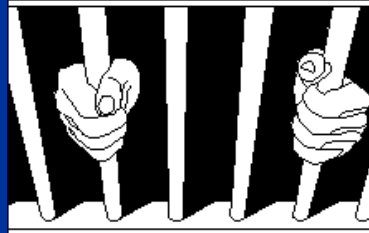


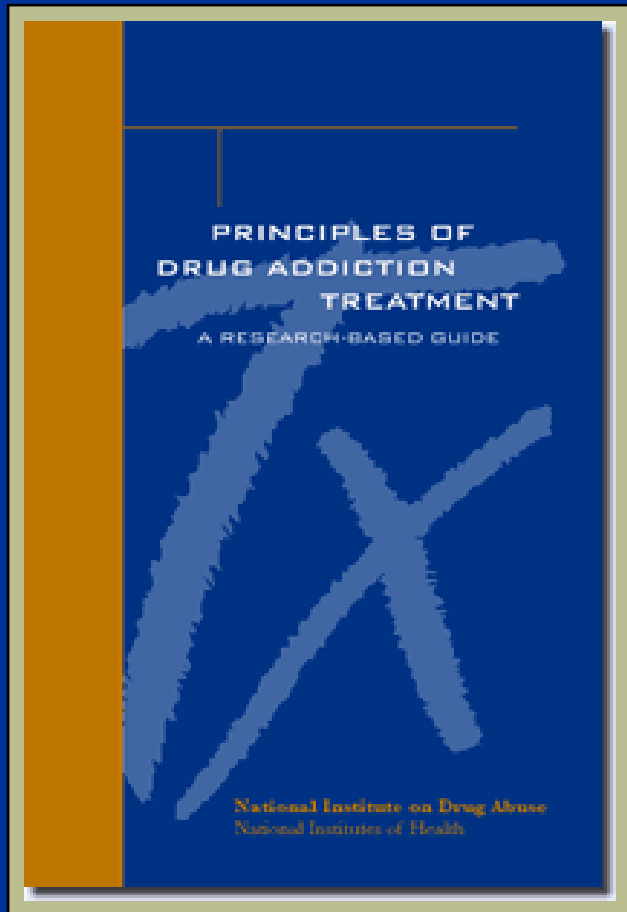
Drug Courts and Offenders: Getting to Better Outcomes



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If only systems would implement.....



Center for Substance Abuse Treatment Treatment Improvement Protocol Series

Selected case management approaches include

- Case management provided by the justice system.** In this model, justice system case managers are assigned caseloads at specific stages of the system, such as probation or parole. An advantage of this model is ownership by the **criminal justice** system of the case management process. Justice system officials are invested in the process because their own staff are implementing it and reporting back to them. A major disadvantage is that this process can be expensive.
- Case management provided by a treatment agency.** One advantage of this model is that the case manager has a thorough understanding of the AOD treatment process. The model is community based. The disadvantages include the expense and the possibilities that the case manager may not be familiar with the **criminal justice** system or that the AOD treatment agencies may not have the resources for effective case management.
- Case management provided by an agency separate from the treatment and justice systems.** To reduce costs, this model could employ a case management coordinator, with or without a caseload, to conduct intake interviews and supervise paraprofessional staff. The disadvantages of this approach include the addition of another agency to the collaboration and the expense.
- Case management provided by a coordinator from the justice system who provides consulting services and technical assistance to support existing criminal justice case management.** One advantage of this model is system ownership. A coordinator, with or without a caseload, oversees the work of a paraprofessional staff. The coordinator can move the **criminal justice** system toward a greater awareness of treatment issues by providing technical assistance that demonstrates service coordination.
- Case management provided by multidisciplinary groups in the criminal justice system for offender management.** This type of group may meet regularly and during crises. This model is the most inexpensive. However, it is the most difficult to successfully operate because no one is assigned overall responsibility for the offender.

