

MINNESOTA DRUG COURTS FUNDING STUDY – CHEMICAL DEPENDENCY AND MENTAL HEALTH SERVICES

In November 2006, the Minnesota State Court Administrator's Office (SCAO) contracted with NPC Research for a study of the chemical dependency and mental health funding and service provision structures of Minnesota's D.W.I. and adult drug courts.

Overall Findings

While many of Minnesota's drug courts are new, Minnesota is in some ways at the forefront of treatment service delivery and has already taken steps that will ensure its place among drug court systems nationally. Furthermore, Minnesota's Consolidated Chemical Dependency Treatment Fund (CCDTF) is a unique method and a leading model for funding chemical dependency treatment services. The CCDTF, developed in 1986 by the state legislature, pools federal, state, and local treatment resources and covers the cost of treatment for income-eligible clients. Approximately 50% of entries into treatment in Minnesota are funded through the CCDTF.



The majority of funding for treatment services for Minnesota's drug courts comes from the CCDTF. Data from this study suggest that Minnesota's drug courts are an efficient way to use CCDTF funds. Drug court clients stay in treatment longer (for example, 1 in 10 drug court clients receiving inpatient treatment stay in that treatment for more than 90 days, compared to 1 in 100 offenders overall). Research has shown that a continuum of care, consisting of longer lengths of stay, results in a greater likelihood of treatment completion and longer-term benefits. Thus, using drug courts as a conduit for CCDTF funds may be more cost-beneficial than using the CCDTF to support offenders processed through the traditional criminal justice system. A cost-benefit study of Minnesota's drug courts could provide more definitive information about the efficiency of drug courts as a conduit for CCDTF funds.

Other sources of funding for chemical dependency services for drug courts in Minnesota are used to augment the traditional treatment services reimbursed by the CCDTF and private insurance. Some sites have established formalized relationships with treatment providers, and these agreements or contracts, in turn, can guarantee treatment availability for drug court clients, can give the drug court team some oversight of the treatment quality, can encourage the treatment provider to become part of the drug court team, and can create a more coordinated and holistic treatment experience for the drug court clients.

The drug court model calls for coordinated, comprehensive treatment services for clients. To implement this model, courts must rely upon more than CCDTF-funded treatment services. While CCDTF covers the cost of outpatient treatment, inpatient treatment, extended care, and halfway houses, other funding is necessary to implement the integrated, coordinated service model (including ensuring priority access to services, monitoring treatment quality, including the provider in drug court staffings and hearings, and providing ancillary services) that is central to drug court. Many of Minnesota's drug courts have

been established within the past two years, and as such, the state should focus resources to help existing courts implement quality, full-scale drug court programs, and should then focus resources on creating additional courts.

The most noticeable gap in services identified by the current study is in the area of mental health. Minnesota is no different from other states in this regard; none of the 11 comparison states in the study have integrated mental health services into the drug court model in any systemic way. This is in spite of clear research evidence that co-occurring disorders (chemical dependency combined with mental health issues) are a massive problem for the criminal justice population and one that significantly limits the ability of chemical dependency treatment to be successful.

Policy Recommendations

NPC made the following recommendations for the service provision and funding structures of Minnesota's drug courts:

1. Create contracting relationships with providers that can:
 - a. Prioritize treatment access for drug court clients;
 - b. Ensure that treatment providers are supportive of the drug court model;
 - c. Monitor treatment quality;
 - d. Support additional treatment activities; and
 - e. Allow treatment providers to be part of the drug court team.
2. Create a standardized chemical dependency assessment tool and process across counties.
3. Increase clients' lengths of stay in treatment, as longer lengths of stay are more likely to lead to treatment completion and longer-term positive outcomes.
4. Assess clients for mental health issues as part of the drug court assessment process.
5. Create and fund a statewide model that incorporates mental health services into drug court services.
6. Give priority for state drug court funding to courts that integrate mental health services into their drug court models.
7. Devote resources to develop contractual relationships that provide incentives for providers to serve clients in rural areas.
8. Increase the number of offenders served by drug courts as a means to use the CCDTF more efficiently and effectively.
9. Conduct a cost-benefit analysis of Minnesota's drug courts.
10. Develop a drug court MIS for use by all the state's drug courts.
11. Continue to build relationships and increase education of the public and key partners about the advantages and benefits of drug court programs versus traditional criminal justice processing.
12. Continue with plans to create standards of practice for all drug courts, and link funding to these standards.
13. Continue to expand the role of the Drug Court Initiative Advisory Committee; this group should play a key role in strategic planning to guide the expansion of drug courts across the state.
14. Strengthen existing drug courts to ensure they are implementing quality programs before, or in combination with, adding new drug courts.