impaired driving, mental illness, homelessness, domestic violence, prostitution, and community reentry from custody.

Problem Solving Courts: Expanding the Model

In 2001, the expansion of the drug court model into other populations of offenders in the courts led the American Bar Association to adopt a resolution calling for “the continued development of problem solving courts” (American Bar Association, 2001). In 2000, the Conference of Chief Justices and the Conference of State Court Administrators together passed a joint resolution committing all fifty 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.” It also pledges to “encourage the broad integration, over the next decade, of the principles and methods employed in problem solving courts in the administration of justice” (Conference of Chief Justices & Conference of State Court Administrators, 2000).⁴

Both resolutions promote the utilization of drug court’s principles and clear the way to expand the capacity of the drug court model to “solve other problems in the courts” (Dressel, 2003). To understand the “principles and methods of well functioning [adult] drug courts,” one needs to go no further than the publication *Defining Drug Courts: The Key Components* (NADCP, 1997). Referred to by many as the defining document of the drug court model, *The Key Components* provides the firm basis of drug courts and may be considered the structure for many problem solving courts in their initial development. However, in some cases, various problem solving court models have developed and evolved beyond the boundaries of drug court’s key components (Berman, 2004) precisely because of the needs of the specific fields and the critical issues that each of the problem solving court models themselves address. While the various problem solving court

Figure 1

Keeping the Fidelity of the Drug Court Model

*Defining Drug Courts:
The Key Components*

- 1.** Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- 2.** Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.
- 3.** Eligible participants are identified early and promptly placed in the drug court program.
- 4.** Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- 5.** Abstinence is monitored by frequent alcohol and other drug testing.
- 6.** A coordinated strategy governs drug court responses to participants’ compliance.
- 7.** Ongoing judicial interaction with each drug court participant is essential.
- 8.** Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- 9.** Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
- 10.** Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

(NADCP, 1997).

models may not adhere to or exhibit all of *The Key Components*, the parentage of many problem solving court models may be found in the principles underlying the ten key components.

Finally, the whole notion of “judges as problem-solvers” (Hora, 2002) has been institutionalized through the impetus of the Bureau of Justice Assistance’s Trial Court Performance Standards. Standard 4.5 directs trial courts to anticipate new conditions and to adjust their operation as necessary (Hora, 2002): *“Effective trial courts are responsive to emergent public issues such as drug abuse...A trial court that moves deliberately in response to emergent issues is a stabilizing force in society and acts consistently with its role of maintaining the rule of law”* (BJA, 1997, as cited in Hora, 2002).

The results of the National Survey on Problem Solving Courts, conducted by the National Drug Court Institute and compiled in January 2004 (Table II) for the purposes of this document, underscore the momentum of these important resolutions and standards from four of our nation’s most powerful court influences. There is no doubt that the expansion of problem solving courts is well underway in every state across America. No longer may drug courts, and other problem solving courts, be described as anything other than an appropriate, effective, and productive way for the justice system to function (Hora, 2002).

Definitions of Problem Solving Courts

The definitions of problem solving courts, as found in the scientific and scholastic literature, are included below.

- **Adult Drug Court:** A specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders and to increase the offender’s likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision and use of appropriate sanctions and other habilitation services (BJA, 2003).
- **Juvenile Drug Court:** A juvenile drug court is a docket within a juvenile court to which selected delinquency cases, and in some instances, status

offenders, are referred for handling by a designated judge. The youth referred to this docket are identified as having problems with alcohol and/or other drugs. The juvenile drug court judge maintains close oversight of each case through regular status hearings with the parties involved. The judge both leads and works as a member of a team that comprises representatives from treatment, juvenile justice, social and mental health services, school and vocational training programs, law enforcement, probation, the prosecution, and the defense. Over the course of a year or more, the team meets frequently (often weekly), determining how best to address the substance abuse and related problems of the youth and his or her family that have brought the youth into contact with the justice system (BJA, 2003).

- **Family Dependency Treatment Court:**

A juvenile or family court docket of which selected abuse, neglect, and dependency cases are identified where parental substance abuse is a primary factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes (Wheeler & Siegerist, 2003).

- **DWI/Drug Court:** A DWI/Drug court is a distinct court system dedicated to changing the behavior of the alcohol/drug dependant offender arrested for driving while impaired (DWI). The goal of the DWI/Drug court is to protect public safety by attacking the root cause of DWI: alcohol and other substance abuse.