#1 Selection and Recruitment of Offenders for Drug Tx Courts Programs

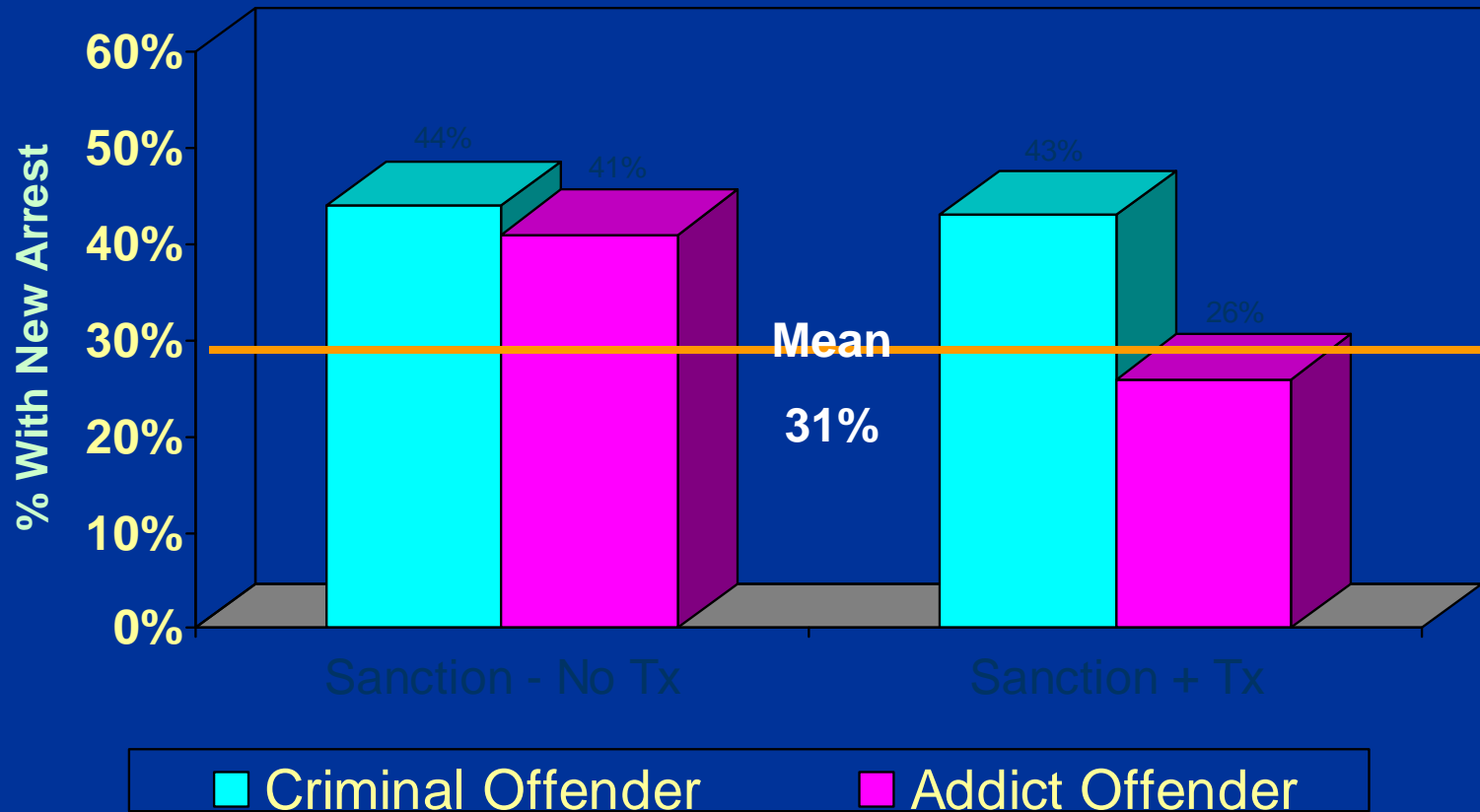
Offender Issues

- **Voluntary**
- **If given choice, 35% select incarceration**
- **Risk of negative consequences**
- **Other needs not measured (e.g. criminal values, etc.)**

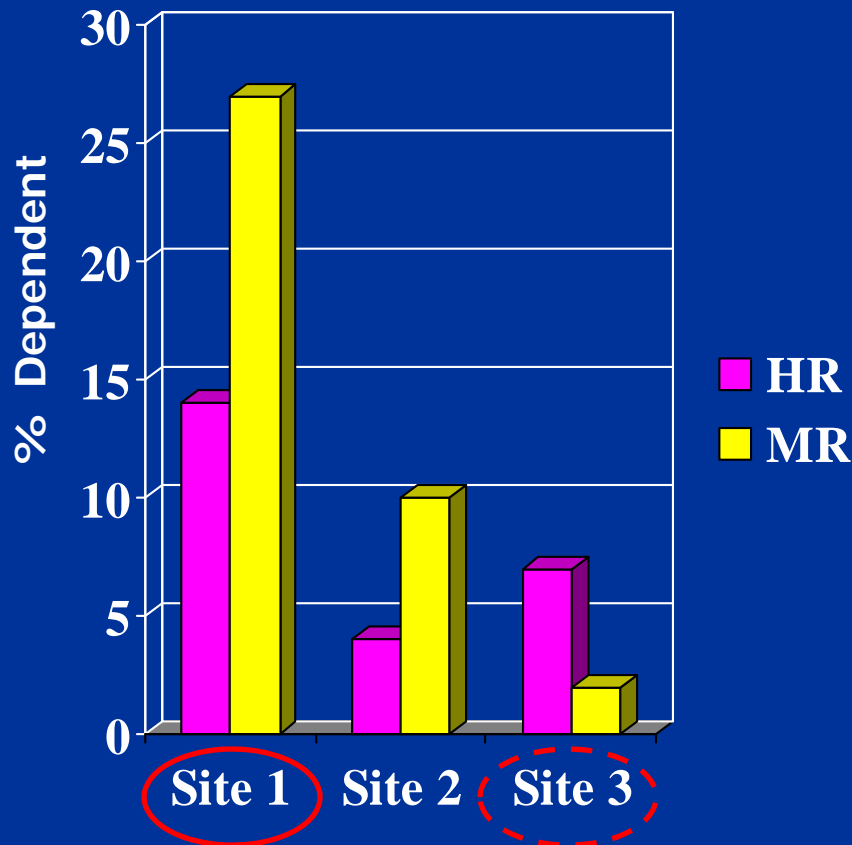
System Issues

- **Inadequate definition of drug-involved**
- **Abuse vs. Dependency**
- **Inadequate Means to Assess “Involvement”**
- **Most “assessment” are Offense-Based**

