

Texas Drug Courts: Are the Ten Key Components being utilized?

By

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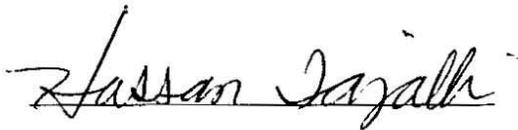
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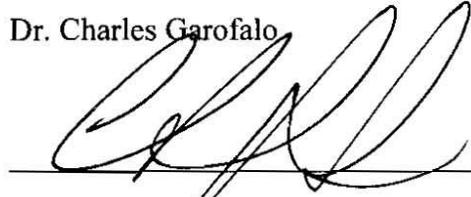
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Abstract

Purpose. The purpose of this research is threefold. The first purpose is to review the literature on the Ten Key Components of an ideal model for the administration of drug courts. The model and its components were developed by the National Association of Drug Court Professionals. The second purpose is to assess the extent to which Texas Drug Courts meet the criteria of the Ten Key Components. The third purpose is to provide recommendations to Texas Drug Courts on implementing the Ten Key Components. *Method.* The method relied upon for this applied research project is the survey instrument which was the sole method of data collection. The survey was sent to fifty-one Texas Drug Courts to measure the degree of adherence to the Ten Key Components. *Results.* Approximately 33% of Texas Drug Courts responded to the survey. Of the responses, most courts adhered to the Ten Key Components. Some key components had better adherence rates than others but approximately 50% of the Ten Key Components met the 80% benchmark set by the author. *Conclusion.* The recommendations made to Texas Drug Courts are consistent with applying the Ten Key Components as set forth by the NADCP. The recommendations also include consolidating some components and creating two additional components: a funding component and a State Drug Court Office component. Overall, Texas Drug Courts do adhere to the Ten Key Components, but some components are adhered to more than others.

About the Author

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This Applied Research Project is dedicated to my lovely wife, Anya Starr. With her undying support and countless hours absent a husband, I can never thank her enough.

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Chapter One

Introduction

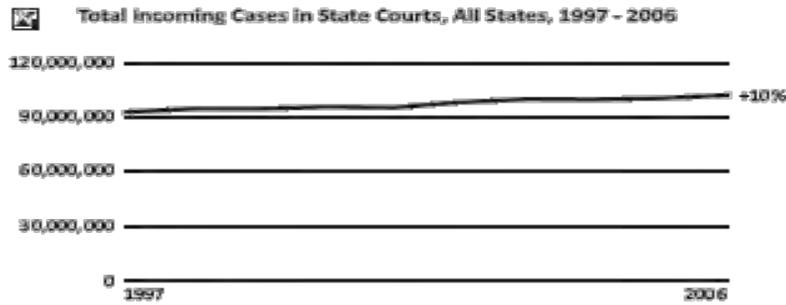
“By leveraging the coercive power of the criminal justice system, drug courts can alter the behavior of non-violent, low-level drug offenders through a combination of judicial supervision, case management, mandatory drug testing, and treatment to ensure abstinence from drugs, and escalating sanctions”.- President George W. Bush, 2001

Judicial Administration is a historically overlooked subcomponent of the broader field of public administration. The processes of the inner-workings of the nation’s court system are not well known. In exploring the perceptions of courts, Vaughn (1989, 1) states “Of the three branches of government (executive, legislative and judicial) the public is generally least familiar with the judicial.” Furthermore, Vaughn (1989, 1) posits that “Media attention is generally directed at the facts of ‘newsworthy’ cases with little attention given to the operation of the courts.” The lack of attention given to judicial administration could be attributed to custom, tradition and/or the various rules the court must adhere to in order to provide a forum that is fair to the adversarial process. Thus, court operations are not widely known outside the realm of the managers who administer the court’s policies and procedures.

The anonymity of court operations has led to negative perceptions about the judicial branch of government. Among these negative perceptions, probably the two most relevant complaints are congestion and delay. With burgeoning caseloads, the nation’s courts are consistently falling behind in processing the increasing number of both civil and criminal case filings. As noted in

Figure 1.1, the filings for new cases reached an all-time high in 2006 with approximately 102.4 million cases.¹

Figure 1.1²: Total Case Filings in All State Courts 1997-2006



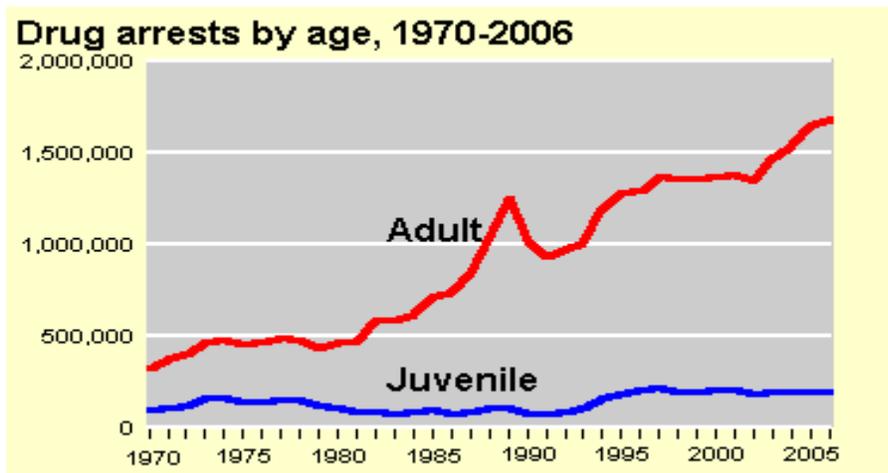
Source: Examining the Work of State Courts, 2007

With increased court case filings in the past ten years, the burden placed on the state courts has become evident. The most prevalent offense that is committed is for some type of drug abuse charge. According to the FBI's Uniform Crime Report for 2007, of the estimated fourteen million arrests made in 2007, approximately 1.8 million (or 13%) were for drug violations, which were more than any other offense. Although a significant decline in drug arrests occurred in the early 1990's, overall, drug offense arrests have risen since 1970 (see Figure 1.2).

¹ Figure 1.1 represents all fifty states. More than half of the new filings belong to traffic offenses, but civil and criminal case filings rose approximately 3.5 percent between the years of 2005 to 2006 (Examining the Work of State Courts, 2007).

² Figure 1.1 only represents State Courts and does not represent the Federal Court System.

Figure 1.2: Drug Arrests, 1970-2006



Source: FBI Uniform Crime Reports, Crime in the United States.

The increased caseload of drug offenses across the nation has placed a backlog on moving cases through the judicial process. The Miami-Dade County Florida Court, in 1989, created a “specialty court” to combat the growing drug epidemic by focusing on the addiction of the offender. This court was the first to emerge as a “problem-solving” court and to apply the Therapeutic Jurisprudence³ ideal.

The drug court model is based upon using the authority of the criminal justice system in collaboration with drug abuse treatment in order to reduce drug-related recidivism and crime. As Mullany and Peat state, “The purpose⁴ was to use the authority of the courts and the expertise of the treatment system to reduce crime by changing the defendants’ drug-using behavior” (2008, 493). The differences between the traditional adjudication process and the drug court model are indeed a significant departure from the normal interaction of the offender and the criminal justice

³ “These courts represent a dramatic change in court operations because they are not adversarial in nature, but therapeutic. They do not seek to punish or sentence offenders, but rehabilitate them”. (Hays and Douglas 2007, 1019)

⁴ The implementation of the drug court model.

system. As Table 1.1 illustrates, the differences between the traditional adjudication process and the drug court model are starkly different.

Table 1.1: Traditional Adjudication versus the Drug Court Model

	Criminal Court	Drug Court
Objective	Punishment	Rehabilitation
Voluntary	No	Yes
Procedures	Adversarial	Collaborative
Offender Monitored By	Correction agencies	Judge, case managers, and counselors
Incentives for Compliance	None	Vary by drug court
Disposition Determined By	Offense & criminal history	Compliance with treatment/conditions
Public Safety Enhanced	During incarceration/supervision	During and after program completion
Drug Treatment	Infrequently ordered	Always ordered

Source: Overview of Drug Courts in Texas 2002

With the explosive growth of the drug court model across the nation, the National Association of Drug Court Professionals (NADCP) in 1997 developed a set of standards or guidelines for a drug court to follow. Although not mandatory⁵, some states have codified the recommendations from the NADCP into their state law. As Mullany and Peat state, “Given the many variations of drug courts in operation across the country, the NADCP identified 10 key components in an attempt to foster consensus among the existing drug courts” (2008, 493).

⁵ Although not mandated by the federal government, most, if not all, federal grants for drug courts require the use of the ten key components.

Research Purpose

The purpose of this research is threefold. The first purpose is to review the relevant literature on the Ten Key Components of an ideal model for the administration of drug courts. The model and its components were developed by The National Association of Drug Court Professionals. The second purpose is to assess the extent to which Texas Drug Courts meet the criteria of the Ten Key Components. The third purpose is to provide recommendations to Texas Drug Courts on implementing the Ten Key Components.

Chapter Summaries

In Chapter Two a review of the relevant literature pertaining to the National Association of Drug Court Professional's Ten Key Components will be explored. Chapter Three will explore the setting of drug courts in the State of Texas. Chapter Four will discuss the methodology in gathering empirical data as it relates to Texas Drug Courts. Chapter Five will discuss the results of the survey data from the participating Texas Drug Courts. Chapter Six will provide for recommendations relating to the Ten Key Components and will include concluding remarks.

Chapter Two

Review of the Literature

“I was so inspired by my personal experience watching your drug court here and the Attorney General’s experience when she took office, that we have worked hard to help others establish drug courts around America. There are now more than 100 of them in the United States, and I think every community ought to have one, and we’re going to keep going until every community has the chance to have one”. –President William Jefferson Clinton, 1996

The purpose of this chapter is to review the literature as it relates to the Ten Key Components of drug courts. A cursory introduction to the drug court is necessary to expound upon the evolution of the drug court. After the introduction of the drug court, the exploration of the literature on the Ten Key Components will be presented.

Why does the potential success or failure of a public policy program depend on established policies, procedures and/or benchmarks? According to Shields and Tajalli (2006, 324) “One way to gauge the efficacy of program processes is to develop criteria for this judgment and the collect [ion of] empirical evidence to contrast the reality of the program against the criteria.” The examination of established criteria measurements within the practice of applying those criteria in real world settings is a concept that Shields and Tajalli (2006) have called the practical ideal type.⁶ The practical ideal type is an additional conceptual framework to Babbie’s (2007) three research purposes: explanatory, exploration and descriptive. Thus, using a practical ideal type to “gauge” the effectiveness of Texas Drug Courts is an efficient means to determine the extent to which Texas Drug Courts are using the established criteria⁷. Moreover, in examining the drug

⁶ For a more in depth view of the practical ideal type conceptual framework see Shields and Tajalli *Theory: The Missing Link in Successful Student Scholarship* (2006).

⁷ “Practical ideal types can be viewed as standards or points of references”. (Shields 1998, 215).

court model, Sanford and Arrigo (2005, 240) posit “Clearly, gauging the efficacy of drug courts is an important yet problematic justice policy concern.”

Introduction to Drug Courts

The American drug court movement began in Miami- Dade County, Florida in 1989. The drug court was established to combat the rising crack epidemic which was causing a backlog of cases in the Florida courts (Heck and Roussell 2007). These specialized courts were designed to incorporate treatment services into the criminal justice system. The early drug courts started “as an experimental court-based diversion to solve problems posed by the rising number of drug cases” (Sanford and Arrigo 2005, 239). In the ensuing years, the drug court model has become more involved but still maintains a sense of simplicity. Heck and Roussell (2007, 418), noting the simplicity of the drug court model, state “Conceptually, the drug court model is simple: Use appropriate tools to diagnose addiction severity, link offenders to appropriate treatment services, hold offenders accountable, and manage their behavior both within and outside the treatment setting through the systematic use of sanctions and incentives enforced by regular judicial status hearings.”

Drug courts are specialty caseload dockets that effectively bring treatment services to offenders in conjunction with the authority of the criminal justice system. As noted by the United States Government Accountability Office (GAO) report on Adult Drug Courts (2005, 3) “The primary purpose of these programs is to use a court’s authority to reduce crime by changing defendants’ substance abuse behavior.” Drug courts differ in how they achieve the aforementioned purpose. Different political atmospheres, funding and available services affect how drug courts are operated and managed. Moreover, drug courts also differ on their continuum

of sanctions for drug infractions.⁸ In Texas, for example, drug courts fall on the lower end of the continuum of sanctions (see Figure 2.1). In Texas, as well as all other states, the continuum of sanctions range from arrest to incarceration. But once an offender is placed under the jurisdiction of a drug court, the court is authorized to sanction any punishment that is deemed appropriate even incarceration.⁹

Figure 2.1 is an illustration taken from the Texas Intermediate Sanctions Bench Manual (2003, 13) characterizing “The continuum as the severity of sanction progresses from pre-trial release to incarceration programs.” Noticing that drug courts are at the lower spectrum of the continuum, this position indicates the drug court program is a diversion type of program. This position on the continuum scale is slightly misleading in that the use of sanctions could include up to SAFPF¹⁰ which is just short of incarceration in the penitentiary. Additionally, participants may be admitted into the drug court post-adjudication. Nevertheless, drug courts are more stringent than regular probation sentences.

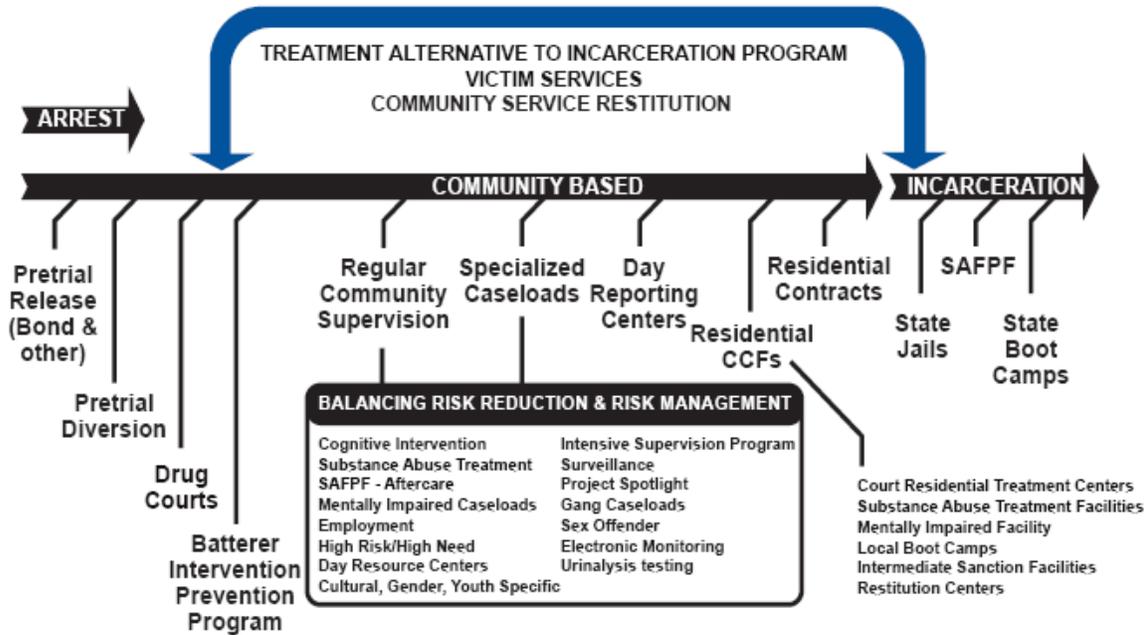
⁸ Infractions can be the instant offense, an additional offense, or a violation of conditions of probation of the drug court policy.

