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NDCI COMMENTARY

JAIL-BASED TREATMENT AND RE-ENTRY DRUG COURTS, A UNIQUE OPPORTUNITY FOR COLLABORATION AND CHANGE

By C. West Huddleston

With more than two-thirds of the millions of men and women who pass through American jails testing positive for recent drug use, our jails may constitute the best setting for drug screening and assessment, and for getting those in need of treatment on a recovery track. And yet, only 7 percent of the jails house wide-ranging drug assessment and treatment programs.

The success that drug courts have enjoyed to date rests on a foundation of collaboration among the legal, treatment, and law enforcement communities. Helping to build effective jail-based treatment programs can broaden and strengthen that foundation. In this article, NDCI Deputy Director West Huddleston explores the need for jail-based treatment from the drug court perspective, and offers a working model for a jail-based treatment program linked to a re-entry court.

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ARTICLE SUMMARIES

Jail-Based Treatment Gap

[19] IN SPITE OF SCIENTIFIC EVIDENCE THAT JAIL-BASED TREATMENT CAN SUBSTANTIALLY REDUCE RECIDIVISM, ONLY 7 PERCENT OF JAILS OFFER WIDE-RANGING SERVICES.

JAIL-BASED TREATMENT AND DRUG COURTS

[20] A drug court objective is to keep participants engaged in treatment. It is counterproductive to detain participants in jails without treatment services.

A “WORKING” MODEL

[21] A working model for effective jail-based treatment with functional linkages to drug courts must consider many issues.

COMMUNICATION WITH DRUG COURTS

[22] Regular appearances before the judge, even while in custody, are part of the drug court process, and are needed to hold participants accountable and motivated.

JAIL STAFF SUPPORT

[23] The support of jail staff is key to the success of an “in-custody” program.

PROGRAM SPACE

[24] When physical space is limited, creative scheduling may be the solution. Plan treatment sessions around the schedules of other jail activities.

STAFF ASSIGNMENT

[25] It is imperative that jail-based treatment programs employ a variety of support groups and treatment modalities, and that jail staff working with the programs be cross-trained and enthusiastic about the programs.

FOLLOW-UP AND RE-ENTRY COURTS

[26] Direct linkages with Re-Entry Drug Courts and aftercare is critical if an offender is to re-enter the community successfully

There is no single reason why drug courts succeed where other programs have not. It is true that drug courts provide more comprehensive supervision, more frequent testing, and closer monitoring than other forms of community supervision (Belenko, 1998). It is also true that drug courts constantly seek ways to improve their programs, and strive to make inroads into new areas of supervision and accountability for drug-using offenders living in our communities. We have formed linkages with community police officers, intensified probation supervision, and taken advantage of improvements in drug testing, electronic monitoring, and MIS technology to address a broader range of offenders than ever before.

Pressed to name a single cause for the success of drug courts, we might point to the foundation on which our programs rest—collaboration. New research on drug courts and drug treatment programs has found that the best new programs are those that are collaborative efforts in which components of the criminal justice system, community public health agencies, cognitive and behavioral counselors, drug treatment specialists, health care providers, and employment specialists (Lewis, 1998) work as a team to keep offenders accountable to the court and engaged in treatment.

Such findings suggest the importance of drug courts continuing to improve their collaboration efforts, thus increasing their ability to address the drug and alcohol abuse problems that undermine offenders' chances of staying out of trouble. The collaborative link yet to be formed lies between drug courts and jails, or more specifically, jail-based treatment programs, the drug court and their role as a re-entry

mechanism for an offender's successful reintegration into the community.

THE JAIL-BASED TREATMENT GAP

[19] According to the Bureau of Justice Statistics (BJS), 11 million offenders pass through American jails each year, and 70 percent of all arrestees who are sampled test positive for recent drug use. More than half of all jail inmates in 1996 were already under supervision at their most recent arrest; almost one-third were on probation, an eighth were on parole, and another eighth were on bail or bond. Seven out of ten jail inmates had prior sentences to probation or incarceration, and more than four in ten had served three or more sentences. Compared to jail inmates in 1989, inmates in 1996 reported a higher percentage of use of every type of drug except cocaine; yet only 17 percent reported prior participation in a treatment or self-help program (Harlow, 1998).

In spite of scientific evidence that jail-based drug and alcohol programs can be effective in reducing recidivism (Field, 1995, 1989; Lipton, 1996; Peters et al., 1993; Rouse, 1991; Wexler et al., 1990, 1994), most jails have been slow to develop strong substance abuse programs. A recent national survey noted that only 7 percent of jails offer a wide range of services (Peters and May, 1992) and only 30 out of 1,700 jails reported providing more than 10 hours of weekly substance abuse treatment (Hughey and Klemke, 1996). Thus the percentage of offenders who receive comprehensive drug treatment while in jail is minimal.

