NIJ’s Multi-Site Adult Drug Court Evaluation and Other Recent Research

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Presented at the Oklahoma Statewide Drug Court Conference, September 28, 2012, 9:15-10:30 a.m.
Questions for this Presentation

1. **Do adult drug courts work?** (Do they reduce drug use, crime, and other associated problems?)

2. **For whom do these courts work?** (For which categories of offenders are they especially effective?)

3. **Why do these courts work?** (Which policies, practices, and perceptions explain their impact?)
Most Drug Court Research

Meta-Analytic Findings:

- Of 92 adult drug court evaluations, 88% reduced the re-arrest or re-conviction rate (Mitchell et al. 2012)
- Average recidivism reduction = 8-13 percentage points (Gutierrez and Bourgon 2009; Mitchell et al. 2012; Shaffer 2011)
- Magnitude of impact varies substantially by site
The Drug Court Model

Drug Court Participation

- Treatment
- Immediate Engagement
- Legal Leverage
- Judicial Status Hearings
- Drug Testing
- Case Management
- Sanctions & Incentives
- Multiple Chances
- Ancillary Services
- Team Approach

Policies & Practices

- Motivation to Change
- Reduced Need for Drugs
- Pro-Social Attitudes
- Procedural Fairness
- Perceived Legal Pressure

Perceptions & Attitudes

- Motivation to Change
- Reduced Need for Drugs
- Pro-Social Attitudes
- Procedural Fairness
- Perceived Legal Pressure

Positive Outcomes

- Reduced Crime
- Reduced Drug Use
- Other Psychosocial Benefits:
  - Socioeconomic
  - Mental Health
  - Family Support
- Reduced Incarceration
- Cost Savings for Taxpayers

Community Context & Target Population

- High vs. Low Risk
- Motivation at baseline
- Offender Demographics
Core Theories of Change

- Community-Based Treatment

- Deterrence
  - Drug testing
  - Judicial status hearings
  - Legal leverage (threat of jail or prison for failing)
  - Interim sanctions and incentives

- Procedural Justice/Role of the Judge

- Collaboration
The MADCE

- **Research Partnership:** Urban Institute, Center for Court Innovation, & Research Triangle Institute, with funding from the National Institute of Justice (NIJ)

- **Drug Court vs. Comparison Sites:**
  - **Drug Court:** 23 sites in 7 geographic clusters (n = 1,156)
  - **Comparison:** 6 sites in 4 geographic clusters (n = 625)

- **Repeated Measures:**
  - Interviews at baseline, 6 months, 18 months
  - Oral fluids drug test at 18 months
  - Official recidivism records up to 24 months
Study Sites
Questions for this Presentation

1. Do drug courts work?
2. For whom do drug courts work?
3. Why do drug courts work?
Part 1. Do Drug Courts Work?

Positive Outcomes

- Reduced Crime
- Reduced Drug Use
- Other Psychosocial Benefits:
  - Socioeconomic Well-Being
  - Mental Health
  - Family Support
- Reduced Incarceration
- Cost Savings to Taxpayers
Program Retention

- **Significance:** Extensive literature linking more time in treatment to less future recidivism and drug use

- **Treatment Generally:** Abysmal: one-year retention ranges from 10-30% (Condelli and DeLeon 1993; Lewis and Ross 1994; Stark 1992)

- **Adult Drug Courts:** One-year retention averages from 60-75% (Belenko 1998; Kralstein 2011; Rempel et al. 2003)

- **Likely Explanation:** Court oversight (deterrence and/or procedural justice)
MADCE: 18-Month Retention

18-Month Retention Rates By Site (n = 951)

Court 23
Court 21
Court 19
Court 17
Court 15
Court 13
Court 11
Court 9
Court 7
Court 5
Court 3
Court 1

Median Drug Court = 72%
MADCE: Criminal Behavior #1

Percent with Re-Arrest:
24 Months Post-Enrollment

- Drug Court (n = 1,022)
- Comparison (n = 512)

Re-Arrested within 24 Months

+ p < .10  * p < .05  ** p < .01  *** p < .001
MADCE: Criminal Behavior #2

Percent with Criminal Activity:
One Year Prior to 18-Month Interview

- Criminal Activity
- Drug-Related Activity

Drug Court (n = 951)
Comparison (n = 523)

+ p < .10   * p < .05   ** p < .01   *** p < .001
MADCE: Criminal Behavior #3

Number of Criminal Acts:
One Year Prior to 18-Month Interview

![Bar chart showing the number of criminal acts and drug-related acts for Drug Court (n = 951) and Comparison (n = 523). The Drug Court has 88.2 criminal acts and 43.0 drug-related acts, while the Comparison has 83.1 criminal acts and 30.6 drug-related acts.]

