

**COLORADO PROBLEM SOLVING COURT STANDARDS**

**DUI COURTS**



*Adopted December 2015*

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## INTRODUCTION:

### ABOUT THE COLORADO PROBLEM SOLVING COURT STANDARDS FOR DUI COURTS

The COLORADO PROBLEM SOLVING COURT STANDARDS FOR DUI COURTS distinguishes between fundamental minimum standard practices and encouraged best practice standards. This distinction is based upon a collaborative process and consultation with the National Center for DWI Courts (NCDC), NPC Research, the Technical Assistance and Program Support (TAPS) Sub-Committee of the Colorado Problem Solving Court Advisory Committee and input from Colorado Problem Solving Court professionals.

For all components, the Committee recognizes that the DUI Court may need to account for local circumstances beyond the immediate control of the DUI Court Team which may impact the full implementation of a fundamental or best practice. Recognition is given to the fact that many programs lack the resources and service providers that are needed for full compliance with best practice standards, especially in rural areas of the state. Many of those programs have found solutions to those challenges and operate effective programs. Teams should strive to resolve any specific local issues that best mirrors the standards as outlined in this document. Additionally, DUI drug court programs should follow both the 10 KEY COMPONENTS OF DRUG COURTS (*NADCP, 1997*) and the 10 GUIDING PRINCIPLES OF DWI COURTS (*NCDC, 2005*). Correspondence between the KEY COMPONENTS OF DRUG COURTS and the GUIDING PRINCIPLES OF DWI (DUI) COURTS are provided throughout this document.

**FUNDAMENTAL PRACTICES (FP)** are the minimum expected standards for DUI Court programs based upon the COLORADO PROBLEM SOLVING COURTS BEST PRACTICE MANUAL adopted by the Problem Solving Court Advisory Committee and *Volume 1* of the NADCP ADULT DRUG COURT BEST PRACTICE STANDARDS. DUI Court programs require special attention to the elements of their programs that are more specific to DUI Courts than the more global practices and standards developed for Drug/Problem Solving Courts. The minimum standard for DUI Courts will reflect the unique research-based practices for these programs.<sup>1</sup>

**BEST PRACTICE STANDARDS (BPS)** are to be encouraged for use in all PSC programs, based upon the COLORADO PROBLEM SOLVING COURTS BEST PRACTICES MANUAL, adopted by the Problem Solving Court Advisory Committee, and *Volume 1* of the National Association of Drug Court Professionals' ADULT DRUG COURT BEST PRACTICE STANDARDS, and the DUI Court specific resources mentioned above. All standards that are not designated as a Fundamental Practice shall be considered a Best Practice Standard that every program should strive to achieve with reasonable diligence considering the resources available to the program. Programs that lack resources should diligently work to establish those resources.

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<sup>1</sup> The DUI Court standards also recognize those more specific standards and practices contained in the *Colorado Adult Drug Courts and DUI Courts Statewide Process Assessment and Outcome Evaluation*, [http://npcresearch.com/Files/CO\\_Statewide\\_Process\\_Assessment\\_and\\_Outcome\\_Evaluation\\_0912.pdf](http://npcresearch.com/Files/CO_Statewide_Process_Assessment_and_Outcome_Evaluation_0912.pdf), submitted by NPC Research in September 2012, *The Ten Guiding Principles Of DWI Courts*, [http://www.dwicourts.org/sites/default/files/ncdc/Guiding\\_Principles\\_of\\_DWI\\_Court\\_0.pdf](http://www.dwicourts.org/sites/default/files/ncdc/Guiding_Principles_of_DWI_Court_0.pdf), developed by the National Center for DWI Courts (NCDC), *DWI Court Checklist*, [http://www.dwicourts.org/sites/default/files/ncdc/2011%20NCDC%20Checklist%20Final-Form\\_0.pdf](http://www.dwicourts.org/sites/default/files/ncdc/2011%20NCDC%20Checklist%20Final-Form_0.pdf), and the *Introductory Handbook for DWI Court Program Evaluation*, <http://www.dwicourts.org/sites/default/files/nadcp/DWI%20Ct%20Eval%20Manual%20REVISED-8-10.pdf>.