⁹ A more in-depth discussion relating to the Texas use of continuum sanctions will be presented in Chapter 3.

¹⁰ Substance Abuse Felony Punishment Facility- a lock-down facility operated by the Texas Department of Criminal Justice for individuals, of whom a majority are on probation, to provide substance abuse treatment in a correctional atmosphere.

Figure 2.1: Texas Intermediate Sanctions Bench Manual

TEXAS COMMUNITY SUPERVISION CONTINUUM OF SANCTIONS



Source: www.tdcj.state.tx.us

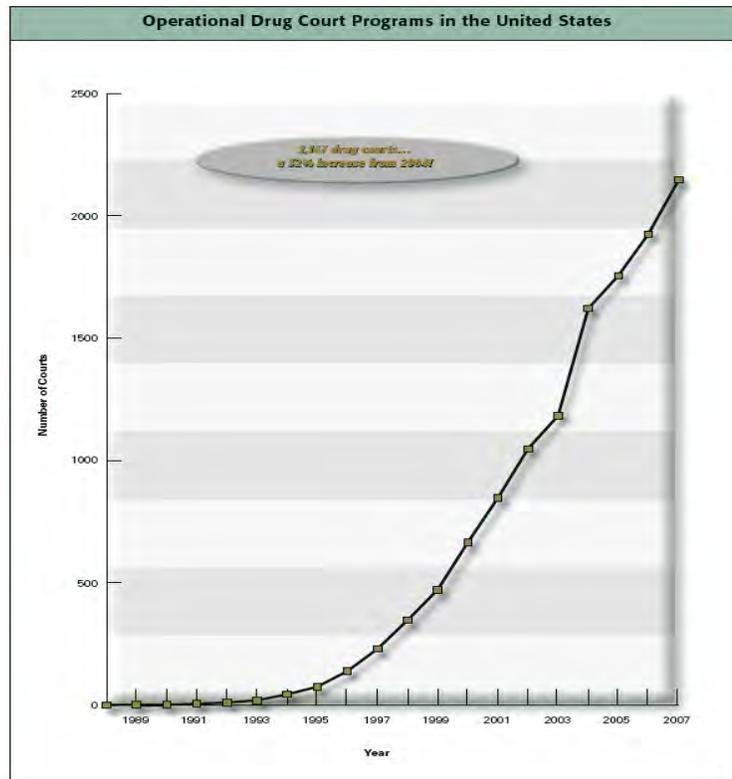
The success of the drug court model¹¹ has spurred the proliferation of the drug court across the United States. According to Huddleston et al. (2008), there are over two thousand operating drug courts in the United States (Figure 2.2) with more drug courts on the horizon. The drug court model is a successful alternative to traditional criminal courts for offenders who have a substance abuse problem. It is due to the success of these courts that their numbers have been on the rise since the early years of the 1990's.¹² Additionally, the drug court model has been at

¹¹ Most drug court programs measure success rates in terms of recidivism and a cost-benefit analysis.

¹² This can also be attributed to laws that establish mandatory drug courts, for example Texas, in 2001, with the creation of HSC 469.

the forefront of the specialty-court revolution with the model providing guidance to mental health courts and domestic violence courts to name two.

Figure 2.2: The Rise of Drug Courts in the United States



Source: *Painting the Current Picture* (Huddleston et al. 2008)

Key Components of a Successful Drug Court

In 1997 the National Association of Drug Court Practitioners (NADCP), in collaboration with the Bureau of Justice Assistance (BJA), developed the Ten Key Components for a successful drug court. These criteria provide drug courts guidance for meeting their burgeoning caseloads. With the adoption of these Ten Key Components, drug courts around the United States began to

implement¹³ these components in their courts.¹⁴ With this evolution of evaluation, scholarly literature has emerged but as Belenko (2001, 6) has noted “historically there has been a relative paucity of empirically sound and comprehensive research on drug court operation and impacts.” Since the publication of Belenko’s work in 2001, more scholarly work has emerged (Carey et al. 2008; Hall et al. 2008; Nored and Carlan 2008). Although drug courts started in the late 1980’s, evidence of effectiveness started to bloom in the 2000’s. The literature on the Ten Key Components has primarily focused upon one or two key components with a relatively small number of scholarly works gauging the Ten Key Components to the extent to which drug courts have followed the ideal drug court model. However, according to the National Institute of Justice (NIJ) Special Report (2006, 3) “researchers are beginning to isolate the effects of the various ‘key components’ of drug courts in order to establish their efficacy.”

The NIJ Special Report (2006, 3) states that the Ten Key Components “describes the basic elements that define drug courts and offer performance benchmarks to guide implementation.” The NADCP established the following Ten Key Components for drug courts in the publication *Defining Drug Courts: The Key Components* (1997) as presented in Table 2.1.

¹³ The implementation of the Ten Key Components enabled drug courts to evaluate their programs in addition to providing a guideline of steps to implementing a drug court.

¹⁴ In Texas, the law mandates whether a county should have a drug court. For more information see Chapter 3.

Table 2.1: Ten Ideal Components of a Drug Court

<i>Key Component #1:</i> Drug courts should integrate alcohol and other drug treatment services with justice system case processing.	<i>Key Component #6:</i> A coordinated strategy should govern drug court responses to participants' compliance.
<i>Key Component #2:</i> Using a nonadversarial approach, prosecution and defense counsel should promote public safety while protecting participants' due process rights.	<i>Key Component #7:</i> There should be an ongoing judicial interaction with each drug court participant.
<i>Key Component #3:</i> Eligible participants should be identified early and promptly placed in the drug court program.	<i>Key Component #8:</i> Monitoring and evaluation should measure the achievement of program goals and gauge effectiveness.
<i>Key Component #4:</i> Drug courts should provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.	<i>Key Component #9:</i> There should be a continuing interdisciplinary education promoting effective drug court planning, implementation, and operations.
<i>Key Component #5:</i> Abstinence should be monitored by frequent alcohol and other drug testing.	<i>Key Component #10:</i> Forging partnerships among drug courts, public agencies, and community-based organizations should be encouraged for the purpose of generating local support and enhancing the drug court program effectiveness.

The Ten Key Components are important for two reasons. First, they establish a guideline of ideal practices that a drug court should follow. Second, the key components help drug courts to measure their performance outcomes in relation to an established set of criteria. Although these components were developed at the national level, their implementation is not mandated. In

applying for federal grant money the Ten Key Components have to be discussed but the key components are not required to be implemented in the drug court. Some states have codified the Ten Key Components in order to statutorily require drug courts to adhere to an ideal practices theory while other states have not.¹⁵ However, Fox and Wolf (2004, 14) propose that “In many respects, the ten key components helped unify the drug court movement by creating a set of universal principles.” With drug courts using the same ideal practices, drug court practitioners in one state can communicate with other drug court practitioners in another state and be able to evaluate their programs (Fox and Wolf 2004).

In gauging the extent to which the Ten Key Components are implemented in a program, it is necessary to examine the relevant literature of each key component. For most of the key components the literature is abundant, but for a few components the literature is scant. Within each of the NADCP’s Ten Key Components there are established performance benchmarks. These benchmarks are merely for guidance in achieving the established component. It is not necessary for a drug court to meet every performance benchmark. Additionally, some key components overlap with each other, for example Key Components #7 and #9 are included in the performance benchmarks in Key Component #1.

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

The main focus in Key Component #1 is the integration of treatment services with traditional criminal justice case processing (Carey et al. 2008). This integration requires a team¹⁶ approach

¹⁵ Missouri allows each county to set its own rules as long as it falls within the guidelines of the Ten Key Components. (Fox and Wolf 2004)

¹⁶ The team approach consists of a group of stakeholders who make decisions concerning a participant’s progress in the drug court. The team usually consists of the following individuals: judge, court coordinator, probation officer, defense attorney, prosecuting attorney, treatment provider. The team may further expand its membership by

to provide offenders with the appropriate treatment services and using the authority of the criminal justice system to “influence” the offender to accept the treatment services. The approach also calls for a drug court policy¹⁷ and effective communication between team members, in addition to some of the other key components such as ongoing judicial supervision (Key Component #7) and interdisciplinary education (Key Component #9).

The “influence” the criminal justice system has upon the offender is significant. If the offender is eligible¹⁸ to participate in the drug court, two approaches may be used for processing his/her case. According to the Government Accountability Office (2005, 36) “Drug court programs generally have taken two approaches to processing cases: (1) deferred prosecution (diversion) and (2) post-adjudication.” In the diversion model, the offender’s charges will be dismissed if s/he successfully completes the drug court program. If the offender does not successfully complete the program the charge will be prosecuted. Under the post-adjudication model, the offender has already pled to the offense, consequently the offender’s charge is then suspended (community supervision) or placed on deferred adjudication. Upon successful completion of the drug court the sentence may be reduced.¹⁹ If the participant fails to successfully complete the drug court the sentence is imposed with the possibility of incarceration

including correction personnel, law enforcement, other service providers, drug court graduates, and the general public. As the NADCP Defining Drug Courts: The Key Components publication states “The combined energies of these individuals and organizations can assist and encourage defendants to accept help that could change their lives (1997, 1).

¹⁷ Drug court policy includes “Documents defining the drug court’s mission, goals, eligibility criteria, operating procedures, and performance measures are collaboratively developed, reviewed, and agreed upon.” (NADCP 1997, 1)

¹⁸ Eligibility may vary according to the specific drug court program. Additionally, see Key Component #3 for further discussion concerning eligibility guidelines.

¹⁹ Charges that are dismissed or sentences that are reduced must follow that drug court’s jurisdiction. For example, in Texas, Felony Driving While Intoxicated offenses cannot be dismissed but may be reduced to a Class A Misdemeanor. A conviction for DWI is mandatory under this scenario.

if community supervision requirements have not been met. Thus, the “influence” wielded by the criminal justice system is an essential component to getting offenders into the drug court program.

It is essential for offenders to receive some kind of rehabilitative treatment. According to the NIJ Special Report (2006, 13), “Court-supervised treatment is at the heart of the drug court model, which presumes that changing the drug-use habits of offenders will reduce both criminal behavior and addiction.” The success of treatment provided to offenders should be supported by empirical evidence. As noted by Giacomazzi and Bell (2007, 298), “In essence, if the drug court model hopes to achieve behavioral change through community-based treatment, the program must use empirically validated and theoretically driven treatment models.” In fact, research shows that drug courts that adhere to this requirement are significantly more efficient than drug courts that did not. (Carey et al. 2008)

Key Component #2: Using a nonadversarial approach, prosecution and defense counsel should promote public safety while protecting participants’ due process rights.

In traditional criminal courts the prosecutor and the defense attorney are adversaries advocating zealously for their respective “side”. The prosecutor’s job is to protect the public safety while the defense attorney’s job is to protect the rights of the accused. In a drug court setting, those roles are not set aside per se. Both prosecutor and defense counsel still protect the rights of their respective “clients” but with the idea of shedding the adversarial nature of the court setting and fostering a working partnership to meet the needs of the drug court participant (NADCP 1997). Furthermore, once a participant starts the program, the team’s approach is focused on the participant’s treatment not on the facts of their case (NADCP 1997). Similarly, Olson et al. (2001, 181) state that “The establishment of a nonadversarial relationship between

prosecutors and defense attorneys is regarded as crucial to drug treatment court success”. Additionally, Giacomazzi and Bell (2007, 299) have found similar results by positing “The prosecuting attorney must ensure public safety by making sure candidates are appropriate for the program and the defense attorney should encourage participation while making sure that individual rights are protected”.

Analyzing the attorney’s role in the drug court is an interesting undertaking. Both the prosecutor and the defense attorney have duties and ethical obligations to uphold. For example, prosecutors take an oath to uphold the constitution and both attorneys submit to ethical standards of the profession. But the drug court takes these traditional roles and turns them into a team approach for the benefit of the participant. Boldt (2002) argues that drug courts get away from the traditional lawyer-driven approach and turn the proceedings into a judge-driven approach. In other words, the Judge becomes the active force behind the participant’s treatment. Furthermore, Boldt (2002, 119) states that “This inversion of the traditional adversary system paradigm, which ordinarily assumes that the parties’ lawyers will play an active, partisan role while the judge remains passive and umpirelike, tends to be coupled with a high degree of procedural informality.”

In analyzing 18 adult drug courts, Carey et al. (2008, 23) found that “in most programs the prosecution and defense counsel presented a united front to participants during drug court sessions, and the defense attorney was expected to attend drug court sessions.” The Carey et al. (2008) study also found that drug court participant’s graduation rates were higher when both attorneys regularly attended the drug court and staffing.

Key Component #3: Eligible participants should be identified early and promptly placed in the drug court program.

The NADCP proposes to identify eligible offenders at the point of arrest. NADCP (1997, 5) posits that “The period immediately after an arrest, or after apprehension for a probation violation, provides a critical window of opportunity for intervening and introducing the value of AOD (Alcohol and Other Drug) treatment.” Eligibility requirements for entry into the drug court can vary significantly from jurisdiction to jurisdiction. As noted by Olson et al. (2001, 186) “the target populations of programs vary considerably, along with the staff’s ability to effectively and efficiently identify potential participants.” Additional eligibility criteria can include age, criminal history and place of residence to name a few. Almost all drug courts do not accept offenders with a violent criminal history. This is not because of a statute, but because federal grant money will not be available to those drug courts that accept offenders with a violent criminal history.²⁰

The literature does provide evidence that offenders who receive treatment in the early stages of the criminal justice process have greater success. The GAO (2005, 65) reports that “Some research studies indicate that drug court participants’ first few weeks in treatment are predictive of success.”

In contrast, Carey et al. (2008) argues that there is no difference in how long it took offenders to enter the drug court for successful results. The study did not include other offenders who

²⁰ “Section 2953 of Title II defines ‘violent offender’ to mean a person who ‘(1) is charged with or convicted of an offense, during the course of which offense or conduct (A) the person carried, possessed, or used a firearm or dangerous weapon; (B) there occurred the death of or serious bodily injury to any person; or (C) there occurred the use of force against the person of another, without regard to whether any of the circumstances described in subparagraph (A) or (B) is an element of the offense or conduct of which or for which the person is charged or convicted; or (2) has one or more prior convictions for a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm.’” (GAO 2005, 37)

entered the drug court through probation violations. In contradicting the drug court model, Chriss (2002) argues that offenders may be “pressured” or “coerced” into participating in the drug court. Chriss (2002, 202) notes that “defendants who come before the drug court may be ‘fast-tracked’ into drug treatment, in the process circumventing due process.” The “coercive” element in the drug court model does provide for apprehension on the part of the offender. The author uses the *parens patriae* philosophy in analyzing why offenders “chose” to enter into the drug court. Chriss (2002) argues that “for the good” of the offender s/he should choose the drug court because that option is best for them. Contradicting Chriss’ point, Satel (2000) argues that the drug court is the most successful coerced treatment option to drug offenders. Thus, the debate in coerced treatment or voluntary treatment is in need of more research.

