

# Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes and Costs

## *Executive Summary*



*Submitted to:*

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## *EXECUTIVE SUMMARY*

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*Informing policy, improving programs*



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## EXECUTIVE SUMMARY

**F**or close to 20 years in the United States, there has been a trend toward guiding nonviolent drug offenders into treatment rather than incarceration. The drug court model links the resources of the criminal system and substance treatment programs to increase treatment participation and decrease criminal recidivism. Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the nation. The first drug court was implemented in Miami, Florida, in 1989. As of March 2008, there were 1,853 adult and juvenile drug courts active in all 50 states, the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (BJA, 2008<sup>1</sup>).

Given the rapid expansion of drug courts across the country, there has been interest in standardizing the drug court model. The National Association of Drug Court Professionals led this effort in their groundbreaking publication, *Defining Drug Courts: The Key Components* (National Association of Drug Court Professionals, 1997). In this work, they prescribe 10 operational characteristics that all drug courts should share as benchmarks for performance. These include practices such as drug testing, judicial interaction with participants, and the integration of alcohol and other drug treatment services with justice system case processing.

Today, the 10 Key Components are well established and ubiquitous among drug court systems. However, the key components are essentially guidelines for implementation and leave much room for each drug court's interpretation. For example, the key components prescribe frequent drug testing of participants but do not specify the preferred method of testing or define "frequent." They prescribe independent evaluations and periodic staff trainings; however, the frequency of these activities is not addressed. In practice, each drug court's adherence to the 10 Key Components may look very different.

This paper explores how different drug court programs are implementing the 10 Key Components and, in particular, how practices vary across programs. This paper also examines whether and how these practices have impacted participant outcomes and program costs including graduation rate, program investment costs, and outcome costs related to participant criminal justice recidivism.

### Methods

Between 2000 and 2006, NPC Research conducted over 30 evaluations of adult drug court program operations. Eighteen of these were chosen to be highlighted in the paper for the following reasons. The evaluations included detailed process evaluations of adult drug court program operations and had at least some accompanying outcome data. All process evaluations used the same basic methodology and were designed to assess whether and to what extent the drug court programs had been implemented in accordance with the 10 Key Components. The drug courts represented diverse geographic areas including Oregon, California, Maryland, Michigan, and Guam

The data used in these analyses were collected as a part of process, outcome and cost evaluations performed by NPC Research. A brief description of the process, outcome and cost data collection methodology is summarized below. Detailed descriptions of the methodology and data collection

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<sup>1</sup> BJA Drug Court Clearinghouse Project, Justice Programs Office. (2008). Summary of Drug Court Activity by State and County, March 18, 2008 [Data File]. Available from American University School of Public Affairs Web site: <http://spa.american.edu/justice>

performed for each drug court's full evaluation can be found in the program site-specific reports at [www.npcresearch.com](http://www.npcresearch.com).

For the process evaluations at the sites listed above, the team relied on a multi-method approach. This included a combination of site visit observations, key informant interviews, focus groups, and document reviews. This allowed the team greater access to program data than would have been available through using any single approach. These methods were conducted in a consistent way at each site in order to give us comparable data.

For each drug court, NPC Research identified program samples of participants who enrolled in the adult drug court programs over a specified time period (at least 2 years). These were generally selected using the drug court program database. NPC also identified a sample of individuals eligible for drug court but who did not participate<sup>2</sup> and received traditional court processing. Both groups were examined through existing administrative databases for a period of at least 24 months post drug court entry.

NPC Research performed the cost studies in these drug court programs using an approach called Transactional and Institutional Cost Analysis (TICA) (Crumpton, Carey, & Finigan, 2004<sup>3</sup>). The TICA approach views an individual's interaction with publicly funded agencies as a set of transactions in which the individual utilizes resources contributed from multiple agencies. The TICA approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. These organizations and institutions contribute to the cost of each transaction that occurs for program participants. TICA is an intuitively appropriate approach to conducting costs assessment in an environment such as a drug court, which involves complex interactions among multiple taxpayer-funded organizations. In order to maximize the study's benefit to policymakers, a "cost-to-taxpayer" approach was used in these evaluations.

The 10 Key Components served as the framework for organizing the findings. Based on interviews with the drug court staff and experience in multiple drug court evaluations, the research team reviewed and assigned each process data element (each drug court practice) to each of the 10 Components. The end product of this effort was to have all 10 Key Components operationalized by a list of practices that the drug courts actually performed. The results were reviewed by three of NPC's drug court researchers for construct validity and then finalized. Program practices that showed sufficient variation (at least 25% of the drug courts used practices different than the other drug courts in the sample) were examined in relation to graduation rate, program investment costs, and outcome costs.

The vast majority of the data on program practices from the process evaluations were coded as "yes/no" on whether the drug court performed a specific practice. T-tests were run on the answer (yes/no) for each practice in relation to graduation rate, the percent difference in investment and the percent improvement in outcome costs. (In order to account for differences in cost of living and other similar differences in context between different drug court sites, costs used as a dependent variable in these analyses were calculated as the percent difference in cost for the drug court participants versus comparison group. A higher percentage indicates either higher investment costs or, for outcome costs,

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<sup>2</sup> The comparison group included those who were never offered drug court, those who were unable to participate because the drug court was at capacity, and those who refused drug court.

<sup>3</sup> Crumpton, D., Carey, S. M., & Finigan, M. W. (2004). Enhancing Cost Analysis of Drug Courts: The Transactional and Institutional Cost Analysis Approach. NPC Research. [www.npcresearch.com/Files/Transactional%20and%20Institutional%20Cost%20Analysis%20\(TICA\)%20in%20the%20Drug%20Court%20Setting.pdf](http://www.npcresearch.com/Files/Transactional%20and%20Institutional%20Cost%20Analysis%20(TICA)%20in%20the%20Drug%20Court%20Setting.pdf)



higher percentage indicates higher savings, for drug court participants.) In cases where process data were a continuous variable, t-tests were run using cut-off points. The difference in the graduation rate and investment and outcome cost means for “yes versus no” were reported if this difference was at least 2 times greater for one condition over the other or if the differences were statistically significant at least at a “trend” level ( $p < 0.15$ ).