The DWI/Drug Court utilizes all criminal justice stakeholders (prosecutors, defense attorneys, probation, law enforcement, and others) along with alcohol/drug treatment professionals. This group of professionals comprises a “DWI/Drug Court Team.” This DWI/Drug Court team uses a team-oriented approach to systematically

change participant behavior. This approach includes identification and referral of participants early in the legal process to a full continuum of drug/alcohol treatment and other rehabilitative services. Compliance with treatment and other court-mandated requirements is verified by frequent alcohol/drug testing, close community supervision, and interaction with the judge in non-adversarial court review hearings. During these review hearings the judge employs a science-based response to participant compliance (or non-compliance) in an effort to further the team's goal to encourage pro-social, sober behaviors that will prevent DWI recidivism (Loeffler & Huddleston, 2003).

- **Reentry Drug Court:** Reentry drug courts utilize the drug court model, as defined in the “Key Components,” to facilitate the reintegration of drug-involved offenders into communities upon their release from local or state correctional facilities. The offender is involved in regular judicial monitoring, intensive treatment, community supervision, and regular drug testing. Reentry drug court participants are provided with specialized ancillary services needed for successful reentry into the community (Tauber & Huddleston, 1999).
- **Tribal Healing to Wellness Court:** A Tribal Healing to Wellness Court is not simply a tribal court that handles alcohol or other drug abuse cases. It is, rather, a component of the tribal justice system that incorporates and adapts the wellness court concept to meet the specific substance abuse needs of each tribal community. It therefore provides an opportunity for each Native community to address the devastation of alcohol or other drug abuse by establishing more structure and a higher level of accountability for these cases and offenders through a system of comprehensive supervision, drug testing, treatment services, immediate sanctions and incentives, team-based case management, and community support (Tribal Law & Policy Institute, 2003).
- **Campus Drug Court:** Campus drug courts are quasi-judicial drug court programs, within the construct of a university disciplinary process, that focus on students with substance abuse-related disciplinary cases that would otherwise result in expulsion from college. Similar to traditional drug courts, campus drug courts provide structured accountability while simultaneously rehabilitating the student. The overarching goal of the campus drug court is to decrease substance abuse involvement in a group not normally reached by the traditional interventions on campus. This is achieved through a collaborative systems model designed to encourage the student to make the necessary lifestyle changes that will contribute to their success, not only as a student, but also in their lives after they graduate from school (Asmus, 2002).
- **Community Court:** Community courts bring the court and community closer by locating the court within the community where “quality of life crimes” are committed (i.e., petty theft, turnstile jumping, vandalism, etc.). With community boards and the local police as partners, community courts have the bifurcated goal of solving the problems of defendants appearing before the court, while using the leverage of the court to encourage offenders to “give back” to the community in compensation for damage they and others have caused (Lee, 2000).
- **Mental Health Court:** Modeled after drug courts, a mental health court is a special court that focuses on people who have been charged with a crime AND have a psychiatric disability. The purpose of the court is to deal with the crime in a way that addresses the person's mental health needs. The mental disability is the focus rather than criminal behavior. Treatment, medical care and medical supervision, case management, and service referral are primary ingredients of the mental health court (Goldkamp & Irons-Guynn, 2000).
- **Teen Court:** Teen Court is a program run by teens for teens. The underlying philosophy of these programs is that positive peer pressure will help youth be less likely to re-offend and that youth are more receptive to consequences handed down from their peers than those given by adults. Therefore, youth who commit minor offenses such as petty theft, possession of alcohol, or disorderly conduct receive consequences for their behavior not from the juvenile court system but from a “jury” of their

peers in teen court. Law enforcement officers, probation officers, teachers, and others may refer youth to these voluntary programs. To participate, the youth must admit to having committed the offense. In most situations, successful completion of the program means that the youth will not have a juvenile record or, in the case of a school referral, the juvenile will avoid school suspension or expulsion.

- **Domestic Violence Court:** A felony Domestic Violence Court is designed to address traditional problems of domestic violence, such as low reports, withdrawn charges, threats to victim, lack of defendant accountability, and high recidivism, by intense judicial scrutiny of the defendant and close cooperation between the judiciary and social services. A permanent judge works with the prosecution, assigned victim advocates, social services, and the defense: to ensure physical separation between the victim and all forms of intimidation from the defendant or his/her family throughout the entirety of the

judicial process; to provide the victim with the housing and job training he/she needs to begin an independent existence from the offender (Mazur & Aldrich, 2003); and to continuously monitor the defendant in terms of compliance with protective orders and substance abuse treatment, insofar as judicial scrutiny enhances conformity (Winick, 2000). Additionally, a case manager ascertains victim needs and monitors cooperation by the defendant; close collaboration with the defense counsel verifies due process and protects the defendant's rights.

