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Alternative to Incarceration Methods: A Case Study of the Hall County Drug Court

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**Alternative to Incarceration Methods:
A Case Study of the Hall County Drug Court**

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Submitted in Partial Fulfillment of the Requirements for the

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College of Humanities & Social Sciences

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Kennesaw, Georgia

Certificate of Approval

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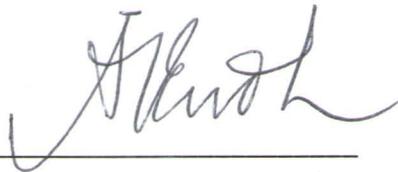
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Alternative Incarceration Methods: A Case Study of the Hall county Drug Court

Executive Summary

Over the last several years, it has become more and more economically difficult for counties and states to run their programs. One of the areas that has seen drastic budgetary cuts is the Criminal Justice System. Prisons, detention centers and other rehabilitative programs have been closed down across the country to solve some of the impending budget problems. This is one of the reasons that accountability courts have become a more accepted and utilized part of the criminal justice system. Many jurisdictions are taking advantage of what these programs have to offer in an effort to battle the rising cost of prosecuting drug offenders. Drug addiction is draining our states and local governments. It drains them of citizens that would be capable of becoming productive citizens instead of being those that are cared for by tax payers. Drug use also drains the economy because of the money that has to be spent on prosecuting them and filtering them through the criminal justice system over and over. In this system drug offenders have no chance of rehabilitation and state keeps losing money on prosecuting them and housing them in prisons and jails.

The purpose of this study is meant to highlight the benefits of sentencing offenders to alternatives such as, drug courts and other accountability courts, instead of prison. The project involves a case study of the Hall County Drug Court Program in Georgia. The Hall County Drug Court Program was chosen because of its reputation through out the State of Georgia for being successful at having offenders complete the program drug free. This analysis concludes with a recommendation that jurisdictions and court systems put extra efforts in starting drug courts in their counties. Funds need to be appropriated for this purpose and judges and court officials

need to be educated on running accountability courts. These courts are the best way to hold offenders responsible for their actions, rehabilitate them, and teach them how to live as productive citizens all at the same time.

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Alternative Incarceration Methods: A Case Study of the Hall County Drug Court

Introduction

Over the past 30 years, drug use in the United States has become increasingly criminalized. This can be seen in the lengthy mandatory sentences that many jurisdictions have in place for drug convictions (Tiger 2011, 170). The War on Drugs in the United States brought a lot of focus to drug abuse and contributed to the increase in the number of people incarcerated. In the State of Georgia one out of every thirteen residents is under correctional control of some type, and the Department of Corrections costs the state about \$3 million dollars per day to operate (Galloway 2011a, 1). Among the 53,000 people in the State of Georgia that are incarcerated, about 1,500 of those are for the offense of possession of cocaine, crack or methamphetamine (Galloway 2011b, 2).

While keeping drug abusers in jail keeps them off the street, it does not do anything to help treat the offender's addiction. As a society, we need to rethink how non-violent drug offenders are treated within the criminal justice system and evaluate alternative methods for reentering them into society. To date, Georgia has 28 drug courts and many other accountability courts (Galloway 2011b, 2). Due to budget constraints, there is very little treatment options for drug offenders and they are commonly placed into the system where they are set up to fail. A drug court is able to place the focus on rehabilitating the offenders, teaching them how to stay clean, and about every day things that many people take for granted. They are taught how to manage bills, get up in the morning, and get ready for work (The Economist 2011).

In addition to being a viable treatment option, accountability courts have also been proven as a solution to current budget constraints. Jim Ramstad, a former member of Congress,

stated that every dollar spent on drug courts saves taxpayers \$27.00 in money that would have been spent on healthcare, welfare and caring for children in foster homes (Ramstad 2011, 1). Research has found that the state saves \$10,293 in sentencing costs for every person that is placed in drug court instead of prison (Galloway 2011b, 2). This amounts to a lot of money for Georgia that finds itself as the fifth largest prison system in the country. In order to operate the prison and parole system, Georgia must spend one out of every seventeen of the state's budgetary dollars. In 2010, the Georgia Department of Audits issued a report which stated that of the offenders that went through a drug court program in 2005, only 7 percent returned to a life of crime after their graduation from the program. This is a great reduction when compared to criminals who were sent to prison where the recidivism rate was 29 percent (Galloway 2011b, 2).

A drug court is the result of the blend of the functions of the criminal justice system and the drug abuse treatment system in an effort to get the best possible outcome for drug offenders (Marlowe 2003, 4). Drug courts take a rehabilitative approach to justice and usually reach non-violent, drug addicted offenders (Fell, Tippetts and Langston 2011). The purpose of a drug court is to rehabilitate the offender and stop the revolving door in the criminal justice system. Successful completion of the program and treatment that is required may result in the court dismissing or lowering the charges. A drug court is made up of a team with the judge being the central figure. Treatment providers, probation officers, and other court personnel make up the rest of the team and report back to the judge about the progress of the participants so that sanctions and rewards can be handed out appropriately (Fell, Tippetts and Langston 2011). The drug court must set clear rules that are easy to understand by the participants. Successful drug courts share the following characteristics: they provide treatment in the community, offer the opportunity for clients to avoid incarceration or a criminal record, closely supervise participants

to make sure they remain in compliance and are punished quickly when they are found to be non-compliant (Marlowe 2003, 4).

Drug courts represent a pattern of a public health policy mixed with public safety strategies that show definite promise in reducing recidivism and the amount of illegal drug use. According to the Georgia Drug Court standards, a successful drug court is made up of ten components. The first component requires the incorporation of drug and alcohol treatment into the court process. Since a person's involvement in the court system stems from an arrest, the criminal justice system is in a specific position to influence the participants to cooperate with the program. A second component is that, within the accountability court, the defense attorney and prosecutor must work together instead of arguing like they normally would inside the courtroom. The attorneys' focus must be on the participant's recovery and public safety as well as protecting their rights to due process. The third component is that defendants who are eligible to enter the drug court program are identified quickly and placed in the program. It is important for purposes of treatment for the court to step in quickly after the arrest.