## **Limitations & Strengths**

This methodology offers certain strengths and limitations that should be considered by the readers. The sample of drug courts used in this study is not random (as they were those that, over time, someone had paid NPC Research to study), so there may be limits to the generalizability of the results. However, the drug courts described in this study were evaluated by NPC for a variety of different reasons (e.g., the drug court received a grant that required evaluation, the drug court agreed to participate in a research study by NPC, the drug court was required by the state to participate in evaluation); therefore, there is no specific similarity in the way these courts were chosen for the analysis.

The operationalization of the 10 Key Components was limited to what was observed as actual practices at drug court sites evaluated by NPC Research and does not necessarily cover every practice that might fall under a particular component. However, since these observations were based on NPC’s understanding of the 10 Key Components, and the interview questions that NPC asked each court were also based on the 10 Key Components, we believe that these practices include many of those relevant to each component. In addition, the descriptions offered are intended to help develop a dialogue about how best to implement these guidelines.

In our analyses of the relationship between program practices and outcomes, we did not run any control variables for differences among the sites in demographics, criminal histories, drug of choice, or community characteristics. The imposition of such controls will be more fitting in the larger study we hope to implement in the next year or so. (It should be noted, however, that we found no relationship between site differences on these characteristics and any of our outcome measures.) Further, we did not examine the combined effects of multiple practices. It is likely that there are both mediating and moderating effects of various practices upon other practices. This sort of analysis will also be more fitting in a larger study with a larger number of drug courts. Finally, the relationship of the existence of these individual practices to outcomes is simply an association and not definitive results. We can conclude that the presence of a practice coincides with overall positive results for the drug court, but cannot say the extent to which any given practice is the cause of those results.

For the reasons stated above, we do not view these results as providing final answers on what constitutes “best practices” in a drug court, and the reader is warned not to interpret them this way. Nonetheless, we believe these results provide some information on “promising” practices, especially those with large and/or significant effects.

The strengths of this study include consistent methodology across drug court sites. This study provides a comparison of evaluation and research results using the same methodology and the same measures in the largest number of drug courts in any one study to date. Despite the limitations of the drug court sample described above, the participating courts do represent a variety of geographic areas (four states on both the East and West coasts of the United States and one U.S. territory, including both rural and urban sites). The participating courts also have varying service capacity and populations served. It is rare to have such a large number of participating drug courts—all of which have been evaluated by the same research team and methods. The results explore issues that are highly relevant and useful to the growing number of drug courts across the country. These

results represent one of the most comprehensive attempts to examine what Goldkamp, White, and Robinson (2001)<sup>4</sup> described as “inside the black box” of drug courts.

In addition, this study was designed to, and succeeds in, addressing several outstanding questions surrounding drug courts including how the 10 Key Components are being operationalized in a variety of programs. This study also demonstrates how much variation in practice exists among drug courts in their implementation of the 10 Key Components. In addition, this study describes the relationship between the specific practices and three outcome measures: graduation rate, investment costs in drug court, and improvement in outcome costs.

## Results

### KEY COMPONENT #1: DRUG COURTS INTEGRATE ALCOHOL AND OTHER DRUG TREATMENT SERVICES WITH JUSTICE SYSTEM CASE PROCESSING.

The focus of this component is on the integration of treatment services with traditional case processing. Process data that illustrate an adherence to this component include a description of the treatment provider and its role in the drug court system. Table A-1 lists the practices that fell under this component and illustrates practices that were consistently used across sites as well as practices that varied. Practices that were more variable are in bold text.

**Table A-1. Practices and Variations in Practice Within Key Component #1**

<b>Key Component #1 Practices</b>
<i>Drug courts integrate alcohol and other drug treatment services with justice system case processing.</i>
The drug court uses a central intake for treatment.
Drug court participants are offered group counseling.
Drug court participants are required to participate in support groups (e.g., AA, NA).
At least one treatment representative is a member of the drug court team.
The treatment representative is expected to attend all drug court team meetings (staffings).
Drug court has established formal partnerships with community agencies.
Drug court participants are offered individual counseling.
The treatment provider regularly provides the court written progress reports.
At least one treatment representative is a member of the drug court steering committee/policy committee.
<b>The treatment representative is expected to attend all drug court sessions.</b>
<b>Drug court has more than one treatment agency available to participants.</b>

**Note:** Bolded practices are those that varied between programs (were implemented in less than 75% of the drug courts). Non-bolded practices were consistent (implemented in 75% or more of the drug courts).

<sup>4</sup> Goldkamp, J., White, M., & Robinson, J. (2001). Do Drug Courts Work? Getting Inside the Drug Court Black Box. *Journal of Drug Issues*. 31(1), 27-72.

There was not a lot of variability among these drug courts in the large number of practices that fell under this component. In general, the drug courts in this study were consistent in using a central intake for treatment, offering group and individual treatment sessions, requiring participants to attend self-help groups, including a treatment representative on the drug court team, and expecting treatment to attend team meetings and provide written participant progress reports to the court. The primary areas of variability were whether the treatment provider attends the drug court sessions and the number of treatment agencies available to program participants. Drug courts that used a single treatment provider and that included a treatment representative at court sessions had greater outcome cost savings compared to drug courts that did not do these things.

Table A-2 provides a summary of the practices identified under Key Component #1 that had sufficient variation between courts (no more than 75% of the courts used the same practice) and how those practices were associated (negatively or positively) with outcomes and costs.

**Table A-2. Key Component #1 – Summary Table of Practices Related to Outcomes**

Key Component #1 Practices	Investment Cost	Graduation Rate	Outcome Cost
<b>Drug court has a single treatment provider (that can make referrals to other treatment as needed).</b>	No Effect	No Effect	<b>Positive Effect (Savings)**</b>
<b>The treatment representative is expected to attend all drug court sessions.</b>	No Effect	No Effect	<b>Positive Effect (Savings)**</b>

\*\*p < .05 (statistically significant); \*p < .15 (trend)

A single treatment provider was associated with a significant reduction in outcome costs (improved cost savings). According to drug court staff, a single treatment agency (that performs central intake and may refer to other providers) tends to lead to better communication between the court and treatment and more understanding and commitment to the drug court model by the treatment provider. Further, courts with a single treatment provider may be able to negotiate a contract that allows for lower rates for their drug court participants.

Having a treatment provider at drug court sessions assists communication with the judge and the rest of the drug court team; the provider is immediately available to answer questions brought up between the participant and the team. Although much of this communication can occur at team meetings, this does not allow for a dialogue between judge, participant, and treatment provider.