## GUIDING PRINCIPLE #1: DETERMINE THE POPULATION

### Key Component #3: Eligible Participants Are Identified Early and Promptly Placed in the Drug Court Program

*Targeting is the process of identifying a subset of the DUI offender population for inclusion in the DUI Court program. This is a complex task given that DUI Courts, in comparison to traditional Drug Court programs, accept only one type of offender, the person who drives while under the influence of alcohol or drugs. The DUI Court target population, therefore, must be clearly defined with eligibility criteria clearly documented.*

- 1-1 The DUI Court has a clearly stated target population.<sup>2</sup> {FP}
- 1-2 The DUI Court has clearly written admission and exclusion criteria. {FP}
- 1-3 The DUI Court delineates eligibility criteria for program participation using both the offender's characteristics and the offense characteristics.<sup>3</sup> {FP}
- 1-4 The DUI Court focuses on medium to high risk and high need DUI offenders who are assessed as being medium to high risk and in significant need of treatment. {FP}
- 1-5 The DUI Court team has established a broad based committee of stakeholders which shall, among other things, be educated as to the types of offenders that are accepted or excluded from the DUI Court. {FP}
- 1-6 The DUI Court matches the number of participants that are accepted with available resources. {FP}
- 1-7 Participants enter the DUI Court program without unnecessary delay.<sup>4</sup> The DUI Court should continually strive to make the time period between arrest and entry into the program as short as possible, with an ultimate goal of no longer than 50 days.<sup>5</sup>

<sup>2</sup> DWI Courts are typically for repeat DWI offenders, not first-time DWI offenders unless they have a BAC of .15 or higher. For more information on this, read: "The Bottom Line- DWI Court: First-Time DWI Offenders - In or Out?", available online at <http://www.dwicourts.org/resources/publications>.

<sup>3</sup> A screening and assessment process that includes more than just an examination of legal eligibility will result in a more accurate identification of individuals who are appropriate for the services provided by the DWI court and a clinically sound treatment plan. The assessment should include alcohol use severity, drug involvement, level of needed care, medical and mental health status, employment and financial status, extent of social support systems including family support, alcohol (or drug) triggers, refusal skills, thought patterns, confidence in their ability to stop using alcohol/drugs, and motivation to change. (Kissick & Carey, 2011, *Sante Fe County Magistrate DWI Drug Court Assessment Report*)

<sup>4</sup> Those courts that expected 20 days or less from arrest to drug court entry had higher savings than those courts that had a longer time period between arrest and entry. (Carey et al., 2008)

<sup>5</sup> Those courts that expected 50 days or less from arrest to drug court entry had lower recidivism and higher savings than those courts that had a longer time period between arrest and entry. (Carey et al., 2008; 2012)

## GUIDING PRINCIPLE #2: PERFORM A CLINICAL ASSESSMENT

### Key Component #4: Drug Courts Provide Access to a Continuum of Alcohol, Drug and Other Treatment and Rehabilitation Services

*A clinically competent objective assessment of the impaired-driving offender must address a number of bio-psychosocial domains including alcohol use severity and drug involvement, the level of needed care, medical and mental health status, extent of social support systems, and individual motivation to change. For any case falling within requirements for OBH DUI LEVEL II FOUR PLUS TREATMENT, OBH regulations must be followed. Only by clearly identifying a client's needs, strengths, and resources along each of these important bio-psychosocial domains, can the clinician develop a clinically sound service plan.*

- 2-1** An initial screening process of each impaired driver being considered for entry into the DUI Court is conducted, which includes a face to face interview and battery of appropriate screening and assessment tools. The initial interview will address a number of bio-psychosocial domains including but not limited to the following:

#### FUNDAMENTAL PRACTICES:

- 2-1-a** alcohol use disorder/severity
- 2-1-b** drug involvement
- 2-1-c** medical status
- 2-1-d** psychiatric status/mental health issues
- 2-1-e** employment and financial status
- 2-1-f** family and social relationships
- 2-1-g** alcohol triggers and cognitions
- 2-1-h** self-efficacy and motivation for change
- 2-1-i** recommended level of care placement

#### BEST PRACTICES:

- 2-1-j** cognitive functioning
- 2-1-k** grief and loss
- 2-1-l** traumatic brain injury
- 2-1-m** history of trauma

- 2-2** Any identified areas of need, resulting from initial program screening process, shall be referred for further assessment as necessary.