The fourth component of a drug court is to allow access for participants to treatment services. The rehabilitation services do not just occur within the walls of the treatment center but during the entire drug court experience. Every member of the drug court team has a part in the participant's treatment. The fifth component of a drug court is a very important one, and that is, a participant's abstinence from alcohol and drugs must be monitored by regular drug testing. This is the most efficient way of holding participants accountable for staying away from both drugs and alcohol. The sixth component discusses that it is important for the drug court team to have a clear, coordinated response to whether or not a participant complies with the program. These are commonly referred to as sanctions and the punishment that is associated with each sanction must

increase with severity as non-compliance occurs. The seventh component states the importance of the success of each participant to have regular interaction with the judge. This is done through regular scheduled status hearings. The eighth component states the importance of having a coordinated means of managing the program and monitoring the participants. They must also have a clear and organized plan for evaluating the progress of the individuals in the program. Component number nine outlines the importance for all drug court members to take part in continuing education and training programs. Lastly, the tenth component states the importance of drug courts to build relationships and partnerships within the community (Administrative Office of the Courts 2011b). This type of community involvement builds support for the drug court and educates the community about these programs. Community involvement also helps to open up more doors and areas of opportunities for the participants.

The Purpose of the Study

The purpose of this study is to examine the Hall County Drug Court's program as a viable alternative to jail or prison sentences for drug offenders and rehabilitating offenders and reentering into the society. Georgia, like many other states and the United States government, is in the midst of a budget crisis. The Department of Corrections has already seen drastic cuts in its programs and had some prisons closed. In addition, the state has no money or resources to mandate citizens into treatment for drugs and alcohol, and they are just filtered through the criminal justice system with little emphasis placed on curing them of their addictions. We as a community have to start looking for other options to rehabilitate non-violent drug offenders. For many people throughout the country, the best alternative has become accountability courts. The Hall County Drug Court program began in 2001, and many drug court professionals in Georgia, view it as the premier drug court within the state. The Hall County Drug Court is led by Judge

Jason Deal, the son of the current governor of Georgia Nathan Deal. Governor Deal is a staunch supporter of accountability courts and has brought a lot of attention to them since his election. Drug courts have grown substantially in the years since the first one began in 1989. As of the end of 2009, there were 2,359 Drug Courts operating with in the United States (Huddleston and Marlowe 2011, 19).

This paper is an exploratory review of accountability courts and drug courts with a special focus on the Hall County Drug Court program. The analysis is organized into three different sections. The first is a review of the relevant literature on accountability courts, such as drug courts and driving under the influence (DUI) courts. The literature review is an overview of the trends that are seen in these courts and the successes being reported. The next section is a discussion of the findings from the literature that was examined during this case study. The last section presents the recommendations and conclusion.

Literature Review

The Miami Drug Court is the first court of this type in the United States, and it began its operation in 1989. With the inception of this court came a shift in how the court system looked at and treated offenders with drug addictions. It was discovered through this first court that with the combination of substance abuse treatment and judicial supervision, the drug court gives an alternative to the costly cycle of addiction crime and incarceration (Cissner and Rempel 2005). The success of a drug court is measured by the impacts that are made towards decreasing drug abuse, increasing employment and education, improved health, and the financial savings from keeping offenders out of jail and prison (Cissner and Rempel 2005). In July 2011, the National Drug Court Institute published an article about the success of drug courts by reviewing the

scientific research that had been completed. This article states that drug courts invited scientific research to be done on their programs unlike any other criminal justice agency ever had before. More studies have been published on the effects of drug courts than any other correctional programs combined (Huddleston and Marlowe 2011).

An important figure to look at when determining whether or not a drug court is a viable alternative to incarceration is the recidivism rate. That is, the rate at which a person returns to a life of crime, after graduation from the accountability court. In 2003, a report published by the U.S. Department of Justice focused on the recidivism rates among drug court graduates in the United States. The report was written by the Urban Institute and Caliber Associates, and was funded by the National Institute of Justice through the Analytic Support and Program. The purpose of the report was to provide policymakers with a single estimate of recidivism rates from a dependable source. Available reports at the time showed a substantial variation in recidivism rates. These variations can be attributed to the differences in how the drug courts operate and the characteristics of their participants.

For the purpose of the study done by the U.S. Department of Justice, the measure of recidivism is an arrest for a serious offense that resulted in charges being filed. This is very important to the study because it helps to have one steady measure across all the different jurisdictions that were incorporated in the study. The data source used to pull all the information together is the internal criminal history database of the Federal Bureau of Investigation, which uses the fingerprint identification system to link people to their criminal histories. The data compiled for this study show that 95 percent of police agencies throughout the country report their arrest information so that it can be used in research like this (Roman, Townsend and Bhati 2003, 8). An evaluation of the Multnomah County drug court in Portland Oregon showed that,

in a two year follow up of program participants, the felony re-arrest rate decreased after the inception of the drug court. Before the drug court was created the recidivism rate was 40 percent and after the drug court it went down to 12 percent (National Institute of Justice 2011).

In order to measure the recidivism rate among drug court graduates, a sample of 2,020 graduates was taken from 1999-2000. The graduates were selected from 95 drug courts across the country. The drug courts that were used for this study had to meet certain criteria. They had to have received federal funds from the National Drug Court Program Office and must have been in operation for at least one year. They must also have at least 40 graduates from their program (Roman, Townsend and Bhati 2003, 1). The hopes were that the sample would be a representation of 17,000 yearly drug court graduates. At the time that this study was done there were 110 drug courts that met all the criteria. Out of the 95 that were chosen for the study, they averaged about 20 graduates from each court (Roman, Townsend and Bhati 2003, 1).

The researchers estimated that within one year after graduation, 16.4 percent of drug court graduates would have been arrested and charged with a serious offense. They also estimated that within two years the percentage of re-arrests would go up to 27.5 percent (Roman, Townsend and Bhati 2003, 2). In addition to looking at the probability that any drug court graduate would receive a new charge, the study also looked at the number of serious offenses committed by drug court graduates. Drug court graduates had an average of 0.23 arrests for serious crimes per person and in the second year after graduation that rate went up to 0.50 (Roman, Townsend and Bhati 2003, 3).

The research discussed above showed that in the first year the recidivism rate among these courts was low and that 38 of the drug courts examined had an average rate of fewer than 10 percent among graduates (Roman, Townsend and Bhati 2003, 5). However, among those

same courts studied, seven of them had an average recidivism rate of over 30 percent (Roman, Townsend and Bhati, 5). The average does not vary as much in the second year and most drug courts had a recidivism rate close to 27.5 percent (Roman, Townsend and Bhati 2003, 5). The data should not be used to decipher which drug courts perform well and which ones do not, and it cannot be assumed that the courts with the highest recidivism rate are the lowest performing courts. The trend seems to be that the courts with the highest level of recidivism are the ones serving the most difficult to reach populations. On the other hand, drug courts with a low recidivism rate accept participants with the least severe problems. For example, their primary abused substance is alcohol or marijuana, and is usually classified as having minimal drug problems. On the same note, the drug courts with a high recidivism rate are accepting participants whose drug of choice is cocaine or heroin and are classified as having a moderate or severe drug problem.