+ p < .10  * p < .05  ** p < .01  *** p < .001
MADCE: Drug Use #1

Percent Used Drugs:
One Year Prior to 18-Month Interview

76%
58%
41%**
56%**
0%
20%
40%
60%
80%
100%

Any Drug

Drug Court (n = 951)
Comparison (n = 523)

Any Serious Drug

Note: Measures are reported use of eight drugs: alcohol, marijuana, cocaine, heroin, amphetamines, hallucinogens, prescription drugs (illegal use), and methadone (illegal use). "Serious" drugs omit marijuana and light alcohol use (less than four drinks per day for women and less than five for men).
Drug Test Results at 18 Months

- **Any Drug**: 46%
- **Any Serious Drug**: 27%
- **Marijuana**: 21%
- **Cocaine**: 21%
- **Opiates**: 6%
- **Amphetamines**: 2%
- **PCP**: 0%

*Note: Serious drug use is defined to include any of the listed drugs except marijuana.*
Other Psychosocial Outcomes

- Socioeconomic Well-Being
- Mental Health (besides substance disorders)
- Family Support
SES #1: Employment & School

Employment and School Status at 18 Months

Employed

Drug Court (n = 951)
Comparison (n = 523)

In School

+ p < .10   * p < .05   ** p < .01   *** p < .001
SES #2: Income

Annual Income at 18 Months

- **All Sources**: $17,172 (Drug Court, n = 951) vs. $14,304 (Comparison, n = 523)
- **Employment**: $12,746 (Drug Court) vs. $10,532 (Comparison)
- **Friends & Family**: $1,712 (Drug Court) vs. $2,159 (Comparison)
- **Public Assistance**: $1,394+ (Drug Court) vs. $945 (Comparison)

+ p < .10  * p < .05  ** p < .01  *** p < .001
SES #3: Service Needs

Service Needs at 18 Months:
(In the Past Year, Did the Offender Want or Need...)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Drug Court (n = 951)</th>
<th>Comparison (n = 523)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Services</td>
<td>27%+</td>
<td>42%</td>
</tr>
<tr>
<td>Educational Services</td>
<td>25%*</td>
<td>36%</td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>28%*</td>
<td>44%</td>
</tr>
<tr>
<td>Public Financial Assistance</td>
<td>31%</td>
<td>42%</td>
</tr>
</tbody>
</table>

+p < .10  * p < .05  ** p < .01  *** p < .001
MADCE: Mental Health

Mental Health at 18 Months

- Mental Health "Very Good" or "Excellent" (4-5 on 5-pt. scale)
  - Drug Court (n = 951): 56%
  - Comparison (n = 523): 58%

- Depressed (based on multi-item instrument)
  - Drug Court (n = 951): 27%
  - Comparison (n = 523): 29%

+p < .10   * p < .05   ** p < .01   *** p < .001
MADCE: Family Support

Family Relationships at 18 Months (1-5 Scales)

<table>
<thead>
<tr>
<th>Family Conflict (3-item index)</th>
<th>Family Emotional Support (5-item index)</th>
<th>Family Instrumental Support (7-item index)</th>
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</thead>
<tbody>
<tr>
<td>Drug Court (n = 951)</td>
<td>4.27+</td>
<td>4.04</td>
</tr>
<tr>
<td>Comparison (n = 523)</td>
<td>2.44</td>
<td>3.96</td>
</tr>
</tbody>
</table>

* p < .05  ** p < .01  *** p < .001
Cost Savings for Taxpayers

- **Consistent Cost Savings**: e.g., California, Maryland, Washington, Portland (OR), and St. Louis (MO)