- 2-3** A thorough assessment of each participant is conducted, which addresses a number of bio-psychosocial domains including:

#### FUNDAMENTAL PRACTICES:

- 2-3-a** alcohol use disorder/severity
- 2-3-b** drug involvement
- 2-3-c** medical status
- 2-3-d** psychiatric status/mental health issues
- 2-3-e** employment and financial status

- 2-3-f family and social relationships
  - 2-3-g alcohol triggers and cognitions
  - 2-3-h self-efficacy and motivation for change
  - 2-3-i recommended level of care placement
  - 2-3-j history of trauma
  - 2-3-k screen for traumatic brain injury
  - 2-3-l grief and loss
  - 2-3-m screen for level of cognitive functioning
- 2-4 Assessment(s) are conducted by individuals with specific training, relevant experience, and appropriate credentials. These individuals utilize reliable assessment instruments consistent with the COLORADO ALCOHOL AND DRUG ABUSE DIVISION (ADAD) APPROVED EVALUATION INSTRUMENTATION FOR SUBSTANCE USING ADOLESCENTS AND ADULTS. {FP}
- 2-5 Appropriate collateral information is included in the assessment including police reports, prior offense history, previous or current probation information, and information from significant others whenever possible. {FP}
- 2-6 Assessments are re-administered at appropriate intervals during the DUI Court participation period to determine progression in treatment and determine any changes in treatment need and readiness to change. {FP}

## GUIDING PRINCIPLE #3: DEVELOP THE TREATMENT PLAN

### Key Component #4: Drug Courts Provide Access to a Continuum of Alcohol, Drug and Other Treatment and Rehabilitation Services

*Substance use disorders can be effectively treated with the right type and length of treatment regimen. In addition to having a substance use disorder, a significant proportion of the DUI population also suffers from a variety of co-occurring mental health disorders. Therefore, DUI Courts must carefully select and implement practices that have demonstrated through research that they are effective treatment methods for the repeat, high-risk DUI offender in ensuring long-term success.*

- 3-1-1** The DUI Court incorporates treatment programs that are constructed with a variety of validated approaches and are individualized based on identified clinical needs.<sup>6</sup> {FP}
- 3-1-2** Provider will use evidenced based, manualized treatment {FP}
- 3-2** Treatment services in the DUI Court may include:
- 3-2-1** Motivational enhancement therapies which assess and match interventions based on participant’s “stage of change” for alcohol and or other drug use and impaired driving issues. {FP}
  - 3-2-2** Cognitive-behavioral interventions and/or DBT {FP}
  - 3-2-3** Evidence-based pharmacological treatments {FP}
  - 3-2-4** Continuing care / aftercare {FP}
  - 3-2-5** Relapse prevention planning {FP}
  - 3-2-6** Specified participant competencies to be achieved at each phase of treatment {FP}
  - 3-2-7** Treatment to address co-occurring disorders when appropriate {FP}
  - 3-2-8** Treatment that addresses criminal thinking
- 3-3** Engagement in an organized recovery support program.
- 3-4** The DUI Court team serves as an informed treatment broker that refers only to licensed providers. The team regularly communicates with the treatment provider regarding services provided and adherence to agreed-upon treatment approaches. Each team member understands the treatment elements being delivered to participants. {FP}

<sup>6</sup> Research shows that having one to two treatment providing agencies is significantly related to better program outcomes, including higher graduation rates and lower recidivism. (Carey et al, 2012)

- 3-5-1 A treatment provider representative attends court staffing
- 3-5-2 The treatment provider representative keeps the team apprised of treatment progress, updates, and recommendations through regular verbal and written reports.
- 3-6 Treatment includes effective use of drug and alcohol testing results, whether obtained within the program or through other components of the DUI Court. {FP}
- 3-7 Treatment adheres to the appropriate and legal requirements of individual confidentiality imposed by HIPAA and 42CFR, PART 2 REVISED, including the use of written signed consents to permit sharing of information among team members. {FP}



## GUIDING PRINCIPLE #4: SUPERVISE THE OFFENDER

### Key Component #5: Abstinence is Monitored by Frequent Alcohol and Other Drug Testing

### Key Component #7: Ongoing Judicial Interaction With Each Participant is Essential

*Driving while impaired presents a significant danger to the public. Increased supervision and monitoring by the court, probation department, and treatment provider must occur as part of a coordinated strategy to intervene with repeat and high-risk DUI offenders and to protect against future impaired driving.*

- 4-1 The requirements of the program, including sanctions and incentives (reinforcements/rewards), are clearly communicated to all offenders. {FP}
- 4-2 The requirements of the program are presented in writing. {FP}
- 4-3 Reasonable accommodations are made for offenders with special needs such as language, hearing impairments, or developmental level. {FP}
- 4-4 The ban on use of illegal drugs, recreational marijuana, and alcohol is clearly stated. {FP}
- 4-5 Offenders have regular office visits with probation officers. {FP}
- 4-6-1 Routine drug and alcohol toxicology monitoring is administered as part of program requirements. {FP}
- 4-6-2 Testing should be on a truly random basis. {FP}
- 4-7 Test results are returned in a timely manner, ideally no later than 48 hours after submission of the test.<sup>7</sup> {FP}
- 4-8 The technology used for testing may include (utilizing an individualized and random testing schedule):<sup>8</sup>
  - 4-8-1 urine testing – to be administered fully observed by trained staff a minimum of twice per week, utilizing ETGs {FP}
  - 4-8-2 breath testing including the use of portable breath testing devices
  - 4-8-3 transdermal testing