An independent scientific team conducted seven different statistical procedures and they all determined that adult drug courts reduce crime significantly (Huddleston and Marlowe 2011, 9). On average, the recidivism rate of drug courts was said to be eight to twenty six percentage points lower than any other correctional program (Huddleston and Marlowe 2011, 10). The researchers who performed this study stated that the effects of the drug courts were lasting and, in many cases, the reduction in crime lasted for three years after graduation from the program. It has been determined through research that not only have drug courts reduced crime rates, but they have also reduced the amount of alcohol and drug use, improved relationships among family members, lowered conflicts among family, and increased participants access to social and financial services (Huddleston and Marlowe 2011, 10).

The recidivism rate also seems to be linked to the size of the drug court itself. Participants who graduated from larger drug courts were more likely to be charged with a crime within the first two years of graduation. Researchers defined large drug courts as those that had more than 832 graduates from their program, and recidivism among these courts was 30.8 percent (Roman, Townsend and Bhati 2003, 6). The researchers did a regression analysis in order to confirm the relationship between the size of drug courts and the recidivism rate. The regression analysis also showed that there is a relationship between demographic characteristics and recidivism rate. Across drug courts, women do better than men. It also shows that white participants do better than non-black participants, and that black participants have the highest rate of recidivism. It also shows that the older the participant is, the better they do in the program (Roman, Townsend and Bhati 2003, 7).

According to Roman, Townsend and Bhati there are limitations to studying the recidivism rate in drug courts. The study they looked at includes biases that both under estimate and overestimate the true rate of recidivism for graduates of drug courts (Roman, Townsend and Bhati 2003, 8-9). It underestimates the recidivism rates in two ways. The first is that it does not count all arrests, only the ones that stem from more serious crimes. The second way it underestimates is that, it is not always possible to match a participant to his or her FBI record; either there is no fingerprint or no FBI number. On the other hand, the recidivism rate may also be overestimated. According to the study mentioned above, recidivism was defined as any arrest or charge that was reported to the FBI. Some of the charges received by participants would have been dismissed or may not have resulted in a conviction. The conclusion these researchers came to was that to determine the successfulness of drug courts the recidivism should not be the only

thing looked at because drug courts are so complex and serve many different types of environments.

Another type of accountability court that aligns closely to drug courts is the driving-under-the-influence (DUI) court which specializes in offenders who have multiple charges of DUI. These courts operate very similarly to drug courts and can often be found in the same counties. In 2002, Georgia started an exploratory program and established three DUI courts within the state. These courts were started with funding from the National Highway Traffic Safety Administration with additional funding from the Department of Justice (Fell, Tippetts and Langston 2011, 1). Approximately one-third of the people who are arrested or convicted of DUI are repeat offenders (Fell, Tippetts and Langston 2011, 1). Many of these individuals have a serious alcohol problem that cannot be combated on their own. DUI courts follow the model of drug courts and are established to deal with the alcoholic problems and other issues of these repeat offenders. Much like a drug court, the DUI court operates using intensive treatment, random drug and alcohol testing and graduated sanctions.

The three counties that were chosen to start a DUI court already had drug court in operation so the concept of this special, accountability court was familiar to them. The three counties chosen were Chatham, Clarke, and Hall. The DUI court brings together many different professionals the offender would come in contact with to carry out the different elements required throughout the court. The data for this report were gathered by visiting the three courts in May and November of 2003, and January of 2004. They also collected information by observing the twice monthly meetings with the judges and interviewing members from every aspect of the treatment team. Surveys were also completed by court and other program personnel to inquire about how far the program had come. By April 2006 there had been 1,053

DUI offenders accepted into these DUI courts (Fell, Tippett and Langston 2011, 1). Of this number of participants referred to the DUI courts, 301 had graduated from the program, 532 were still active in the court, and the remaining 220 were either in non-compliance or had been removed from the program all together. At that time the retention rate of the three DUI courts was 79 percent (Fell, Tippett and Langston 2011, 1).

The purpose of the study on the three DUI courts was to follow the DUI offenders as they moved through the courts and criminal justice system. The tracking of offenders has been made possible by the development of a new client-tracking program, a centralized database that is easily accessible by DUI court staff. The research aids the program by allowing for immediate feedback on the behavior of the participants so that they can be swiftly rewarded or punished. The three DUI courts in Georgia had several accomplishments, one being that they did encourage a positive lifestyle for their participants (Fell, Tippett and Langston 2011, 2). The retention rate of offenders in the program seems to mean that there is a motivation to the offenders to stay in the program and successfully graduate.

Research also indicates that drug courts have proven to be cost-effective. A recent analysis found that drug courts produced an average of \$2.21 in benefits to the criminal justice system for every \$1 spent. That is a 221 percent return on the investment (Huddleston and Marlowe. 2011, 10). Furthermore, the drug courts that targeted higher risk offenders had an even higher return on investment of \$3.36 (Huddleston and Marlowe 2011, 10). There are several other ways that drug courts saved the criminal justice system money, such as reducing the number of arrests, contacts with law enforcement officers, court hearings, and the use of jail and prison beds. Research also takes into account some of the indirect cost-benefits when calculating the overall savings. These indirect effects were fewer foster care placements and a reduced use of

healthcare. With all these things taken into account, the economic benefits of drug courts on communities' averages from \$3,000 to \$13,000 per participant (Huddleston and Marlowe 2011, 10).

The study on the DUI courts was completed by comparing DUI court offenders to two groups to compare. The first group is known as the retrospective group and was made up of offenders who matched that of the DUI court participants and were found guilty of DUIs in the counties where the DUI courts were established prior to the start of the courts. The second group is called the contemporary comparison group and was made up of offenders who matched the DUI court participants but were found guilty of DUIs in other counties where there was no DUI court. After gathering these groups, researchers found that after being in operation for four years the courts had a recidivism rate of 15 percent as compared to 24 percent for the contemporary group and 35 percent for the retrospective group (Fell, Tippetts, and Langston 2011, 3). The researcher who studied these three Georgia DUI courts concluded that the courts worked as they were intended to and did reduce the recidivism rate of the repeat DUI offenders (Fell, Tippetts and Langston 2011, 3). It was estimated that the DUI courts prevented a significant amount of arrests that saved the State of Georgia a great deal of money that would have been spent on confining these offenders in treatment and probation. A study of the Multnomah County drug court in Portland found that because of reduced recidivism and other long term benefits of the program, the savings to the public were on average \$6,744 per participant (National Institute of Justice 2011).