#### **KEY COMPONENT #2: USING A NON-ADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS' DUE PROCESS RIGHTS.**

This component is concerned with the balance of three important areas. The first is the nature of the relationship between the prosecution and defense counsel in drug court. Unlike traditional case processing, drug court case processing favors a non-adversarial approach. The second focus area is that drug court programs remain responsible for promoting public safety. The third focus area is the protection of the participants' due process rights. Table B-1 lists the practices that fall under the second component.

**Table B-1. Practices and Variations in Practice Within Key Component #2**

<p><b>Key Component #2 Practices</b></p> <p><i>Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.</i></p>
Drug court uses a reduction or the elimination of potential jail time as an incentive.
The prosecution/defense presents a united front to clients in court.
The defense attorney is expected to attend all drug court sessions.
<b>The defense attorney is expected to attend drug court team meetings (staffings).</b>
<b>Participants are admitted into the program only post-plea or post-conviction.</b>
<b>The prosecution is expected to attend all drug court team meetings (staffings).</b>
The prosecution is expected to attend all drug court sessions.
<b>Drug court allows non-drug charges.</b>
<b>The drug court allows both felonies and misdemeanors (rather than targeting felony charges).</b>
<b>Unsuccessful participants receive their original sentence.</b>

**Note:** Bolded practices are those that varied between program (were implemented in less than 75% of the drug courts). Non-bolded practices were consistent (implemented in 75% or more of the drug courts).

Overall, there was quite a bit of variation across drug courts in how the practices that fall within this component were implemented. The few practices that were consistent across programs included the reduction or elimination of incarceration for graduating participants, the attendance of the public defender at court sessions, and the presentation of a united front of defense and prosecuting attorney before participants. Practices that varied significantly included the attendance of attorneys at team meetings, the attendance of the prosecution at drug court sessions, the types of charges allowed into the drug court program, and sentencing practices when participants fail the program.

Key Component #2 revealed several practices that were related to program outcomes. Table B-2 summarizes the practices in relation to each of the outcome variables, investment costs, graduation rate and outcome (recidivism related) costs.

**Table B-2. Key Component #2 – Summary of Practices Related to Outcomes**

<b>Key Component #2 Practices</b> <i>Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.</i>	<b>Investment Cost<sup>5</sup></b>	<b>Graduation Rate</b>	<b>Outcome Cost</b>
<b>The prosecution is expected to attend all drug court team meetings (staffings).</b>	No Effect	<b>Positive Effect (Higher)**</b>	<b>Positive Effect (Savings)</b>
<b>The prosecution is expected to attend all drug court sessions.</b>	No Effect	<b>Positive Effect (Higher)</b>	<b>Positive Effect** (Savings)</b>
<b>The defense attorney is expected to attend drug court team meetings (staffings).</b>	No Effect	<b>Positive Effect (Higher)**</b>	<b>Positive Effect* (Savings)</b>
<b>Participants are admitted into the program only post-plea or post-conviction.</b>	<b>Higher</b>	<b>Negative Effect (Lower)</b>	No Effect
<b>Drug Court allows non-drug charges.</b>	<b>Higher</b>	No Effect	<b>Positive Effect (Savings)</b>
<b>Unsuccessful participants receive their original sentence.</b>	<b>Lower*</b>	No Effect	No Effect

\*\*p < .05 (statistically significant); \*p < .15 (trend)

Participation of the drug court attorneys, both prosecution and defense, in team meetings and at drug court sessions had a positive effect on graduation rate and on outcome costs. Interviews with drug court staff have pointed to the convenience of communication when all players are in the room and have also remarked that the speed of decision-making is increased. It seems reasonable, therefore, that this should lead to better participant outcomes.

Allowing participants into the program only post-plea was associated with lower graduation rates and higher investment costs (though there was no effect on outcome costs). Accepting participants post-plea and post-conviction generally means the eligible offenders go through the traditional court process before entering the program. This leads to higher system investment into the drug court eligible case than for courts that allow participants in pre-plea (offenders do not complete the traditional court process first). It is possible that the relationship between post-plea participation and lower graduation rates is due to a greater length of time before post-plea participants begin the drug court program. Post-plea (and particularly post-conviction) drug court programs have a longer time between offender arrest and referral and program start. As described next, in Key Component #3, “striking while the iron is hot” is important to participant success.

Courts that allowed non-drug-related charges had higher investment costs. Drug court staff suggested that offenders with non-drug-related charges in addition to having a drug abuse issue

<sup>5</sup> Investment costs are described as lower and higher without specifying whether these are positive or negative as higher investment costs may be worth the expense in that they result in positive outcomes including cost savings (e.g., a positive cost-benefit ratio).

have greater needs (and require more services) than those whose only legal issue is drug possession or closely related charges. However, courts that allowed non-drug-related charges also showed a higher percent improvement in outcome costs. If participants that have non-drug-related charges are a more criminal population, then it might be expected that a decrease in recidivism in this group would have a more significant impact on outcome costs than in groups where the relative difference in recidivism is lower.

Finally, courts that imposed the original sentence rather than determining the sentence at termination showed lower investment cost and greater improvement in outcome costs. It is possible that knowing the sentence serves as an incentive for participants to avoid failure. In NPC’s cost research, we have often found that drug court participants who fail receive more incarceration time for the drug court-eligible case than similar offenders who did not participate. It is possible that determining the sentence in advance prevents more punitive (and therefore more expensive) sentences when participants fail.

**KEY COMPONENT #3: ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE DRUG COURT PROGRAM.**

The focus of this component is on the development and effectiveness of eligibility criteria and referral process. Table C-1 lists the practices that fall under the third component.

**Table C-1. Practices and Variations in Practice Within Key Component #3**

<b>Key Component #3 Practices</b>
<i>Eligible Participants are identified early and promptly placed in the drug court program.</i>
Drug court uses a reduction or the elimination of potential jail time as an incentive to enroll and to complete the program.
Use of Central Intake for treatment referral
Eligibility requirements have been agreed upon and written down.
<b>Participants are admitted into the program only post-plea or post-conviction.</b>
<b>The drug court expects 20 days or less to pass from a participant’s arrest and drug court entry.</b>
<b>Drug court maintains a caseload of fewer than 150 clients.</b>
<b>The drug court allows both felonies and misdemeanors (see KC#2).</b>
<b>Drug court allows non-drug charges (see KC#2).</b>
<b>Drug court uses a substance abuse screen to determine eligibility.</b>
<b>Drug court uses a mental health screen to determine eligibility.</b>

**Note:** Bolded practices are those that varied between program (were implemented in less than 75% of the drug courts). Non-bolded practices were consistent (implemented in 75% or more of the drug courts).

