

University of Nevada, Reno

A Strategic Collaboration of Law & Science for a Healthy & therefore, Safe Community

In the Cause of Public Health and Safety;

Plaintiff: What Feels Good v. Defendant: What Truly Works

A thesis submitted in partial fulfillment of
The requirements for the degree of Master of
Justice Management

by
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prepared under our supervision by

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Abstract

Criminology (the study of crime and criminals), has devoted significant scientific research to community courts and their delayed and alternative adjudication programs, which are commonly known as drug courts. High performance-oriented courts are striving to integrate rigorous scientific methodology with the current laws, socio-economic context and judicial culture through effective and efficient drug courts. This study analyzes pre and post-performance data from 2 high-functioning drug courts in the Nevada communities of Las Vegas and Reno; identifying relationships between best-practice-adherent drug courts and reduced incarceration rates. Incarceration, due to its collaterally intrusive, costly and stigmatizing effects, is the focus of this study, which follows high-risk/ low-functioning populations and concludes with the cost-effectiveness of science-based drug courts.

*Dedicated to Tracy Duane Fisk,
who always gave of himself freely, in the service of others.*

“Que en paz, descansa eternamente, Papá.”

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Chapter I. The Sociological Problem

High-Risk, Low- Functioning Population

In America, a relatively minute proportion of society currently consumes a disproportionate amount of austere community resources. The small proportion is comprised of individuals, many of whom suffer from and/or are driven by a wide range of dynamic conditions, often co-occurring disorders, which are simultaneous mental health disorders and substance dependence (actually causing brain damage), trauma, learned helplessness and/or others. Such obstacles contribute to prolific antisocial, maladaptive and criminogenic (crime producing), behaviors in the said individuals. Such individuals are known as high-risk and low-functioning. In this case, the risk does not refer to the seriousness of the offense that they are likely to commit, but rather to the high risk that they will reoffend. Also, low-functioning refers to the relatively low level of healthy and self-reliant behavior that they are likely to exhibit.

When community entities fail to strategically collaborate as a system, working together as a mechanism, to address such problematic conditions, inherent social and financial costs rise exponentially, the said conditions worsen and a dilemma is created and perpetuated. Problems are usually relatively easy to identify at their root and once addressed, are resolved. Dilemmas, on the other hand, are clusters of inter-related and dynamic problems wherein the resolution of one problem may change another problem and/or lead to a new one. This dilemma sustains a repugnant social stigma, which repels society's exercise of strategized, collaborative and problem-solving compassion. The failing collaboration between Law and Science focuses on triaging symptoms and seeking a distant cure, rather than eradicating the cause at its very root. However, this said, good leaders will

call down from a tree top to their followers and state, “We are in the wrong forest.” and introspectively look for and implement alternative long-term solutions.

In a historic phenomenon unique to the last 4 decades in America, popular culture has promoted the tendency for communities to exercise traditional law enforcement techniques traditionally of a “lock ‘em up & throw away the key” mentality. Such approaches may appeal to the uninformed masses, but are rarely the most effective or efficient means to resolve such sociological problems in the long term. Chief among the most pervasively applied techniques is incarceration. It is also one of the most collaterally intrusive, ineffective and costly tools to employ. In fact, incarceration, if not appropriately applied, may inflict more harm and unintended collateral consequences than good on individuals and communities. Such faulty ideology merely pacifies the masses’ cry for vengeance, yet rarely resolves the sociological dilemma of causal and correlated criminogenic conditions and their need to be addressed by a strategic collaboration between Law and Science.

Fragmentation Equals Failure

The “Public Health and Safety Community” often fails to strategize or work as a well-organized and collaborative system and therefore, costs are not only shifted, but actually increased and perpetuated from entity to entity and generation to generation. In failing to plan, the inevitable plan is to fragment and fail, resulting in increases of costs and decreases in the quantity and quality of services. Simply said, there is a relationship between community/court interventions (drug courts), and reduced incarceration rates. The research presents a fruitful opportunity to gather information about an elusive yet highly influential group of high-risk and low-functioning individuals and explore how a community/court

intervention's efforts can significantly reduce the use of incarceration among the said target population and exponentially reallocate saved resources to the community.