The research on DUI courts did highlight some of the criticisms of the accountability court programs. The most negative aspect of an accountability court such as the DUI or drug court is the cost of the program to the offenders. The biggest problem people have with passing

the burden of most of the cost to the offender is that these tend to be people who already have low incomes and are at times already struggling. Another argument that opponents of accountability courts have is that these courts are a way of coercing offenders into treatment because they are mandated to complete the drug court program. They feel that the drug courts rely too heavily on sanctions and use periodic incarceration to motivate compliance with the program (Tiger 2011, 172). By using sanctions that increase in severity, the drug court maintains power of the treatment process.

Methodology

The research method chosen for this research is an exploratory case study. The case study approach is chosen because it is the best method to study in depth a program such as a drug court. A case study is best used when trying to find out the details of a unique program and why or why not it may work. Case studies are used best to investigate programs that have a great deal of success, programs or policies that have unusual outcomes and situations where the players' behavior is discretionary (O'Sullivan, Rassel and Berner, 2008, 40). One of the characteristics that stand out about the case study is its combination of information used to conduct the research. A researcher may use documents, information from archives, interviews, direct observation, participant observation and physical artifacts to complete a single case study (O'Sullivan, Rassel and Berner 2008, 40).

The gathering of information from multiple sources strengthens the study and gives a complete picture of how well the Hall County Drug Court is performing and whether or not it is acting the way it was created to. Since the Hall County Drug Court has only been in existence since 2001, there will not be an abundance of historical information and trends available for

examination. It is for this reason that a combination of sources is the best way of studying the impact of the drug court on recidivism rates and whether it is truly an acceptable alternative to incarceration. Another strength, of a case study, is that because many different types of sources can be compiled for the research, the results of one source can be compared to another to make sure the findings of one are corroborated with the findings of another.

This case study focused on the entire Hall County Drug Court program. It looked at the court's creation, its organization, how offenders are chosen for the program, and steps taken by the offenders in the program. The study also examined the actual successes within the Hall County Drug Court since its creation. Another important piece to look at when researching this drug court is whether or not the courts receive support from the community. It is important for the success of the program to have support from the community where the court exists.

This project was completed by focusing on the research and studies that have been previously completed on the success of the drug court. It also focused on findings that have been documented on the actual trends that have been seen in Hall County. Data were analyzed by comparing the findings from counties where there are no drug court to Hall County before the inception of the Drug Court.

There are potential limitations that come from choosing to do a case study as opposed to other types of research. In many instances case studies are viewed as having the most limitations of any studies. In a case study, the research cannot rule out any alternative explanations and for that reason is not able to make causal conclusions, but is only able to describe behavior. Although information has been gathered from many different drug courts in this study, it may not be representative of the general population of drug courts. Another issue with the case study method is that it relies on information provided by many different people so it is possible for

some information to be left out. A case study is usually gathering information from the past so it is also possible for information not to be reported due to people forgetting it because time has passed.

Findings

The concept of a drug court was first introduced in Georgia in 1994 when the first drug court was established in Bibb County. Since the implementation of the first drug court in Georgia the number of these courts has grown exponentially. In 2009, there were 28 drug courts in operation with 1,924 participants within those courts (Hinton and McGuire 2010, 1). As of February of 2011, there were now seventy two accountability courts within the state. Of the seventy two, thirty one of those were adult felony drug courts, one was a felony drug and DUI court, another was a felony drug and mental health court, eighteen were DUI courts, nine were family dependency accountability courts and twelve of them were juvenile drug courts (Administrative Office of the Courts 2011). According to the Georgia Department of Corrections and the Administrative Office of the Courts, the annual cost per offender sentenced to a drug court is \$4,942. This is significantly lower than some of the alternative sentencing options (Georgia Department of Corrections and Administrative Office of the Courts 2011). The cost to sentence an offender to a state prison is \$17,907, and the cost to send an offender to a probation detention center is \$17,597 per year. The cost to sentence an offender to a probation substance abuse treatment center is even greater than those at \$24,667 per year. An Accounts Performance Audits Operations Report was produced by the Georgia Department of Audits that found the average daily cost per drug court participant is \$13.54 (Georgia Department of Corrections and Administrative Office of the Courts 2011).

In between the year 2009 and 2010 there were 2,151 graduates from Georgia drug and DUI courts (Administrative Office of the Courts 2011b). The State of Georgia studied offenders who graduated from drug courts in the year 2005 and found that the two year recidivism rate decreased significantly when compared to offenders who received other sentence options. The recidivism rate of the drug court participants was just seven percent two years after graduation. Offenders who were sentenced to probation had a recidivism rate of fifteen percent within two years of finishing probation, and the recidivism rate of offenders who were sentenced to probation detention centers was eighteen percent after two years. Offenders who were sent to probation substance abuse treatment centers had an even greater recidivism rate of twenty two percent after two years. However, the offenders who were sentenced to state prisons had the greatest recidivism rate in the State of Georgia. The rate at which people reentered into a life of crime after leaving prison was twenty nine percent (Hinton and McGuire 2010, 1)

Within the State of Georgia, each drug court operates independently, however, the Judicial Council established the Standing Committee of on Drug Courts in 2004. This committee was created to not only promote the development of new drug courts but also to ensure that the drug courts in Georgia are sustainable. In 2005, the Georgia General Assembly passed a law requiring the Standing Committee to develop standards that all drug courts must follow. One of the requirements to comply with the standards is to adopt the key components of a drug court, written by the United States Department of Justice, previously outlined in this study. The Standing Committee also laid out standards for treatment providers, treatment programs, drug testing, and performance measures (Marlowe 2010, 4). Every drug court must create its own policies that align with the standards laid out by the Standing Committee. In Georgia, the Administrative Office of the Courts (AOC) is the judicial agency charged with

making sure each drug court within the state remains in compliance with the key components as well as the treatment standards.

The Hall County Drug Court program began operating in February of 2000 and is one of Georgia's elite drug courts. Many other drug courts throughout the state seek to model their own court after the Hall County's program. As previously mentioned in this study, the Hall County Drug Court is headed by Judge Jason Deal, son of Governor Nathan Deal. The Hall County Drug Court, like the other drug courts in the State of Georgia, follows the guidelines handed down by the Standing Committee and goes through a screening process when accepting participants in to their program. The drug court receives new participants by identifying the participants themselves or participants may be recommended for the program by members of the jail staff, defense attorneys or family members. The potential participant volunteers to go through screening to take part in drug court and is not under any obligation to go through with the process. The participant is screened based on the requirements for eligibility and the drug court team answers a series of questions (see Appendix A). Once it is determined that eligibility requirements are met, a clinical evaluation is performed to ensure that the drug court can provide the appropriate treatment program for that participant. After this initial screening is complete, the information is sent to the drug court team where the decision is made on whether or not to accept the offender in the drug court program. Once accepted into the program, the treatment program begins. Most drug courts divide the program into phases that focus on different levels of recovery, for example, stabilization or addiction education (Hinton and McGuire 2010, 5).