<sup>7</sup> Research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism. (Carey et al., 2008, 2012)

<sup>8</sup> Because of the speed with which alcohol is metabolized, electronic methods of monitoring and detection are recommended, such as transdermal alcohol detection devices (e.g., SCRAM brace-lets) and Ignition Interlock Devices. (Kissick & Carey, 2011, *Santa Fe County Magistrate DWI Drug Court Assessment Report*)

#### 4-8-4 ignition interlock breath testing

- 4-9 If the offender has an operator's license, an ignition interlock device is mandatory.
- 4-10 Supervision of offender includes visits to home or workplace.
- 4-11 Information secured from home or workplace visits is shared with all team members. {FP}
- 4-12 Staffing sessions are held on a regular basis where information is shared with all team members.<sup>9</sup> {FP}
- 4-13 The Judge meets with the offender on a regular basis in open court sessions, initially at a minimum of every other week.<sup>10</sup> {FP}
- 4-14 Probation and treatment identifies and immediately reports pre-relapse behaviors, such as loss of job or associating with using friends to the rest of the DUI Court team. {FP}
- 4-15 The Judge orders that the offender avoid alcohol outlets (i.e. bars, casinos or other places where alcohol is the primary item sold).
- 4-16 Responses to behavior are administered with certainty and immediacy by the appropriate team member.<sup>11</sup> {FP}
- 4-17 The DUI Court Judge imposes sanctions and reinforcement (i.e. incentives) from the bench as soon as practical after a targeted behavior occurs following consultation with the DUI Court team {FP}
- 4-18 The minimum length of the DUI Court program is 12 months.<sup>12</sup> The length shall meet both the needs of the participant and all legal requirements. {FP}
- 4-19 Participants are expected to have more than 90 days of clean testing results immediately before graduation.<sup>13</sup>
- 4-20 All court-ordered fines and fees are paid in full before graduation or a reasonable payment plan is established and followed.<sup>14</sup>

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<sup>9</sup>Drug courts where all six core team members (judge, prosecutor, defense attorney, probation, coordinator, and treatment) attend staffing meetings had 50% greater reductions in recidivism and 20% higher cost savings. (Carey et al., 2012)

<sup>10</sup> As research has shown that court appearances less frequent than once per week (court appearances once every 2 weeks) can have better outcomes. (Marlowe et al., 2006; Carey, Finigan, & Pukstas, 2008)

<sup>11</sup> Drug court programs following this practice had 100% higher cost savings than programs that waited to impose sanctions. (Carey et al., 2012).

<sup>12</sup>Drug court programs that were designed to last 12 months or longer had 57% greater reductions in recidivism than programs lasting shorter durations. Carey, S. M., Sanders, M. B., & Malsch, A. M. (Sept. 2012)

<sup>13</sup> Research has shown that the longer clients are required to be clean before graduation, the longer they stay clean and the more positive their outcomes (both in terms of lowered recidivism and lower costs). (Carey et al., 2005; 2012)

<sup>14</sup> Research has consistently demonstrated that drug courts that require participants to pay fees have higher graduation rates and lower recidivism than drug courts that require no fees. (Carey, et al. 2005; Carey, Pukstas & Finigan, 2008; Carey & Perkins, 2008; Carey, Waller, & Weller, 2011)

## GUIDING PRINCIPLE #5: FORGE AGENCY, ORGANIZATION AND COMMUNITY PARTNERSHIPS

### Key Component #10: Forging Partnerships Among Drug Courts, Public Agencies, and Community-Based Organizations Generates Local Support and Enhances Drug Court Program Effectiveness

### Key Component #1: Drug Courts Integrate Alcohol and Other Drug Treatment Services with Justice System Case Processing

*Partnerships are an essential component of the DUI Court model as they enhance credibility, bolster support, and broaden available resources. Because the DUI Court model is built on and dependent upon a strong team approach, the court should solicit the cooperation of other agencies as well as community organizations to form a partnership in support of the goals of the DUI Court program.*

- 5-1** The DUI Court has created a DUI Court team including at minimum a judge, a prosecutor<sup>15</sup>, a member of the defense bar, a DUI Court coordinator, a treatment provider<sup>16</sup>, a probation officer, and a law enforcement officer<sup>17 18 19</sup>. {FP}
- 5-2** The DUI Court has created a broad based, multi-agency partnership to enhance credibility and elicit support from the community.<sup>20 21</sup> {FP}
- 5-3** The community partnership reflects the unique characteristics of the jurisdiction and the needs of the target population.