Unfortunately, limitations on drug treatment available in our jails constitute a problem that extends to drug courts. Jail-based treatment can provide drug courts with a critical opportunity to address an offender's substance-abuse problem early in the process, but adequate jail-based treatment programs are rare. Even where programs do exist, few jurisdictions have developed collaborative linkages between drug courts and the jails that work successfully within the drug court framework.

THE NEED FOR JAIL-BASED TREATMENT IN DRUG COURT

[20] Many drug courts rely upon their local jails to incarcerate defendants prior to the start of their drug court program or to house defendants briefly as a sanction. Whether pre-plea, post-plea, or as a sanction, it is counterproductive to detain drug court defendants in jails where treatment services do not exist. After all, the objective of the drug court is to keep defendants engaged in treatment. Rather than providing a forced break from treatment services, we could be taking advantage of offender jail time by furnishing treatment during periods of incarceration.

Local jails provide an excellent setting for screening, assessment, delivery of initial treatment services, social detoxification (stabilization), and for forging links with community treatment programs. The highly structured, controlled environment of a jail can exert a tremendous influence over an offender's motivation to seek treatment and commitment to stay in treatment (Swartz et al., 1996). The fact that jail-based treatment may be legally coerced does not diminish its effectiveness. Individuals who are legally coerced into drug treatment are just as successful in recovery as those who enter treatment voluntarily, and they often remain in treatment programs longer (Anglin et al., 1990). According to Dr. Sally Satel, a psychiatrist and a consultant to the Washington, D.C. drug court, "Addicts needn't want to change their lives—at least not at first—for a treatment program to succeed. Moreover, with the fear of doing time hanging over their head, a drug abuser is more likely to stay in and finish treatment. The longer they stay," Dr. Satel continued, "the better their chances of turning their life around." Indeed, absent its coercive role, the impact of drug court would be as bleak as the traditional approach.

The challenges ahead are to construct a bridge between county jails and drug courts, and establish jail-based treatment systems capable of delivering services to drug court defendants wherever they are in the detainment process. We

must be able to engage defendants in treatment services immediately upon detainment, and upon release, we must be able to refer them immediately to outpatient and ancillary services, all the while providing supervision through the drug court program.

A WORKING MODEL

With jail-based treatment systems in place, incarceration can become an offender's chance to meet a substance abuse problem upstream, before his or her drug use or criminal activity escalates. Without jail-based treatment systems, the time spent in detention is lost. A 1994 review of criminal justice research stated that there were no studies that found punishment alone reduced recidivism (D.A. Andrews, 1994). If the goal is to expand the net to catch a broader range of offenders passing through the revolving door of the criminal justice system, then the next step for drug courts is to expand their collaboration efforts with jail-based treatment programs, especially in those communities where drug courts exist.

[21] In building a working model for effective jail-based treatment programs with functional linkages to local drug courts, several issues must be considered. Among them are communication between jail and drug court, treatment staffing, program space, experience and training, programming, jail staff assignment, follow-up services, and re-entry into the community.

COMMUNICATION WITH THE DRUG COURT

[22] One unique aspect of drug court and jail-based treatment model is the judge's ongoing supervision of the defendant while the defendant participates in the jail-based program. Just as in drug court, the defendant must regularly appear before the drug court judge and stand accountable for his or her behavior while participating in the in-custody treatment program.

The involvement of the judge is critical to the success of the jail-based treatment program and to the drug court defendant's future upon release from custody. The drug court judge "serves as an authority figure ... providing the attention, dependable if stern parental approval, that many addicts, coming from chaotic backgrounds and broken homes, seem to crave" (Satel, 1998). A recent survey reported that "eighty percent of drug court participants indicated they would not have remained in the treatment program if they did not appear before a judge as part of the process" (Cooper, 1997).

In this working model, the judge's active participation in the defendant's treatment begins with an inclusive "staffing," i.e., a meeting in which participants' cases are discussed by the practitioners of the drug court. Included in the staffing are representatives from the jail-based treatment program, who collaboratively update the drug court judge on the status of each participant.