Variants include the misdemeanor domestic violence court which handles larger volumes of cases and is designed to combat the progressive nature of the crime to preempt later felonies; and the integrated domestic violence court in which a single judge handles all judicial aspects relating to one family, including criminal cases, protective orders, custody, visitation, and even divorce (Mazur & Aldrich, 2003).

Table II

Number & Type of Operational Problem Solving Court Programs in the United States (December 2003)														
	Adult DC	Juvenile DC	Family DC	DWI/DUI DC ⁵	Reentry DC	Tribal DC ⁶	Campus DC	Reentry Ct	Community Ct	Mental Health Ct	Teen Courts	Dom. Violence Ct	Other* ⁷	Total Operational Problem Solving Court Programs
Alabama	15	1	1	0	0	1	0	0	0	2	2	25	0	47
Alaska	2	0	1	1	0	2	0	0	0	1	0	1	0	8
Arizona	9	10	3	2	0	14	0	0	0	1	42	2	1	84
Arkansas	9	0	0	0	0	0	0	0	0	0	0	0	0	9
California	90	32	24	3	4	0	0	0	3	16	34	30	12	248
Colorado	6	3	1	0	0	0	1	1	1	1	0	0	1	15
Connecticut	0	0	0	0	0	0	0	0	2	0	0	5	2	9
Delaware	11	2	0	0	2	0	0	1	0	1	0	1	0	18
District of Columbia	1	0	1	0	0	0	0	0	1	0	0	0	1	4
Florida	41	25	16	0	2	0	0	0	0	0	54	0	2	140
Georgia	18	5	0	3	0	0	0	0	1	2	0	0	0	29
Hawaii	4	3	1	0	1	0	0	0	0	0	1	0	0	10
Idaho	22	7	1	2	0	1	0	0	0	1	12	1	0	47
Illinois	18	3	0	0	0	0	0	0	0	0	0	0	0	21
Indiana	12	4	0	0	1	0	0	1	1	2	22	0	0	43
Iowa	6	3	1	0	1	0	0	1	0	3	2	1	0	18
Kansas	2	1	0	0	0	1	0	0	0	0	13	0	0	17
Kentucky	18	6	1	0	0	0	0	0	0	0	0	0	2	27
Louisiana	24	14	0	0	0	0	0	1	0	0	0	0	0	39
Maine	6	6	1	0	0	1	0	0	0	0	0	0	0	14
Maryland	5	4	0	0	1	0	0	0	0	0	7	0	0	17
Massachusetts	17	3	0	0	0	0	0	0	0	0	0	0	0	20
Michigan	10	5	1	13	0	1	0	0	0	0	0	0	2	32
Minnesota	5	3	0	0	0	0	0	0	0	1	5	2	0	16
Mississippi	6	1	0	1	0	0	0	0	0	0	1	0	0	9
Missouri	42	15	6	1	13	0	0	0	0	5	17	0	1	100
Montana	1	2	4	0	0	5	0	0	0	0	0	0	0	12
Nebraska	4	2	0	1	0	0	0	0	0	0	0	0	0	7
Nevada*	4	0	1	0	0	4	0	0	0	1	0	0	0	10
New Hampshire	0	4	0	2	0	0	0	0	0	0	1	0	0	7
New Jersey	10	4	0	0	0	0	0	0	0	0	0	0	0	14
New Mexico	6	11	1	6	0	4	0	0	0	1	4	2	0	35
New York	62	3	14	0	10	0	0	1	3	2	0	0	0	95
North Carolina	17	5	2	2	0	1	0	0	0	1	32	5	8	73
North Dakota	2	3	0	0	0	2	0	0	0	0	3	0	0	10
Ohio	26	18	11	0	2	0	0	2	0	4	0	1	0	64
Oklahoma	25	8	2	1	0	3	0	0	0	1	0	0	0	40
Oregon	17	7	4	0	0	0	0	0	1	2	0	1	5	37
Pennsylvania	7	1	0	0	0	0	0	1	0	2	0	0	0	11
Rhode Island	1	4	1	0	0	0	0	2	0	0	0	1	22	31
South Carolina	10	10	2	0	0	0	0	0	2	2	0	0	6	32
South Dakota	0	0	0	0	0	4	0	0	0	0	0	0	0	4
Tennessee	11	1	0	2	0	0	0	0	0	0	0	0	0	14
Texas	8	3	0	0	3	1	0	0	0	0	0	0	0	15
Utah	18	5	4	1	2	0	0	0	0	1	0	1	0	32
Vermont	1	1	1	0	0	0	0	0	0	0	0	0	0	3
Virginia	12	7	3	1	0	0	0	0	0	0	0	0	0	23
Washington	12	4	3	0	0	5	0	0	0	1	0	0	0	25
West Virginia	0	1	0	0	0	0	0	0	0	5	3	0	0	9
Wisconsin	2	0	0	0	0	1	0	0	0	0	0	0	0	3
Wyoming	11	8	0	0	0	1	0	0	0	0	0	0	0	20
Totals	666	268	112	42	42	52	1	11	15	59	255	79	65	1,667