Key Component #3 addresses the issue of identifying offenders eligible for the program early and enrolling them quickly. Practices related to this component include those related to eligibility and the definition of the target population, as well as the timing of identification and placement.

Practices that were consistent across all 18 drug courts included using a central intake into the drug court program and a reduction or elimination of jail time for program graduates. The vast majority also reported having written eligibility requirements. However, many of the practices that fell

within this component varied among the programs. These included practices regarding the charges that were eligible for the program, the length of time between participant arrest and program entry, program capacity, and the use of screening instruments to determine program eligibility.

Two of the variable practices that fall within Key Component #3 showed a strong relationship with investment and outcome costs: (1) length of time between arrest and entry and (2) program capacity. The relationship between these practices and program outcomes is summarized in Table C-2.

**Table C-2. Key Component #3 – Summary of Practices Related to Outcomes**

<b>Key Component #3 Practices</b> <i>Eligible Participants are identified early and promptly placed in the drug court program.</i>	<b>Investment Cost</b>	<b>Graduation Rate</b>	<b>Outcome Cost</b>
The drug court expects 20 days or less to pass from a participant's arrest and drug court entry.	<b>Lower</b>	No Effect	<b>Positive Effect (Savings)</b>
Drug court maintains a caseload of fewer than 150 clients.	<b>Higher</b>	No Effect	<b>Positive Effect (Savings)**</b>

\*\*p < .05 (statistically significant)

A shorter length of time between arrest and participant entry was related to lower investment costs and greater cost savings. The positive outcomes (lower costs due to lower recidivism) associated with faster program entry provide further evidence for the argument that it is important to “strike while the iron is hot.” Participants may be more ready to change when faced with the negative consequences of engaging in drug abuse and other criminal behavior such as being arrested and spending time in jail.

Program capacity is related to the identification and prompt placement of eligible offenders in that if the capacity is too small, eligible offenders may be turned away or placed on a waitlist. A capacity of fewer than 150 was related to higher investment costs. This appears to be due to an economy of scale issue; courts with larger capacities must process participants more efficiently. Yet, a smaller capacity was also related to substantial and significant outcome cost benefits. The participants in courts with a smaller capacity may receive more personal attention. However, there is pressure for drug courts to “go to scale” and increase their ability to process a larger participant population. The challenge is to adjust court operations (such as increasing numbers of staff) so that participants can continue to receive the same quality of service as when there were smaller numbers.

#### **KEY COMPONENT #4: DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG AND OTHER TREATMENT AND REHABILITATION SERVICE.**

The focus of this key component is on the drug court's ability to provide participants with a range of treatment services. Success under this component is highly dependent on success under the first component (i.e., ability to integrate treatment services within the program). Compliance with Key Component #4 requires having a range of treatment modalities or types of service available. However, drug courts still have decisions about how wide a range of services to provide.

Table D-1 lists the practices that fall under the second component.

**Table D-1. Practices and Variations in Practice Within Key Component #4**

<b>Key Component #4 Practices</b> <i>Drug courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation service.</i>
Drug court participants are offered group drug and/or alcohol counseling.
The drug court provides treatment through a series of phases.
Drug court participants are required to participate in support or self-help groups (e.g., AA, NA).
Drug court has established formal partnerships with community agencies.
Drug court offers additional wrap-around services (not including education/employment services).
Drug court offers education and employment services.
Drug court participants are offered individual counseling.
<b>Drug court program is expected to take one year or less to complete.</b>
<b>Drug court has guidelines on the frequency of group treatment sessions that a participant must receive.</b>
<b>Drug court offers aftercare to graduating clients after they exit the program.</b>
<b>Drug court has guidelines on the frequency of individual treatment sessions that a participant must receive.</b>

**Note:** Bolded practices are those that varied between program (were implemented in less than 75% of the drug courts). Non-bolded practices were consistent (implemented in 75% or more of the drug courts).

There was little variability among our programs on most of these practices. However, four practices showed variation between sites and three of these practices were significantly associated with outcomes. The length of stay and requirements on the frequency of treatment sessions were strongly associated with all three program outcomes measured in this analysis. Table D-2 summarizes the findings for these practices.

**Table D-2. Key Component #4 – Summary of Practices Related to Outcomes**

<b>Key Component #4 Practices</b> <i>Drug courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation service.</i>	<b>Investment Cost</b>	<b>Graduation Rate</b>	<b>Outcome Cost</b>
Drug court program is expected to take one year or more to complete.	<b>Higher**</b>	No Effect	<b>Positive Effect (Savings)</b>
Drug court has guidelines on the frequency of group treatment sessions that a participant must receive.	<b>Lower**</b>	<b>Higher**</b>	<b>Positive Effect (Savings)**</b>
Drug court has guidelines on the frequency of individual treatment sessions that a participant must receive.	<b>Lower**</b>	<b>Higher*</b>	<b>Positive Effect (Savings)</b>

\*\*p < .05 (statistically significant); \*p < .15 (trend)



Not surprisingly, greater lengths of stay were associated with higher investment costs but were also associated with higher outcome cost benefits. It is difficult to determine if higher investment costs are necessarily a negative outcome. The investment in these practices may be worthwhile if they, in turn, lead to other positive and cost-beneficial outcomes or impacts.

Programs that had requirements regarding the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions once per week) had substantially lower investment costs and substantially higher graduation rates and improved outcome costs. This was true regardless of the actual frequencies. Clear requirements of this type may make compliance with program goals easier for program participants and also make it easier for program staff to determine if participants have been compliant. This also ensures that participants are receiving a “full dose” of treatment.

**KEY COMPONENT #5: ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING.**

The focus of this key component is on the use of alcohol and other drug testing as a part of the drug court program. The component encourages frequent testing but does not define the term “frequent” so drug courts develop their own guidelines on the number of tests required. Related to this component, the drug court must assign responsibility for these tests and the method for collection.

Table E-1 lists the practices that fall under the fifth component.