<sup>15</sup> Best practices research indicates that this results in more positive participant outcomes including lower recidivism and increased cost savings. (Carey, Finigan & Pukstas, 2008)

<sup>16</sup> Research has also demonstrated that drug courts with fewer treatment agencies resulted in more positive participant outcomes including higher graduation rates and lower recidivism costs (Carey et al., 2005; Carey et al., 2008; Carey et al., in process).

<sup>17</sup> Best practices research indicates that this results in more positive participant outcomes including lower recidivism and increased cost savings. (Carey, Finigan & Pukstas, 2008)

<sup>18</sup> Drug court programs that included a representative from law enforcement on the drug court team had 88% greater reductions in recidivism and 44% higher cost savings compared to programs that did not include law enforcement (Carey, Finigan & Mackin, 2012).

<sup>19</sup> Previous research (Carey, Finigan, Waller, Lucas, & Crumpton, 2005; Carey, Finigan, & Pukstas, 2008; Carey, Waller & Weller, 2010) has indicated that greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court hearings is correlated with positive outcomes for clients, including reduced recidivism and, consequently, reduced costs at follow-up. Greater law enforcement involvement increases graduation rates and reduces outcome costs (Carey, Finigan, & Pukstas, 2008), and participation by the prosecution and defense attorneys in team meetings and at DUI court hearings had a positive effect on graduation rate and on recidivism costs (Carey, Finigan, & Pukstas, 2008; Carey et al., 2010).

<sup>20</sup> In addition, Carey et al. (2005) and Carey, Waller and Weller (2010) found that programs that had true formal partnerships with community agencies that provide services to program participants had better outcomes than programs that did not have these partnerships.

<sup>21</sup> Drug court programs with an advisory committee that included community members had 56% higher cost savings than drug court without an advisory committee (Carey et al., 2012).

- 5-4 The problem solving court team shall develop a written, signed agreement (i.e., a Memorandum of Understanding) between all participating agencies. This agreement shall include roles and responsibilities of all parties. {FP}
- 5-5 The court provides regular information to the community about the progress of the DUI Court.
- 5-6 Prosecutors and defense counsel participate in the design of screening, eligibility and case processing policies and procedures to guarantee that due process rights and public safety needs are served.<sup>22 23</sup> {FP}
- 5-7 The prosecutor and defense counsel must shed their traditional adversarial courtroom relationship and collaborate in their focus on the participant’s recovery and law-abiding behaviors, not on the merits of the pending case.<sup>24 25</sup> {FP}
- 5-8 The responsibility of the prosecuting attorney is to protect the public’s safety by ensuring that each candidate is appropriate for the program and complies with all DUI court requirements.<sup>26</sup>
- 5-9 The responsibility of the defense counsel is to protect the participant’s due process rights while encouraging full participation.<sup>27</sup>
- 5-10 Both the prosecuting attorney and the defense counsel play important roles in the court’s coordinated strategy for responding to noncompliance.

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<sup>22</sup> Key Component #2, *Ten Key Components of Drug Courts* (NADCP, 1997)

<sup>23</sup> It is recognized that while it is a best practice to have Prosecution and Defense representation during the day to day operations of a DUI Court this is not always feasible, for a variety of reasons, and is thus not noted as a fundamental practice. It is fundamental, however, to have prosecution and defense counsel perspectives and input included in the initial planning stages and design of the DUI Court policies and procedures. If a newly developing DUI Court is unable to meet this need through local representation, they may contact the Problem Solving Court unit at the State Court Administrator’s Office. Referrals will be made to experienced PSC attorneys from other jurisdictions who are willing to volunteer their time and guidance to fulfilling this fundamental practice.

<sup>24</sup> Key Component #2, *Ten Key Components of Drug Courts* (NADCP, 1997)

<sup>25</sup> As noted in footnote (<sup>23</sup>) it is recognized that while it is a best practice to have prosecution and defense representation during the day to day operations of a DUI Court this is not always feasible. This Fundamental Practice applies to DUI Courts where the roles of Prosecution and Defense counsel are filled. If prosecution and defense counsel do participate in DUI Court staffings and court hearings, it is fundamentally necessary that they shed traditional adversarial roles, instead focusing on collaboration towards the goals and philosophies laid out within this document.