The Hall County Drug Court program is comprised of a minimum of a twenty four month program and is made up of five phases. When a participant enters into the program, a Relapse/Phase Schedule Contract is laid out for the participant (see Appendix B). Each phase

consists of mandatory counseling sessions, drug testing, drug court sessions, and 12 step meetings. As the participant moves through the program, and they move up in phases, the frequency in which these requirements must be attended is stepped down. During phase one, the participant takes part in weekly drug court sessions, an orientation to treatment, and receives urine drug screens and breathalyzers to test for alcohol. Once the participants move up to phase two they start receiving more counseling on alternatives to criminal and addictive thinking. The participants still take part in weekly drug court sessions and continue to submit to drug screens and breathalyzers. Phase three begins with more specific treatment protocols. The participants continue to be tested for drugs and alcohol but now attend drug court sessions every other week instead of weekly. Phase four is used as a way to begin transitioning participants into less supervision. In phase four, they can become mentors for new participants in the program. Participants continue to submit to drug and alcohol testing, and attend drug court sessions every two weeks. Phase five is also known as the after care phase and participants are role models to the other participants. In this phase participants are still expected to attend drug court sessions every two weeks, and submit to drug and alcohol testing (Hall County Georgia 2011).

The judge monitors how participants are progressing in the program through the drug court sessions, also known as status hearings. It is also during these hearings that the judge hands out sanctions or rewards depending on a participant's behavior. Generally sanctions are stepped up as violations increase in number and violations may include anything from testing positive on a drug screen or failing to report for a drug court session. Sanctions can include chastisement in front of the other participants, community service work or short amounts of jail time. On the other hand, rewards can be given for positive behavior and can be small tokens or sweets (The Economist 2011). Once it is determined that a participant has received too many

sanctions or is not complying with the program, the team may make the decision to terminate the participant from the program. This means the participant's case goes back through the court system and a traditional sentence would be handed down. On the other hand, if a participant makes it through the program he or she is eligible for graduation from the program. Upon graduation a participant's case will likely be dismissed, the charge expunged from his or her record or the case would be modified (Hinton and McGuire 2010, 6). A dismissal of charges serves as a great reward for someone who could move on with his or her life without a felony drug conviction on their record.

Drug courts receive funding and support from a variety of sources such as funds from the county, federal grants, state funds, money from the Criminal Justice Coordinating Council, Department of Behavioral Health and Developmental Disabilities, and the Council for Superior Court Judges. Drug courts also receive money through participant fees. In fiscal year 2010, drug courts received about \$9.5 million in funding, \$5.4 million of that was from county funding (Hinton and McGuire 2010, 7). In fiscal year 2010, the Hall County Drug Court received \$42,957 from the Georgia Administrative Office of the Courts (Moore 2009, 10).

It is important for drug courts to measure the effectiveness and efficiency of their program when determining whether or not these types of accountability courts are a viable alternative to incarceration. The National Drug Court Institute (NDCI) recommends the use of four performance measures to document the effects of drug courts on participants (Hinton and McGuire 2010, 6). The first measurement suggested is retention or completion. This is the rate that measures how many participants actually complete the drug court program and graduate. The second measure suggested by the NDCI is sobriety. Sobriety uses the results from the alcohol and drug tests given during the program. These measurements should be used to

calculate the average number of failed tests and the average length of continuous sobriety (Hinton and McGuire 2010, 7). The third unit of measurement is the one that has been mentioned previously in this study and that is recidivism rate. Recidivism is the rate that measures the percentage of a group of participants that are rearrested and/or reconvicted for a crime (Hinton and McGuire 2010, 7). The last measure is units of service. This is the measure of the participant's actual attendance in program activities, such as substance abuse counseling.

The Hall County Drug Court has met these measurements of efficiency and effectiveness throughout the life of its program. Currently the Hall County Drug Court program has about 140 participants (District Attorney's Office). The participants in the program go through an intensive treatment program instead of spending time in prison or jail, they must agree to a Comprehensive Treatment Plan (see Appendix C). Since its inception, in 2001, the Hall County Drug Court has graduated 159 participants and had twenty four drug free babies born within that time period. The most important measure to look at for the purpose of this study is the recidivism rate. The recidivism rate in Hall County Drug Court is just 5 percent. This is lower than the state recidivism rate for drug courts which is 7 percent and much lower than the 29 percent recidivism rate found in offenders who are sentenced to prison (Georgia Department of Corrections and Administrative Office of the Courts 2011). Among those graduates were the recent graduates who attended a ceremony at a church in north Georgia. One of them was an intravenous drug user who slept outdoors on a trampoline, and a second was a wife and mother who started drinking at fourteen and then turned to methamphetamines at age forty nine (The Economist 2011). Another example of a graduate from the Hall County Drug Court Program is a licensed pilot, who graduated from college, and when he was using drugs would leave home for months at a time. These examples of graduates show that drug addiction touches all kinds of people and

that the drug court can restore the lives of these participants. Nearly 98 percent of Hall County Drug Court participants are employed (The Economist 2011). This proves that they are reentering society and becoming productive citizens within the community.

The importance of efficiency and effectiveness and how they apply in this study of the Hall County Drug Court was discussed above. The principle of economy is discussed throughout this study. This program is proven to have a huge impact on the economy of Hall County with the amount of savings the Drug Court brings to the county in sentencing costs. The principle of equity is also visible throughout this analysis. The participants are treated fairly and in accordance with the law. The Hall County Drug Court is governed by the Administrative Office of the Courts which ensures that it operates legally at all times.

There are some limitations to this study of the Hall County Drug Court. This is a case study and all the information was compiled from other sources. This means that all the information used in this study is second hand and not from eye witness testimony or personal experience. Since, the study relies on information produced by other people, some data may have been left out to make the drug courts seem more successful, thus ignoring a full picture of what is going on. Another possible limitation is that the most current information may not be available because this case study is based on information previously gathered. It may not be a true and accurate representation on what is going on with the Hall County Drug Court at this moment.

Recommendations

Based on the findings just discussed, I have come to the conclusion that drug courts are a successful and viable alternative to incarcerating individuals who have been arrested for drug

offenses. This study has shown that drug courts have been successful in reducing recidivism rates in the counties where they have been implemented. They have also proven themselves in saving money for the county and state governments that would have been spent on traditional sentencing options. The State of Georgia should continue to expand drug courts in order to accumulate more savings for the taxpayers.