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

According to the NADCP (1997, 7) “the treatment experience begins in the courtroom and continues through the participants’ drug court involvement. In other words, drug court is a comprehensive therapeutic experience, only part of which takes place in a designated treatment setting.” Within this key component the drug court should develop a treatment model tailored to the needs of the participant (Taxman 2000). Usually, the drug court provides a range of services through a multi-phased²¹ approach. Most drug courts have four to five phases that the participant proceeds through (TADCP 2005). Each phase is tailored to the participant but generally, services and treatment are geared towards the general participant population. Drug courts can also

²¹ The phased approach consists of several “phases”, usually four to five, which a participant must complete in order to graduate from the drug court. Each phase has a number of requirements that the participant is required to complete for example, level of treatment, “clean” days, etc.

provide or recommend other services such as medical care, vocational services and family services (GAO 2005).

According to the GAO (2005, 39) “The objectives of drug court program treatment are generally to (1) eliminate the program participants’ physical dependence on drugs through detoxification; (2) treat the defendant’s craving for drugs through stabilization (referred to as rehabilitation stage) during which frequent group or individual counseling sessions are generally employed; and (3) focus on helping the defendant obtain education or job training, find a job, and remain drug free.”

In examining a Northeastern Drug Court (NDC) Wolf (2002, 39) found that “While the court is very proud of its accomplishment of creating a network of providers who meet with the NDC coordinator monthly to discuss the court’s implementation, share ideas about innovative procedures, ‘pull their talents and resources,’ and refer participants to one another when they perceive that a participant could be better served by another provider, the provision of treatment services remains within a competitive, market economy.” Wolf’s assessment of the NDC provides a view of how a continuum of services to a participant is best served if the treatment providers are included in the function of the drug court and how those providers work in collaboration with the court and each other.

Key Component #5: Abstinence should be monitored by frequent alcohol and other drug testing.

Monitoring of the participants’ compliance through alcohol and drug testing is a central component of a successful program. Through the use of frequent testing, the participant is encouraged to remain substance free. As the NADCP (1997, 11) states “an accurate testing program is the most objective and efficient way to establish a framework for accountability and

to gauge each participant's progress." Similarly, the Texas Association of Drug Court Professionals (TADCP) also notes that "Drug testing is designed to deter future usage, to identify participants who are maintaining their abstinence and those who have relapsed, and to guide the court when making treatment and sanction decisions." (TADCP 2005, 21)

The Government Accountability Office (2005) reports that drug testing shows significant reduction in drug use. Similarly, Carey et al. (2008) found that drug testing is clearly an important component in the drug court model and that drug court participants reported that drug testing is one of the most effective tools in monitoring their drug use.

Although programs vary in frequency of their drug testing, Olson et al. (2001, 182) found that "offenders are subject to frequent urine testing, and their progress in treatment is reviewed by numerous persons on the drug court team." Additionally, Giacomazzi and Bell (2007, 299) found that "Drug testing is central to the drug court's monitoring of participant compliance, and provides objective measures of treatment services." Drug testing of participants is at the core of participant compliance measurement. Although drug tests can be manipulated, these manipulations are treated as a positive test result for all practical purposes. Additionally, deep lung devices on motor vehicles discourage participants with alcohol problems from drinking and driving since alcohol testing²² is not as effective as drug testing due to the length of time the alcohol remains in the body.

²² There are alcohol testing methods such as the portable breathalyzer and the Secure Continuous Remote Alcohol Monitor (SCRAM).

Key Component #6: A coordinated strategy should govern drug court responses to participants' compliance.

In order for the participant to begin to learn how to manage their addiction, the drug court team must use a sanction and reward system to ensure participant compliance. It is understood that participants will have relapses but it is how the drug court responds to these relapses in ensuring further participant compliance (TADCP 2005). Conversely, abstinence must also warrant a response from the drug court team in the form of a reward. In the case of continued drug use, the drug court should use appropriate rewards for participant compliance with progressive sanctions for noncompliance (NADCP 1997).²³ The reward for compliance may vary and if a participant is successful, graduation from the drug court²⁴ is the ultimate reward.

Giacomazzi and Bell (2007) found similar results with small rewards given to participants who successfully moved from one phase to another. Additionally, Stitzer (2008, 99) found in providing rewards to participants “Both voucher and prize-based reinforcement systems targeting drug abstinence have been repeatedly shown to be efficacious interventions in controlled research studies conducted in drug treatment programs.” Stitzer bases her work on the positive reinforcement model of drug addiction therapy. Stitzer argues that through positive reinforcement techniques, drug court participants can effectively manage their addiction. On the sanction side of compliance, Marlowe (1999; 2002) argues that sanctions can bring about negative effects, but clearly advising the participant that sanctions will be administered for

²³ Sanctions may include verbal warnings, repeating phases, increased monitoring, incarceration and termination from the drug court (NADCP 1997).

²⁴ Rewards may include encouragement, reduced supervision, reduction in sentence and graduation from the drug court (NADCP 1997).

noncompliance will provide the participant a clear understanding of the consequences of noncompliance.

Key Component #7: There should be ongoing judicial interaction with each drug court participant.

The role of the judge in monitoring the success of participants is essential. Judicial supervision should require the participants to answer directly to the judge instead of the traditional criminal court setting of not addressing the judge but relying upon a defense attorney to present “their” side of the story. According to the NADCP (1997, 15) “this active, supervising relationship, maintained throughout treatment, increases the likelihood that a participant will remain in treatment and improves the chances for sobriety and law-abiding behavior.”

The literature has defined the role of the judicial status hearing²⁵ as the most critical component of the drug court (Satel 1998). Marlowe et al. (2004, 4) note “judicial status hearings are one of the defining components of drug court that clearly differentiates drug court from other interventions for drug-involved offenders.” The authors also note that judicial status hearings are essential for just a subset of drug court participants.²⁶ Sanford and Arrigo (2005) also argue the effectiveness of judicial status hearings. The authors looked at the research conducted by Marlowe and Festinger,²⁷ who found that increased judicial status hearings were not associated with positive results. Conversely, Sanford and Arrigo (2005) argue that the judicial status hearing is of great benefit to the participant. Additionally, Sanford and Arrigo (2005) also

²⁵ Judicial status hearings refer to the frequent attendance of participants to court. In this hearing, the participants discuss their progress in the drug court program with the judge.

²⁶ This subset relates to low-risk drug offenders.

²⁷ Marlowe and Festinger’s research indicated that “more frequent contacts with the judge did not bring about more favorable outcomes for these misdemeanor drug offenders... but may have been beneficial for participants as a whole (Marlowe et al. 2003, 158).

examined the Goldkamp et al. research which suggested that judicial status hearings were significant to the success of the drug court. Carey et al. (2008) also found that the judicial status hearing is beneficial to the participant. Sanford and Arrigo (2005, 249) in arguing for the judicial status hearing, found that “important insight... is gained by moving beyond [the] strictly quantitative evidence of drug court effectiveness and seeking a deeper qualitative understanding of the drug court dynamic.” Thus, Sanford and Arrigo (2005) argue that simply relying on the quantitative evidence of drug courts is not providing the whole picture of the drug court dynamic.

Key Component #8: Monitoring and evaluation should measure the achievement of program goals and gauge effectiveness.

This component calls for the monitoring and evaluation of the drug court through effective measurements. The drug court should have a clearly defined policy with measurable goals and outcomes (NADCP 1997). Literature on this component is relatively limited. Clearly, setting measurable goals are essential to evaluating a drug court (Heck and Thanner 2006). In most drug courts, the effectiveness of that court is measured by: cost-benefits analysis, public consumption and grant assistance. But the lack of evaluative measures is clearly established. Sanford and Arrigo (2005, 253) argue that “what constitutes a good evaluation of a drug court is not clearly defined by the evaluation and drug court community.” Furthermore, Sanford and Arrigo (2005) argue for the federal government to establish some type of reporting criteria in an effort to gauge the effectiveness of drug courts.

Both quantitative and qualitative evaluations are needed to further the success of the drug court model (Sanford and Arrigo 2005). As previously stated, in evaluating drug courts it is not necessary to focus too much on the quantitative measures of the drug court. Providing a

qualitative study of a drug court can provide as much or more information than a quantitative study. In keeping with this key component it is necessary to examine all aspects of the drug court in order to achieve a complete understanding.

Additionally, the drug court should have an effective avenue for the collection of empirical data. It is recommended that a management information system be used to collect the data needed to measure the drug court's outcomes. Carey et al. (2008) argue that drug courts that use evaluations and gather statistical data are more cost efficient than other programs. Furthermore, the authors found that most drug courts have some form of electronic database.

Key Component #9: There should be continuing interdisciplinary education promoting effective drug court planning, implementation, and operations.

The continuing education of the drug court team members is essential to ensure an informed and cohesive team. The NADCP (1997, 21) states, "Education and training programs also help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice and AOD treatment personnel, and promote a spirit of commitment and collaboration." Drug court team members need to be informed and educated in all aspects of the drug court (Giacomazzi and Bell 2007). Furthermore, Giacomazzi and Bell (2007, 299) argue that "periodic education and training ensures that the drug court's goals and objectives are understood by those directly and indirectly involved in the program."

Educating team members should be an important part of any drug court. Olson et al. (2001, 183) argue that the more experienced a drug court team is, the more successful the outcome for the participant. To achieve the level of education and understanding, Olson et al. (2001) posit that "staff socialization" is critical for understanding each team member's job and the knowledge of drug court practices. Furthermore, the authors (2001, 184) believe that "Drug court programs

are more likely to survive if they are widely known and supported outside of the specialized court venue”. Carey et al. (2008) hold that the more training and education a team member receives the better the outcome result will be for the drug court. Further, Carey et al (2008) argue that drug court procedures are unique and that team member understanding of these procedures is essential for effective functioning of a drug court.

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations should be encouraged for the purpose of generating local support and enhancing program effectiveness.

Forging partnerships in the community serves a two-fold purpose: (1) it expands the services base, and (2) “informs the community about the drug court concepts” (NADCP 1997). Public support of the drug court is essential. The drug court does not want to have the appearance of being “soft” on crime, but the drug court also needs to have an understanding of the participant’s addiction. Sanford and Arrigo (2005) present an interesting argument for a restorative justice²⁸ policy being present in the drug court model. They argue that the drug court provides a “platform” for communities to subscribe to the restorative justice policy. Clearly, drug courts do not have roots in restorative justice policies and lack the key components, for example victim input, necessary for the implementation of restorative justice measures (Sanford and Arrigo 2005).

Carey et al. (2008) found that having citizens²⁹ from the community on the drug court team did not make a significant difference because of the wide variety of representatives that could be

²⁸ “In its basic form, restorative justice is an informal approach to criminal law that attempts to repair the harm inflicted by an offense and rebuild relationships within a community” (Sanford and Arrigo 2005, 254 citing Levrant, Cullen, Fulton, & Wozniak 1999).

²⁹ Including citizens of the community that the drug court is located would help establish the collaborative link to the community. Citizens could be selected from a variety of resources, for example the Challenge Court (Felony

on the drug court team. These findings would seem to contradict the goal of forging partnerships especially with community services. Further research for this component should provide a better light to see if a relationship does indeed exist.

Wenzel et al. (2001) found that there are extreme difficulties between criminal justice services and health services. They (2001, 241) state “On no specific topic is this research deficit more apparent than on drug courts’ relationships with community health services.” Thus, Wenzel et al. argue for building a “bridge” between the drug court and the health community in order to provide better treatment to the drug court participant. In a subsequent study, the authors (2004, 254) found that “if the drug court field understood collaborative linkages and their barriers and facilitators in greater depth, this information could prove useful to improving drug court programs and improved offender outcomes.”

Chapter Summary

Clearly the literature has shown the need for more research on drug court components as a whole. There is conclusive support that all components are essential for successful functioning of a drug court. The literature, however, is not clear as to how all ten key components function in their entirety as one unit. Table 2.2 shows the conceptual framework of the aforementioned components and the literature review. Obviously, not all of the literature is accounted for but the most recent literature is examined.

Table 2.2: Conceptual Framework

Key Components	Source
Drug courts should integrate alcohol and other drug treatment services with justice system case processing.	NADCP (2004); Carey, Finigan, & Pukstas (2008); GAO (2005); Giacomazzi and Bell (2007); NIJ (2006)
Using a nonadversarial approach, prosecution and defense counsel should promote public safety while protecting participant’s due process rights.	NADCP (2004); Carey, Finigan, & Pukstas (2008); Boldt (2002); Olson, et. al. (2001); Giacomazzi and Bell (2007)
Eligible participants should be identified early and promptly placed in the drug court program.	NADCP (2004) Carey, Finigan, & Pukstas (2008); Olson (2001); GAO (2005); Chriss (2002); Satel (2000)
Drug courts should provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.	NADCP (2004); Taxman (2000); TADCP (2005); Wolf (2002); GAO (2005)
Abstinence should be monitored by frequent alcohol and other drug testing.	NADCP (2004); Carey, Finigan, & Pukstas (2008); TADCP (2005); GAO (2005); Olson (2001); Giacomazzi and Bell (2007)
A coordinated strategy should govern drug court responses to participants’ compliance.	NADCP (2004); TADCP (2005); Stitzer (2008); Marlowe (1999, 2002); Giacomazzi and Bell (2007)
Ongoing judicial interaction with each drug court participant should be essential.	NADCP (2004); Marlowe, Festinger & Lee (2004); Satel (1998) Sanford and Arrigo (2005) Marlowe (2003)
Monitoring and evaluation should measure the achievement of program goals and gauge effectiveness.	NADCP (2004); Carey, Finigan, & Pukstas (2008); Heck and Thanner (2008); Sanford and Arrigo (2005)
Continuing interdisciplinary education should promote effective drug court planning, implementation, and operations.	NADCP (2004); Carey, Finigan, & Pukstas (2008); Giacomazzi and Bell (2007); Olson (2001)
Forging partnerships among drug courts, public agencies, and community-based organizations should generate local support and enhances drug court program effectiveness.	NADCP (2004); Carey, Finigan, & Pukstas (2008); Sanford and Arrigo (2005); Wenzel et. al. (2001); Wenzel, et. al. (2004)

Chapter Three

Setting

“I was so impressed by the Dallas County program when I visited with Judge Creuzot last year that I asked the question, “why can’t we do this in other areas of the state so more drug offenders can be exposed to the treatment they need?” – Texas Governor Rick Perry, 2001

The purpose of this chapter is to provide a background for the Texas Drug Court. This chapter will include a brief historical overview, types of “problem-solving” courts and demographics of Texas Drug Courts. This chapter will also include the enabling legislation for drug courts in Texas and relevant literature pertaining to the Texas Drug Court.