**Table E-1. Practices and Variations in Practice Within Key Component #5**

<b>Key Component #5 Practices</b>
<i>Abstinence is monitored by frequent alcohol and other drug testing.</i>
Drug court collects tests on a random basis.
Urinalysis tests are used.
Breath tests are used.
Bracelet monitoring is used as a drug testing method.
Hair tests are used drug testing method.
Blood tests are used drug testing method.
<b>In the first phase of drug court, tests are collected at least 2 times per week.</b>
<b>Drug court uses a call-in system to ensure that drug tests are administered at random.</b>
<b>Drug court staff usually has the drug test results within 48 hours.</b>
<b>Drug court expects a client to have greater than 90 days of negative drug tests before graduation.</b>
<b>The treatment agency is solely responsible for the collection of samples.</b>

**Note:** Bolded practices are those that varied between program (were implemented in less than 75% of the drug courts). Non-bolded practices were consistent (implemented in 75% or more of the drug courts).

The drug courts examined in this paper differed in the frequency of testing, their methods for randomizing drug tests, the length of time before receiving test results, and their requirements on length of time clean for participants to graduate.

Although all the drug courts in this sample practiced random drug testing, their method for randomizing tests differed. There was no relationship between using a call-in method versus other types of methods and program outcomes.

Table E-2 summarizes the relationship between the variable practices within Key Component #5 and program outcomes.

**Table E-2. Key Component #5 – Summary of Practices Related to Outcomes**

<b>Key Component #5 Practices</b> <i>Abstinence is monitored by frequent alcohol and other drug testing.</i>	<b>Investment Costs</b>	<b>Graduation Rate</b>	<b>Outcome Costs</b>
In the first phase of drug court, tests are collected at least 2 times per week.	<b>Higher</b>	No Effect	<b>Positive Effect (Savings)**</b>
Drug court staff usually has the drug test results within 48 hours.	No Effect	<b>Higher**</b>	<b>Positive Effect (Savings)*</b>
Drug court expects a client to have greater than 90 days of negative drug tests before graduation.	No effect	No Effect	<b>Positive Effect (Savings)*</b>
The treatment agency is solely responsible for the collection of samples.	<b>Lower*</b>	No Effect	No Effect

\*\*p < .05 (statistically significant); \*p < .15 (trend)

Drug courts that tested 2 or more times per week in the first phase had substantially lower outcome costs (greater savings), while courts that tested less often had higher outcome costs (lower savings).

Drug courts that received their test results back within 48 hours had significantly higher graduate rates and substantially improved outcome costs (cost savings). (The length of time between test and results must affect the immediacy of sanctions, which in turn affects participant outcomes.). Further, the length of time clean required before graduation was associated with program outcome costs. Drug courts that required more than 90 days of negative tests before graduation had greater outcome benefits than courts that required 90 days or less.

Drug testing is clearly an important component for successful programs. Drug court participants report drug testing as one of the most effective techniques used for deterring use. More frequent and random drug testing makes it more difficult for participants to find times to use between tests.

One of the benefits of drug courts is that they allow participants to live in the community while they practice the skills they learned to function in the world without substance abuse. The longer participants remain clean under the support of the drug court program, the more experience they will have in practicing a healthy, functional lifestyle, which should continue to serve them after graduation or termination.

## KEY COMPONENT #6: A COORDINATED STRATEGY GOVERNS DRUG COURT RESPONSES TO PARTICIPANTS' COMPLIANCE.

The focus of this component is on how the drug court responds to clients' behavior during program participation. Drug courts have established a system of rewards and sanctions that determine the program's response to acts of both non-compliance and compliance with program requirements.

Table F-1 lists the practices that fall under the second component.

**Table F-1. Practices and Variations in Practice Within Key Component #6**

<b>Key Component #6 Practices</b>
<i>A coordinated strategy governs drug court responses to participants' compliance.</i>
Drug court uses incarceration as a sanction.
Drug court uses graduated sanctions.
Participants are provided with written descriptions of drug court policies or rules of conduct.
Drug court will offer small gifts or gift certificates as a reward.
There are clear/written "rules" regarding compliance and team responses.
<b>Drug court will impose sanctions in advance of a client's regularly scheduled court hearing.</b>
<b>Drug court decreases the frequency of future treatment sessions as a reward.</b>
<b>Drug court uses increased support group attendance as a sanction.</b>
<b>Only the judge can provide clients with tangible rewards.</b>
<b>Only the judge can dispense sanctions to clients.</b>
<b>Drug court decreases the frequency of future drug testing as a reward.</b>

**Note:** Bolded practices are those that varied between program (were implemented in less than 75% of the drug courts). Non-bolded practices were consistent (implemented in 75% or more of the drug courts).

The focus of Key Component #6 is the behavior shaping and modification that is the cornerstone of the drug court approach. This involves the strategies that drug courts use to respond to differing participant behavior. These strategies mainly include rewards (reinforcement) for positive participant behavior and sanctions (punishment) for negative, or non-compliant, behavior. Related to these strategies are not only the type of rewards and sanctions but also their timing in relation to when the participant behavior occurred and who is responsible for dispensing them.

There was some consistency in practice across the 18 courts in this sample. All of the drug courts had the option of jail as a sanction. The majority of programs had graduated sanctions, had written rules about participant compliance, and gave these rules to participants. Variations in practice among these courts included the ability of the team to impose sanctions in advance of drug court sessions, the use of decreasing the frequency of treatment sessions and drug tests as a reward, the use of increased support group attendance as a sanction, and whether or not the judge is the sole provider of rewards and/or sanctions.

Table F-2 provides a summary of the practices that were related to program outcomes.

**Table F-2. Key Component #6 – Summary of Practices Related to Outcomes**

<b>Key Component #6 Practices</b> <i>A coordinated strategy governs drug court responses to participants' compliance.</i>	<b>Investment Costs</b>	<b>Graduation Rate</b>	<b>Outcome Costs</b>
Drug court will impose sanctions in advance of a client's regularly scheduled court hearing.	No Effect	<b>Higher*</b>	No Effect
Drug court decreases the frequency of future treatment sessions as a reward.	No Effect	No Effect	<b>Positive Effect (Savings)</b>
Only the judge can provide clients with tangible rewards.	<b>Higher**</b>	No Effect	<b>Positive Effect (Savings)*</b>
Drug court uses increased support group attendance as a sanction.	<b>Higher*</b>	No Effect	No Effect

\*\*p < .05 (statistically significant); \*p < .15 (trend)

Some types of rewards were correlated with differing program outcomes. Sites that decreased the number of required treatment sessions as a reward were associated with a greater improvement in outcome costs. Decreasing the number of required drug tests was not. Decreasing treatment sessions may decrease participant stress levels due to multiple obligations, while decreasing drug tests may tempt those who are not committed to ending their drug use to find time to use between tests.

