

2007 Innovations Awards Program

APPLICATION

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ID # (assigned by CSG): 07- S-430KDRUGCOURT

Please provide the following information, adding space as necessary:

State: Oklahoma

Assign Program Category (applicant): Health and Human Services.

1. Program Name:
The Oklahoma Drug Court Program
2. Administering Agency
The Oklahoma Department of Mental Health and Substance Abuse Services
3. Contact Person (Name and Title)
Jeremy Jarman, J.D. Drug Court Coordinator
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9. Please provide a two-sentence description of the program.

The Oklahoma Drug Court Program offers eligible non-violent felony offenders an immediate and highly structured judicial intervention process including

substance abuse treatment which expedites the criminal case, and requires successful completion of the program in lieu of incarceration.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on April 2, 2007, to be considered.

Oklahoma's first Drug Court was implemented in 1995. However, as a direct result of State Appropriations over the last two years, the Program has expanded and moved toward statewide coverage. In fact, in fiscal year 2006, the population of Oklahoma's Drug Court Program more than doubled. There were fewer than 25 counties with Drug Courts in 2003, while there are 54 counties with Drug Courts today.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

Drug Courts in Oklahoma were implemented in order to address the rising prison reception rates specific to drug and alcohol related crimes. The perpetual cyclical effects of prison, release, re-arrest and return to prison for those with substance abuse addictions or problems is both costly and ineffective at addressing the needs of this population. According to OSBI data, there was a 154% increase in arrests for drug and alcohol related crimes from 1990 to 2003. Drug Courts offer the tools required to become a productive member of society, remain in the community, and stop the cycle that addiction creates.

12. Describe the specific activities and operations of the program in chronological order.

- a. Arrest for statutorily eligible offense. (Non-violent felony offense)
- b. Application for Drug Court consideration.
- c. Review by District Attorney. (background check, etc.)
- d. Assessment by Certified and Contracted treatment provider. (ASI, ASAM criteria)
- e. Review by Drug Court Team. (accepted / denied)
- f. Plea agreement and Fourth Amendment waiver.
- g. Enters Drug Court Program and signs Participant Agreement which outlines expectations including, but not limited to: substance abuse treatment, random drug and alcohol testing, regular court appearances, accountability of time and activities.
- h. Advances through phases, as determined through regular status hearings concerning the participant's progress and compliance. The multidisciplinary team (Judge, District Attorney, Defense Attorney, Drug Court Coordinator, Substance Abuse Treatment Provider, and Compliance Officer) shares information to determine progress and compliance.
- i. Upon completion of the program, a dismissal of charges, expungement and sealing of the record may occur.

j. A graduation ceremony with friends, family and often the arresting officer takes place.

An outline of the Treatment Phases follows:

Phase One: Orientation/Initial Treatment – This phase focuses on familiarizing the participant to the Drug Court Program, the requirements and expectations, and beginning the treatment process. Accurate initial assessments include the understanding of the participant’s readiness to change. A clear plan for treatment is developed. The participant should remain in Phase I for a minimum of four (4) weeks.

Phase Two: Initial Treatment – This phase focuses on understanding the wants and needs of the participant while the participant prepares to make changes in his/her life. The participant should remain in Phase II for a minimum of eight (8) weeks.

Phase Three: Active Treatment – This phase focuses on active change within the lives of the participants and the creation of effective strategies that promote recovery. The participant should remain in Phase III for a minimum of twelve (12) weeks.

Phase Four: Active Treatment – This phase will focus on the completion of a formal change plan which includes relapse prevention. Maintaining recovery is a major focus in this phase. The participant should remain in Phase IV for a minimum of twenty-four (24) weeks.

Phase Five: Aftercare/Supervision – This phase focuses on the completion of the Drug Court Program and empowers the participant to continue to live a drug-free life. The participant should remain in Phase V for a minimum of twenty four (24) weeks.

13. Why is the program a new and creative approach or method?

Four hundred years of history have shaped our criminal justice system into what is referred to as the “Traditional Justice System Method.” Today, with the innovation of Therapeutic Jurisprudence or problem solving courts, we have finally seen a reduction in the reception rates in our prisons.

14. What were the program’s start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

The personnel costs and travel of staff hired to work in drug court development and monitoring are funded through drug court appropriations as well as income

generated through court fines. DMHSAS contributes space and other administrative support from its general administrative budget.