Why is there a need for a drug court in Texas?

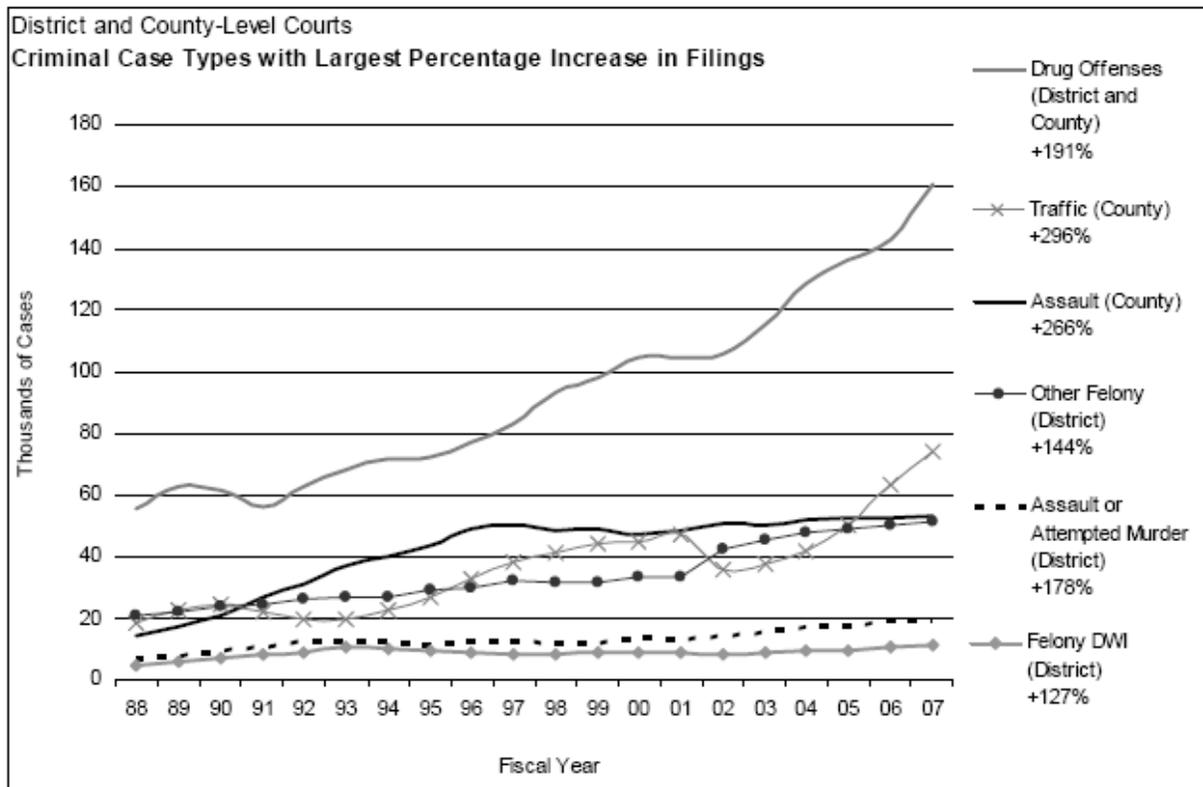
There are two reasons for the establishment of drug courts in Texas. The first is the sheer number of drug cases in Texas. According to the Court Statistics Project (2008, 44) there are four states where the prevalence of drug offenses ranks second to property crimes.³⁰ The Annual Statistical Report For The Texas Judiciary (2007, 33) reported that “Six categories of criminal cases increased more than 100 percent over the past 20 years... [with] felony and misdemeanor drug offense cases increase[ing] 191 percent....” Figure 3.1 shows a visual representation of the number of drug cases filed in Texas courts. Additionally, the report (2007, 33) shows that drug offenses were clearly the most prevalent offense in Texas courts with more than 160,000 filings in fiscal year 2007. This data coupled with the number of cases that are filed for other crimes³¹ show that drug offenses could be addressed using a different court setting approach.³²

³⁰ Utah has higher drug prevalence than property offenses.

³¹ The Annual Statistical Report For The Judiciary 2007 shows that felony offenses have increased by 73% and misdemeanor offenses have increased by 65% for the fiscal year 2007.

³² This statement is based upon recidivism rates. For example, in a study of the Dallas County DIVERT Court, drug offenders who participated and graduated from the drug court program had a re-arrest rate of 15.6% as to those drug

Figure 3.1: Number of Criminal Cases filed in Texas



Source: Annual Statistical Report For The Texas Judiciary, 2007

The second reason for the establishment of drug courts in Texas relates to public policy. The public policy aspect of the drug court is twofold. First, the offender needs to be punished for violating the law. The drug court accomplishes this aspect by increasing the intensity of monitoring through probation. Second, the need to rehabilitate is crucial to stop the cycle of addiction. In the continuum use of treatment options, the drug court attempts to curb the addiction through intensive treatment both in and out of incarceration.

offenders who did not participate in the drug court who has a re-arrest rate of 48.7%. (Fomby and Rangaprasad (2002) DIVERT Court of Dallas County. Cost Benefit Analysis)

Thus, with increased court caseloads and the war on drugs³³ not completely working, the use of the drug court can effectively manage drug offenders³⁴ on a specialized court docket while freeing court resources to focus on the myriad of other offenses. In order for the drug court to achieve the goals of public safety and rehabilitation the National Association of Drug Court Professionals has created a practical ideal model to assist drug courts in successfully implementing standards believed to be the best practices for a drug court.³⁵

History of the Texas Drug Court³⁶

With the success of the Miami- Dade County Drug Court, the proliferation of drug courts around the nation significantly increased. Drug courts in Texas, however, took a little longer to gain a small foothold in Texas courthouses. The first Texas Drug Court began in 1993 in Jefferson County. Additionally, Travis County added a drug court in the same year. The next several years were not very proactive for Texas drug courts. In the proceeding five years after the Jefferson and Travis County Drug Courts, only five additional drug courts were in operation. Not until 2001 did the Texas Legislature mandate drug courts for certain counties. The mandatory drug courts were for counties with a population of over 550,000. Additionally, the Texas Legislature codified the Ten Key Components into the statute establishing drug courts.

³³ The “war on drugs” is the term associated with stopping the supply side of illicit drugs.

³⁴ Not all drug offenders are accepted into drug courts. There are requirements that the offender has to meet in order to participate. If the offender does not meet the drug court requirements, then that individual will proceed through the traditional adjudicatory process.

³⁵ These standards are the Ten Key Components.

³⁶ The history of the Texas drug court was drawn heavily from Planning and Implementing Drug Courts in Texas: A Resource Guide. Texas Association of Drug Court Professionals 2005.

In 2007 the Texas Legislature lowered the county population requirement for mandatory drug courts to 200,000. This legislation increased the number of counties which had to establish a drug court. Currently, there are approximately 51 existing or planned drug/DWI courts. The 51 courts represent 33 counties³⁷ in Texas.³⁸ The Office of Court Administration compiled the “problem-solving” court list which contains more than just drug/DWI courts and was current as of January 2009. Under the Texas Health and Safety Code, Chapter 469³⁹, Texas counties with more than 200,000 are required to have a drug court. Currently, there are 20 counties that have reached the mandatory population requirements set out under HSC 469. According to the Office of Court Administration list, not all of these counties have an operating drug court.

Texas Drug Court Law

The crux of the Texas Drug Court law hinges upon the Texas Health and Safety Code, Chapter 469. Enacted by the 77th Texas Legislature and amended a number of times, the Health and Safety Code, Chapter 469 codifies the Ten Key Components, authorizes the county commissioners court to establish a drug court, oversight authority, fee collection and the mandate to counties with a population of 200,000 or more to establish a drug court.

Additionally, there are other Texas statutes that pertain to drug courts. Some of these statutes include: Texas Code of Criminal Procedure, Chapters 42.12 and 102.017. There are also pending

³⁷ This figure is not entirely correct. Some Judicial Courts have multiple counties, for example the Concho Valley Drug Court Program contains seven counties (Tom Green, Concho, Irion, Schleicher, Sterling, Runnels and Coke). In contrast, some Counties have multiple Judicial Districts that incorporate a drug court, for example Dallas County has four adult drug/DWI courts in addition to other “problem-solving” courts. Harris County also has multiple Judicial Districts (Five) under its S.T.A.R. Program.

³⁸ This figure is based upon the Office of Court Administration’s Problem Solving court list. This list does contain Family, Juvenile, and Re-entry courts. The aforementioned courts were not taken into consideration.

³⁹ The Texas enabling legislation will be discussed in the next sub-topic.

bills in the legislature that could possibly change the law pertaining to drug courts. Additionally, there are Texas and Federal case laws and some federal statutes that apply to the Texas Drug Court, for example Federal Law 42 C.F.R. 2.22 regarding Substance Abuse Confidentiality.

Chapter Summary

Texas Drug Courts have only been in existence for approximately fifteen years with a majority of the drug courts coming into operation after the legislative mandate based upon county population statistics. Drug offenses constitute a large share of the criminal case filings in Texas courts. It is hard to say what the recidivism rates are for drug offenders being arrested for new drug charges that have not participated in a drug court program. It is equally difficult to determine if a non-drug offense⁴⁰ is spurred by the offender's addiction or vice versa. Thus, it is important to have drug courts in Texas to help addicts recover from the vicious cycle of addiction and to help protect the public from the ancillary crimes⁴¹ addicts commit.

⁴⁰ Examples of non drug offenses (non violent) include: theft, forgery, prostitution, etc.

⁴¹ Ancillary crimes are non violent offenses that are committed to support their addiction.

Chapter Four

Methodology

“Nobody wants to be a drug addict. Addiction leads to a life of abject misery. Congress has invested in drug courts but not enough to serve millions of Americans who will keep committing crimes unless, through drug courts, they are directed toward long-term treatment and are forced to be accountable for their actions.” - Barry McCaffrey, Ret. General and Drug Czar, 2008

This chapter presents the methodology used to gather the empirical data to assess the extent to which Texas Drug Courts adhere to the ideal model.

According to Babbie (2007, 95) “Units of analysis are those things we examine in order to create summary descriptions of all such units and to explain differences among them.” The Texas Drug Court is a sub-component of the broader spectrum of “problem-solving” courts. Problem solving courts in Texas include, but are not limited to, drug courts, DWI courts, family courts, mental health courts and juvenile drug courts.⁴² With the drug court being the impetus for the problem-solving court movement, it is necessary to use the unit of analysis as problem-solving courts with drug courts used as the sampling frame.⁴³

Problem-solving courts in Texas are varied and scattered across the state. As mentioned above, the problem-solving courts consist of many different “specialty” courts but the drug court is still the most prevalent. There are approximately 85 problem-solving courts in Texas⁴⁴

⁴² Other problem-solving courts include: SAFPF Re-Entry Programs, Prostitution Courts and Gambling Courts.

⁴³ The sampling frame will be discussed in a proceeding sub-chapter.

⁴⁴ This number may not be entirely correct. For example, Guadalupe County has begun a misdemeanor drug court and Comal County is in the planning stages of a misdemeanor DWI court.

according to the Texas Office of Court Administration's Problem-Solving court list.⁴⁵ These problem-solving courts represent approximately 51 Texas counties and one Tribal Court.

Sampling

The sampling frame for this research study is the Texas Drug Court. As Babbie (2007, 199) states, "a sampling frame is the list or quasi list of elements from which a probability sample is selected". The sampling frame for this research project is the drug/DWI court. The list of drug/DWI courts was derived from the Texas Office of Court Administration's problem-solving court list. The research survey that was distributed was directed to the drug court administrator due to their familiarity with the entire program.

For this research project, the sampling frame consists of approximately 54 drug/DWI courts representing 46 Texas counties. Once again, the 46 counties representing the various drug/DWI courts are slightly misleading. Some judicial districts encompass more than one county.

Method

The survey questionnaire was utilized to gauge the extent to which Texas drug/DWI courts adhere to the National Association of Drug Court Professional's Ten Key Components. Questions are tailored to each component based upon the Conceptual Framework in Table 2.2. The questions gauge how each Texas Drug Court subscribes to the specific component. In Table 4.1, the Operationalization Table links the survey questions with the key component.

⁴⁵ The Texas Office of Court Administration's problem-solving court list was current as of January 28th, 2009, but a more current survey was distributed in March 2009 in order to update the problem-solving court list.

Table 4.1: Operationalization Table

Key Components	Survey Questions
Drug courts should integrate alcohol and other drug treatment services with justice system case processing	<ul style="list-style-type: none"> ➤ Our drug court has ongoing communications between treatment providers and the criminal justice system. ➤ Our drug court has established policies and procedures. ➤ Our drug court judge has an active role.
Using a nonadversarial approach, prosecution and defense counsel should promote public safety while protecting participants' due process rights.	<ul style="list-style-type: none"> ➤ The Prosecutor and Defense Attorney attend our drug court staffings. ➤ Our Prosecutor and Defense Attorney share the idea of substance abuse treatment. ➤ The primary goal of our drug court is to promote public safety.
Eligible participants should be identified early and promptly placed in the drug court program.	<ul style="list-style-type: none"> ➤ Our Prosecutor and defense Attorney participate in the screening and eligibility of offenders. ➤ Our drug court is a: Pre-Trial Diversion Program; Post Adjudication Program; Both. ➤ Our drug court's eligible participants are identified promptly. ➤ How long after arrest are offenders placed into the program?
Drug courts should provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.	<ul style="list-style-type: none"> ➤ Our drug court provides in-house treatment. ➤ Our drug court provides access to employment services. ➤ Our drug court provides access to educational services. ➤ Our drug court's treatment services meet the needs of our participants.

Table 4.1: continued

Key Component	Questions
<p>Abstinence should be monitored by frequent alcohol and other drug testing.</p>	<ul style="list-style-type: none"> ➤ Is the drug court participant monitored for alcohol through alcohol testing devices (SCRAM, Ignition Interlock, etc.) ➤ How often are drug court participants drug tested?
<p>A coordinated strategy should govern drug court responses to participants' compliance.</p>	<ul style="list-style-type: none"> ➤ Our drug court team members collaborate on the administration of sanctions/rewards to the participant. ➤ Sanctions are applied swiftly in our drug court. ➤ Our drug court provides rewards for outstanding participant compliance.
<p>Ongoing judicial interaction with each drug court participant should be essential.</p>	<ul style="list-style-type: none"> ➤ Our drug court judge takes interest in the well-being of the participant. ➤ Our drug court conducts regular (one per week) court sessions.
<p>Monitoring and evaluation should measure the achievement of program goals and gauge effectiveness.</p>	<ul style="list-style-type: none"> ➤ Our drug court utilizes data analysis to evaluate program objectives. ➤ Our drug court utilizes a computer database to track participant progress.
<p>Continuing interdisciplinary education should promote effective drug court planning, implementation, and operations.</p>	<ul style="list-style-type: none"> ➤ Our drug court team members receive frequent training. ➤ Our drug court team members attend state and/or national conferences. ➤ Each of our drug court team members are interdisciplinary trained.