Armed with accurate and up-to-date information, the drug court judge then holds a status hearing, which occurs in an open courtroom. Here, the drug court participants who are being detained in the jail and who are participating in the jail-based treatment program, are brought before the drug court on a regular basis and held publicly accountable for their progress, or lack thereof, while in the jail-based treatment program

The judge and the treatment team have a unique opportunity to grant the most powerful incentive available to jailed participants who are progressing in their program. Negative reinforcement is the removal of punishment; thus the judge rewards the participant for compliance by reducing the amount of time he or she is ordered to jail. A participant can actually work his or her way out of jail through sobriety and positive behavior. In addition, with the right collaboration between the judge, sheriff and the jail-based treatment staff, the judge might grant rewards to the participant, while in the program, such as TV or visitation privileges. Such reward

systems are standard in therapeutic in-custody programs, but how much more powerful would the incentive be if it came from the drug court judge?

This working model allows the participant to remain motivated, and thus helps the jail-based treatment program as well. Communication between the jail-based treatment program and the drug court judge provides the essential link for momentum, allowing for swift and sure responses to the participant's behavior in treatment.

JAIL STAFF SUPPORT

[23] The support of both the Sheriff and the officers of the jail is key to the success of any in-custody program. Officers' attitudes toward inmate services and programs have a great influence on inmates' attitudes (Taxman et al., 1994). It is therefore paramount that jail staff support the jail-based treatment program and that the program in turn be designed such in a way as to gain the confidence and support of the officers. For example, a program that disrupts the daily schedule of a jail or interferes with the flow and security of the facility will not last. Jail-based treatment programs must mesh well and offer benefits to the facility for jail personnel to "buy-in."

PROGRAM SPACE

[24] Finding program space is a difficult task for any jail-based program. Unless the program is in a therapeutic community (TC) or a segregated unit, it should operate during treatment hours that work around inmate counts, meals, and community work programs so as not to interfere with normal operations.

Ideally, jail-based treatment populations should be segregated from other inmates as much as possible in order to

keep outside influences to a minimum and facilitate participant control. An alternative approach that many jail-based programs employ is to conduct therapy and support groups throughout the facility during the evening. This model enables the treatment population to maintain job assignments within the jail, remain busy in the evening, and keep away from the general population as much as possible.

TREATMENT STAFF EXPERIENCE AND TRAINING

Space is not the only problem facing a new jail-based treatment program. Many jail officers fear that substance abuse treatment staff neglect security procedures. It is important, therefore, that jail-based treatment staff have experience working in correctional settings and a clear understanding of facility rules, information flow, security procedures, and “offender games” (i.e., the deviant and manipulative ways of a correctional population). In addition, all jail treatment staff should attend the same orientation class that new jail officers receive. This will ensure that treatment staff know the specific policies and procedures of the facility. An experienced and oriented jail treatment staff will ensure a safe and secure facility and gain the confidence of the jail personnel.

EFFECTIVE PROGRAMMING

[25] Substance abuse treatment is like a jigsaw puzzle, and it is imperative that jail-based treatment programs incorporate a variety of support groups and treatment modalities (e.g., cognitive-behavioral treatment) in order to increase the likelihood of success for jailed offenders. In the last ten years, criminal justice researchers have published a wide range of research on the types of programs that show the most success with jailed offender populations (Andrews et al., 1990; Andrews, Zinger et al., 1990; Lipton, 1996; Peters et al., 1993; Wexler et al., 1994). This research suggests that jail-based treatment programs should target the following dynamic pre-

dictors: anti-social personality; criminogenic needs; companions; interpersonal conflict; social achievement; and substance abuse. These areas, if addressed, produce a significant reduction in return rates since they can be changed throughout the course of a jail-based treatment program. Jail-based treatment providers should be licensed, and they should be carefully selected for their expertise in these dynamic predictors and their documented track records of working with offender populations (Gendreau et al., 1996).

JAIL STAFF ASSIGNMENT

Another important factor in the success of a jail-based treatment program is the assignment of jail staff. Whenever possible, the officers assigned to the program should be those who welcome it, and who have a desire to work with contract treatment providers and drug court personnel. The jail officers who work with a jail-based treatment program should see themselves as models for inmates, and they should be cross-trained in substance abuse screening and other treatment issues. Cross-training is a good way to get the jail staff working as a team (Taxman et al., 1994).

RE-ENTRY DRUG COURTS

[26] By filling the role of a re-entry court, drug courts can provide incentives for participants to complete jail-based treatment, a strong structure for defendants leaving jail, a continuum of treatment services, and a high-level of probationer accountability.

Offenders who have completed the requirements of a jail-based treatment program are released into the community by the drug court judge during a status hearing in court. At the time of release, they are given clear instructions to report immediately for supervision, case management and treatment

services, with future drug court status hearing appearance dates.

