

The therapeutic team (treatment providers, the judge, lawyers, case managers, supervisors, and other program staff) should maintain frequent, regular communication to provide timely reporting of a participant's progress and to ensure that responses to compliance and noncompliance are swift and coordinated. Procedures for reporting progress should be clearly defined in the drug court's operating documents.

While primarily concerned with criminal activity and AOD use, the drug court team also needs to consider co-occurring problems such as mental illness, primary medical problems, HIV and sexually-transmitted diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles--especially domestic violence--and the long-term effects of childhood physical and sexual abuse. If not addressed, these factors will impair an individual's success in treatment and will compromise compliance with program requirements. Co-occurring factors should be considered in treatment planning. In addition, treatment services must be relevant to the ethnicity, gender, age, and other characteristics of the participants.

Longitudinal studies have consistently documented the effectiveness of AOD treatment in reducing criminal recidivism and AOD use.(9) A study commissioned by the Office of National Drug Control Policy found AOD treatment is significantly more cost-effective than domestic law enforcement, interdiction, or "source-country control" in reducing drug use in the United States(10) Research indicates that the length of time an offender spends in treatment is related to the level of AOD abuse and criminal justice involvement.(11) A comprehensive study conducted by the State of California indicates that AOD treatment provides a \$7 return for every \$1 spent on treatment. The study found that outpatient treatment is the most cost-effective approach, although residential treatment, sober living houses, and methadone maintenance are also cost-effective.(12) Comprehensive studies conducted in California(13) and Oregon(14) found that positive outcomes associated with AOD treatment are sustained for several years following completion of treatment.

For the many communities that do not have adequate treatment resources, drug courts can provide leadership to increase treatment options and enrich the availability of support services. Some drug courts have found creative ways to access services, such as implementing treatment readiness programs for participants who are on waiting lists for comprehensive treatment programs. In some jurisdictions, drug courts have established their own treatment programs where none existed. Other drug courts have made use of pretrial, probation, and public health treatment services.

#### **Performance Benchmarks:**

1. Individuals are initially screened and thereafter periodically assessed by both court and treatment personnel to ensure that treatment services and individuals are suitably matched:

- An assessment at treatment entry, while useful as a baseline, provides a time specific "snapshot" of a person's needs and may be based on limited or