<sup>26</sup> Key Component #2, *Ten Key Components of Drug Courts* (NADCP, 1997)

<sup>27</sup> Key Component #2, *Ten Key Components of Drug Courts* (NADCP, 1997)

## GUIDING PRINCIPLE #6: TAKE A JUDICIAL LEADERSHIP ROLE

### Key Component #7: Ongoing Judicial Interaction With Each Participant is Essential

*Judges are a vital part of the DUI Court team. As leader of the team, the judge's role is paramount to the success of the DUI Court program. The judge must also possess recognizable leadership skills as well as the capacity to motivate team members and elicit buy in from various stakeholders. The selection of the judge to lead the DUI Court team, therefore, is of utmost importance.*

- 6-1** The DUI Court judge serves as leader of the DUI Court team to fully engage participants and draw upon the expertise of all team members. {FP}
- 6-2** The DUI Court judge has extensive experience handling DUI cases and understands the nature of addictive disorders and defendant behaviors.
- 6-3** The DUI Court judge exercises judicial authority in a manner that encourages and facilitates effective teamwork.<sup>28</sup> {FP}
- 6-4** The DUI Court judge ensures that all members of the DUI Court team, including the judge, receive adequate ongoing training.<sup>29 30</sup> {FP}
- 6-5** The judge assures key personnel have attained a specific level of basic education, as defined in staff training requirements and in the written operating procedures. The operating procedures should also define requirements for the continuing education of each drug court staff member.<sup>31 32</sup> {FP}
- 6-5** The DUI Court judge demonstrates a genuine interest in the well-being of the participants, as well as a willingness and ability to enforce all program requirements.
- 6-6** The DUI Court judge, within the constraints of judicial standards, understands the available funding sources for the court and aids in the process of securing adequate funding for the continued operation of the DUI Court.

<sup>28</sup>Nationally, the judge generally makes the final decision regarding sanctions or rewards, based on input from the drug or DWI court team.

<sup>29</sup> It is especially important that new team members attend training before or soon after joining the team as research shows that training of new team members is related to significantly improved participant outcomes (Carey et al., 2012).

<sup>30</sup> Team member training has been demonstrated to produce significantly lower recidivism and greater program completion rates and saves criminal justice system resources that can then be used to support the processing of greater numbers of offenders (Carey, Finigan and Pukstas, 2008; Carey et al., 2012).

<sup>31</sup> Key Component #9, *Ten Key Components of Drug Courts* (NADCP, 1997)

<sup>32</sup> Continuing education institutionalizes the drug court and moves it beyond its initial identification with the key staff who may have founded the program and nurtured its development. Key Component #9, *Ten Key Components of Drug Courts* (NADCP, 1997)

- 6-7** The DUI Court judge strives to develop trusting, cooperative, and supportive relationships with various community and victim's groups.
- 6-8** The DUI Court judge conducts appropriate community outreach, information sharing, and education about the DUI Court operations and outcomes.
- 6-9** The DUI Court judge spends an average of 3 minutes or greater in meaningful discussion with each participant during the status review hearings.<sup>33</sup> {FP}
- 6-10** The judge's term in the DUI Court is indefinite but no less than two years.<sup>34</sup>

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<sup>33</sup> Programs with judges who spent an average of at least 3 minutes with each participant had 153% greater reductions in recidivism and 36% greater cost savings than programs with judges who spent less time.

<sup>34</sup> Programs where the judge is assigned to the program indefinitely show 35% greater reductions in recidivism.

## GUIDING PRINCIPLE #7: DEVELOP CASE MANAGEMENT STRATEGIES

### Key Component #6: A Coordinated Strategy Governs Drug Court Responses to Participants' Compliance

*Case management, the series of inter-related functions that provides for coordinated team strategy and seamless collaboration across the treatment and justice systems, is essential for an integrated and effective DUI Court program.<sup>35</sup>*

- 7-1 A team member has been designated to serve as a primary case manager for each participant. “The primary Case Manager along with the team is charged with seeing that the case is “managed” in a way that allows the participant to restructure and rebuild.”<sup>36</sup> {FP}
- 7-2 DUI Court team members collect and forward, when appropriate, participant case information, alcohol or drug test results, and treatment and supervision data to the primary case manager on a timely basis while maintaining confidentiality.<sup>37</sup> The designated case manager ensures that the participants' case plans, evaluations, and relevant treatment and supervision data are accurately and routinely documented and updated. {FP}
- 7-3 The case manager or probation officer provides participant case information, alcohol or drug test results, and treatment and supervision data to the rest of the DUI Court team. “It is only when this information is systematically collected, recorded, and shared with the team that the ‘team case management’ concept can be employed and the full power of the Drug/DUI Court model can be demonstrated.”<sup>36</sup> {FP}
- 7-4 The case management process assures that participant assessment, service planning, resource allocation, and performance monitoring occur in a coordinated manner.
- 7-5 The DUI Court team has developed a plan to assure that case management is coordinated and avoids duplication of efforts or provides conflicting direction to participants.
- 7-6 Written sanction and incentive guidelines are created for each program and provided to all team members.<sup>38</sup> {FP}

<sup>35</sup> Case management is an essential component of accountability court programs and should be seen as central to the program by tying the other principles and components together (Monchick, Scheyett, & Pfeifer, 2006).