- **Washington State**: Six sites: $3,892 saved per participant in the five sites that reduced recidivism (Barnoski and Aos 2003)

- **California**: Nine sites: $5,139 saved per participant in the median site across all nine (Carey et al. 2005)

- **MADCE**: 23 sites: $5,680 saved per participant across the pooled 23-site sample (vs. the 6 comparison sites)

- **Essential Story**: Greater investments up front, followed by lower recidivism rates (and attendant savings)
MADCE: Cost Savings

<table>
<thead>
<tr>
<th></th>
<th>Hierarchical Results (over the full follow-up)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Treatment</td>
</tr>
<tr>
<td>Social Productivity</td>
<td>$20,355</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>- $4,869</td>
</tr>
<tr>
<td>Crime/Victimization</td>
<td>- $6,665</td>
</tr>
<tr>
<td>Service Use</td>
<td>- $15,326</td>
</tr>
<tr>
<td>Financial Support</td>
<td>- $4,579</td>
</tr>
<tr>
<td>Total</td>
<td>- $11,206</td>
</tr>
</tbody>
</table>
Part 2. For Whom Do Drug Courts Work?

Drug Court Participation

Positive Outcomes
- High Retention Rates
- Substantial Crime Reduction
- Substantial Drug Use Reduction

Target Population
- Motivation
- Demographics
- High vs. Low Risk
The Risk Principle

- Vary intervention by offender risk.

  - **High Risk:** Target for most intensive treatment (e.g., 200+ hours according to Latessa 2011)
  
  - **Low Risk:** Treatment can be counter-productive; at minimum, less intensive intervention is indicated, e.g., fewer days of treatment, less frequent judicial status hearings, etc. (see Andrews and Bonta 2006)
Who is “High Risk”? 

The “Big Four” Criminogenic Risks/Needs:

1. History of Criminal Behavior (static/cannot be changed)
   Greater number and variety of prior criminal acts; onset at young age

2. Antisocial Personality (largely static)
   “Impulsive, adventurous, pleasure-seeking … restlessly aggressive, callous disregard for others.” (Andrews and Bonta 2010)

3. Criminal thinking (dynamic)
   “Attitudes, values, beliefs, rationalizations, and a personal identity that is favorable to crime.” (Andrews and Bonta 2010)

4. Antisocial peers (dynamic)
   Pro-criminal friends; relative isolation from pro-social others.
What is Criminal Thinking?

The Concept: Thoughts and attitudes that dispose individuals to crime:

- Negative views of the law and authority
- External locus of control: E.g., One’s actions cannot lead to mainstream success
- Lack of empathy and sensitivity to others
- Neutralization techniques: e.g., blaming the victim; blaming the “system”; minimizing harm

Treatment Models: e.g., Thinking for a Change (T4C), Moral Reconation Therapy (MRT), Reasoning and Rehabilitation (R&R), and Interactive Journaling
Who is “High Risk”?

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   Pro-criminal friends; relative isolation from pro-social others.
Who is “High Risk? (continued)

- Other “Big Eight” Criminogenic Risks/Needs:
  5. Family or marital problems (partly static)
  6. School or work problems (dynamic)
  7. Lack of pro-social leisure/recreation activities (dynamic)
  8. Substance abuse (dynamic)

- Non-Criminogenic Needs
  - Low self-esteem, depression, bipolar disorder, anxiety, lack of parenting skills, or medical needs (dynamic)
  - Assess for: (a) ethical reasons and (b) because if unmet, they can interfere with the efficacy of treatment for criminogenic needs
Key MADCE Findings

- **Motivation**: No impact (of baseline motivation)
- **Age and Sex**: No impact
- **Risk Level**: Greater impacts for high-risk
  - **MADCE**:
    - More days of drug use at baseline
    - Prior violent convictions
  - **Los Angeles**: Criminal history & community ties
Part 3. Why Do Drug Courts Work?