Matching Offenders to Intervention on Outcomes



Impact of HR/MR on Drug Use



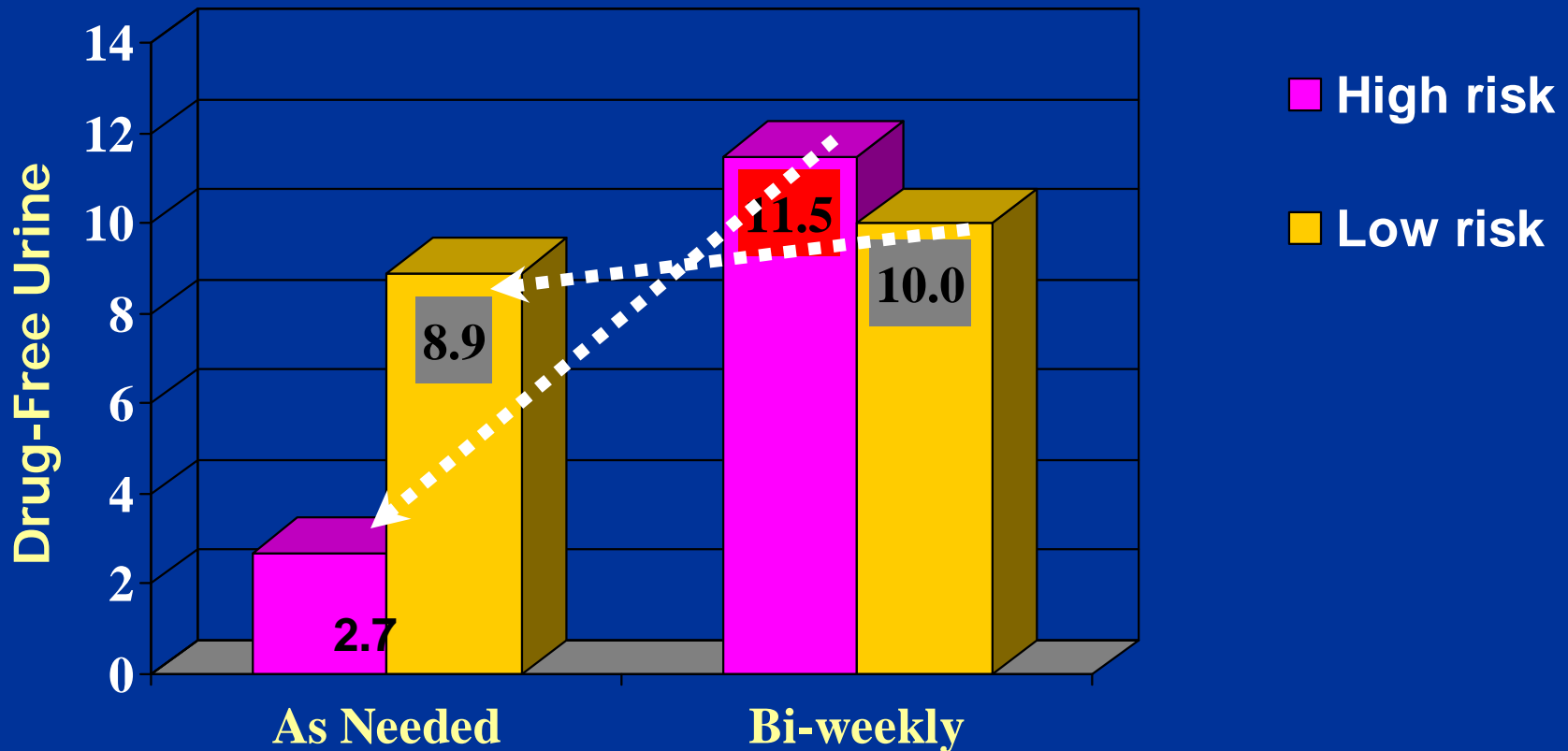
*** $p \leq .01$ ** $p \leq .05$ * $p \leq .10$

Significant differences are between reported treatment group outcomes compared to control group.

