

Painting the Current Picture

FAQ

Coordinator Surveys

Below are questions received by the National Drug Court Resource Center (NDCRC) regarding the Painting the Current Picture survey from state/territory and local coordinators. This FAQ document was last updated on Monday, January 23 and will continue to be updated as new questions are received. Please check back often and let us know if you have questions about the survey via pcpsurvey@uncw.edu.

Q Do I complete one survey for all the courts in my state/territory/jurisdiction?

A For each court type in your jurisdiction, you will complete one survey. Each court type survey (e.g., adult drug court, family treatment court, mental health court) will ask you to provide data regarding participants served in calendar year 2022 (January 1, 2022 - December 31, 2022) for each program separately.

For example, you have 2 adult drug courts, 1 family treatment court, and 2 juvenile drug courts in your jurisdiction. You will complete the following surveys:

Adult drug court - data for the two programs will be reporting in two separate blocks within the survey.

Family treatment court

Juvenile drug court - data for the two programs will be reported in two separate blocks within the survey.

Q Which survey(s) should I complete for the court(s) in my state/territory/jurisdiction?

A Please fill out the survey(s) that fit the court type(s) in your state/territory/jurisdiction based on the following definitions:

ADULT PROGRAMS

Adult Drug Court: A specially designed criminal court calendar or docket, the purposes of which are to achieve a reduction in criminal recidivism and substance use and increase

the likelihood of successful rehabilitation for adults with substance use disorders charged with drug-related offenses. Interventions include early, continuous, and intensive judicially supervised treatment, mandatory periodic drug and alcohol testing, community supervision, and the use of appropriate sanctions, incentives, and habilitation services (Huddleston et al., 2004).

DUI/DWI Court: A DUI/DWI court is typically a post-conviction court docket dedicated to changing the behavior of persons with serious substance use disorders or high blood alcohol concentration (BAC) levels arrested for driving under the influence of drugs or alcohol (DUI) or driving while impaired (DWI). The goal of the DUI/DWI court is to protect public safety while addressing the root causes of recidivist impaired driving. DUI/DWI courts utilize a team of criminal justice professionals (including prosecutors, defense attorneys, probation officers, and law enforcement) along with substance use disorder treatment professionals to systematically change participant behavior. Like drug courts, DUI/DWI courts involve extensive interactions between the judge and participant to hold the participant accountable for compliance with court, supervision, and treatment conditions (Huddleston et al., 2004).

Hybrid Adult Drug Court/DUI/DWI: Hybrid adult drug/DUI/DWI court is a program that enrolls both adult drug court and DUI/DWI participants in one program.

Co-Occurring Disorder Court: Co-occurring disorders courts are specialized criminal court dockets or calendars that serve individuals diagnosed with both a moderate-to-severe substance use disorder and a severe and persistent mental illness, such as bipolar disorder (manic depression), major depression, or schizophrenia. The programs do more than simply treat dually diagnosed disorders. Mental illness and substance use disorders are often reciprocally aggravating conditions, meaning that continued symptoms of one disorder are likely to precipitate relapse in the other disorder. For example, a formerly depressed person who continues to misuse drugs is likely to experience a resurgence of depressive symptoms. Conversely, a person recovering from a substance use disorder who continues to suffer from depression is at serious risk for relapsing to drug abuse. For this reason, co-occurring disorders courts treat mental health and substance use disorders concurrently, as opposed to consecutively. Whenever possible, both disorders are treated in the same facility by the same professional(s) using an evidence-based integrated treatment model that focuses on the mutually aggravating effects of the two conditions. Participants also receive unhindered access to medical and psychiatric practitioners qualified to prescribe and monitor response to psychotropic and addiction medications (Steadman et al., 2013).

Family Treatment Court: A family treatment court is a juvenile or family court docket for cases of child abuse or neglect in which parental substance use is a contributing factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents with the necessary support and services they need to become drug and alcohol abstinent. Family treatment courts aid parents or guardians to regain control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes (Huddleston et al., 2005).

Mental Health/Wellness Court: Modeled after drug courts and developed in response to the overrepresentation of people with mental health disorders in the criminal justice

system, mental health courts divert certain defendants suffering from severe and persistent mental illness into judicially supervised, community-based treatment. Participants are invited to participate following a specialized screening and assessment process, and they may choose to decline participation. For those who agree to the terms and conditions of community-based supervision, a team of court and mental health professionals work together to develop treatment plans and supervise participants in the community. Participants appear at regular status hearings, during which incentives are offered to reward adherence to court conditions, sanctions for nonadherence are handed down, and treatment plans and other conditions are periodically reviewed for appropriateness (Council of State Governments, 2005).

Opioid Court: Opioid intervention courts are rapid response programs that use immediate screening and treatment engagement, intensive judicial monitoring, and recovery support services to prevent opioid overdose and save lives. By helping to stabilize individuals who are at immediate risk of overdose death, opioid courts offer support to individuals in crisis and set participants on the path to long-term recovery and a better quality of life.

Reentry Drug Court: Reentry drug courts use the adult drug court model, as defined in the 10 Key Components of Drug Courts, to facilitate reintegration of inmates with serious substance use disorders into the community upon their release from local or state correctional facilities. These are distinct from reentry courts (defined below), which do not necessarily utilize the drug court model or focus on drug or alcohol use disorders, but often do work with similar populations. The participant is involved in regular judicial monitoring, intensive treatment, community supervision, and drug and alcohol testing. Participants are provided with specialized ancillary services required for successful reentry into the community (Tauber & Huddleston, 1999).