Figure II

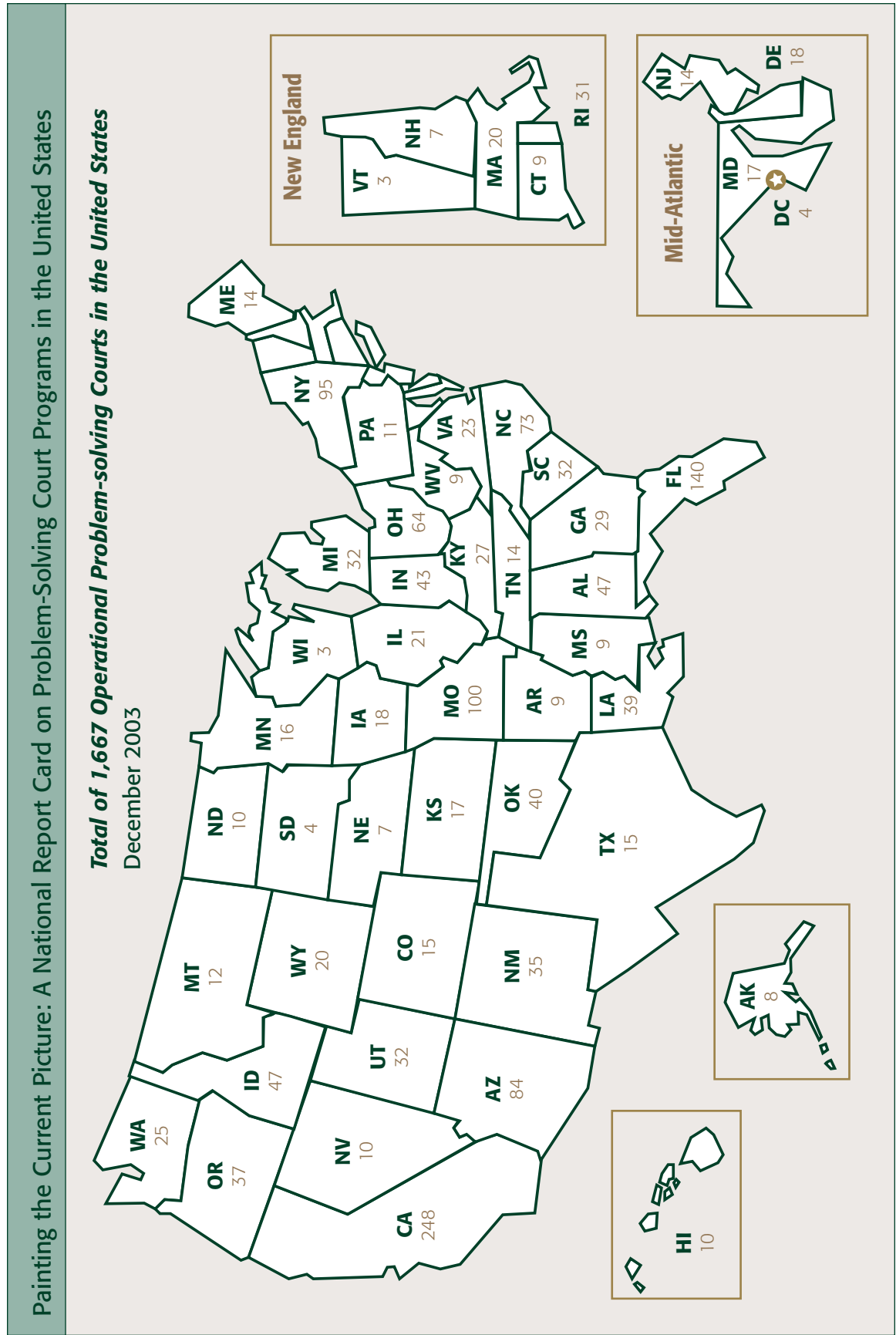


Table III

Drug Court Legislation & State Appropriations				
	Bill Number	Pending	None	State Funding Amt
Alabama			X	\$0
Alaska	HB 172			\$0
Arizona				\$0
Arkansas	Act 1266 of 2003			\$1,000,000
California	Court Partnership Act & Compre Drug Ct Implemt Act			\$15 - \$18 million
Colorado	1SB-00-186			\$1,068,000
Connecticut	HB #6137			\$500,000
Delaware			X	\$0
District of Columbia			X	\$0
Florida			X	\$560,000
Georgia			X	\$350,000
Hawaii			X	\$350,000
Idaho	Idaho Drug Court Act I.C. 19-5601 & I-1624			\$2,600,000
Illinois	730 ILCS 166			\$0
Indiana	Indiana Code 12-23-14.5			\$0
Iowa			X	\$611,000
Kansas			X	\$0
Kentucky			X	\$634,209
Louisiana	RS 5301-5304			\$12.2 million
Maine	Codified Title 4, Maine Revised Statutes:421-423			\$750,000
Maryland			X	\$750,000
Massachusetts			X	\$0
Michigan		X		\$2.4 million
Minnesota			X	
Mississippi	Bill Number 2605			\$0
Missouri	Sections 478.001-478.009 RS Mo.			\$2 million
Montana				
Nebraska	Bill Number LB454			\$0
Nevada	Assembly Bill 29: Specialty Court Assessment			funding anticipated
New Hampshire			X	
New Jersey	L.2001,C.243			\$18.5 million
New Mexico	2003: Cpt.76, Sec.2A,C, &3B; Cpt 385,Sec.4(1)			\$5,643,600
New York			X	\$9.4 million
North Carolina	Bill Number 7A-795			\$731,000
North Dakota			X	\$60,000
Ohio			X	\$2,435,000
Oklahoma	OK Statute title 22, Section 471 et seq.			\$3,535,720
Oregon	House Bill 3363			\$0
Pennsylvania			X	\$0
Rhode Island			X	\$0
South Carolina	Section 114/H3632			\$300,000
South Dakota			X	\$0
Tennessee				
Texas	House Bill 1287			
Utah	2000 House Bill 281			\$1,544,185
Vermont	Act 128			\$300,000
Virginia		X		\$350,000
Washington	1999 rcs 2.28.179 and 70.96A.055			\$1,000,000