<sup>36</sup> Guiding principle#7, “Develop Case Management Strategies” by Randy Monchick, Ph.D, J.D (pg 30-31)

<sup>37</sup> All communication about an individual’s participation in treatment must be in compliance 7 with the provisions of 42 CFR, Part 2 (the federal regulations governing confidentiality of alcohol and drug abuse patient records), and with similar State and local regulations.

<sup>38</sup> The participant handbook includes clear guidelines on program requirements and sanctions associated with noncompliance. Research has found that courts that had their guidelines for team responses to participant behavior written and provided to the team had higher graduation rates and higher cost savings due to lower recidivism. (Carey, Pukstas, & Finigan, 2008; Carey, Waller, & Weller, 2010)

7-7 Jail sanction options should be avoided in early phases of the program for new use if the participant is otherwise meeting expectations.<sup>39</sup> The program shall focus on participants meeting proximal goals (such as attendance, basic compliance, submitting tests, etc.) in early phases and distal goals (such as abstinence) as the participant progresses through phases. Sanctions shall be applied in a graduated manner adhering to the guidelines created by the court to address missed proximal or distal goals. {FP}

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<sup>39</sup> The latest research shows that programs that used jail consistently for the first positive drug test had less positive outcomes compared to programs that did not use jail for the first positive test. (Carey et al, 2012)



## GUIDING PRINCIPLE # 8: ADDRESS TRANSPORTATION ISSUES

### Key Component #4: Drug Courts Provide Access to a Continuum of Alcohol, Drug and Other Treatment and Rehabilitation Services

*Because nearly every state revokes or suspends a person's driving license upon conviction for an impaired driving offense, the loss of driving privileges poses a significant issue for those individuals in DUI Court programs. In many cases, the participant solves the transportation problem created by the loss of their driver's license by driving anyway and taking a chance that he or she will not be caught. With this knowledge, the court must caution the participants against taking such chances in the future to alter their attitude about driving without a license while providing case management and transportation resources when possible.*

- 8-1 The DUI Court clearly articulates the requirement that there be no driving in absence of a legal driver's license. {FP}
- 8-2 The DUI Court team actively monitors the requirements that participants not drive on a suspended or revoked license or violate the terms of a restricted driver's license. {FP}
- 8-3 The DUI Court has developed plans to address transportation barriers within the available resources and constraints of the community. As resources allow, the DUI Court assists participants in solving transportation problems with the use of bus passes and other transportation assistance that is available within the community.
- 8-4 Limited or restricted driving privileges are granted to DUI Court participants only in compliance with existing statutes and regulations. {FP}
- 8-5 When possible the team or case manager/probation officer may notify participants if they are aware of an Outstanding Judgment Warrant (OJW) entered against a participant's valid license while in the program for missing a payment. Notification aides in prevention of participants from incurring a lien on their current license or potentially losing their license. Teams are encouraged to work with collections to develop a notification system and collaboration to aid participants in avoiding an OJW. <sup>40</sup>

<sup>40</sup> Guiding principle#8, *Address Transportation Issues* by Mark Pickle and Hon James Wanamaker (Ret) pg35.

## GUIDING PRINCIPLE #9: EVALUATE THE PROGRAM

### Key Component #8: Monitoring and Evaluation Measure the Achievement of Program Goals and Gauge Effectiveness

*The DUI Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.<sup>41</sup>*

#### 9-1 ADHERENCE TO BEST PRACTICES

The DUI Court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. Outcome evaluations describe the effectiveness of the DUI Court in the context of its adherence to best practices.

#### 9-2 IN-PROGRAM OUTCOMES

The DUI Court continually monitors participant outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests.

#### 9-3 CRIMINAL RECIDIVISM

Most DUI Courts are capable of monitoring their services and outcomes but may require expert consultation to evaluate the causal effects of their program. Where such information is available, new arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the DUI Court. Offenses are categorized according to the level (felony, misdemeanor, or summary offense) and nature (e.g., person, property, drug, or traffic offense) of the crime involved. Herein, monitoring refers to periodic descriptions of the services delivered and outcomes achieved in a DUI Court without inferring a causal relationship between the services and outcomes. A technical violation refers to a violation of a court order that does not constitute a crime per se. For example, drinking alcohol is legal for most adults but is usually a technical violation in a DUI Court.