Veterans Treatment Court: Veterans treatment courts apply a hybrid integration of drug court and mental health court principles to serve military veterans and sometimes active-duty military personnel suffering from service-related injury or illness, such as posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), reactive depression, and co-occurring substance use disorders. They promote sobriety, recovery, and stability through a coordinated response that involves collaboration with the traditional partners found in drug courts and mental health courts, as well as the Department of Veterans Affairs health care networks, Veterans Benefits Administration, state departments of veterans affairs, volunteer veteran mentors, and organizations that support veterans and their families (Office of National Drug Control Policy, 2010). VTCs view veterans as persons with special needs who cannot be served adequately in conventional drug courts, mental health courts, or other veterans' treatment programs. Traumatic exposure during combat, difficulty reintegrating into civil society after discharge, and the unique socialization processes of military culture require veteran-specific services to be delivered in separate court-based programs by current or former veterans who are familiar with combat and military lifestyle.

JUVENILE PROGRAMS

Juvenile Drug Court: A juvenile drug court is a specialized docket within the juvenile or family court system to which selected delinquency cases—and in some instances, status offense cases—are referred for handling by a designated judge. The youths referred to this docket are identified as having problems with alcohol and/or other drugs. The juvenile

drug court judge maintains close oversight of each case through regular status hearings with the parties and their guardians. The judge both leads and works as a member of a team composed of representatives from treatment, juvenile justice, social and mental health services, school and vocational training programs, law enforcement, probation, prosecution, and defense counsel. Over the course of a year or more, the team meets frequently (often weekly), determining how best to address the substance use and related problems of the youth and his or her family that have brought the youth into contact with the juvenile justice system (NDCI & National Council of Juvenile and Family Court Judges, 2003)

Juvenile Co-Occurring Disorder Court: See definition for the adult co-occurring disorder court in the previous section; this program is for juveniles.

Juvenile Mental Health/Wellness Court: See definition for the adult mental health/wellness in the previous section; this program is for juveniles.

Juvenile Reentry Drug Court: See definition for the adult reentry drug court in the previous section; this program is for juveniles.

Q Can you explain what you mean by whether the program serves individuals charged with/convicted of “misdemeanors,” “felonies,” or “both felonies and misdemeanors”?

A This is referencing the type of charge of conviction that leads to a participant entering your treatment court program.

Q Can you provide definitions for the following court types?

A The 3 court types are defined below:

Pre-plea diversion/deferred prosecution: Participants enter the program as a condition of pretrial supervision or pursuant to a pretrial diversion agreement, with the understanding that the arrest charge(s) will be dismissed upon successful completion of treatment. Because no guilty plea is entered, the case resumes processing through the criminal justice system in the event of unsuccessful termination.

Post-plea diversion/deferred sentence: Participants are required to plead guilty or no contest to the charge(s), or stipulate to (acknowledge the truth of) the facts in the criminal complaint. The plea or stipulation is then held in abeyance, and is vacated or withdrawn if the participant completes the program successfully. Some jurisdictions may also expunge the arrest or guilty plea from the participant’s record if he or she remains arrest-free for an additional waiting period.

Post-sentence or term of probation: Participants are ordered into the treatment court program per the terms of a probation sentence or a probation violation sentence. In

post-sentencing drug courts, the record of the conviction stands, but participants avoid incarceration or reduce their probation obligations if they succeed in treatment.

Q I would like clarification on the question asking about the number of individuals served in 2022. Is the survey asking for those “newly” enrolled during that year or anybody enrolled during that year?

A The survey is referring to the latter. Please include anyone who was active during 2022 regardless of their enrollment date in this response.

Q Our data system runs on the federal fiscal calendar, not the calendar year. What data should we submit for the survey?

A Please email NDCRC staff at pcpsurvey@uncw.edu so that we may discuss this question with you.

Q On the graduation/unsuccessfully discharged area: Do these numbers apply only to those enrolled in the 2022 period, or do you want to count discharges and completions that occurred within the 2022 period, but were enrolled in previous years?

A Please record the total number of program graduates and the total number that were unsuccessfully discharged from the program between January 1 - December 31, 2022, regardless of when they enrolled in the program.

Q We have other termination categories in addition to successful and unsuccessful for participants who have been transferred to another jurisdiction or treatment court, died, have been medically discharged, etc., so if we only report those two types of discharges, we’ll be excluding those. How do you suggest we handle this? Will you all be using the data to calculate graduation rates?

A Please see the table below for comments on how to categorize discharge statuses. Participants still enrolled/active in the program as of 12/31/22 should only be counted in the “total # of individuals served” columns.

Discharge Categories

Abscond	If the individual is not returning to the treatment court, s/he should be included in the "unsuccessful discharge" category.
Court Closure	Exclude from analysis.
Discharged	This would be included in the "unsuccessful discharge" category.
Successful Completion	Include in "graduates" category.
Not Eligible	Exclude from analysis.
Referral	Exclude from analysis.
Terminated	This would be included in the "unsuccessful discharge" category.
Voluntary Withdrawal	This would be included in the "unsuccessful discharge" category.
Transferred to another jurisdiction/treatment court	Exclude from analysis.
Died	Exclude from analysis.
Medically Discharged	Exclude from analysis.

Q Why do you need my name, email address, and organization?

A We will need this information to identify the state/territory associated with the data submitted. In addition, we may need to contact you directly for clarification of some data. None of this information will be shared or included in any presentations of the data.