15. What are the program's annual operational costs?

- a) Administration, data collection and reporting, and evaluation: \$475,000.
- b) Contracts with courts and treatment providers: \$20.6 million. This provides treatment and covers administrative costs for 54 counties with Drug Courts and a population of approximately 4,000 participants by July 2007.

16. How is the program funded?

State appropriated dollars (\$20 million), court fines remitted to DMHSAS (\$1 million), with community and participant supplements. Administrative funding supplements vary by district or county. The resources available through local police and sheriff departments, probation and parole, and other local cooperating agencies are utilized as in-kind supplements. These may include, but are not limited to: office space and supplies, compliance officers, use of equipment (breathalyzers, urinalysis equipment). In addition, participants are expected to contribute financially through partial payment of treatment costs (up to 20% co-payment) and court costs and fees, as well as a shared cost for drug and alcohol testing.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

Yes, several pieces of legislation have been passed in order to implement the Drug Court Program. Including, 22 O.S. § 471 et seq., 10 O.S. § 7303-5.5, HB 1578.

18. What equipment, technology and software are used to operate and administer this program?

Web-based software packages have been developed by the ODMHSAS staff. These applications are utilized to collect data directly from the courts and treatment providers. Data collected includes: demographics, mental health and substance abuse information, criminal justice and sentencing, sanctions/violations and incentives, performance and outcome measures, and treatment service and episode information. All of this information is collected statewide and reported to allow provider and court comparisons among each other and the state.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

No. Drug Courts were first developed in Dade County, Florida in 1985.

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

While many states have Drug Court programs, Oklahoma's model differs in two significant areas. Oklahoma and Utah are the only states in which the Department of Mental Health or the Department of Health administer and provide operational oversight to the administrative and treatment functions and funding of the programs. In addition, Oklahoma differs from other states in that it spends more per capita on its Drug Court program than any other state. An additional unique aspect of Oklahoma's Drug Court program is that Methamphetamine is the primary drug of choice among its participants.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

No, Drug Courts are still evolving. Our goal is to establish Drug Courts in every county in Oklahoma.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

Cost Effectiveness of Drug Courts in Oklahoma:

A cost comparison model was developed to analyze the cost of sending 3,532 offenders (the number of participants analyzed during the reporting time period) to drug court, instead of prison. The model is based on the performance of the courts during the last 4 years, in which drug court graduates were more than four times less likely to be re-incarcerated than released prison inmates. The model indicates that the 4-year cost to the Oklahoma Department of Corrections, if drug court did not exist, is \$87,123,725.

Comparing the recidivism rate, measured by re-arrest, of drug court graduates to that of successful standard probation offenders or released prison inmates indicates the following:

- drug court graduates were 63% less likely to be re-arrested than successful standard probation offenders; and
- drug court graduates were more than two times (or 131%) less likely to be re-arrested than released prison inmates.

Medical Costs: The medical and social costs required to care for a drug-exposed infant are estimated at \$250,000 in the first year of life. Data indicates that at least 13 drug-free infants were born between July 2001 - June 2005, which resulted in preventing costs totaling \$3,250,000.

To assess outcomes among drug court graduates, comparisons were made between graduates' characteristics at entry and at graduation on a number of indicators. The findings are as follows:

- there was a 80.7% decrease in unemployment;
- there was a 68.1% increase in income;
- there was a 32.6% decrease in the percent of participants without a high school diploma;
- there was a 20.5% increase in the number of participants who had children living with them; and
- graduates with methamphetamine as their drug of choice had better outcomes on unemployment, income, and child custody, than graduates with another drug of choice.

23. How has the program grown and/or changed since its inception?

- a. Guidelines were promulgated including Rules and Recommendations as well as Policies and Procedures for Drug Courts;
- b. Funding has increased allowing treatment and residential capacity to almost double;
- c. Participant Handbooks have been created;
- d. Sanction and Incentive Matrix has been expanded;
- e. Addition of Juvenile and Family Drug Courts; and
- f. Growth from one court in 1995 to courts in 54 counties currently. Additional counties are in the planning stages, including 9 juvenile and 2 family courts.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

- a. Paradigm shifts. The conventional roles and theories of Attorneys, Law Enforcement and Treatment Providers must be set aside to create a non-adversarial team approach.
- b. Preconceived ideas that drug court is "soft" on crime.
- c. Rural Aspect – Availability of resources. (i.e., therapeutic, community, adult education etc)
- d. Debunking the myths. (Accepting that addiction is a disease, education of the community, using incentives, not sanctions to shape behavior)

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