**Policies & Practices**
- Treatment
- Immediate Engagement
- Legal Leverage
- Judicial Status Hearings
- Drug Testing
- Case Management
- Sanctions & Incentives
- Multiple Chances
- Ancillary Services
- Team Approach

**Perceptions & Attitudes**
- Motivation to Change
- Reduced Need for Drugs
- Pro-Social Attitudes
- Procedural Fairness
- Perceived Legal Pressure

**Positive Outcomes**
- High Retention Rates
- Crime Reduction
- Drug Use Reduction
Core Theories of Change

- Community-Based Treatment

- Deterrence:
  - Drug testing
  - Judicial status hearings
  - Legal leverage (threat of jail or prison for failing)
  - Interim sanctions and incentives

- Procedural Justice/Role of the Judge

- Collaboration
Treatment: Principles

Risk-Needs-Responsivity (RNR) Principles:

1. Risk Principle: *Vary treatment intensity by risk level.*
   - **HIGH-RISK:** Target for intensive treatment
   - **LOW-RISK:** Treatment can be counter-productive; use less intensive intervention: e.g., fewer days of treatment, less frequent judicial status hearings.

2. Need Principle: *Assess and target criminogenic needs for treatment (i.e., needs that relate to the Big Eight)*

3. Responsivity Principle: *Provide cognitive-behavioral therapy (CBT) but tailor it to the learning style, motivation and other attributes of the offender*
Treatment Modalities

- **Medication-Assisted Treatment (MAT):** May help to reduce withdrawal symptoms (e.g., for heroin dependence)

- **Cognitive-Behavioral Therapy:**
  - Addresses thinking errors that can trigger crime or drug use (e.g., external locus of control, sense of hopelessness, victimization by the “system,” negative views of the law, etc.)
  - Seeks to replaces impulsive reactions with rational decision-making
  - Can be adapted to sub-populations with particular diagnoses, needs, and learning styles (women, men, adolescents, young adults, etc.)
Is Treatment Working?

**Treatment: Yes (with major caveats)**

- Treatment retention too low without court oversight
- Most treatment programs:
  - Have inadequate staff training and high turnover
  - Are not manualized
  - Lack CBT: e.g., < 10 minutes of CBT per session; too much time on education and aftercare (Taxman and Bouffard 2003)

- Note: Even CBT effects are weaker with (see Lipsey et al. 2007):
  - Inadequate staff training
  - Inadequate fidelity monitoring
  - Low-risk offenders
Is Treatment Working? (cont.)

- **Treatment:** *Yes (with major caveats)*
  - Most drug courts: Do not follow RNR principles:
    - Do not use systematic risk-needs assessment
    - Do not vary treatment intensity by risk/need level
    - Do not address *multiple* criminogenic needs: e.g., do not focus on *criminal* thinking in particular
Public Safety Canada Review

- **Methodology:**
  - Rated drug court evaluations on quality of methodology and selected 25 strong studies
  - Rated all 25 drug courts on adherence to the three RNR principles (based on review of program descriptions)

- **Findings:**
  - Drug courts that followed RNR principles produced greater recidivism reductions than drug courts that didn’t
  - Only 13 of 25 drug courts followed one RNR principle, and only 1 of 25 followed two principles

*Source: Gutierrez and Bourgon 2009.*
Core Theories of Change

- Treatment:

- Deterrence:
  - Drug testing: Yes
  - Judicial status hearings: Yes
Judicial Supervision: Results

- More judicial status hearings lead to reduced crime and drug use (e.g., Gottfredson et al. 2007; Marlowe et al. 2003)

- “High risk” participants (anti-social personality and/or previous failed treatment) benefit most (Marlowe et al. 2003)
Core Theories of Change

- **Treatment:**

- **Deterrence:**
  - Judicial status hearings
  - Drug testing
  - Legal leverage (threat of jail or prison for failing): Yes
    - **General:** Extensive prior literature that greater leverage improves outcomes (e.g., Anglin et al. 1989; DeLeon 1988; Hiller et al. 1998)
    - **MADCE:** Participants who deemed consequences of program failure “extremely undesirable” engaged in less crime and drug use
    - **Other research:** support for the impact of leverage in drug courts (Rempel and DeStefano 2001; Young and Belenko 2002)
Legal Leverage