Who dispenses the rewards and sanctions also showed some association with differing program outcomes. Drug courts that have the judge as the sole provider of rewards showed higher improvement in outcome costs, which points to the importance for participants of having an authority figure show approval of their behaviors, and perhaps the power of examples to other participants in court. In contrast, having the judge as the sole provider of sanctions was not associated with graduation rates, investment costs or outcome costs. Perhaps this can be used as evidence that having the judge as the sole provider of sanctions is not necessary for a program to have positive outcomes.

Finally, the immediacy of sanctions was related to improved graduation rates, but not to investment or outcome costs. It could be that, although sanctions guide participants to compliant behavior within the program, they may not be the most important factor in how participants behave after leaving the program.

The types of rewards and sanctions and how rewards and sanctions are dispensed are crucial in effective behavior modification. Drug courts should pay special attention to the practices they use within this component to determine whether their responses to participant behavior are having the desired effect.

**KEY COMPONENT #7: ONGOING JUDICIAL INTERACTION WITH EACH PARTICIPANT IS ESSENTIAL.**

The focus of this component is on the judge’s role in drug court. The judge plays an extremely important function for drug court in monitoring client progress and using the court’s authority to promote positive outcomes. While this component encourages ongoing interaction, drug courts must still decide how to structure the judge’s role. Key Component #7 is centered on the interactions between the participant and the judge. This component includes the frequency of participant contact with the judge throughout the program, as well as continuity of that interaction.

Table G-1 lists the practices that fall under the seventh component.

**Table G-1. Practices and Variations in Practice Within Key Component #7**

<b>Key Component #7 Practices</b>
<i>Ongoing judicial interaction with each participant is essential.</i>
The judge is expected to attend every drug court session.
The judge is expected to attend “staffings” (team meetings where participant progress is discussed).
The judge is expected to attend all policy meetings (steering committee meetings).
The judge receives written progress reports on participants.
<b>The judge is assigned to drug court for a term of greater than 2 years (or indefinitely).</b>
<b>In the final phase of drug court, the clients appear before the judge in court at least once per month.</b>
<b>Only the judge can provide clients with tangible rewards.</b>
<b>Only the judge can impose sanctions to clients.</b>
<b>When clients first begin drug court, they appear before the judge in court once per week.</b>

**Note:** Bolded practices are those that varied between program (were implemented in less than 75% of the drug courts). Non-bolded practices were consistent (implemented in 75% or more of the drug courts).

There was consistency among drug courts on four practices. The judges attended team meetings where participant progress was discussed, attended steering committee meetings, and (unsurprisingly) attended drug court sessions. Also, judges received written progress notes on each participant. Practices that varied among these courts included the length of the term judges were assigned to drug court, the frequency of required court sessions for participants at the beginning and end of the program, and whether the judge exclusively dispensed sanctions and rewards.

Table G-2 summarizes the practices falling under Key Component #7 that were related to outcomes.

**Table G-2. Key Component #7 – Summary of Practices Related to Outcomes**

<b>Key Component #7 Practices</b> <i>Ongoing judicial interaction with each participant is essential.</i>	<b>Investment Cost</b>	<b>Graduation Rate</b>	<b>Outcome Costs</b>
The judge was assigned to drug court for a term of greater than 2 years (or indefinitely).	No Effect	<b>Higher</b>	<b>Positive Effect (Savings)</b>
In the first phase of drug court, participants appear before the judge in court once every 2 weeks or less.	<b>Lower*</b>	No Effect	<b>Positive Effect (Savings)</b>
In the final phase of drug court, the clients appear before the judge in court at least once per month.	No Effect	<b>Higher</b>	<b>Positive Effect (Savings)</b>

\*\*p < .05 (statistically significant); \*p < .15 (trend)

Programs with judges assigned to drug court for greater than 2 years or indefinitely, versus courts that rotated their judges more often, showed greater improvement in graduation rate and outcome costs. In programs where judges rotate more frequently, staff and participants report that they have little continuity with the judge during the length of the program. The required frequency of court sessions in the first and last phases of the program correlated with different outcomes. Courts that required court sessions every 2 weeks or even less often in the first phase had lower investment costs and greater costs savings. It is possible that the burden of too frequent requirements may outweigh the benefits to participants. Conversely, courts that required attendance at court sessions at least once per month in the final phase had better outcomes than drug courts that required that required less frequent sessions. It may be important for participants who are preparing to leave the structure of the program to have the support offered by monthly drug court sessions. The interaction of the drug court judge with participants is central to the drug court model. Attention should be given to the appropriate frequency of court sessions for optimum participant benefit as well as to judge assignment and training. Training will be discussed further in Key Component #9.

**KEY COMPONENT #8: MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS.**

This component encourages drug court programs to monitor their progress towards their goals and evaluate the effectiveness of their practices. The purpose is to establish program accountability to funding agencies and policymakers as well as to themselves and their participants. Further, regular monitoring and evaluation provides programs with the information needed to make adjustments in program practices that will increase effectiveness.

Table H-1 lists the practices that fall under the eighth component.

**Table H-1. Practices and Variations in Practice Within Key Component #8**

<b>Key Component #8 Practices</b> <i>Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.</i>
Drug court staff routinely collects and reports program statistics.
The drug court has participated in evaluations conducted by an independent evaluator.
Drug court maintains an electronic database for monitoring clients.
The drug court uses their electronic database to enhance case management.
<b>The drug court maintains paper files for some records that are critical to an evaluation.</b>
<b>Regular reporting of program statistics has led to modifications in drug court operations.</b>
<b>The results of program evaluations have led to modifications in the drug court operations.</b>
<b>The drug court has participated in more than one evaluation conducted by an independent evaluator.</b>

**Note:** Bolded practices are those that varied between program (were implemented in less than 75% of the drug courts). Non-bolded practices were consistent (implemented in 75% or more of the drug courts).