Research has shown that there are many more offenders being placed in the prison system that could be reached by a drug court. In 2009, there were 4,000 offenders in the state prison system that met eligibility requirements for a drug court. Out of these offenders, about 2,400 lived in an area that had a drug court in existence (Hinton and McGuire 2010, 17). There are several reasons that could account for these people not being placed in a drug court program. The participants could have decided not to take part in the program, or they may not have been referred to the program by their attorneys. However, it is more likely that they were not placed in a drug court because the court in their area did not have enough space for them. The existing drug courts cannot accommodate all the offenders that could possibly receive the benefit from them because they are lacking resources to handle any more participants. I have found through this study that there are several reasons why drug courts are under-utilized in the State of Georgia. The Administrative Office of the Courts (AOC) has discovered responses why counties do not want to establish a new drug court in their area or expand their current drug court in order to accept more participants.

The most significant hurdle for drug courts to cross, as identified by the AOC, is that judges simply do not have the time it takes to run a drug court program. The program takes much more of a judge's time to run than just a normal case load. If a judge does not have time to devote to starting up a drug court, there will not be one in that area because it takes a judge's

interest in a drug court to get one started. A second issue that was identified by the AOC lack of expansion is that drug courts currently do not have enough money in their budgets to allow for anymore participants than they already have. Since 2008, drug courts have seen their funding decrease. This makes it difficult for them to continue operating with the number of participants they are used to having and near impossible to add new participants.

The third thing standing in the way of drug court expansion is that, in many areas of the state treatment, providers cannot accommodate all of the participants. Most drug courts feel there is a need to limit the amount of participants that one counselor can work with. Many feel that an appropriate number is fifteen participants per counselor (Hinton and McGuire 2010, 21). The fourth reason highlighted by the AOC is that most drug court participants need many more resources than just drug treatment. They require support services such as housing, job skill development, education, and employment services (Hinton and McGuire 2010, 21).

In 2009, the Senior Judges program was reduced by eighty one percent (Hinton and McGuire 2010, 20). I would recommend that one solution to expanding the drug court programs throughout the state would be to increase funding. The Senior Judges program allows for retired judges to sit in on Superior Court dockets in order to free up time for the acting Superior Court Judges to put towards starting up a drug court program. A second recommendation would be that the State of Georgia needs to set aside more money for grants. These grants should be given to new courts as an incentive to starting up programs in counties and areas where an accountability court is not in existence already. There should also be an increase in grants for courts that are already in existence. These grants would support the accountability programs in an effort for them to increase the amount of participants they can take into their program. It would also make it possible for existing courts to increase the resources that are available to existing participants.

Accountability courts have been proven to be successful in saving the state and counties millions of dollars. There should be an effort to expand them so that they can accept more people.

Conclusion

In conclusion, drug courts and other accountability courts are a worth while venture and are the trend of the future. This is a subject I feel very strongly about because I am personally involved with two accountability courts. I have been involved with the Cherokee County DUI/Drug Court for the last four and a half years and am now a member of the Cherokee County Misdemeanor Drug Court Program team. The Cherokee County DUI/Drug Court began in 2005 and is aimed at multiple DUI offenders. The program accepts offenders who have had two DUIs in a five year period or more than three within their lifetime. The misdemeanor drug court started this year in Cherokee County and is aimed at offenders whose drug of choice is marijuana. This is a pre-adjudication court and upon completion of the program the offender's charges will be dismissed. It is currently the only misdemeanor drug court in the United States.

I have seen many offenders who have failed in these programs, and also seen first hand what a program like this can do in the life of an offender. The criminal justice system is not set up to care for those who suffer from addictions. I have worked within the criminal justice field for seven and a half years and witnessed many people with addictions fail time and time again. They are simply dumped in the system with no tools or skills to beat their addiction and they are set up to fail from the beginning. It is only a matter of time before they violate their probation and are placed back into the county jail or the state prison system. I have sat at several DUI court graduations and listened to the participants who have completed the program read letters about what their lives were like before and how the program has changed them for the better. I

truly believe that accountability courts are going to be the way in which the criminal justice system is moving, and they will continue to gain support and grow throughout the United States.

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Appendices
Appendix A

HALL COUNTY DRUG COURT
INTERVIEW QUESTIONS

NAME: _____

1. What is the event that led to this evaluation being required?

2. Who is your Probation Officer? _____

3. Employment History/Include Phone Number (Current): _____

(Last 5 years): _____

4. Ethnic Origin: _____ Citizenship: _____ Languages: _____

5. Marital Status: (MARRIED) (SEPARATED) (DIVORCED) (SINGLE) (WIDOWED) (LIVE-TOGETHER)

Number of Marriages: _____ Current Address: _____

Describe your neighborhood: _____

6. What role does spirituality play in your life? _____

What is your religious background? _____ What impact has your use had in this area? _____

7. Names and ages of Children: _____

8. Read? yes, no Write? yes, no Last Grade Completed?

<8th 8th 9th 10th 11th 12th GED 13th 14th 15th 16th BS/BA Masters Doctorate

9. What is your means of transportation to treatment? _____

10. Are you currently pregnant? _____ If so, how far along? _____

Dimension 1 - Acute Intoxication and/or Withdrawal Potential

11. When was the last time you had a drink or took a drug of any kind? What was the substance and how much did you take? _____

12. What withdrawal symptoms have you ever experienced (shakes, sweats, DTs, etc.)? _____

13. Have you ever had seizures? If so, when? Why? _____

14. ALCOHOL: BEER WINE WHISKEY _____

- Age of 1st Use? ___ Amount? _____ Frequency? _____

- Age Use Increased? ___ Amount? _____ Frequency? _____

- Age of Heaviest Use? ___ Amount? _____ Frequency? _____

- Pattern of Use Just Prior to Arrest? _____ Frequency? _____

15. MARIJUANA: _____

- Age of 1st Use? ___ Amount? _____ Frequency? _____

- Age Use Increased? ___ Amount? _____ Frequency? _____

- Age of Heaviest Use? ___ Amount? _____ Frequency? _____

- Pattern of Use Just Prior to Arrest? _____ Frequency? _____

16. COCAINE: _____ CRACK: _____

- Age of 1st Use? ___ Amount? _____ Frequency? _____
- Age Use Increased? ___ Amount? _____ Frequency? _____
- Age of Heaviest Use? ___ Amount? _____ Frequency? _____
- Pattern of Use Just Prior to Arrest? _____ Frequency? _____

17. AMPHETAMINES/METHAMPHETAMINES:

- Age of 1st Use? ___ Amount? _____ Frequency? _____
- Age Use Increased? ___ Amount? _____ Frequency? _____
- Age of Heaviest Use? ___ Amount? _____ Frequency? _____
- Pattern of Use Just Prior to Arrest? _____ Frequency? _____