Impact of Legal Coercion on Retention
(The Brooklyn Treatment Court, N = 2,184)

- Misdemeanor: 47%
  - Median Jail Alternative: 6 months in jail
- First Felony: 66%
  - Median Jail Alternative: 1 year in jail
- Predicate Felony: 80%
  - Median Prison Alternative: 3-6 years in prison

Source: Rempel and DeStefano (2001).
Legal Leverage: Perceptions

Information:
- Number of criminal justice agents (CJAs) who explained program rules*
- Number of CJAs who explained consequences of failure to the client*
- Number of times client made promises to CJAs to complete treatment*

Monitoring:
- A CJA would learn within a week if client absconded from the program*
- Number of CJAs who would learn if client absconded from the program**

Enforcement:
- Client expects warrant to be issued if absconds from the program**
- Client expects to be caught in a month or less of leaving treatment*

Severity:
- CJA told client s/he will serve severe penalty for absconding or failing*
- Length of time client expects to serve in jail/prison for program failure**

(* p < .05  ** p < .01) (Source: Young and Belenko 2002)
Core Theories of Change

- **Treatment:**

- **Deterrence:**
  - Judicial status hearings
  - Drug testing
  - Legal leverage (threat of jail or prison for failing)
  - Interim sanctions and incentives: *Not clear*
Sanctions

- **Best Practices** (e.g., Marlowe and Kirby 1999; Taxman et al. 1991):
  - **Certainty**: sanction for every infraction
  - **Celerity**: Impose soon after the infraction
  - **Severity**: sufficiently serious to deter future misconduct

- **Caveat**: Most drug courts do not apply best sanctioning practices (e.g., Marlowe 2004; Kralstein and Lindquist 2011; Rempel et al. 2003)
Perceived Threat of Sanctions

Offender Perceptions of Interim Sanctions

Perceptions of Sanction Undesirability (1-3 scale)

Perceptions of Sanction Certainty (1-4 scale)

Comparison
Drug Court

2.25  2.36

2.87  2.96

+ n < 10  * n < 0.05  ** n < 0.01  *** n < 0.001
Core Theories of Change

- **Treatment**

- **Deterrence:**
  - Judicial status hearings
  - Drug testing
  - Legal leverage (threat of jail or prison for failing)
  - Interim sanctions and incentives

- **Procedural Justice/Role of the Judge**
A Simple Definition

- **Procedural justice** concerns the perceived fairness of court procedures and interpersonal treatment while a case is processed.

As contrasted with:

- **Distributive justice** concerns the perceived fairness of the final outcome (i.e., whether the litigant “won” or “lost”)

Role of Procedural Justice

**Dimensions** (e.g., see Tyler 1990):

- **Voice:** Litigants’ side is heard.
- **Respect:** Litigants are treated with dignity and respect.
- **Neutrality:** Decision-making is unbiased and trustworthy.
- **Understanding:** Litigants comprehend court language and decisions.
- **Helpfulness:** Court shows interest in litigants’ needs
Procedural Justice: Examples

- **Voice:**
  - You felt you had the opportunity to express your views in the court.
  - People in the court spoke up on your behalf.

- **Respect:**
  - You felt pushed around in the court case by people with more power.
  - You feel that you were treated with respect in the court.

- **Neutrality:**
  - All sides had a fair chance to bring out the facts in court.
  - You were disadvantaged...because of your age, income, sex, race...

- **Understanding** (highest rated area in MADCE study)
  - You understood what was going on in the court.
  - You understood...your rights were during the processing of the case.
Procedural Justice Findings

- **Compliance**: Perceived procedural justice can increase compliance with court orders and reduce illegal behavior (e.g., Lind et al. 1993; Paternoster et al. 1997; Tyler and Huo 2002)

- **Procedural Vs. Distributive**: Perceived procedural justice is more influential than perceptions of the outcome (win or lose) (see Tyler 1990; Tyler and Huo 2002)

- **Baltimore Study**: Shows positive procedural justice effect on crime and drug use (Gottfredson et al. 2009)