Taxman & Thanner, 2004

- **Drug of Choice**
 - Site 1: Cocaine
 - Sites 2 & 3: Marijuana
- **Marijuana Use—no clear relationship with crime**
- **Need to Consider Dependency/HR**

Drug-Free Urines During Treatment in Drug Courts



$p = .007$

Marlowe, et al 2002

#2 Access to and Participation in Drug Treatment Services

- **4.2 million adults on probation, estimate that 39% drug involved**
- **600K adults on parole, estimate that 32% drug involved**
- **Est of 17 to 33 percent are likely to be involved in tx programs**
- **Few in Tx Are Drug Dependent**

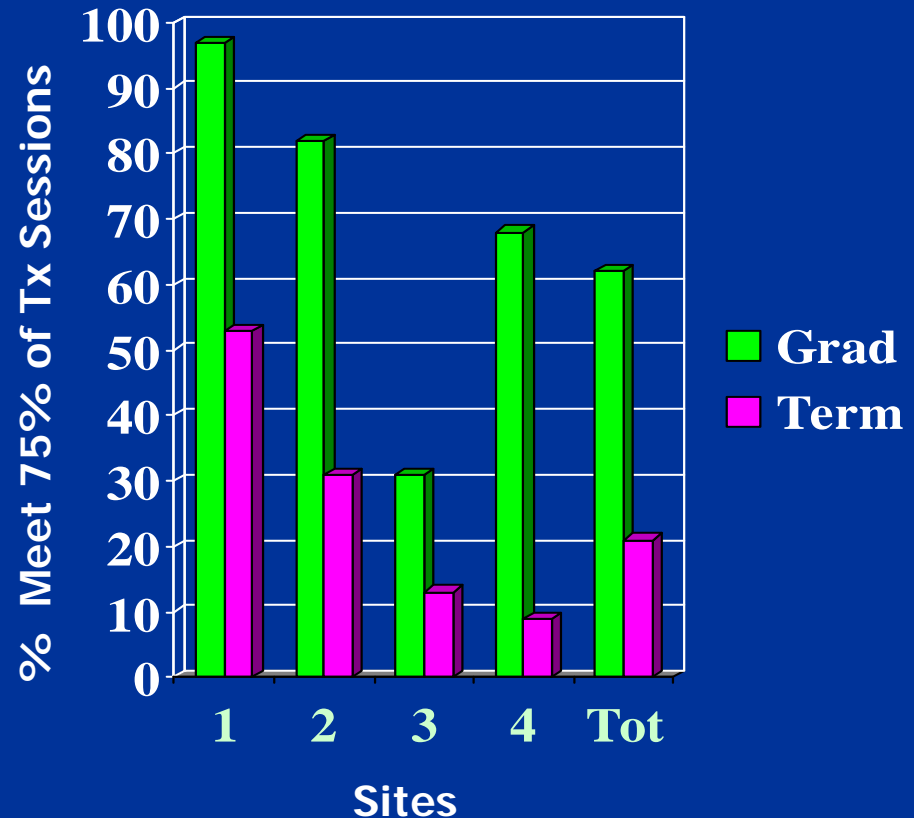
Treatment Retention Is Low



- **85% of all treatment in US is Outpatient**
- **About 60% of outpatients drop out of treatment within one month**
- **Most Drug Court Offenders do not complete Drug Court—50-60%**

TX Participation in Drug Court

- Various Structures of TX
- Mix Private-Public
- Open Groups
- Semi-Structured Manualized TX (2)
- TX Tracks (2)
- Not all go to TX



#3 Delivery of Treatment Services

- Treatment can be **ANYTHING** (e.g. bibliotherapy, worship, etc.)
- State of the *art*: availability in the public setting
- State of the *use*: defined by personal networks
- Offenders needs/behavioral issues assumed to be the same as other addicts
- Unknown issues:
 - Specialized Groups (offender only vs. mix)
 - Open vs. closed groups
 - Outcomes for differential therapies
 - Lack of attention to criminogenic therapies with/within substance abuse therapies

What Has Been Tried: CJ Interventions?