The optimal procedure would be to have all participants with drug abuse problems and participating in a jail-based treatment program, brought before the drug court at the time of their release from jail. Probationers would appear before the drug court to be admonished and encouraged by the drug court judge and then immediately released from court for placement to appropriate supervisory and treatment services in the community.

Finally, Transitional (release) planning is important to an offender's successful transition into the community. Housing, employment, mobility and the acquisition of other needed services (e.g., medical, psychological and aftercare) are among the issues to address by the case manager, prior to release.

CONCLUSION

Jail-based treatment is a critical component of drug courts. For those receiving significant jail time before their release into the community, jails provide an important opportunity to begin intervention through the drug court process. For those who do poorly in the community phase of the drug court program—whether because of continued drug usage or failure to comply with other program conditions—jail sanctions offer the opportunity to participate in treatment in a controlled atmosphere, and with undivided attention (See Appendix 1).

Building a continuum of care between drug courts and jails is extremely difficult to address without open, timely communication, cooperation, and sound planning. With multiple players to report to, some cross-training is essential, and, of course, the jail staff must clearly comprehend the court's needs and address them while maintaining the integrity of their own mission. Finally connecting the offender back up with the drug court or re-entry court is necessary to completing the circle of intervention so critical to the participant's success.

HIGHLIGHTS OF EXISTING DRUG COURT AND JAIL-BASED TREATMENT LINKAGES

Although most drug courts are yet to develop strong linkages with existing jail-based treatment programs, some jurisdictions have established relationships that can serve as a model for others. For instance, in New Haven, Connecticut, when a drug court defendant is ordered to serve jail time as a sanction for drug use, the judge asks that the jail give the defendant priority access to all counseling, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) programs. In Denver, Colorado, the drug court judge monitors defendants in both in-custody and non-correctional therapeutic community programs. In Baton Rouge, Louisiana, a 90-day treatment program located within the East Baton Rouge Parish Prison facility works in concert with the Baton Rouge drug court to treat post-sentence drug court defendants.

In addition, a handful of drug courts have created comprehensive jail-based treatment programs that provide a continuum of care and accountability for drug court defendants. The following are programs that may serve as a model for such initiatives in other jurisdictions.

SAN BERNARDINO, CALIFORNIA

In addition to its detention center, the San Bernardino County Sheriff's Department operates the Glen Helen Rehabilitation Center (GHRC), a minimum security residential treatment facility for jail inmates. The facility is aimed at drug-abusing offenders who have been carefully classified for minimum security housing. Classification procedures are used to determine the "risk" that an inmate may pose while housed at the facility. Using information from the offender's criminal history, arrests and drug and alcohol history, variables such as violence, stability, escape risk, gang affiliation, substance abuse, and current conviction are tallied via a point system to determine where the inmate will be housed. Once classified to GHRC, the offender is assessed for deficits, matching the of-

fender's needs with treatment and educational services as well as job assignments.

The San Bernardino and Redlands drug courts have a unique relationship with the jail-based program. Jail staff are notified of the drug court referral by the court clerk. Drug court defendants are then placed into jobs within the facility that allow for attendance in all program groups and classes. Drug court defendants receive a multi-modal approach to services at GHRC that include substance abuse counseling, AA and NA support groups, anger management, parenting, life skills, basic education, literacy and GED classes, as well as a wide range of vocational classes.

After ten weeks of intensive treatment, the jail staff assesses each participant based on attitude, motivation, use of time, and tasks accomplished. These assessments are provided to the drug court judge prior to status hearings. At this time, the drug court judge either orders the defendant to continue treatment at GHRC, orders them to be released and referred to a community inpatient program, or orders them released and referred to outpatient services. In each case, the defendant will remain in the drug court program, monitored by the judge.

A 1995 impact evaluation of the San Bernardino program showed a significant reduction in recidivism of treated versus nontreated comparison groups.

IN SAN BERNARDINO COUNTY, CONTACT:

Gary Penrod, San Bernardino County Sheriff

Dr. Karen S. Dalton, San Bernardino County Sheriff's Office

*Honorable Patrick Morris, San Bernardino County Drug
Court Judge*

Honorable Tara Reilly, Redlands Drug Court Judge

UINTA COUNTY, WYOMING

The Uinta County drug court and the Uinta County Sheriff's Office have successfully implemented a jail-based treatment program for serious, repeat offenders or those who have failed at, or walked away from, other treatment programs.