#### 9-4 INDEPENDENT EVALUATIONS

A skilled and independent evaluator examines the DUI Court's adherence to best practices and participant outcomes no less frequently than every five years. The DUI Court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices.

#### 9-5 HISTORICALLY DISADVANTAGED GROUPS

The DUI Court continually monitors admission rates, services delivered, and outcomes achieved for members of historically disadvantaged groups who are represented in the DUI Court population. The DUI Court develops a remedial action plan and timetable to correct disparities and examines the success of the remedial actions.<sup>42</sup>

<sup>41</sup> Information in Guiding Principle #9 is taken directly from the *Adult Drug Court Best Practice Standards, Vol II; Section X. Monitoring and Evaluation*. Slight revisions were made to provide further clarity.

<sup>42</sup> Also see: *Adult Drug Court Best Practice Standards, Vol I; Section II: Historically Disadvantaged Groups*

**9-6** ELECTRONIC DATABASE

Information relating to the services provided and participants' in-program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the DUI Court's adherence to best practices and in-program outcomes.

**9-7** TIMELY AND RELIABLE DATA ENTRY

Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective events. Timely and reliable data entry is required of each staff member and is a basis for evaluating staff job performance.

**9-8** INTENT-TO-TREAT ANALYSES

Outcomes are examined for all eligible participants who entered the DUI Court regardless of whether they graduated, withdrew, or were terminated from the program.<sup>43</sup>

**9-9** COMPARISON GROUPS

Outcomes for DUI Court participants are compared to those of an unbiased and equivalent comparison group. Individuals in the comparison group satisfy legal and clinical eligibility criteria for participation in the DUI Court but did not enter the DUI Court for reasons having no relationship to their outcomes. Comparison groups do not include individuals who refused to enter the DUI Court, withdrew or were terminated from the DUI Court, or were denied entry to the DUI Court because of their legal charges, criminal history, or clinical assessment results.

**9-10** TIME AT RISK

Participants in the DUI Court and comparison groups have an equivalent opportunity to engage in conduct of interest to the evaluation, such as substance use and criminal recidivism. Outcomes for both groups are examined over an equivalent time period beginning from a comparable start date. If participants in either group were incarcerated or detained in a residential facility for a significantly longer period of time than participants in the other group, the length of time participants were detained or incarcerated is accounted for statistically in outcome comparisons.

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<sup>43</sup> "A serious error in some Drug Court evaluations is to examine outcomes only for participants who graduated successfully from the program. Outcomes must be examined for all eligible individuals who participated in the Drug Court regardless of whether they graduated, were terminated, or withdrew from the program. This is referred to as an *intent-to-treat analysis*... The only exception to an intent-to-treat analysis is for what are sometimes referred to as *neutral discharges*?" *NADCP Adult Drug Court Best Practice Standards, Vol II* (pgs 66-67).

## GUIDING PRINCIPLE #10: ENSURE A SUSTAINABLE PROGRAM

### Key Component #10: Forging Partnerships Among Drug Courts, Public Agencies, and Community-Based Organizations Generates Local Supports and Enhances Drug Court Program Effectiveness

*The foundation for sustainability is established, to a considerable degree, through careful and strategic planning. Such planning includes considerations of structure and scale, organization and participation, and, of course, funding. The ultimate key to sustainability is becoming an integral and proven approach to the DUI problem in the community.*

- 10-1** The DUI Court has a strategic plan that identifies potential resources and works to strengthen its partnerships with community stakeholders including: the legal community, law enforcement and corrections, treatment and other human services, business and elected officials and other advocates. {FP}
- 10-2** The DUI Court has written agreements with its key stakeholders which provide operational stability, clear agreements, and interagency commitments to the collaborative efforts. {FP}
- 10-3** The DUI Court has clearly identified all program costs.
- 10-4** The DUI Court has a diversified funding plan and regularly evaluates the effectiveness of this plan.
- 10-5** For additional funding and community support, the DUI Court considered developing a nonprofit funding and resource development organization, such as a 501(c) (3) non-profit organization.
- 10-6** The DUI Court attends to the needs of its team members to feel that their work is worthwhile and their contributions are valued.
- 10-7** The DUI Court regularly communicates with the public about its work, its outcomes, and its cost-benefit through a variety of community education and information approaches.

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