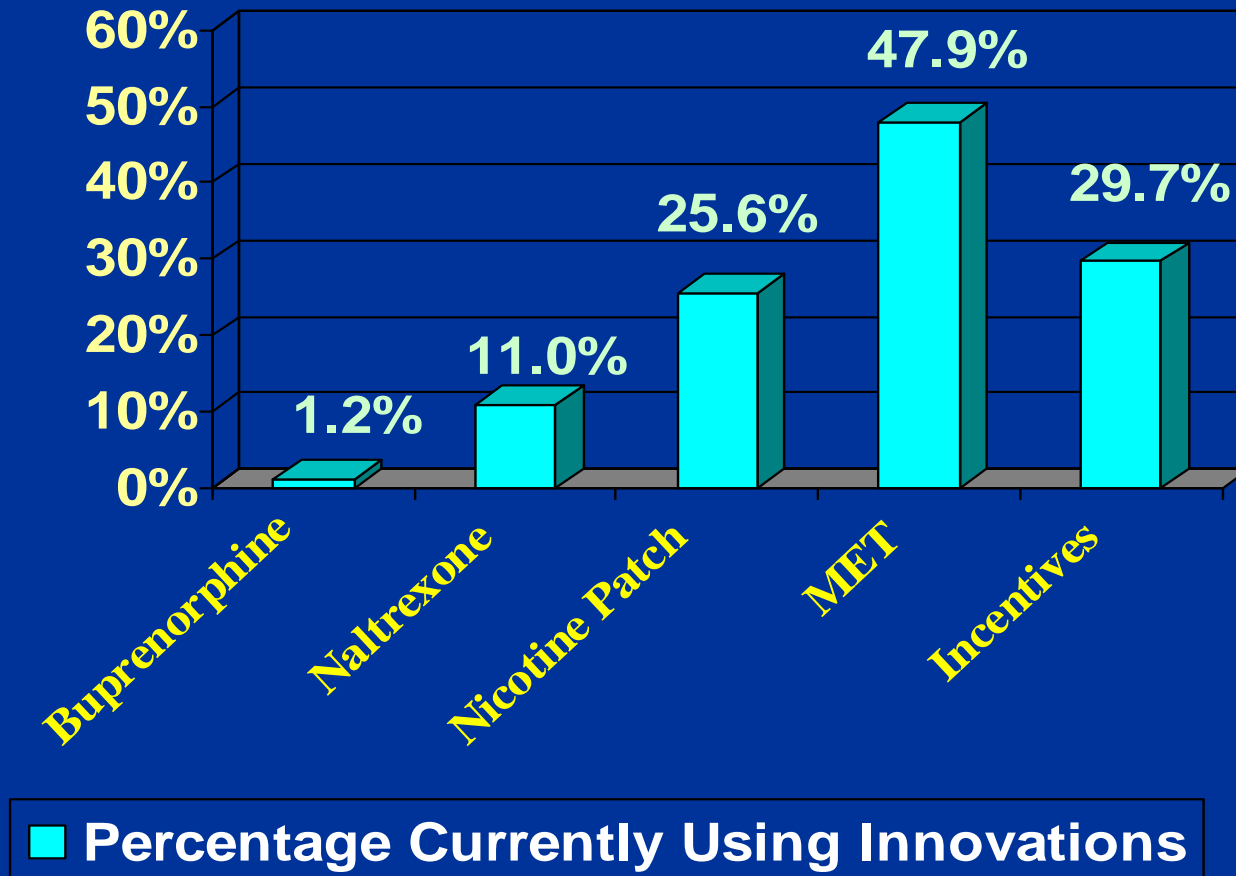
- Intensive Supervision
- Boot Camp
- Case Management
- TASC
- DTAP (Diversion to TX, 12 Month Residential)
- Drug Courts
- Tx with Sanctions (e.g. Break the Cycle, Seamless System, etc.)
- **In-Prison Tx (TC) with Aftercare**