18. OPIATES: HEROIN CODEINE OXYCONTIN LORATAB DEMEROL PERCOCET _____
METHADONE MORPHINE DARVON/DARVOCET DILAUDID

- Age of 1st Use? ___ Amount? _____ Frequency? _____
- Age Use Increased? ___ Amount? _____ Frequency? _____
- Age of Heaviest Use? ___ Amount? _____ Frequency? _____
- Pattern of Use Just Prior to Arrest? _____ Frequency? _____

19. SEDATIVE-HYPNOTICS/BENZODIAZEPINES: VALIUM XANAX KLONOPIN _____

ROHYPNOL LIBRIUM MILTOWN DORIDEN QUAALUDE SECONOL SOPOR MUSCLE
RELAXERS _____

- Age of 1st Use? ___ Amount? _____ Frequency? _____
- Age Use Increased? ___ Amount? _____ Frequency? _____
- Age of Heaviest Use? ___ Amount? _____ Frequency? _____
- Pattern of Use Just Prior to Arrest? _____ Frequency? _____

20. HALLUCINOGENS: LSD PCP MESCALINE PEYOTE GHB SHROOMS ACID
KETAMINE _____

- Age of 1st Use? ___ Amount? _____ Frequency? _____

- Age Use Increased? ___ Amount? _____ Frequency? _____

- Age of Heaviest Use? ___ Amount? _____ Frequency? _____

- Pattern of Use Just Prior to Arrest? _____ Frequency? _____

21. TOBACCO: CIGARETTES SMOKELESS TOBACCO

- Age of 1st Use? ___ Amount? _____ Frequency? _____

- Current Pattern of Use? _____ Frequency? _____

22. OTHER: (INHALENTS) (ECSTASY) (OTHER: _____)

- Age of 1st Use? ___ Amount? _____ Frequency? _____

- Age Use Increased? ___ Amount? _____ Frequency? _____

- Age of Heaviest Use? ___ Amount? _____ Frequency? _____

- Pattern of Use Just Prior to Arrest? _____ Frequency? _____

Dimension 2 - Biomedical Conditions and Complications

23. What current physical illness or injury, other than withdrawal, needs to be addressed or may complicate treatment? _____

24. What chronic (long-term) medical conditions do you have that might affect treatment? _____

Dimension 3 - Emotional/Behavioral Conditions/Complications

25. Have you ever been treated for a psychiatric/mental issue? If yes, when, what, where? _____

Who is your treating physician/psychiatrist? _____

Phone # _____

26. What medications are you currently taking (list all meds, not just psych meds)?

27. What tends to get you upset emotionally? _____

28. Have you ever been verbally or emotionally abused? yes, no

If yes, When? Who? _____

29. Have you ever been physically abused? yes, no

If yes, When? Who? _____

30. Have you ever been sexually abused? yes, no

If yes, When? Who? _____

31. Have you ever been abusive to others? yes, no

If yes, When? Who? What? _____

32. Are you currently suicidal? _____ Homicidal? _____ Plan? _____

Means to carry plan out? _____

Dimension 4 - Treatment Acceptance/Resistance

33. What changes in your life can a treatment program help you with? _____

34. How has your drinking and/or drug use helped you in your life? _____

35. How has your drinking and/or drug use hurt you in your life? _____

36. How many substance abuse treatment centers have you attended? _____
Completed? _____

When did you attend? _____

What types of centers were they? _____

Where was the location? _____

37. What is the longest period of time that you have stayed clean and sober?

38. If you weren't required to attend treatment or stop drinking/using would you? yes, no

Dimension 5 - Relapse/Continued Use Potential

39. Describe your current living environment (including who you live with, drinking/using patterns in the home, etc.): _____

40. What are some of the reasons that you drink or use? _____

41. How do you deal with the difficult times in life? _____

42. What problems will you likely continue to have if you keep drinking and/or using?

Dimension 6 - Recovery Environment

43. Where would your primary recovery support come from? _____

44. Which family members, friends, and/or significant others drink or use? _____

45. What is your family history of substance abuse? _____

46. How difficult will it be for you to pay for treatment? _____

47. What special vocational training do you have? _____

48. What do you see as your strengths (things you are good at, what you like about yourself)? _____

49. What do you see as your challenges (things you aren't good at, what you would like to change about yourself)? _____

50. List all previous convictions for alcohol and/or drug-related offenses (including dates of offenses): _____

51. List all previous convictions for non-substance related offenses (including dates of offenses):

52. Who is willing to be involved in your treatment? May we contact them? yes, no

1. _____ Relationship _____ Phone # _____

2. _____ Relationship _____ Phone # _____

3. _____ Relationship _____ Phone # _____

4. _____ Relationship _____ Phone # _____

53. Do you have insurance (include Medicaid and Medicare)? ___ Social Security? _____

54. Are you currently receiving/paying child support? ___ How much? _____

55. What was your annual income last year? _____ Did you file a tax return? _____

56. Do you have additional sources of income? _____ If Yes, what? _____

57. Do you have any civil judgments (bankruptcies, divorce, law suits) pending? _____
If Yes, please describe: _____

58. How do you see your financial situation affecting your recovery? _____

PARTICIPANT'S MENTAL STATUS (To be completed by Staff)

1. Dress/Grooming: .Appropriate and clean . Meticulous . Eccentric
. Seductive .Disheveled .Other: _____
Comments: _____

2. Facial Expression: . Normal and expressive . Sad . Happy . Flat
. Angry . Fearful .Other: _____
Comments: _____

3. Physical Motor Activity: . Normal . Overactive .Retarded
. Tremulous . Unusually postured . Facial tics . Poor coordination

4. Speech: . No deficits . Slurred . Pressured . Stammering .Loud
. Soft .Other: _____
Comments: _____

5. Behavior: . Appropriate . Hostile . Silly . Withdrawn . Defensive
. Manipulative . Evasive . Passive . Dependent . Dramatic
. Rave . Aggressive . Negativistic . Overly cooperative
. Cooperative . Other: _____
Comments: _____

6. Orientation: . Person . Place . Time . Purpose

Comments: _____

7. Recent Memory: (Could recall ___ of 3 things to give him/her to remember at the beginning of the interview at its end) Comments: _____

8. Immediate Recall: The patient could repeat and reverse a (2,4,5,6) number sequence Yes . No . (1,7) (2,6,5,3) (5,9,3,8,1) (3,7,1,5,8,6)
Comments: _____

9. Remote Memory: The pt. could recall who was President before Clinton yes, no; knew what the capitol of the U.S. is yes, no; where the bomb was dropped in WWII yes, no; who is the famous black leader who has a National Holiday declared in his honor yes, no.
Comments: _____