West Virginia			X	\$0
Wisconsin			X	
Wyoming	Wyoming Stat. Ann. Sections 5-10-101 et seq.			\$3.2 million

Table IV

Survey Participants			
	Name	Phone	Email
Alabama	Foster Cook	334-242-0332	fcCook@UAB.EDU
Alaska	Hon. Stephanie Joannides	907-264-0430	sjoannides@courts.state.ak.us
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End Notes

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² All data, except for the years 1990 and 2003, were obtained from the *Drug Court Activity Update: October 15, 2003* (American University, 2003, October 15). Data from 1990 were obtained from the Miami-Dade County, FL Adult Felony Drug Court (Koch, 2004); data from 2003 were obtained from the 2003 National Survey of Problem-Solving Courts, National Drug Court Institute.

³ This figure represents the total number of Adult Drug Courts, Juvenile Drug Courts, Family Dependency Treatment Courts, DWI/DUI Drug Courts, Reentry Drug Courts, Tribal Healing to Wellness Courts, and Campus Drug Courts.

⁴ For a review of current problem solving court research, see “Just the (Unwieldy, Hard to Gather But Nonetheless Essential) Facts, Ma’am: What We Know and Don’t Know About Problem Solving Courts,” by Greg Berman and Anne Gulick, published in the *Fordham Urban Law Journal*, Vol. XXX, No. 3 (March 2003).

⁵ Data represent stand alone DWI courts only. Many adult drug court programs also accept impaired driving charges.

⁶ Data were obtained from the *Summary of Drug Court Activity by State and County: November 7, 2003* (American University, 2003, November 7).

⁷ This category includes Prostitution Courts, Parole Violation Courts, Homeless Courts, Truancy Courts, Child Support Courts, Integrated Treatment Courts, and Juvenile Offender Courts.

Notes

Notes