Table 4.1: continued

Key Component	Questions
<p>Forging partnerships among drug courts, public agencies, and community-based organizations should generate local support and enhances drug court program effectiveness.</p>	<ul style="list-style-type: none"> ➤ Our drug court partners with other public agencies. <ul style="list-style-type: none"> - If yes, has the partnership generated support for the drug court? - If yes, has the partnership enhanced the effectiveness of the drug court? ➤ Our drug court partners with community-based organizations. <ul style="list-style-type: none"> - If yes, has the partnership generated support for the drug court? - If yes, has the partnership enhanced the effectiveness of the drug court? ➤ Our drug court team includes member(s) of law enforcement. ➤ Our drug court team includes members of the public. ➤ Our drug court team uses media outlets to increase public awareness.

A copy of the survey can be found in Appendix A. Most questions are on a 5-point Likert Scale with 5 being “Strongly Agree” and 1 being “Strongly Disagree”. Other questions measure frequency of an activity or characteristics of the court. The survey is prefaced with a statement that assures respondents confidentiality and that their participation is voluntary.

Research Technique

This study will utilize the survey method technique to gather evidence concerning the degree of adherence of Texas Drug Courts to the components of an ideal drug court. In choosing the survey method, consideration was given to the flexibility of the method. Babbie (2007, 276) states that “surveys are flexible. Many questions can be asked on a given topic, giving you

considerable flexibility in your analysis.” With the gauging of ten components with several questions on each component, the survey method seems most appropriate.

There are weaknesses involved in survey research. Validity is not very strong. Babbie explains (2007, 277) “the artificiality of the survey format puts a strain on validity.” In relating to the key components of this research, the survey weaknesses will be limited due to the knowledge and expertise of the researcher collecting the data. Additionally, to ensure sufficient participation, a second request for participation was made to non-respondent drug courts. Surveys were sent via e-mail to the Drug Court Coordinator on March 2nd, 2009 from the Texas Office of Court Administrator’s problem-solving list. A second “reminder” was sent via e-mail approximately two weeks later.⁴⁶

Statistics

Descriptive statistics were utilized in analyzing the responses from the drug courts. When appropriate, means of the component was computed. Descriptive statistics will indicate differences in the implementation of the Ten Key Components throughout the State of Texas Drug Courts. For example, a low score for a component implies that the Texas Drug Courts are meagerly adhering to this ideal component. Conversely, if the score is high, that would indicate Texas Drug Courts to a large extent are using that component. The results will indicate the degree of adherence (if any) Texas Drug Courts place on each of the ideal components of a drug court.

⁴⁶ The complete survey is in the Appendix.

Human Subjects Protection

This research had no foreseeable risks or discomforts to the individuals surveyed. The survey was voluntary and was stated so on the survey instrument. The data collected pertains to the operation and administration of drug courts. No data about participants was collected. All responses from the drug court administrators will be kept in confidence and will not be disclosed. The findings are presented in an aggregate form. The survey recipients were not compensated for participating in this research project. The Texas State University Institutional Review Board approved this Applied Research Project on February 26, 2009, IRB Application Number 2009S4926.

Chapter Summary

This chapter presented the methodology of this project. The Operationalization Table was linked to the Conceptual Framework by the survey instrument. Descriptive statistics will be utilized in order to analyze the adherence of Texas Drug Courts to the National Association of Drug Court Professionals' Ten Key Components. Chapter Five will present the results of the survey.

Chapter Five

Results

“I will ensure that states have the resources to support existing drug courts, which have been proven successful in dealing with non-violent offenders.”- Sen. Barack Obama, 2007

The purpose of this chapter is to present the results of the data that was collected through the survey as it applies to the Ten Key Components. The descriptive statistics will be presented in tabular form without specifying the identity of the respondents.

Survey Response

The survey response rate for this study was not very high. According to Babbie (2007, 262) “A review of published social research literature suggests that a response rate of 50 percent is considered adequate for analysis and reporting.”⁴⁷ The survey instrument for this study was sent on March 2nd, 2009 to a list of Texas Drug Court Administrators obtained from the Texas Office of Court Administration. A second “reminder” was sent to those courts who did not respond to the first request approximately two weeks later. The survey instrument was sent via e-mail. The survey instrument was sent to 54 Texas Drug Court Administrators. Of the 54 distributed surveys, 18 courts returned the survey which equals to a response rate of just over 33%.⁴⁸ Two demographic questions were solicited in the survey. The median number of participants in each Texas Drug Court was 55.5. The median year the Texas Drug Court became operational was 2004.

⁴⁷ Babbie also suggests that there is no scientific evidence relating to this number. Thus, in this study, a 33% response rate is adequate to determine if Texas Drug Courts are adhering to the Ten Key Components.

⁴⁸ The Comal County Drug Court was not involved in this survey since the author of this paper is the drug court administrator.

Ten Key Components

In examining the statistics gathered by the survey instrument, the data will be presented under the key component that a response was solicited. Adherence percentages are determined by taking the two highest coded responses and dividing them by the total response for that component. The Adherence Rate would signify the extent to which Texas Drug Courts comply with the key components. An Adherence Rate of over 80% would signify compliance to that key component.⁴⁹ Additionally, the overall mean is calculated and presented to give a better understanding of where the average court would fall on the response scale.

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

According to the literature, a successful drug court should integrate the criminal justice system with drug and alcohol treatment. As Carey et al. (2008) state, the main focus in Key Component #1 is the integration of treatment services with traditional criminal justice case processing. The NADCP's Ten Key Components posit that in meeting this standard certain benchmarks must be achieved. Some of the benchmarks include ongoing communications between the criminal justice system and the treatment provider, establishing clear policies and procedures for the drug court and if the drug court judge has a prominent role in the drug court itself.

In Table 5.1, the aforementioned benchmarks were measured by the previously discussed survey. According to the results of the survey, the Adherence Rate for ongoing communications between the criminal justice system and the treatment provider are at 100%. This means that

⁴⁹ An Adherence Rate of over 80% was calculated by assigning 20% to each response. This is an arbitrary number created by the author in order to establish whether the court has complied with the key component.

every court surveyed either strongly agreed or agreed with this benchmark. Looking at the data for established policies and procedures, the Adherence Rate was at 87.5% and the judge’s role Adherence Rate was at 100%. The Total Adherence Rate for Key Component #1 is 96.4%.

Table 5.1: Key Component #1

Question	Number of Responses	Overall Mean	Adherence Rate (*) ⁵⁰
Our drug court has ongoing communications between treatment providers and the criminal justice system.	N=18	4.44	100% (18)
Our drug court has established policies and procedures.	N=16	3.56	87.5% (14)
Our drug court judge has an active role.	N=17	4.82	100% (17)
Total Adherence Rate ⁵¹			96.4%

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

According to the literature, in order to achieve a team approach the traditional adversarial approach to criminal cases must be shed. The prosecutor and defense attorney must work together in order to achieve two goals for the program. First, the prosecutor must protect the public. The prosecutor is responsible for ensuring justice not merely ensuring a conviction. Second, the defense attorney must ensure the participant’s legal rights are not violated. This

⁵⁰ (*) Signifies how many courts adhered to this question.

⁵¹ The Total Adherence Rate was calculated by averaging the Adherence Rate for each question.

would entail that the participant’s due process rights remain intact along with other varying rights. Together, the prosecutor and defense attorney must share the idea of treatment and must work as a team to ensure what is in the best interest of the offender.

In Table 5.2, three questions were asked to determine the extent of the prosecutor’s and the defense attorney’s role in relation to the drug court. According to the data about 60 % of those surveyed had a prosecutor and defense attorney at the drug court staffing, although, over 87 % responded that the prosecutor and defense attorney share the idea of offenders receiving treatment. The third question relating to the drug court promoting public safety had a response of about 77% as the primary goal. The public safety and idea of treatment responses were generally acceptable but the collaborative effort of the prosecutor and defense attorney working together was lacking. Overall, the Total Adherence Rate for Key Component #2 is 75.8%.

Table 5.2: Key Component #2

Question	Number of Responses	Overall Mean	Adherence Rate (*)
The Prosecutor and Defense Attorney attend our drug court staffings.	N=17	3.59	58.8% (10)
Our Prosecutor and Defense Attorney share the idea of substance abuse treatment.	N=16	4.19	87.5% (14)
The primary goal of our drug court is to promote public safety.	N=17	4.06	76.5% (13)
Total Adherence Rate			75.8%

Key Component #3: *Eligible participants should be identified early and promptly placed in the drug court program.*

According to the literature, the sooner an offender is placed in a drug treatment program after arrest, the more likely that offender will succeed (GAO 2005). In contrast, Carey et al. (2008) presents evidence that there is no difference in how long it takes to enter a drug court program and entering the program soon after the arrest was not any more successful than waiting. Additionally, it is equally as important to target the right offenders for the drug program. Both prosecutor and defense attorney should be clearly involved in screening for offenders.

In Table 5.3, the surveyed responses do indicate that there is some concurrence with the Carey study. The Adherences Rate of over 21 percent on identifying eligible participants is somewhat interesting. The literature does indicate conflicting views that early treatment after arrest is more beneficial and it does not seem, as to Texas Drug Courts, that the principle is received. Once identified, the offender is quickly placed into the program. The extent of participation of the prosecutor and defense attorney in the screening process is modest at best with about 65% Adherence Rate. This could still signify the hurdle of the adversarial process. The Total Adherence Rate for Key Component #3 is at a little over 65%.

Table 5.3: Key Component #3

Question	Number of Responses	Overall Mean	Adherence Rate (*)
Our Prosecutor and Defense Attorney participate in the screening and eligibility of offenders.	N=17	2.71	64.7% (11)

Table 5.3: continued

Questions	Number of Responses	Overall Mean	Adherence Rate	
Our drug court’s eligible participants are identified promptly.	N=14	2.14	21.4% (3)	
How long after arrest are offenders placed into the drug court program.	N=17	2.94	76.4% (13)	
Total Adherence Rate			65.5%	
Question	Number of Responses	Pre-Adjudication	Post Adjudication	Both
Our drug court is a: Pre-Adjudication Program Post Adjudication Program Both	N=16	18.7% (3)	50% (8)	31.3% (5)

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

According to the literature, “If treatment for AOD is to be effective, it must also call on the resources of primary health and mental health care and make use of social and other support services” (NADCP 1997, 7). Therefore, for a participant to be successful in the drug court, certain social services should be accessible, for example educational services and employment services. Health and mental health services are usually provided by the community and thus are accessible to participants. What is not so readily available is educational and employment services. These social services are crucial to providing the right track for participants in order to successfully complete their drug court program.

In Table 5.4, responses to surveyed questions concerning in-house treatment, employment services and educational services were not very high with the possible exception of educational services at almost a 78 % Adherence Rate. The Adherence Rate for in-house treatment was not as high as expected with about half of those surveyed providing some form of in-house treatment. An interesting finding related to the question “if the drug court’s treatment services met the needs of the participants.” The Adherence Rate was at almost 95 % which leads to concern about what services are provided if the social service Adherence Rate is not very high. The Total Adherence Rate for Key Component #4 is 75.3%.

Table 5.4: Key Component #4

Questions	Number of Responses	Overall Mean	Adherence Rate (*)
Our drug court provides in-house treatment.	N=16	3.38	50% (8)
Our drug court provides access to employment services.	N= 18	3.67	61.1% (11)
Our drug court provides access to educational services.	N= 18	3.94	77.8% (14)
Our drug court’s treatment services meet the needs of our participants.	N= 18	4.00	94.4% (17)
Total Adherence Rate			75.3%

Key Component #5: *Abstinence should be monitored by frequent alcohol and other drug testing.*

According to the literature, frequent alcohol and drug monitoring is essential (NADCP 1997, 11). Additionally, the GAO (2005) found that testing for drugs showed significant reduction in

drug use while the participant was in the drug court program. Drug testing is extremely important to the drug court program. It provides for immediate accountability if the results are negative and also if the results are positive.

In Table 5.5, the vast majority of courts do frequent drug testing. As the surveyed response indicates, about 94% of the court responses adhered to this key component. Additionally, over 88% of the surveyed courts used additional alcohol monitoring devices to ensure sobriety. The Total Adherences Rate for Key Component #5 is 94.1%.

Table 5.5: Key Component #5

Question	Number of Responses	Overall Mean	Adherence Rate (*)
How often are the drug court participants drug tested?	N= 17	3.76	94.1% (16)
Total Adherence Rate			94.1%
Question	Number of Responses	Yes	No
Is the drug court participant monitored for alcohol through testing devices (SCRAM, Ignition Interlock, etc.).	N= 17	88.2% (15)	11.8% (2)

Key Component #6: *A coordinated strategy should govern drug court responses to participants' compliance.*

According to the literature, achieving sobriety is a learning process. To foster this learning process rewards and sanctions are administrated to participants depending on their situation. It is

understood that there will be relapses, but it is how the drug court team responds to those relapses. The rewards and sanctions component of the drug court can be extremely beneficial because of the coerced learning process that is achieved through the administration of these two techniques.

In Table 5.6, responses concerning rewards and sanctions were generally strong. The Adherence Rate for drug court teams collaborating on administering the reward or sanction was at over 83 %. Adherence Rates for sanctions was higher (almost 90%) than Adherence Rates for rewards (almost 78%). Overall, most courts looked favorably upon the rewards/sanctions component. The Total Adherence Rate for Key Component #6 is 83.5%

Table 5.6: Key Component #6

Questions	Number of Responses	Overall Mean	Adherence Rate (*)
Our drug court team members collaborate on the administration of sanctions/rewards to the participant.	N= 18	4.28	83.3% (15)
Sanctions are applied swiftly in our drug court.	N= 18	4.38	88.9% (16)
Our drug court provides rewards for outstanding participant compliance.	N= 18	4.00	77.8% (14)
Total Adherence Rate			83.5%

Key Component #7: There should be ongoing judicial interaction with each drug court participant.

As the literature indicates, the judge of the drug court is probably the most significant factor in the courtroom dynamic. Satel (1998) has defined the judicial hearing as the most critical component of the drug court. The judge provides for an authority figure that takes an interest in the participant's progress. This kind of approach is far from the traditional adjudicatory model. In the traditional model the judge is far removed from the offender due to rules, laws and simply the amount of attention not given due to the heavy caseload. The drug court judge thus provides an authority figure that the participant can directly interact with and develop a positive relationship with.

In Table 5.7, court Adherence Rate for judge's interest in the participant's progress was at over 94 %. This means that almost all the drug court judges do take an interest in the progress of the participant and find it important to develop a relationship. Looking at court appearances almost 65 % of the responses have court at least once a week. This concurs with the literature as most courts do have court at least once a week. The Total Adherence Rate for Key Component #7 is 82.7%.