What Has Been Tried? Clinical

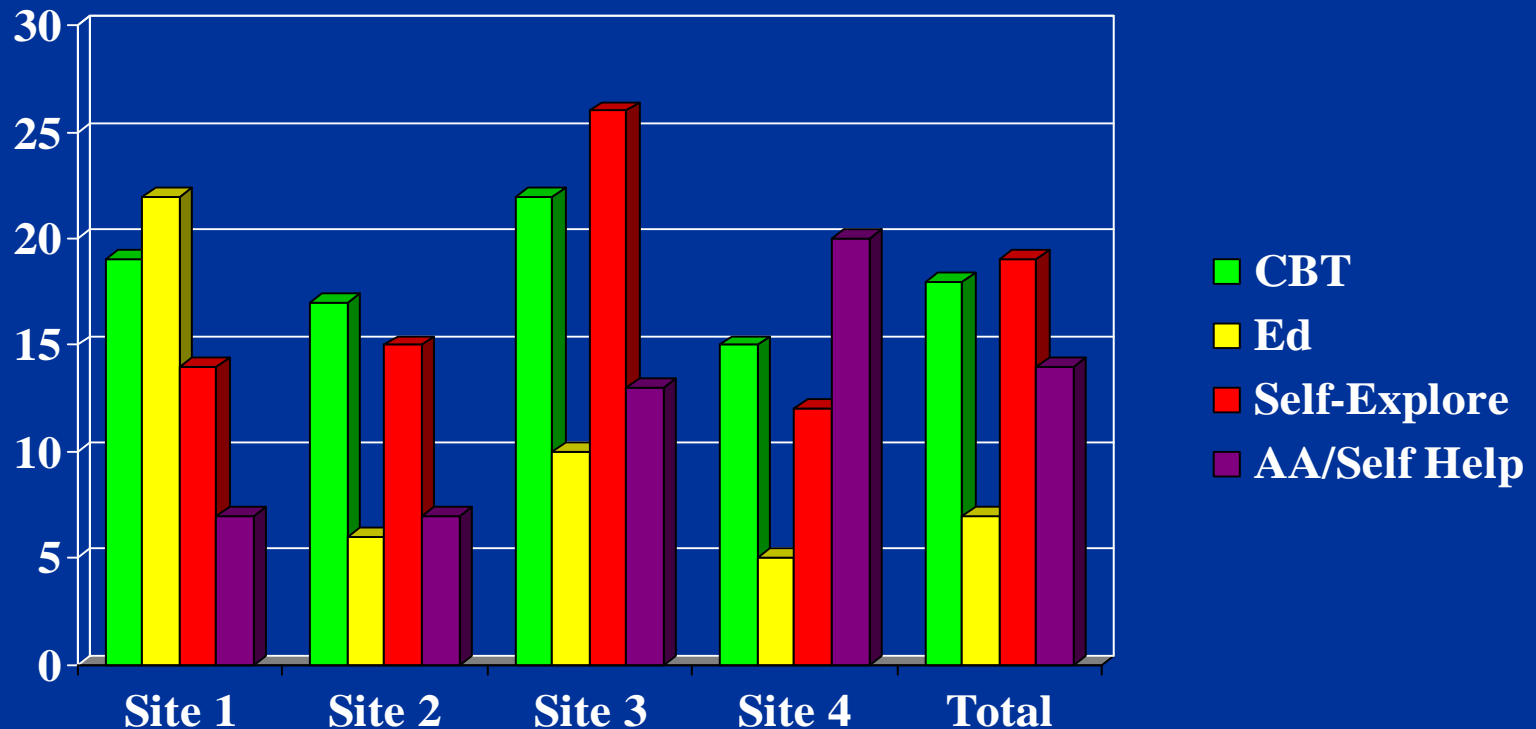
- Education (Psycho-Social)
 - Non-Directive Counseling
 - Directive Counseling
 - Motivational Interviewing
 - Moral Reasoning
 - Emotional Skills
 - 12 Step with Curriculum
 - Cognitive Processing
 - Cognitive Behavioral (Social Skills, Behavioral Management, etc.)
 - Therapeutic Communities
 - Contingency Management/Token Economies
- ?????
- 12 Step
 - Reality Therapy

Few Treatment Programs Use Innovations & EBPs

(N = 171 Public Health Administrators)