All of the drug courts reviewed in this paper reported that they routinely collect data and program statistics and they have had at least one evaluation. The large majority of these courts had an electronic database. However, there was variation in whether these courts continued to keep some data important for client tracking and evaluation in paper files. Further, courts varied on whether they used their data and/or feedback from outside evaluators to modify their program.

Table H-2 summarizes the practices falling under Key Component #8 that were related to outcomes.

**Table H-2. Key Component #8 – Summary of Practices Related to Outcomes**

<b>Key Component #8 Practices</b> <i>Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.</i>	<b>Investment Cost</b>	<b>Graduation Rate</b>	<b>Outcome Costs</b>
The drug court maintains paper files for some records that are critical to an evaluation.	<b>Higher*</b>	<b>Lower*</b>	<b>Negative Effect (Less Savings)</b>
Regular reporting of program statistics has led to modifications in drug court operations.	<b>Higher</b>	<b>Higher**</b>	<b>Positive Effect (Savings)</b>
The results of program evaluations have led to modifications in the drug court operations.	<b>Higher*</b>	No Effect	<b>Positive Effect (Savings)**</b>
The drug court has participated in more than one evaluation conducted by an independent evaluator.	No Effect	No Effect	<b>Positive Effect (Savings)</b>

\*\*p < .05 (statistically significant); \*p < .15 (trend)

Programs that used evaluation feedback and their own internal statistics to modify their program process showed substantial benefit in improved outcome costs. It is always possible that a poor evaluation could either lead to inappropriate modifications, or result in the program choosing not to make modifications. Among the programs included in this study, however, those that made modifications based on feedback had better outcomes. In addition, programs that participated in more than one evaluation showed improved outcome costs. This illustrates the importance of the use of feedback based on program-specific data to modify and enhance drug court operations.

The use of paper files to manage data important to monitoring participant progress and to conducting program evaluation was associated with higher investment costs, lower graduation rates and less improvement in outcome costs. This demonstrates the cost effectiveness of electronic databases in tracking participant progress as well as performing evaluation.

**KEY COMPONENT #9: CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE DRUG COURT PLANNING, IMPLEMENTATION, AND OPERATIONS.**

This component encourages ongoing professional development and training of drug court staff. Team members need to be updated on new procedures and maintain a high level of professionalism. Drug courts must decide who receives this training and how often.

Table I-1 lists the practices that fall under the ninth component.

**Table I-1. Practices and Variations in Practice Within Key Component #9**

<b>Key Component #9 Practices</b>
<i>Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.</i>
Members of the drug court team receive regular training on drug court practices.
Trainings are offered to team members at least once a year.
<b>All new hires to the drug court complete a formal training or orientation.</b>
<b>In preparation for the implementation of the drug court, team members received training.</b>
<b>All members of the drug court team were provided with training.</b>

**Note:** Bolded practices are those that varied between program (were implemented in less than 75% of the drug courts). Non-bolded practices were consistent (implemented in 75% or more of the drug courts).

The focus of Key Component #9 is on training for drug court staff. All of the drug courts in our sample were consistent in reporting that at least some members of the drug court team receive regular training, and the vast majority of drug courts reported that these trainings were offered to team members at least once per year. However, there was also quite a bit of variation in training practices including training team members before implementing the drug court, providing formal training for new hires, and providing formal training to all drug court team members rather than just some.

Table I-2 summarizes the variable practices falling under Key Component #9 that were related to outcomes.



**Table I-2. Key Component #9 – Summary of Practices Related to Outcomes**

<b>Key Component #9 Practices</b> <i>Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.</i>	<b>Investment Cost</b>	<b>Graduation Rate</b>	<b>Outcome Costs</b>
<b>In preparation for the implementation of the drug court, team members received training.</b>	<b>Higher</b>	<b>Higher</b>	<b>Positive Effect (Savings)*</b>
<b>All new hires to the drug court complete a formal training or orientation.</b>	No Effect	No Effect	<b>Positive Effect (Savings)</b>
<b>All members of the drug court team were provided with training.</b>	No Effect	<b>Higher**</b>	<b>Positive Effect (Savings)**</b>

\*\*p < .05 (statistically significant); \*p < .15 (trend)

Training before drug court implementation was related to higher investment costs, slightly higher graduation rates and substantially greater cost savings. Formal training for new hires was associated with greater improvement in outcome costs, and formal training for all drug court team members was associated with significantly higher graduation rates and significantly greater improvement in outcome costs. Interestingly, neither was associated with higher program investment costs.

It is clear from the results described above that training of drug court staff, particularly when all team members are included, results in more positive outcomes. Drug court programs are based on practices that are somewhat unique, particularly within the criminal justice system. These practices include behavior modification techniques and non-adversarial approaches to solving problems. Most criminal justice-related agency staff members have never received education in these areas. An understanding of how these practices work is key to drug court staff ability to implement an effective drug court program.

**KEY COMPONENT #10: FORGING PARTNERSHIPS AMONG DRUG COURTS, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS GENERATES LOCAL SUPPORT AND ENHANCES DRUG COURT PROGRAM EFFECTIVENESS.**

This component encourages drug courts to develop partnerships with other criminal justice and service agencies. For these collaborations to be true “partnerships,” regular meetings and collaborations with these partners should occur. If successful, the drug court will benefit from the expertise that resides in all of the partner agencies. Participants will enjoy greater access to a variety of services.

Table J-1 lists the practices that fall under the tenth component.

**Table J-1. Practices and Variations in Practice Within Key Component #10**

<p><b>Key Component #10 Practices</b></p> <p><i>Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.</i></p>
The drug court team includes the judge.
The drug court team includes the drug court coordinator.
The drug court team includes a member from the Public Defender’s Office.
The drug court team includes a treatment representative.
The drug court team includes a member from the District Attorney’s Office.
Drug court has established formal partnerships with community agencies.
Drug court offers additional wrap-around services.
Drug court offers education and employment services.
The drug court team includes community representatives.
<b>The steering committee (policy committee) includes community representatives.</b>
<b>The drug court team includes a member from the Probation Department.</b>
<b>The drug court team includes a representative from law enforcement (not probation).</b>

**Note:** Bolded practices are those that varied between program (were implemented in less than 75% of the drug courts). Non-bolded practices were consistent (implemented in 75% or more of the drug courts).