Table 5.7: Key Component #7

Questions	Number of Responses	Overall Mean	Adherence Rate (*)
Our drug court judge takes interest in the well-being of the participant.	N= 18	4.55	94.4% (17)
Our drug court conducts regular (one per week) court sessions.	N= 17	3.76	64.7% (11)
Total Adherence Rate			82.7%

Key Component #8: Monitoring and evaluation should measure the achievement of program goals and gauge effectiveness.

One of the least analyzed components of the drug court pertains to drug court program evaluation. Since Key Component #1 discusses clearly defined policies and procedures, this component relates on how to collect and monitor drug court information. Information systems are essential to track participant progress and to evaluate the program using data imputed from monitoring the individual cases. More and more this component will come to the forefront of drug court programs. As of now, literature concerning the collection and evaluation of drug court data is not very plentiful.

In Table 5.8, the surveyed Adherence Rate was not as low as expected. Data collection for evaluating program objectives is at almost 65%. This means that most of the courts surveyed are using data analysis to strengthen their programs. The use of management information systems was slightly higher than evaluating program objectives; the Adherence Rate was about 71%. The Rate was slightly lower than expected due to the prominent position computer databases hold in today's society. The Total Adherence Rate for Key Component #8 is 67.7%.

Table 5.8: Key Component #8

Questions	Number of Responses	Overall Mean	Adherence Rate (*)
Our drug court utilizes data analysis to evaluate program objectives.	N=17	3.59	64.7% (11)
Our drug court utilizes a computer database to track participant progress.	N= 17	3.88	70.6% (12)
Total Adherence Rate			67.7%

Key Component #9: *There should be a continuing interdisciplinary education promoting effective drug court planning, implementation, and operations.*

According to the literature, training drug court teams should be essential to all drug courts.

The more understanding of the other team member's responsibilities the more cohesive the team will be. According to the NADCP (1997, 21) "Education and training programs also help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice and AOD treatment personnel, and promote a spirit of commitment and collaboration." Thus, it is important to continually train team members by in-house training or by external training, such as conferences.

In Table 5.9, training for team members is not as dismal as expected. The Adherence Rate for members receiving frequent training is about 67 %, in addition, the Adherence Rate for team members attending conferences is over 72 %. The Adherence Rate for team members learning about other team member responsibilities is low at 33 %. The Total Adherence Rate for Key Component #9 is 62.5%

Table 5.9: Key Component #9

Questions	Number of Responses	Overall Mean	Adherence Rate (*)
Our drug court team members receive frequent training.	N= 18	3.67	66.7% (12)
Our drug court team members attend state and/or national conferences.	N= 18	3.94	72.2% (13)
Each of our drug court team members are interdisciplinary trained.	N= 18	3.00	33.3% (6)
Total Adherence Rate			62.5%

Key Component #10: *Forging partnerships among drug courts, public agencies, and community-based organizations should be encouraged for the purpose of generating local support and enhancing program effectiveness.*

According to the literature, forging partnerships in the community brings to light the drug court goals. The NADCP (1997) suggests that forging this partnership serves two reasons first, expansion of the service base; second, it informs the community of the drug court. Clearly, forging partnerships with community organizations cannot take away from the drug court idea. If there is a negative side to not forging partnerships with the community, it would surely be that the drug court is soft on crime, simply because of the court's anonymity. Casey et al. (2008) makes an argument that including members of the community really does not make a difference. But, in contrast it surely cannot hurt the drug cause either.

In Table 5.10, over 83 % of the surveyed drug court did partner with other agencies and that partnership was beneficial. Over 88 % of surveyed drug courts partnered with community-based organizations with similar results on the effectiveness and enhancement of the drug court program. As for inclusion of members of the community and law enforcement officers, clearly

the latter had a better Adherence Rate (6% to 47%). Texas Drug Courts did use the media to promote their message but only at an Adherence Rate of almost 30 %. The Total Adherence Rate for Key Component #10 is 73.8%.

Table 5.10: Key Component #10

Questions	Number of Responses	Overall Mean	Adherence Rate (*)
		(Yes)	(No)
Our drug court partners with other public agencies.	N= 18	83.3% (15)	16.7% (3)
- If yes, has the partnership generated support for the drug court?	N= 15	4.20	93.3% (14)
- If yes, has the partnership enhanced the effectiveness of the drug court?	N= 15	4.07	80.0% (12)
Our drug court partners with community-based organizations.	N= 17	88.2% (15)	11.8% (2)
- If yes, has the partnership generated support for the drug court?	N= 15	4.06	73.3% (11)
- If yes, has the partnership enhanced the effectiveness of the drug court?	N= 15	4.20	86.7% (13)
Our drug court team includes member(s) of law enforcement.	N= 17	2.53	47.0% (8)

Table 5.10: continued

Questions	Number of Responses	Overall Mean	Adherence Rate
Our drug court team includes members of the public.	N= 17	1.41	5.9% (1)
Our drug court team uses media outlets to increase public awareness.	N= 17	2.29	29.4% (5)
Total Adherence Rate			73.8%

Chapter Summary

The preceding chapter presented the results from the survey instrument sent to Texas Drug Court Administrators. The results were mixed, with Key Component #1 having an Adherence Rate of over 96 % compared to Key Component #3 with an Adherence Rate of just over 65%. The Proceeding chapter will conclude the research project and will make recommendations concerning the Ten Key Components for Texas Drug Courts.

Chapter Six

Recommendations and Conclusions

“Drug courts should serve as the model for how to address the broadest population of substance abusers involved in the justice system.”- NADCP

The purpose of this chapter is to provide concluding remarks and to make recommendations in regard to the NADCP’s Ten Key Components in Texas Drug Courts. The recommendations that are presented will hopefully enhance the Ten Key Components for Texas Drug Courts.

Summary of Findings and Recommendations

The findings of this applied research project are based upon a survey instrument sent to Texas Drug Court Coordinators during the month of March 2009. Survey response rate was at 33%. An Adherence Rate was created to determine the extent to which Texas Drug Courts followed the NADCP’s Ten Key Components. The Adherence Rate was based on the 5 question Likert Scale responses. The average of the top two responses (for example, Strongly agree and Agree) were computed in order to achieve the Adherence Rate. Additionally, the Ten Key Components are codified in the Texas Health and Safety Code, Chapter 469. With this in mind, the Adherence Rate should ideally be 100 percent.

In Table 6.1, the key components along with the Adherence Rate are presented with recommendations, if any, to achieve better Adherence Rates.

Table 6.1: Key Components Adherence Rate and Recommendations

Key Components	Adherence Rate	Recommendations
<i>Key Component #1:</i> Drug courts should integrate alcohol and other drug treatment services with justice system case processing.	96.4%	Encourage better communication routes, e.g. standardized forms, face-to-face contact, etc.
<i>Key Component #2:</i> Using a nonadversarial approach, prosecution and defense counsel should promote public safety while protecting participants' due process rights.	75.8%	Encourage more cooperation between prosecutors and defense attorneys. Increase participation through a reward process.
<i>Key Component #3:</i> Eligible participants should be identified early and promptly placed in the drug court program.	65.5%	Involve jail personnel in identifying possible participants. Fast track participants with a public defender dedicated to the drug court. Employ a pre-trial services officer to screen offenders.
<i>Key Component #4:</i> Drug courts should provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.	75.3%	Better organization of ancillary services. Provide access to higher education through decreased tuition rates. Provide in-house treatment centers.
<i>Key Component #5:</i> Abstinence should be monitored by frequent alcohol and other drug testing.	94.1%	Make better use of technology in order to provide better detection and monitoring procedures.
<i>Key Component #6:</i> A coordinated strategy should govern drug court responses to participants' compliance.	83.3%	Develop an understanding of what sanctions and rewards are available. Apply sanctions swiftly by punishing unwanted behavior.
<i>Key Component #7:</i> There should be an ongoing judicial interaction with each drug court participant.	82.7%	Use the same judge for all drug court hearings. Consideration of using a court magistrate to administer the program.
<i>Key Component #8:</i> Monitoring and evaluation should measure the achievement of program goals and gauge effectiveness.	67.7%	Utilize caseflow management principles when tracking participants. Utilize MIS systems.

Table 6.1: Continued

Key Component	Adherence Rate	Recommendations
<i>Key Component #9:</i> There should be continuing interdisciplinary education promoting effective drug court planning, implementation, and operations.	62.5%	Encourage team members to give presentations on their job. Utilize national/state training opportunities. Combine educational training opportunities with nearby courts.
<i>Key Component #10:</i> Forging partnerships among drug courts, public agencies, and community-based organizations should be encouraged for the purpose of generating local support and enhancing the drug court program effectiveness.	73.8%	Develop positive relationships with the media. Include citizens of the community on the drug court team. Create a foundation in order to foster growth and solicit donations.

The aforementioned recommendations should provide for higher Adherence Rates. More attention should be given to Key Components #3, 8 and 9. These components have the lowest Adherence Rates. Addressing Key Component #3, the screening process should occur as soon as possible after arrest. This is the ideal situation, since the literature has shown that offenders who receive treatment immediately after arrest have better success rates. Thus, screening eligible offenders is vitally important to the participant and the drug court. Key Component #8 looks at the use of computer databases. This component should be easily addressed by employing the use of computer programs. There are some free software programs available to drug courts, for example the Buffalo MIS program. Key Component #9 should be addressed by utilizing available educational opportunities. Some educational opportunities are available at low or no-cost through the National Drug Court Institute. Additionally, drug courts from the same geographic area could hold trainings together in order to meet this component. An additional issue to examine would be citizen involvement in the drug court under Key Component #10.

Citizen input provides a great opportunity for drug courts to utilize the views of citizens in their community.

Further Recommendations

To better incorporate the key components into the Texas Drug Court, some of the NADCP's components could be consolidated into fewer components in order to keep the total number of components capped at ten. Thus, two additional key components should be incorporated into the "Ten Key Components"

- Funding opportunities should be explored to sustain the drug court program.
- State should establish a State Drug Court Office.

First, the funding component should relate to how to achieve funding and maintain it with the appropriate financial constraints. Second, creating a State Drug Court Office component should be able to better standardize the myriad of courts in order to organize the operation of drug courts. Naturally, the need for more research concerning adding Funding and a State Drug Court Office as key components should be explored. Additionally, more research into Texas Drug Courts should be undertaken. The need to examine the Texas Drug Court should only improve the criminal justice system and increase public safety.

Chapter Summary

This chapter presented a summary of the findings of the survey instrument and recommendations that drug courts could incorporate into the Ten Key Components. Further, two recommendations are made in order to help Texas Drug Courts. The funding component would be a welcome addition for drug courts in order for these courts to use a model to sustain their funding. Creating a State Drug Court Office could help facilitate the implementation of the ten

key components. Although it does not necessarily need to be a component, the office could be developed as a component by requiring mandatory statistical data and other drug court information.

Bibliography

- Babbie, Earl. 2007. *The Practice of Social Research*. 11th ed. Belmont, Ca: Wadsworth Publishing.
- Belenko, Steven, 2001. Research on Drug Courts: A Critical Review 2001 Update. *National Drug Court Institute*. Alexandria, Va.
- Bush, George W. 2001. *Blueprint to New Beginnings*. U.S. Government Printing Office. Washington, D.C. www.gpoaccess.gov/usbudget/fy02/pdf/blueprnt.pdf
- Boldt, Richard C. 2002. The Adversary System and Attorney Role in the Drug Treatment Court Movement. In *Drug Courts*. James L. Nolan, Jr., ed. 115-143 Hawthorne, NY: Aldine De Gruyter.
- Carey, Shannon M., Michael W. Finigan and Kimberly Pukstas. 2008. *Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes and Costs*. NPC Research. Portland, Oregon.
- Chriss, James J. 2002. The Drug Court Movement: An Analysis of Tacit Assumptions. In *Drug Courts*. James L. Nolan, Jr., ed. 189-213. Hawthorne, NY: Aldine De Gruyter.
- Clinton, William Jefferson. 1996. *Remarks on the National Drug Control Strategy in Coral Gables, Florida*. April 29th, 1996. www.presidency.ucsb.edu
- Court Statistics Project. 2007. *Examining the Work of State Courts*. National Center for State Courts.
- Escobar, Margina, "Gauging Alumni Perceptions of the Effectiveness of the Masters of Public Administration (MPA) Program at Texas State University-San Marcos in Meeting its Mission: A Follow-Up Study" (2008). *Applied Research Projects*. Paper 286. <http://ecommons.txstate.edu/arp/286>
- Federal Bureau of Investigation. *Uniform Crime Report 2007*. www.fbi.gov/ucr/cius2007/arrests/index.htm
- Fomby, Thomas B. and Vasudha Rangaprasad. 2002. *DIVERT Court of Dallas County: Cost-Benefit Analysis*. Southern Methodist University. Dallas, Texas.
- Fox, Aubrey and Robert V. Wolf. 2004. *The Future of Drug Courts: How States are Mainstreaming the Drug Court Model*. Center For Court Innovation.
- Giacomazzi, Andrew L. and Valerie Bell. 2007. Drug Court Program Monitoring: Lessons Learned About Program Implementation and Research Methodology. *Criminal Justice Policy Review*. 18 (3): 294- 312.