- **Role of the Judge**: Greatest influence on overall perceptions (Abuwala and Farole 2008; Curtis et al. 2011; Frazer 2006)
Measuring Impact of the Judge

The Judge:

- Is knowledgeable about your case
- Knows you by name
- Helps you to succeed
- Emphasizes the importance of drug and alcohol treatment
- Is intimidating or unapproachable
- Remembers your situations and needs from hearing to hearing
- Gives you a chance to tell your side of the story
- Can be trusted to treat you fairly
- Treats you with respect
Role of the Judge: Results

- MADCE:
  - **Perceived by offenders:** Perceptions of the judge were the strongest predictor of reduced drug use and crime.
  - **Observed by researchers:** Drug courts whose judges were rated as more *respectful, fair, attentive, enthusiastic, consistent, caring,* and *knowledgeable* produced greater reductions in drug use and crime.
MADCE Findings

Offender Perceptions of Fairness

<table>
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<tr>
<th>Perceptions</th>
<th>Comparison (N = 524)</th>
<th>Drug Court (N = 1,009)</th>
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<tbody>
<tr>
<td>Judge</td>
<td></td>
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<tr>
<td>Perceptions of Supervision Officer</td>
<td></td>
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<tr>
<td>Court Procedural Justice</td>
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<tr>
<td>Distributive Justice</td>
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</tr>
</tbody>
</table>

Note: Distributive justice questions were on a 1-4 scale.

* p < .05   ** p < .01   *** p < .001

Source: The Multi-Site Adult Drug Court Evaluation (MADCE), see Rossman et al. (2011).
Core Theories of Change

- Treatment

- Deterrence:
  - Judicial status hearings
  - Drug testing
  - Legal leverage (threat of jail or prison for failing)
  - Interim sanctions and incentives

- Procedural Justice/Role of the Judge

- Collaboration
Collaboration in Drug Courts

Collaboration Practices:
- Reduced adversarial approach in the courtroom
- Weekly staffings and consensus decision-making

Relevant Research
- Justice programs are better implemented with strong interagency collaboration (Farole, 2003; Lindquist et al. 2004; Swaner and Kohn 2011)
- One multi-site drug court study links involvement of treatment providers, law enforcement, and defense attorneys with greater recidivism reductions (Carey et al. 2012)
Take Home Messages

- Adult drug courts reduce crime and drug use
- High-risk offenders may benefit most
- **Judicial oversight** is critical, especially:
  - Procedural justice/role of the judge
  - Drug testing
  - Legal leverage (threat of jail/prison for noncompliance)
  - Collaboration
- Vs. Interim sanctions, whose effects remain unclear

- **Treatment**: Most effective with risk-needs assessment, targeting multiple needs, and evidence-based treatment
Further Practice Implications

Screening and Eligibility

- Since drug courts work, improve screening protocols to identify and enroll more participants (less than 4% of eligible arrestees nationwide now enroll: 55,000 per year of an estimated 1.5 million eligible, Bhati et al. 2008)

- Consider broadening eligibility to higher-risk offenders, possibly to violent offenders with substance disorders

- Avoid exclusions based on demographics or perceptions about motivation or interest at baseline
Practice Implications

- **Assessment and Treatment Matching**
  - **Validated Assessment:** Consider assessing all participants with an instrument designed to capture the “Big Eight” (e.g., LSI-R, COMPAS, ORAS, RANT, TCU short drug screen or criminal thinking screen).
  - **Treatment Matching:**
    - Consider varying program intensity (treatment, drug testing, judicial status hearings, etc.) by risk level.
    - Consider programs for criminal thinking, dealing with anti-social peers, and other criminogenic needs.
    - Target multiple criminogenic needs (3+).
Practice Implications

The Role of the Judge

- Hold frequent judicial status hearings
- Train judges on best practices regarding judicial demeanor and how to communicate effectively with program participants.
- Consider increasing the frequency of status hearings for “high risk” participants in particular.

Legal Leverage

- Increase participant perceptions of the court’s leverage (ability to impose undesirable consequences for program failure).
Practice Implications

Conclusion

- Proceed with confidence that, on average, drug courts work as well as any criminal justice intervention and, from that starting point, can work even better.
The MADCE Team

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