10. Patient's Affect: . Anxious . Inappropriate . Tearful . Flat . Elevated . Depressed . Labile . Appropriate .Other: _____
Comments: _____

11. Thought Processes: . Within normal limits . Blocking . Circumstantial . Tangential . Full of preservation . Flight of ideas . Loose associations . Indecisive Comments: _____

12. Does patient demonstrate any learning deficits that would interfere with treatment? yes, no.
Comments: _____

13. Current Suicidal or Homicidal Ideation/Intent: yes, no. Comments: _____

14. Has anyone in your family ever attempted/committed suicide? yes, no.
If yes, who and when: _____

15. Thought Content: . Appropriate and no deficits . Unreality . Phobias . Obsessive ideas . Compulsions . Ideas of guilt . Ideas of hopelessness, worthlessness . Somatic complaints, feelings of persecution . Suspiciousness .Other: _____
Comments: _____

16. Current Hallucinations: yes, no. If yes: . Auditory . Visual . Olfactory
Comments: _____

17. Social Judgment: . Good . Fair . Poor Comments: _____
Personal Judgment: . Good . Fair . Poor
Comments: _____

18. Self-Concept: . Low . Congruent . High
Comments: _____

19. Does the patient understand disease concept? yes, no.

20. What concepts would help in understanding? _____

Appendix B



Northeastern Judicial Circuit
Treatment Services
Hall County Drug Court
Relapse / Phase Schedule Contract

I, _____, understand that due to my need for more support in my recovery that I will be placed on a Relapse Contract and/or an alternate Phase Schedule.

_____ 1) Effective _____, I am on a minimum of 90 days curfew. I will be at my stated address from 8:00 p.m. until 5:00 a.m. 7 days per week.

My address and phone number is:

_____ 2) Effective _____, I am on a minimum of 90 days AM Breathalyzers. I agree to call the drug screen phone number by 6:15 a.m. to see if AM Breathalyzers have been called for that day. If called, I will report for my AM Breathalyzer before 7:45 a.m.

_____ 3) Effective _____, I am on a Phase _____ Relapse Schedule for a minimum of 30 days. I understand that my relapse schedule will be reviewed after 30 days by the Drug Court Team to determine my treatment needs.

_____ 4) Effective _____, I am on a Phase _____ Schedule for a minimum of 30 days due to my need for more support in my recovery. I understand that my Phase schedule will be reviewed after 30 days by the Drug Court Team to determine my treatment needs.

I further understand that the Drug Court Team will review my progress each week and failure to comply with the above terms of this contract will result in appropriate action being taken which may result in an additional treatment response, court sanction, and/or extending this contract.

Participant / Date Primary Counselor / Date

If you are unclear as to what the expectations are for compliance, you should review the participant handbook. If you remain unclear, make an appointment with your counselor to discuss this issue. It is your responsibility to know the rules and requirements of the program at all times. This agreement is meant to support changes in behavior conducive to your recovery. If these changes do not occur in the outpatient setting, the Drug Court Team will consider the next level up in structure and support.

Effective 5/4/06 MP

Appendix C

Northeastern Judicial Circuit Date: _____

Hall County Drug Court Name: _____

Comprehensive Treatment Plan

Current Phase Level/ Tx Plan Date: () P1 _____ () P2 _____ () P3 _____ () P4 _____ () P5 _____

SASSI evaluation indicates high probability of Substance Dependence Disorder.

Current

Charges: _____

Participants Assets: (*Check where applicable*) () Past experience with Tx () General Fund of Knowledge () Supportive Family/Friends () Good Insight Into Addiction and Recovery Process () Capable of Independent Living () Average Intelligence () Physical Health () Good Communication skills () Motivated for change () Work Skills () Sense of Humor () Other: _____

Precautions: (*Check where applicable*) () Hx addiction to _____ () Hx of suicide attempts () Hx explosive outbursts () Manipulative () Early signs of relapse include: _____ () Meds. Currently Rx: _____ Other: _____

Long Term Goals:	Short Term Goals/ Interventions	Date Started	Chgd./ Achvd.
Actively participate in recovery and successfully complete all 5 phases of the Drug Court Curriculum including: attending and participating in group/individual therapy, random drug screens, workbook assignments, and mandatory court attendance. Maintain abstinence from all substances unless approved by the Drug Court Staff and Treating Physician. Improve quality of life by maintaining long-term sobriety. Increase knowledge of the disease and recovery process. Must have gainful employment and a safe, drug-free			

residence. Will conduct public service and community service as indicated. **Identified**

Problems

- () 1. Substance Dependence (Drugs used:
 - () 2. Physical withdrawal Sx (e.g. shaking, seizures, nausea, headaches, sweating, increased anxiety).
 - () 3. Lacks proper employment
 - () 4. Lacks approved residence.
 - () 5. Prt. is in denial of addiction.
 - () 6. Lacks motivation for self-improvement.
 - () 7. Lacks insight into addiction and recovery process.
 - () 8. Poor anger mgt./ impulse control.
 - () 9. Poor coping skills
 - () 10. Poor Hygiene
 - () 11. Poor interpersonal skills
 - () 12. Low self-esteem.
 - () 13. Not attending required meetings (Hoke Tour, AA/NA etc.)
 - () 14. Suspect Dual Dx
 - () 15. Continues to relapse (e.g. Confirmed positive drug screens).
 - () 16. Health concerns (e.g. Disabled, Hep., TB, HIV, etc.)
 - () 17. Other:
- () Assist Prt. in achieving and maintaining sobriety via increasing insight into addiction, scheduled court attendance, random drug screens, and active involvement in the 12-step community. (1,7)
 - () Assist Prt. in identifying relapse triggers and develop positive coping strategies to deal with triggers via group/ individual therapy focusing on addiction and the recovery process. (1,7)
 - () Prt. will explore and attempt to repair damaged relationships. (1,11)
 - () Obtain healthy living arrangements and full-time employment that is satisfactory to the Drug Court. (3,4)
 - () Refer for medical intervention to monitor withdrawal Sx. (2)
 - () Teach and encourage appropriate life skills through educational exercises in phase specific workbooks, role playing, and positive reinforcement. (8,9,10,11,12)
 - () Prt. will be able to make "I" statements demonstrating acknowledgement and acceptance of chemical dependence, as well as, successfully complete his/her 1st step presentation. (5,7)
 - () Increase motivation for self-improvement via encouragement, positive reinforcement, and supportive counseling. (6)
 - () Sanctions and incentives as determined by the Drug Court Judge and Tx Team according to policy. (13,15)
 - () Professional Consultation as needed. (16)
 - () Refer for psychological evaluation. (14)
 - () Other: (17)