- Hall, James A., Julie K. Williams and Amanda Reedy. 2002. Case Management and Drug Courts. In *Quality Improvement for Drug Courts: Evidence- Based Practices*, eds. Carolyn Hardin and Jeffrey N. Kushner. 75- 85. Alexandria, Va. National Drug Court Institute.
- Hays, Steven W., and James W. Douglas. 2007. Judicial Administration: Modernizing the Third Branch. In *Handbook of Public Administration 3rd Edition*. Eds. Jack Rabin, W. Bartley Hildreth and Gerald Miller. 983- 1028. Boca Raton Fl: CRC Press.
- Heck, Carey and Meridith H. Thanner. 2006. Drug Court Performance Measurement: Suggestions from the National Research Advisory Committee. *National Drug Court Institute*. V (2): 33- 50.
- Heck, Cary and Aaron Roussell. 2007. State Administration of Drug Courts: Exploring Issues of Authority, Funding, and Legitimacy. *Criminal Justice Policy Review*. 18 (4): 418- 433.
- Huddleston, C. West, Douglas B. Marlowe and Rachel Casebolt. 2008. Painting the Current Picture: A National Report Card on Drug Courts and Other Problem- Solving Court Programs in the United States. *National Drug Court Institute*. Alexandria, Va. Xanthus Design, Washington, D.C.
- Marlowe, Douglas B. and Kimberly C. Kirby. 1999. Effective Use of Sanctions in Drug Courts: Lessons From Behavioral Research. *National Drug Court Institute II* (1): 1- 32.
- Marlowe, Douglas B. 2002. Application of Sanctions. In *Quality Improvement for Drug Courts: Evidence- Based Practices*, eds. Carolyn Hardin and Jeffrey N. Kushner. 107- 114. Alexandria, Va. National Drug Court Institute.
- Marlowe, Douglas B., David S. Festinger, Patricia A. Lee, Maria M. Schepise, Julie E.R. Hazzard, Jeffrey C. Merrill, Francis D. Mulvaney and Thomas McLellan. 2003. Are Judicial Status Hearings A Key Component of Drug Court? During Drug- Treatment Data From a Randomized Trial. *Criminal Justice and Behavior*. 30: 141- 162.
- Marlowe, Douglas B. 2004. The Judge is a Key Component of Drug Court. *National Drug Court Institute*. 4 (2): 1- 34.
- Martinez, Alma I. and Michael Eisenberg. 2002. Overview of Drug Courts in Texas. *Texas Criminal Justice Policy Council*. Austin, Texas
- Marquez, Agustin, "A Practical Ideal Model for Effective Offender Interventions: An Assessment of the Travis County Adult Probation Department" (2008). *Applied Research Projects*. Paper 271. <http://ecommons.txstate.edu/arp/271>
- McCaffrey, Barry. 2008. Expand drug courts through public-private partnership. USA Today, January 3rd, 2008. <http://blogs.usatoday.com/oped/2008/01/expand-drug-cou.html>

- McLemore, Dustin Dru, "A Model Records Management System for Texas Public Utilities: An Information Science Tool for Public Managers" (2008). *Applied Research Projects*. Paper 275.
<http://ecommons.txstate.edu/arp/275>
- Mullany, Jacqueline M. and Barbara Peat. 2008. Process Evaluation of a County Drug Court: An Analysis of Descriptors, Compliance and Outcome- Answering Some Questions While Raising Others. *Criminal Justice Policy Review*. 19: 491- 508.
- National Association of Drug Court Professionals. 2009. About NADCP.
<http://www.nadcp.org/about/>
- Nored, Lisa S. and Philip E. Carlan. 2008. Success of Drug Court Programs: Examination of the Perceptions of Drug Court Personnel. *Criminal Justice Review*. 33 (3): 329-342.
- Obama, Barack. 2007. Presidential Candidates Weigh In. *The Partnership for a Drug-Free America*. December 13th, 2007.
www.drugfree.org/Portal/DrugIssue/Features/Presidential_Candidates_Weigh_In
- Olson, David E., Arthur J. Lurigio and Stephanie Albertson. 2001. Implementing the Key Components of Specialized Drug Treatment Courts: Practice and Policy Considerations. *Law and Policy*. 23 (2): 171- 196.
- O'Neill, Brian, "A Model Assessment Tool for the Incident Command System: A Case Study of the San Antonio Fire Department" (2008). *Applied Research Projects*. Paper 270.
<http://ecommons.txstate.edu/arp/270>
- Perry, Rick. 2001. *Drug Court Signing*. November 26th, 2001.
<http://governor.state.tx.us/news/speech/10895>
- Sanford, J. Scott and Bruce A. Arrigo. 2005. Lifting the Cover on Drug Courts: Evaluation Findings and Policy Concerns. *International Journal of Offender Therapy and Comparative Criminology*. 49 (3): 239- 259.
- Satel, Sally L. 2000. Drug Treatment: The Case for Coercion. *National Drug Court Institute*. III (1): 1-56.
- Satel, Sally L. 1998. Observational Study of Courtroom Dynamics in Selected Drug Courts. *National Drug Court Institute*. I (1): 1- 72.
- Shields, Patricia M. 1998. Pragmatism as philosophy of science: A tool for public administration. *Research in Public Administration* (4): 195-225.
<http://ecommons.txstate.edu/polsfacp/33/>
- Shields, Patricia M. and Hassan Tajalli. 2006. Intermediate theory: The missing link in successful student scholarship. *Journal of Public Affairs Education* (3): 313-334.
<http://ecommons.txstate.edu/polsfacp/39/>

- Sparks, Chance W., "Greening Affordable Housing: An Assessment of Housing under the Community Development Block Grant and HOME Investment Partnership Programs" (2007). *Applied Research Projects*. Paper 251. <http://ecommons.txstate.edu/arp/251>
- Stitzer, Maxine L. 2008. Motivational Incentives in Drug Court. *In Quality Improvement for Drug Courts: Evidence- Based Practices*, eds. Carolyn Hardin and Jeffrey N. Kushner. 97- 105. Alexandria, Va. National Drug Court Institute.
- Taxman, Faye S. 2000. Unraveling 'What Works' for Offenders in Substance Abuse Treatment Services. National Drug Court Institute. II (2): 93- 134.
- Texas Association of Drug Court Professionals. *Planning and Implementing Drug Courts in Texas: A Resource Guide*.
- Texas Code of Criminal Procedure. 2008. *Article 102.0178. Costs Attendant To Certain Intoxication & Drug Convictions*.
- Texas Department of Criminal Justice. *Texas Intermediate Sanctions Bench Manual*. <http://www.tdcj.state.tx.us/publications/cjad/Bench-Manual.pdf>
- Texas Health and Safety Code. 2009. Chapter 469. *Drug Court Programs*.
- Texas Office of Court Administration. 2009. List of current and planned drug courts reporting to the Governor's office. <http://www.courts.state.tx.us/courts/pdf/TxDrugCourts.pdf>
- Texas Office of Court Administration. 2007. *Annual Statistical Report For The Texas Judiciary*. Austin, Texas.
- Wenzel, Suzanne L., Daniel Longshore, Susan Turner and M. Susan Ridgely. 2001. Drug Courts: A bridge between criminal justice and health services. *Journal of Criminal Justice*. 29: 241-253.
- Wenzel, Suzanne L., Susan Turner, and M. Susan Ridgely. 2004. Collaborations between drug courts and service providers: Characteristics and challenges. *Journal of Criminal Justice*. 32: 253- 263.
- Wolf, Elaine M. 2002. Systemic Constraints on the Implementation of a Northeastern Drug Court. In *Drug Courts*. James L. Nolan, Jr., ed. 27- 50. Hawthorne, NY: Aldine De Gruyter.
- U.S. Department of Justice. Bureau of Justice Assistance. 1997. *Defining Drug Courts: The Key Components*. Washington, D.C. Government Printing Office.
- U.S. Department of Justice. Office of Justice Programs. National Institute of Justice. 2006 *Drug Courts: The Second Decade*. Washington, D.C. Government Printing Office.
- U.S. Government Accountability Office. 2005. *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes*. Washington, D.C.

Vaughn, Joseph B. 1989. *Pursuing Justice: The Management of the Texas Trial Courts* Sam Houston State University. University Press.

Appendices

APPENDIX 1
SURVEY COVER LETTER

March 2, 2009,

Dear Texas Drug Court Coordinator,

My name is Steve Thomas, Comal County Drug Court Coordinator, and I am conducting a study on drug courts in Texas for meeting the requirements for a Master's Degree in Public Administration from Texas State University. The attached survey looks at different components of the drug court based upon the NADCP's Ten Key Components for Drug Courts. All responses to the survey will be kept confidential and the survey is voluntary. All data will be presented in aggregate form in a forthcoming paper.

I very much appreciate you taking time out of your busy work life to complete my survey. If you have any questions you can contact me at 1-830-221-1270 or my email address is: dcasmt@co.comal.tx.us

If you are not the drug court coordinator please forward this email to that person. Additionally, if you are the drug court coordinator for multiple courts please indicate that in the return email.

Please send the survey back to me as an attachment to your email. There are approximately 4 pages to the survey.

Again thank-you for your time, it is greatly appreciated.

Steve Thomas

dcasmt@co.comal.tx.us

APPENDIX 2

DRUG COURT SURVEY

<i>Please answer the proceeding questions about the administration of your drug court. This survey is voluntary and any information you provide in this survey will be kept confidential. The results of the survey will be presented in an aggregate form. (Please check the appropriate box)</i>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Our drug court has ongoing communications between treatment providers and the criminal justice system.	<input type="checkbox"/>				
The prosecutor and defense attorney attend our drug court staffings.	<input type="checkbox"/>				
Our prosecutor and defense attorney share the idea of substance abuse treatment.	<input type="checkbox"/>				
The primary goal of our drug court is to promote public safety.	<input type="checkbox"/>				
Our drug court provides in-house treatment.	<input type="checkbox"/>				
Our drug court provides access to educational services.	<input type="checkbox"/>				
Our drug court provides access to employment services.	<input type="checkbox"/>				
Our drug court's treatment services meet the needs of our participants.	<input type="checkbox"/>				
Our drug court team members collaborate on the administration of sanctions/ rewards to the participant.	<input type="checkbox"/>				
Sanctions are applied swiftly in our drug court.	<input type="checkbox"/>				
Our drug court provides rewards for outstanding participant compliance.	<input type="checkbox"/>				
Our drug court conducts regular (one per week) court sessions.	<input type="checkbox"/>				
Our drug court judge takes interest in the well being of the participant.	<input type="checkbox"/>				
Our drug court utilizes a computer database to track participant progress.	<input type="checkbox"/>				
Our drug court utilizes data analysis to evaluate program objectives.	<input type="checkbox"/>				
Our drug court team members receive frequent training.	<input type="checkbox"/>				
Our drug court team members attend state and/or national conferences.	<input type="checkbox"/>				
Each of our drug court team members are interdisciplinary trained.	<input type="checkbox"/>				
Our drug court partners with other public agencies.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, has the partnership generated support for the drug courts?	<input type="checkbox"/>				
If yes, has the partnership enhanced the effectiveness of the drug court?	<input type="checkbox"/>				
Our drug court partners with community-based organizations.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

If yes, has the partnership generated support for the drug court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has the partnership enhanced the effectiveness of the drug court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the drug court participant monitored for alcohol through alcohol testing devices (SCRAM, Ignition Interlock, etc.)	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

<i>(Please check the appropriate box.)</i>	Always	Often	Seldom	Never
Both our drug court prosecutor and defense attorney participate in the screening and eligibility of offenders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our drug court team includes member(s) of law enforcement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our drug court team includes members of the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our drug court uses media outlets to increase public awareness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Our drug court has established policies and procedures.	<input type="checkbox"/> Well defined policies and procedures <input type="checkbox"/> Some established policies and procedures <input type="checkbox"/> Inadequate policies and procedures <input type="checkbox"/> No defined or established policies or procedures
Our drug court judge plays:	<input type="checkbox"/> A strong active role <input type="checkbox"/> Somewhat strong role <input type="checkbox"/> Neutral role <input type="checkbox"/> Somewhat less of a role <input type="checkbox"/> No role
Our drug court is a:	<input type="checkbox"/> Pre-trial Diversion Program <input type="checkbox"/> Post adjudication Program <input type="checkbox"/> Both

Eligible participants are identified:	<input type="checkbox"/> Immediately after arrest <input type="checkbox"/> Within one week after arrest <input type="checkbox"/> One to two weeks after arrest <input type="checkbox"/> Two weeks to one month after arrest <input type="checkbox"/> More than a month
---------------------------------------	--

On average, how long after arrest is the eligible offender admitted into the drug court:	<input type="checkbox"/> Less than 30 days <input type="checkbox"/> Between 31- 90 days <input type="checkbox"/> Between 91 and 180 days <input type="checkbox"/> More than 181 days
--	---

Our drug court participants are tested for drugs and/or alcohol use:	<input type="checkbox"/> 1-5 times per week <input type="checkbox"/> 1-5 times bi-weekly <input type="checkbox"/> 1-5 times monthly <input type="checkbox"/> More than 10 times per month
--	--

The population of our court is:

The year our drug court was established was:

APPENDIX 3

Confirmation of Approval: IRB Application 2009S4926. DO NOT REPLY to this message.

ospirb@txstate.edu [ospirb@txstate.edu]

Sent: Thursday, February 26, 2009 12:02 PM

To: Thomas, Stephen M

This email message is generated by the IRB online application program. Do not reply.

The reviewers have determined that your IRB Application Number 2009S4926 is exempt from IRB review. The project is approved.

If you have questions, please submit an IRB Inquiry form at:
https://synergy.txstate.edu/owa/redir.aspx?C=240aa71ccfb3445780ac76b7a40f2cef&URL=http%3a%2f%2fwww.txstate.edu%2fresearch%2firb%2firb_inquiry.html

Institutional Review Board
Office of Research Compliance
Texas State University-San Marcos
(ph) 512/245-2314 / (fax) 512/245-3847 / ospirb@txstate.edu

JCK 489
601 University Drive, San Marcos, TX 78666

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APPENDIX 4

HEALTH AND SAFETY CODE CHAPTER 469. DRUG COURT PROGRAMS

HEALTH AND SAFETY CODE

TITLE 6. FOOD, DRUGS, ALCOHOL, AND HAZARDOUS SUBSTANCES

SUBTITLE B. ALCOHOL AND SUBSTANCE ABUSE PROGRAMS

CHAPTER 469. DRUG COURT PROGRAMS

Sec. 469.001. DRUG COURT PROGRAM DEFINED; PROCEDURES FOR CERTAIN DEFENDANTS. (a) In this chapter, "drug court program" means a program that has the following essential characteristics:

(1) the integration of alcohol and other drug treatment services in the processing of cases in the judicial system;

(2) the use of a nonadversarial approach involving prosecutors and defense attorneys to promote public safety and to protect the due process rights of program participants;

(3) early identification and prompt placement of eligible participants in the program;

(4) access to a continuum of alcohol, drug, and other related treatment and rehabilitative services;

(5) monitoring of abstinence through weekly alcohol and other drug testing;

(6) a coordinated strategy to govern program responses to participants' compliance;

(7) ongoing judicial interaction with program participants;

(8) monitoring and evaluation of program goals and effectiveness;

(9) continuing interdisciplinary education to promote effective program planning, implementation, and operations; and

(10) development of partnerships with public agencies and community organizations.

(b) If a defendant successfully completes a drug court program, regardless of whether the defendant was convicted of the offense for which the defendant entered the program or whether the court deferred further proceedings without entering an adjudication of guilt, after notice to the state and a hearing on whether the defendant is otherwise entitled to the petition and whether issuance of the order is in the best interest of justice, the court shall enter an order of nondisclosure under Section 411.081, Government Code, as if the defendant had received a discharge and dismissal under Section 5(c), Article 42.12, Code of Criminal Procedure, with respect to all records and files related to the defendant's arrest for the offense for which the defendant entered the program if the defendant:

(1) has not been previously convicted of a felony offense; and

(2) is not convicted for any other felony offense before the second anniversary of the defendant's successful completion of the program.

(c) Notwithstanding Subsection (b), a defendant is not entitled to petition the court for an order of nondisclosure following successful completion of a drug court program if the defendant's entry into the program arose as the result of a conviction for an offense involving the operation of a motor vehicle while intoxicated.

Added by Acts 2001, 77th Leg., ch. 1510, Sec. 1, eff. Sept. 1, 2001.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 625, Sec. 1, eff. June 15, 2007.