The focus of Key Component #10 is drug court program connections with multiple agencies and with the community. One way of making these connections is to include representatives from a variety of agencies on the drug court team. Most drug courts include a judge, both defense and prosecuting attorneys, and a coordinator who may work for the court or probation (or possibly a treatment agency). Other agency and community representatives are included less consistently. While some courts include a representative from probation and law enforcement on the team, others do not. Very few drug courts include a representative from a community service agency on the drug court team or on the steering committee.

Including a representative from a community service organization on the drug court team was not associated with investment costs, graduation rates, or outcome costs. Because the type of community representative on the team can vary widely, it is likely that the effect is not measurable in this sample size. Further examination of this issue in a larger number of courts will provide more information.

Table J-2 summarizes the variable practices consistent with Key Component #10 that were related to outcomes.

**Table J-2. Key Component #10 – Summary of Practices Related to Outcomes**

<b>Key Component #10 Practices</b> <i>Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.</i>	<b>Investment Cost</b>	<b>Graduation Rate</b>	<b>Outcome Costs</b>
The drug court team includes a member from the Probation Department.	<b>Higher</b>	No Effect	<b>Less Positive</b>
The drug court team includes a representative from law enforcement (not probation).	<b>Higher**</b>	<b>Higher</b>	<b>Positive Effect (Savings)**</b>

\*\*p < .05 (statistically significant); \*p < .15 (trend)

The inclusion of a representative from probation on the drug court team was associated with higher investment costs, and with slightly lower improvement in outcome costs, but was not associated with graduation rate. It makes sense that adding a team member will increase program costs. However, the role of probation on a drug court team varies from more traditional monitoring to case management (including referrals to needed services) to running treatment sessions. Because of this variation it may not be possible to determine the actual effects of a probation representative on program outcomes in a sample of this size.

Including law enforcement on the drug court team is practiced more rarely but is clearly associated with more positive outcomes. Working on the street, law enforcement can contribute a unique perspective to the drug court team. Law enforcement can improve referrals to the program and can extend the connection of the drug court team into the community for further information gathering and monitoring of participants (e.g., in the form of home visits). This all contributes to positive outcome costs.

The results associated with practices within Key Component #10 suggest that it is important for drug court teams to consider carefully the agencies or organizations that may be represented on the team and ensure that these organizations are providing a real benefit to participants. These results also suggest that there would be some benefit in clarifying the role of each member of the drug court team. In general, in order to engage key stakeholders and to gain support from the agencies involved with drug court participants and from the community, it is important to include as many as possible in discussions and decisions about the drug court.

## **Conclusion**

Our analysis revealed that despite the availability of benchmarks through the National Association of Drug Court Professionals, drug courts still have a lot of discretion in how they implement the 10 Key Components. Under each of the 10 components, there were both similarities and differences in how drug courts were operated. Differences across drug courts are expected and should not be misinterpreted as negative findings. The drug court model is flexible and courts have been encouraged to tailor aspects of their programs to better meet the needs of their populations. However, the identification of any variation in practice is very helpful. A thorough understanding of

the drug courts' procedures helps increase awareness of the unique aspects of the programs (Belenko, 2001<sup>6</sup>). It may also help explain why some drug courts are more effective than others.

It is clear from the above tables that there are a variety of practices included under these components. There are quite a number of practices that are consistently implemented among drug courts. However, those practices that show variation among the courts in this sample are the practices that may be the most fruitful in determining promising or best practices for drug courts. While consistent implementation is desirable, it is the variation among sites that is the source of innovation and allows us to examine the relationship of variability to outcomes, allowing us to look for promising, or best, practices.

However, it is important to acknowledge that what is a best practice in one drug court context may not be in others. Participant populations differ in drug of choice, level of addiction, legal issues, and life issues such as employment, education, and health needs. Drug courts must remain flexible in practices so as to best fit their participants, their relationships among the collaborating agencies, and their environment.

What interests many individuals, particularly policymakers, is the bottom line: what practices save money and otherwise result in the most positive outcomes. Table K lists all the practices found in this study that were related to greater improvement in outcome costs (that is, larger cost "savings" due to lower recidivism).

The practices listed in Table K are promising practices in that they are related to avoided costs, or savings, due to lower recidivism. These practices represent a beginning to the research necessary to determine best practices for drug courts. However, given that what is a best practice for one court may not be a best practice in all courts, future research in a larger number of drug courts should focus on best practices for specific participant populations and within specific contexts.

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<sup>6</sup> Belenko, S. (2001). Research on drug courts: A critical review 2001 update. *National Drug Court Institute Review*, 4, 1–60.

**Table K. Adult Drug Court Practices Related to “Cost Savings” (Costs Avoided)**

<b>Practices Related to Positive Cost Outcomes</b>
The drug court has a single treatment provider (that can make referrals to other treatment as needed).
The treatment representative is expected to attend all drug court sessions.
The prosecution is expected to attend all drug court team meetings (participant progress meetings).
The prosecution is expected to attend all drug court sessions.
The defense attorney is expected to attend drug court team meetings (participant progress meetings).
The drug court allows non-drug charges.
The drug court expects 20 days or less to pass from a participant’s arrest to drug court entry.
The drug court maintains a caseload of less than 150 clients.
The drug court program is expected to take one year or more for participants to complete.
Drug court has guidelines on the frequency of group treatment sessions that a participant must receive.
Drug court has guidelines on the frequency of individual treatment sessions that a participant must receive.
In the first phase of drug court, tests are collected at least 2 times per week.
Drug court staff generally has drug test results within 48 hours.
The drug court requires participants to have greater than 90 days “clean” before graduation.
The drug court decreases the frequency of future treatment sessions as a reward.
Only the judge can provide clients with tangible rewards.
The judge is assigned to drug court for a term greater than 2 years (or indefinitely).
In the first phase of drug court, participants appear before the judge in court once every 2 weeks or less.
In the final phase of drug court, the clients appear before the judge in court at least once per month.
The drug court maintains data critical to monitoring and evaluation in an electronic database (rather than paper files).
The drug court collects program statistics and uses them to modify drug court operations.
The drug court uses the results of program evaluations to modify drug court operations.
The drug court has participated in more than one evaluation conducted by an independent evaluator.
Team members received training in preparation for the implementation of the drug court.
All new hires to the drug court complete a formal training or orientation.
All members of the drug court team are provided with training.
The drug court team includes a representative from law enforcement (not including probation).