The jail-based treatment program is designed for a post-sentence disposition where the defendant receives a six-month sentence and immediately enters the six-week jail-based treatment program. While in the jail-based treatment program, the defendant appears in drug court once per week for a status hearing. Once the defendant completes the jail program, he or she appears in drug court for a sentence reduction hearing and is referred to intensive outpatient counseling and continued drug court supervision through the five-phase system. Requirements are gradually reduced until graduation.

A unique aspect of the Uinta County drug court program is that the jail-based treatment program personnel and the community aftercare treatment providers utilize the same systematic, offender-specific treatment modality, allowing for a true continuum of care. The Jail Administrator and other jail personnel are trained in the cognitive-behavioral treatment modality known as Moral Reconation Therapy (MRT®). MRT® addresses the defendant's faulty decision-making, tearing away the criminal identity and then helping the defendant build and achieve goals. MRT® has a long history of success with incarcerative populations and prides itself with over 10 years of outcome data showing impressive results, as recidivism is reduced by at least 30 percent.

IN UINTA COUNTY, CONTACT:

Forrest C. Bright, Uinta County Sheriff

Honorable Thomas Mealey, Drug Court Judge

Lieutenant Dave Evins, Detention Center Administrator

Mary Boyles, Treatment Specialist

LOS ANGELES, CALIFORNIA

In-custody drug treatment and drug abuse resistance education programs in the Los Angeles County Jail provide a program bridge to the 11 adult drug courts currently in operation. A drug court module for men is set aside at the Century Regional Detention Facility, complete with space for meetings, acupuncture, and counseling. This module is isolated

from the general population of the jail. A similar separate facility for women inmates exists in a different facility. A private, licensed drug treatment provider operates the in-custody drug treatment programs.

The most recently implemented drug court in Los Angeles County is the Sentenced Offender Drug Court. It requires completion of a mandatory 90-day jail-based treatment program phase (Impact Program), in addition to any previous period of incarceration served as a condition of the initial grant of probation. The target population for this program includes probationers with severe drug addiction and repeated criminal justice system involvement. The purpose of the in-custody component is to accommodate incarcerative sentences as well as to provide the first three months of treatment in a secure environment. Unique to this in-custody program is that transitional housing is made available to appropriate participants who do not have safe and sober living accommodations in the community.

A preliminary cost benefit analysis of the program showed a savings to the county through utilization of the in-custody treatment program.

IN LOS ANGELES COUNTY, CONTACT:

Leroy D. Baca, Los Angeles County Sheriff

Honorable Michael Tynan, Drug Court Judge

Ed Brekke, Administrator, Civil and Criminal Operations

Vann Hayes, Director, Impact Program

BROWARD COUNTY, FLORIDA

The Alternative Treatment Against Crack Cocaine (ATACC) program is a 26-bed intensive drug dependence treatment program located in the Fort Lauderdale City Jail pursuant to a contractual agreement with the county. It is a 90-day program that falls at the most intensive level of treatment in the continuum of care, and has been used by many of the judges in the criminal division of the courts for defen-

dants that have serious substance abuse treatment issues, but were not eligible for drug court due to having non-qualifying offenses, or previous non-qualifying convictions. The program provides 5 hours daily of group therapy, individual counseling sessions weekly, nightly AA/NA meetings, and extensive homework which is turned in every morning. The treatment orientation is based on a reality therapy model with a strong 12-Step basis, and an emphasis on community cohesiveness, with appropriate rewards and sanctions.

Because the ATACC Program has been established as an effective means for the most difficult of populations, the Broward County Drug Court utilizes the program as the most intensive level of care after other less intrusive means have failed. The drug court also refers those defendants to the program who are sentenced to a jail term prior to drug court, to get a head start in treatment. The drug court continues to monitor participant's progress while in the program and then serves as a re-entry mechanism when released.

A unique change to the current system is the move to place the outpatient treatment component under the Broward Sheriff's Office to create a seamless system. Such collaborations are the key to success and closing the revolving door of the courts and jail.

In Broward County, contact:

Ken Jenne, Broward County Sheriff

The Honorable Melanie G. May, Drug Court Judge

Mr. Robert J. Koch, In-Custody Substance Abuse Specialist

APPENDIX A: CLOSING THE CIRCLE

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RESEARCH UPDATE

REPORTS ON RECENT DRUG COURT RESEARCH

**Compiled By Michelle Shaw and
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This issue of the NDCI Review synthesizes reports on five new studies in the field of drug court research: recidivism and Utah's Juvenile Drug Court; a baseline evaluation of the Delaware Drug Court; an evaluation of treatment-based drug courts in Florida's First Judicial Circuit; a first-year evaluation of the Monterey County, California Drug Court; and an evaluation of the Riverside County, California Drug Court.

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