Sec. 469.002. **AUTHORITY TO ESTABLISH PROGRAM.** The commissioners court of a county or governing body of a municipality may establish the following types of drug court programs:

(1) drug courts for persons arrested for, charged with, or convicted of:

(A) an offense in which an element of the offense is the use or possession of alcohol or the use, possession, or sale of a controlled substance, a controlled substance analogue, or marihuana; or

(B) an offense in which the use of alcohol or a controlled substance is suspected to have significantly contributed to the commission of the offense and the offense did not involve:

(i) carrying, possessing, or using a firearm or other dangerous weapon;

(ii) the use of force against the person of another; or

(iii) the death of or serious bodily injury to another;

(2) drug courts for juveniles detained for, taken into custody for, or adjudicated as having engaged in:

(A) delinquent conduct, including habitual felony conduct, or conduct indicating a need for supervision in which an element of the conduct is the use or possession of alcohol or the use, possession, or sale of a controlled substance, a controlled substance analogue, or marihuana; or

(B) delinquent conduct, including habitual felony conduct, or conduct indicating a need for supervision in which the use of alcohol or a controlled substance is suspected to have significantly contributed to the commission of the conduct and the conduct did not involve:

(i) carrying, possessing, or using a firearm or other dangerous weapon;

(ii) the use of force against the person of another; or

(iii) the death of or serious bodily injury to another;

(3) reentry drug courts for persons with a demonstrated history of using alcohol or a controlled substance who may benefit from a program designed to facilitate the person's transition and reintegration into the community on release from a state or local correctional facility;

(4) family dependency drug treatment courts for family members involved in a suit affecting the parent-child relationship in which a parent's use of alcohol or a controlled substance is a primary consideration in the outcome of the suit; or

(5) programs for other persons not precisely described by Subdivisions (1)-(4) who may benefit from a program that has the essential characteristics described by Section 469.001.

Added by Acts 2001, 77th Leg., ch. 1510, Sec. 1, eff. Sept. 1, 2001.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 625, Sec. 2, eff. June 15, 2007.

Sec. 469.0025. ESTABLISHMENT OF REGIONAL PROGRAM. (a) The commissioners courts of three or more counties, or the governing bodies of three or more municipalities, may elect to establish a regional drug court program under this chapter for the participating counties or municipalities.

(b) For purposes of this chapter, each county or municipality that elects to establish a regional drug court program under this section is considered to have established the program and is entitled to retain fees under Article 102.0178, Code of Criminal Procedure, in the same manner as if the county or municipality had established a drug court program without participating in a regional program.

Added by Acts 2007, 80th Leg., R.S., Ch. 625, Sec. 7, eff. June 15, 2007.

Sec. 469.003. OVERSIGHT. (a) The lieutenant governor and the speaker of the house of representatives may assign to appropriate legislative committees duties relating to the oversight of drug court programs established under this chapter.

(b) A legislative committee or the governor may request the state auditor to perform a management, operations, or financial or accounting audit of a drug court program established under this chapter.

(c) A drug court program established under this chapter shall:

(1) notify the criminal justice division of the governor's office before or on implementation of the program; and

(2) provide information regarding the performance of the program to the division on request.

Added by Acts 2001, 77th Leg., ch. 1510, Sec. 1, eff. Sept. 1, 2001.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 625, Sec. 3, eff. June 15, 2007.

Sec. 469.004. FEES. (a) A drug court program established under this chapter may collect from a participant in the program:

(1) a reasonable program fee not to exceed \$1,000; and

(2) an alcohol or controlled substance testing, counseling, and treatment fee in an amount necessary to cover the costs of the testing, counseling, and treatment.

(b) Fees collected under this section may be paid on a periodic basis or on a deferred payment schedule at the discretion of the judge, magistrate, or program director administering the program. The fees must be:

(1) based on the participant's ability to pay; and

(2) used only for purposes specific to the program.

Added by Acts 2001, 77th Leg., ch. 1510, Sec. 1, eff. Sept. 1, 2001.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 625, Sec. 4, eff. June 15, 2007.

Sec. 469.005. DRUG COURT PROGRAMS EXCLUSIVELY FOR CERTAIN INTOXICATION OFFENSES. (a) The commissioners court of a county may establish under this chapter a drug court program exclusively for persons arrested for, charged with, or convicted of an offense involving the operation of a motor vehicle while intoxicated.

(b) A county that establishes a drug court program under this chapter but does not establish a separate program under this section must employ procedures designed to ensure that a person arrested for, charged with, or convicted of a second or subsequent offense involving the operation of a motor vehicle while intoxicated participates in the county's existing drug court program.

Added by Acts 2007, 80th Leg., R.S., Ch. 625, Sec. 7, eff. June 15, 2007.

Sec. 469.006. PROGRAM IN CERTAIN COUNTIES MANDATORY. (a) The commissioners court of a county with a population of more than 200,000 shall establish a drug court program under Subdivision (1) of Section 469.002.

(b) A county required under this section to establish a drug court program shall apply for federal and state funds available to pay the costs of the program. The criminal justice division of the governor's office may assist a county in applying for federal funds as required by this subsection.

(c) Notwithstanding Subsection (a), a county is required to establish a drug court program under this section only if the county receives federal or state funding, including funding under Article 102.0178, Code of Criminal Procedure, specifically for that purpose.

(d) A county that does not establish a drug court program as required by this section and maintain the program is ineligible to receive from the state:

(1) funds for a community supervision and corrections department; and

(2) grants for substance abuse treatment programs administered by the criminal justice division of the governor's office.

Added by Acts 2001, 77th Leg., ch. 1510, Sec. 1, eff. Sept. 1, 2001.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 625, Sec. 5, eff. June 15, 2007.

Sec. 469.007. USE OF OTHER DRUG AND ALCOHOL AWARENESS PROGRAMS. In addition to using a drug court program established under this chapter, the commissioners court of a county or a court may use other drug awareness or drug and alcohol driving awareness programs to treat persons convicted of drug or alcohol related offenses.

Added by Acts 2001, 77th Leg., ch. 1510, Sec. 1, eff. Sept. 1, 2001.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 625, Sec. 6, eff. June 15, 2007.

Sec. 469.008. SUSPENSION OR DISMISSAL OF COMMUNITY SERVICE REQUIREMENT. (a) Notwithstanding Sections 13 and 16, Article 42.12, Code of Criminal Procedure, to encourage participation in a drug court program established under this chapter, the judge or magistrate administering the program may suspend any requirement that, as a condition of community supervision, a participant in the program work a specified number of hours at a community service project or projects.

(b) On a participant's successful completion of a drug court program, a judge or magistrate may excuse the participant from any condition of community supervision previously suspended under Subsection (a).

Added by Acts 2007, 80th Leg., R.S., Ch. 625, Sec. 7, eff. June 15, 2007.

Sec. 469.009. OCCUPATIONAL DRIVER'S LICENSE. Notwithstanding Section 521.242, Transportation Code, if a participant's driver's license has been suspended as a result of an alcohol-related or drug-related enforcement contact, as defined by Section 524.001, Transportation Code, or as a result of a conviction under Section 49.04, 49.07, or 49.08, Penal Code, the judge or magistrate administering a drug court program under this chapter may order that an occupational license be issued to the participant. An order issued under this section is subject to Sections 521.248-521.252, Transportation Code, except that any reference to a petition under Section 521.242 of that code does not apply.

Added by Acts 2007, 80th Leg., R.S., Ch. 625, Sec. 7, eff. June 15, 2007.

Appendix 5

Texas Drug/DWI Courts

County	Drug Court Name	Court Name	Presiding Judge	Drug Court Start Date	Drug Court Coordinator
Angelina	Angelina County Probation Drug Court	159 th District Court	Hon. Paul White	September- 2004	Georgia Kimmey
Bexar	Bexar County Court at Law #1 Drug Court	County Court at Law #1	Hon. Al Alonso	September- 2001	Kathy English
Bexar	Bexar County Felony Drug Court	186 th District Court	Hon. Teresa Herr	January- 2004	Kathy English
Bowie/Red River	Red River County Adult Felony Drug Court	102 nd District Court	Hon. John F. Miller, Jr.	January- 2005	Jack Pappas
Bowie/Red River	Bowie County Adult Drug Court	202 nd District Court	Hon. Leon F. Pesek, Jr.	January- 2005	Jack Pappas
Bowie/Red River	Bowie County Adult Misd. Drug Court	102 nd District Court	Hon. Jeff M. Addison	January- 2005	Jack Pappas
Brazos	Brazos County Drug Court	85 th , 361 st , 272 nd District Courts and Brazos County Court at Law 1 and 2	Hon. Dana Zachary (appointed magistrate)	December- 2004	Bobby Baker
Brooks/Jim Wells	79 th Judicial District Drug/Alcohol Court Diversion Program	79 th Judicial District Court	Richard C. Terrell-District Judge; Raul Ramirez-County Judge	January- 2005	Oscar Cortez
Brown	Brown County DWI Court	Brown County Court at Law	Hon. Frank E. Griffin	October- 2007	Brenda Arp
Burnet, Llano, San Saba, Blanco	Burnet, Llano, San Saba, Blanco County Drug Court	33 rd & 424 th Judicial District	Hon. Gilford Jones & Hon. Dan Mills	September- 2005	Bud Hardin
Collin	DWI Court Program	County Court at Law #4	Hon. Ray Wheless	February- 2004	Melissa Andrews
Comal	Comal County Challenge Court	433 rd Judicial District Court	Hon. Dib Waldrip	December- 2007	Stephen Thomas
Dallas	Dallas Initiative for Diversion and Expedited Rehabilitation and Treatment	DIVERT Court	Hon. John C. Creuzot	January- 1998	Keta Dickerson

County	Drug Court Name	Court Name	Presiding Judge	Drug Court Start Date	Drug Court Coordinator
Dallas	Dallas County Misd. DWI Court	County Criminal Court #5	Hon. Tom Fuller	September -2006	Mikah Mitchell
Dallas	Dallas County I.I.P.- Intensive Intervention Program	Dallas County All Felony Courts	Hon. Lela Mays; Hon. Ernest White	July- 2007	Dave Wakefield
Dallas	Dallas County Felony DWI Court	363 rd Judicial District Court	TBD	January- 2008	Dave Wakefield
Denton	Denton County DWI Court	County Court #5	Hon. Richard "Ski" Podgorski	October- 2005	Judge Richard Podgorski
El Paso	243 rd Judicial District Felony Drug Court West Texas CSCD	243 rd District Court	Hon. David Guaderrama	September- 2001	Rosemary Beltran
El Paso	DWI Drug Court Intervention and Treatment Program	County Criminal Court at law #2	Hon. Robert S. Anchondo	November- 2004	Leticia Medina
Fannin	Fannin County Drug Court	336 th District Court	Hon. Laurine Blake	February- 2004	Mark Mosley
Fort Bend	Fort Bend County Closing Addiction's Revolving Door (CARD) Drug Court Program	County Court at Law #4(Misd. DWI Court)/ County Court at Law #3 (Misd. Drug Court)	Hon. Ross Spears	January- 2002	Jim Syptak
Fort Bend	Fort Bend County Misdemeanor DWI Court	County Court at Law #4	Hon. Sandy Bielstein	February- 2006	Larry Elkins
Fort Bend	Fort Bend County Misdemeanor Drug Court	County Court at Law #3	Hon. Susan Lowery	March- 2006	Sheila Lacourse

County	Drug Court Name	Court Name	Presiding Judge	Drug Court Start Date	Drug Court Coordinator
Grayson	Grayson County STAR (Substance Abuse Treatment and Recovery) Recovery Court Program	59 th District Court	Hon. Rayburn "Rim" Nall	January- 2005	Debbie Fesperman
Guadalupe ¹	Guadalupe County Drug Court	County Court at Law	Hon. Linda Z. Jones	2008	Judith Sagebiel
Harris	Success Through Addiction Recovery (STAR 1 Program)	179 th District Court	Hon. Mike Wilkinson	September- 2003	Mary Covington
Harris	Success Through Addiction Recovery (STAR 3 Program)	339 th District Court	Hon. Caprice Cospers	June- 2005	Mary Covington
Harris	Success Through Addiction Recovery (STAR 2 Program)	183 rd District Court	Hon. Vanessa Velasquez	September- 2003	Mary Covington
Harris	Success Through Addiction Recovery (STAR 4 Program)	262 nd District Court	Hon. Mike Anderson	September- 2007	Mary Covington
Hidalgo	Hidalgo County Drug Court Program	Auxiliary Court A	Auxiliary Court A, Judge Homer Salinas	September- 2004	Norma I. Nino
Jefferson	Jefferson County Drug Intervention Court	252 nd District Court and Jefferson County Criminal District Court	Hon. Ken Dollinger	April- 1993	Cindy Cherry

County	Drug Court Name	Court Name	Presiding Judge	Drug Court Start Date	Drug Court Coordinator
Lubbock	Treatment Rehabilitation Intervention Program (T.R.I.P)	Lubbock County District Courts and County Courts at Law	Judge Ruben Reyes	October- 2004	Steve Rampy
Montgomery	Court Assisted Rehabilitation Experience (CARE) Program	359 th District Court	Hon. Kathleen Hamilton	December- 1998	Christen Arnold
Nueces	117 th Distinct Court		Hon. Sandra Wells	January- 2004	Sharon Miller
Shelby, Panola	123 rd Judicial District Court Adult Drug Court Program	123 rd District Court	The Honorable Guy W. Griffin, Charles Mitchell, Terry Bailey, John Tomlin	May- 2005	LaRaye A. Bailey
Tarrant	D.I.R.E.C.T. Program	Tarrant County Criminal Court #4	Hon. Deborah Nekhom	October- 1995	Mark Jennings
Tarrant	FAIP Felony Alcohol Intervention Program	Criminal District Court #1	Hon. Sharen Wilson	December- 2006	Clete McAlister
Tom Green, Concho, Irion, Schleicher, Sterling, Runnels, Coke	Concho Valley Drug Court Program	County Court at Law	Hon. Mike Brown, Hon. Ben Nolen, Hon. Penny Roberts	September- 2003	Brent Dooley
Tom Green, Concho, Irion, Schleicher, Sterling, Runnels, Coke	Concho Valley DWI/Drug Court	County Court at Law #2	Hon. Mike Brown, Hon. Ben Nolen, Hon. Penny Roberts	September- 2004	Brent Dooley
Travis	Travis Co. Criminal Courts-Drug Diversion Court	Adult Drug Diversion Court	Magistrate Joel Bennett	August- 1993	Sharon Caldwell-Hernandez

County	Drug Court Name	Court Name	Presiding Judge	Drug Court Start Date	Drug Court Coordinator
Victoria	Victoria County DWI Court Program	County Court at Law #1	Hon. Laura A. Weiser	January- 2007	Terre Davidson
Williamson	Williamson County DWI/Drug Court	County Court at Law #2	Hon. Tim Wright	November- 2007	Marty Griffith

- This list adapted from the Office of the Governor- Criminal Justice Division current as of January 28th, 2009. This list is not all inclusive of the problem-solving court list, for example Family and Juvenile Courts are excluded.
- 1. The Guadalupe County Adult Drug Court is not on the Office of the Governor’s List, but the author has knowledge that the Court is operating.