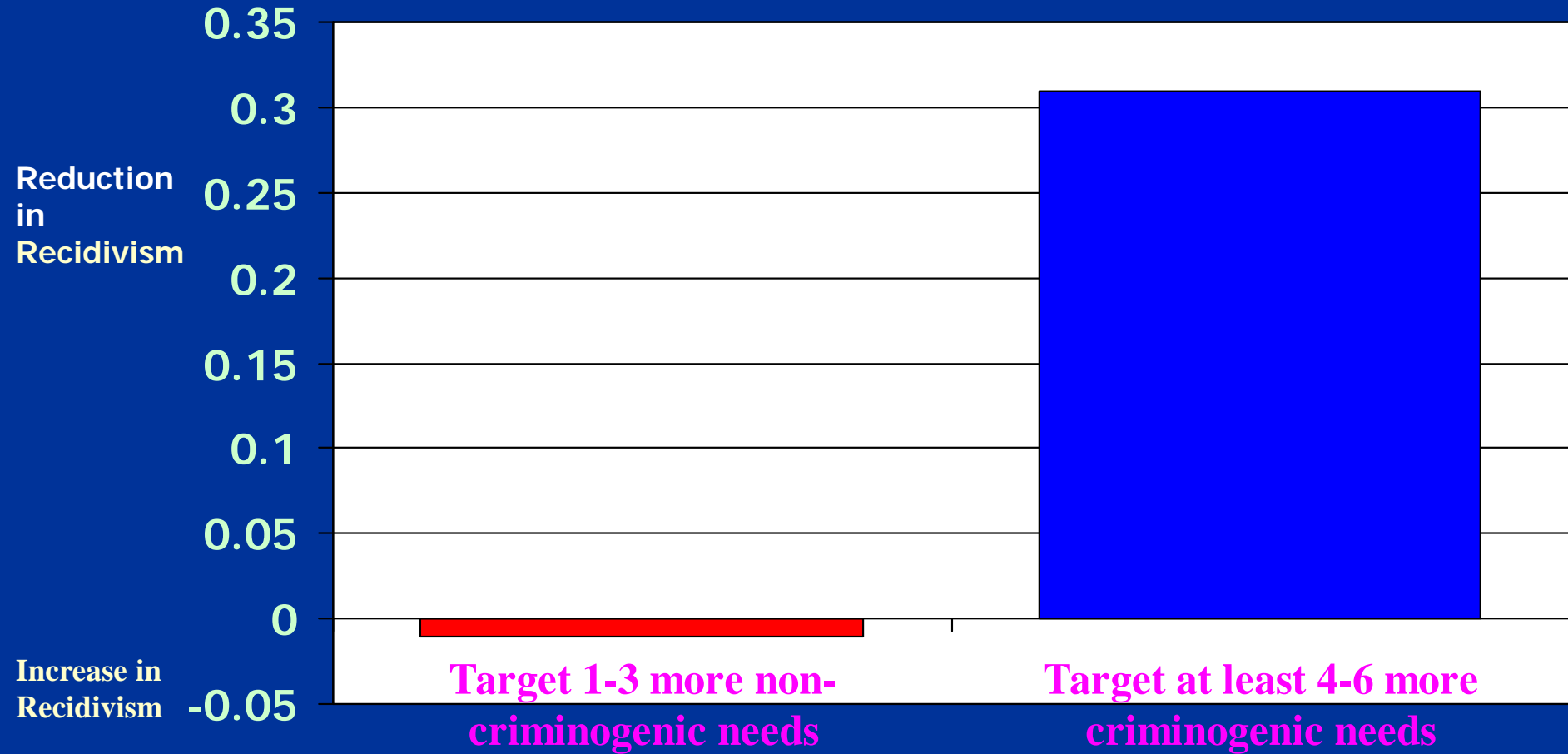


% Topics Covered in Treatment Offered to Drug Court Offenders



20% of Treatment Time Devoted to Clinical Issues

Impact of Programs Where Multiple Criminogenic Needs Addressed

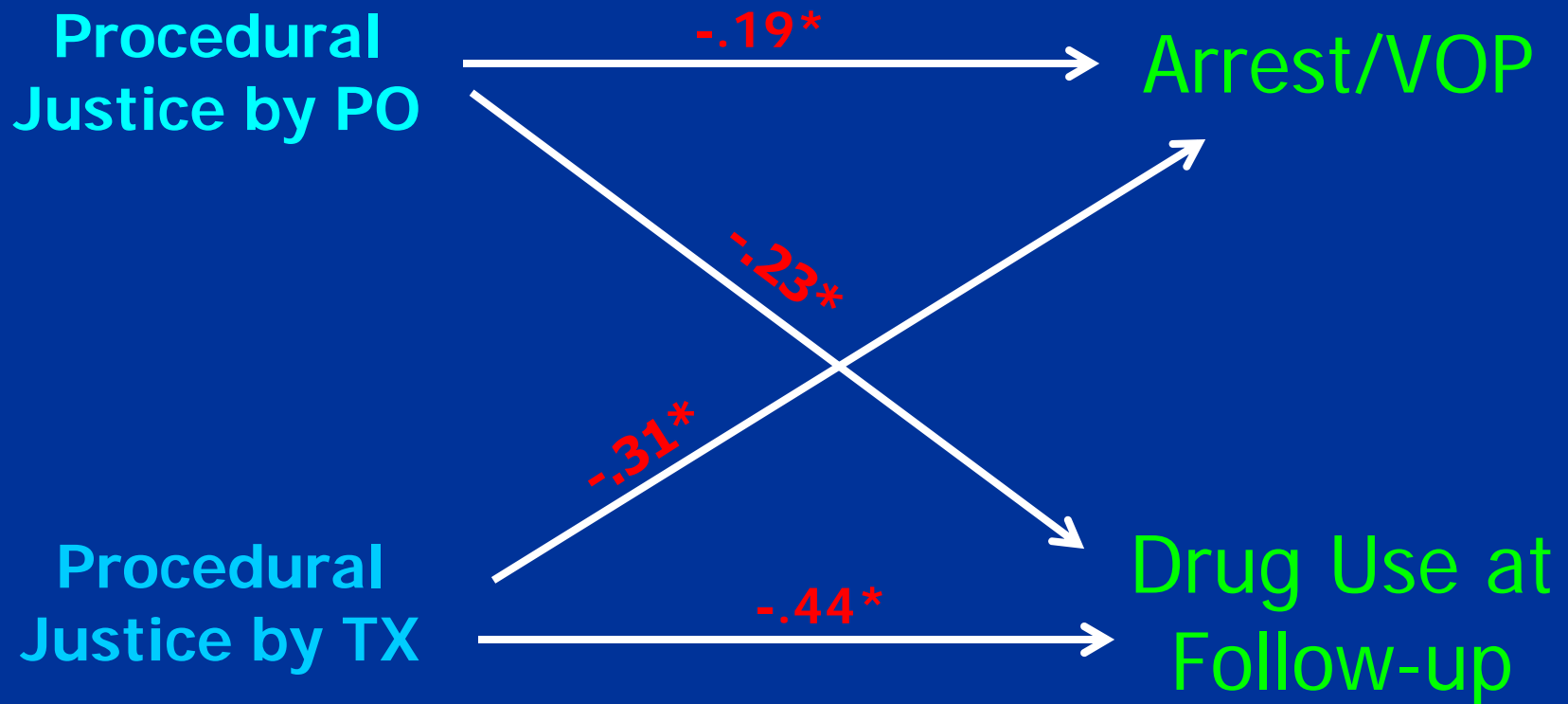


#4 Compliance Management to Reinforce Treatment Integrity

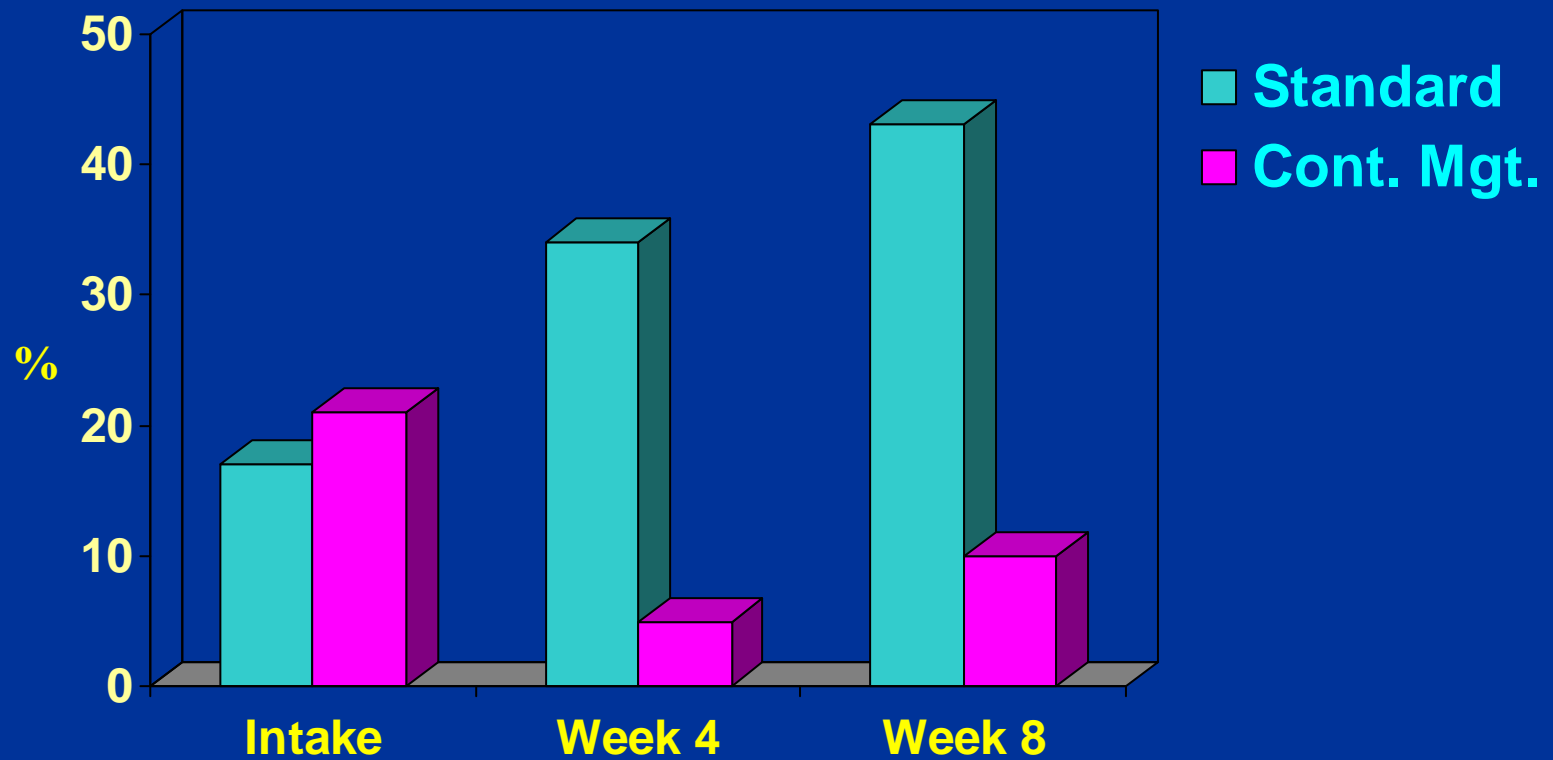
- Most efforts devoted to TX Access (e.g. drug courts, diversion, etc.)
- Little knowledge about retention issues
- Role of CJ/TX is unclear



Impact of Perceived Fairness on Outcomes



% Positive for Any Illicit Drug



#5 Role of CJ System Actors in the Delivery System

- **CJ Actors Impact Access, Delivery, Retention, and Reinforcement of Therapies**
- **CJ Actors may not be clinicians but they can apply some of the behavioral therapies constructs**
- **Given low availabilities to clinicians than behavioral therapies may be delivered by cjs actors**
- **Fidelity to the model can be part of the research**

CJ Offenders: Opportunity & Challenges

- Offenders are target population with unmet needs, including role of the cjs in the delivery of services
- Little attention to
 - Efficacy of different behavioral therapies
 - Therapies that address multiple criminogenic needs
 - Role of cj actors in tx process, or as tx providers
 - Engagement of offender in ownership
 - Address perception of gains from tx