Chapter II. Theoretical Framework and Literature Overview

Incarceration; a Blunt Object Used as a Tool

The Pew Report published in 2009 states that statistically speaking, about 1 of every 100 hundred Americans found themselves in jail or prison, an all-time high in history, world-wide. In fact, the prison populations of all other nations pale in comparison to the United States, which comprises 5% of the world's population, according the New York Times (2008) and amazingly holds about quarter of the world's prisoners, or 2.2 million people (Bureau of Justice Statistics, 2003).

More than 10.1 million people are incarcerated worldwide. Just about 50% of the world's prisoners reside in only 3 countries; the United States (2.29m), Russia (0.81m) and China with (1.65m sentenced prisoners). To put it into perspective, over 50% of the countries and territories in the world maintain incarceration rates below 150 per 100,000 versus the United States' rate of 743 per 100,000 (PEW, 2009). By extrapolating the current figures, eventually a black male in the America would run 1 in 3 chance of going to prison over the course of his life. Hispanic males would run a 1 in 6 chance and white males would run a 1 in 17 chance (Pew Report, 2009).

Largely due to sweeping policy changes, the influence of mandatory minimum sentencing laws and a punitive and criminalized approach; all toward drugs, the American incarceration rate has spiked. The prison population in the United States has experienced a four hundred percent increase in the last twenty-five years alone and 700% over the last 4 decades (Beck, Karberg, & Harrison, 2002). Dyer, in his study (2005), conveyed that this is

one of the most remarkable and outstanding cultural shifts of our day and little is known about its consequences on the community and its most fundamental unit; the family. It is unprecedented in all of history and ironically emerges in the age of information (Pattillio, Weiman, & Western, 2004). The little known and even worse, potential collateral effects of incarceration on families and communities are a topic of great importance given the hundreds of thousands of prisoners annually transitioning back into communities. Reentry is the buzz word (Hairston, 2002). Further research on the process of reentry into both the family and community is needed in order to fully comprehend the extent of the consequences of mass incarceration.

Drug Influence on Crime According to Jesus Malverde

Just as there are varying schools of thought on drugs and the best approach to promote public health and safety, there are also varying sorts of drug users. One school of thought is echoed by the often heard expression that jails and prisons are full of “innocent drug users” only because a disease (addiction), has been criminalized. This school of thought ignores the many negative life domain issues that go hand in hand with substance abuse and dependence and it fails to recognize that drug fabrication, delivery, sales, substance abuse and dependence all have victims.

An unnamed methamphetamine trafficker, of Mexican descent, faithful to his numerous family and to his patron drug saint, “Jesus Malverde” shared this view without remorse or doubt as he refused to provide substantial assistance (to cooperate as confidential informant in exchange for clemency from the prosecutor). He said, “Why would I abandon my family and friends for a government that oppresses the poor, demands the drug and then punishes the poor for it”, (Anonymous, personal communication, August, 2006).

In other words, there is a significant population, which believes that the choice to participate in drugs in any way is solely between God and individuals. It should not even be a matter of man-made law as it is subject to a higher law, God's law. According to this concept, drugs are a creation provided by God and since the dawn of man have been incorporated into spiritual belief systems, rituals, ceremonies, celebrations and prayers. Drug use serves as a way to communicate with the divine. This network of drug justifying concepts is evidenced in a very popular, modern day, Latin American genre of music (typically Mexican), known as "Corridos", (implying drug runs), in which drug runners are glorified as heroic action figures and deeply spiritual family men. In the musical lyrics, they even receive very specific inspiration on techniques from God through the patron drug saint, Jesus Malverde, in order to "run" the drugs successfully.

In this model, people make a spiritual choice of their own volition on whether to use drugs or not and in what way they will do so, no different than any other tool a man has. Therefore, producing, transporting, delivering and/or selling drugs (AKA trafficking), is merely a way to fulfill a law of God, even if that means breaking a law of man. Where is the sin in breaking a law of man, which was designed to oppress men? In this belief system, the sin would lie in failing to provide for one's family and supporting an oppressive culture. Herein, the only victims of drug involvement are those who are imprisoned, hurt or killed over drugs. Meanwhile, drugs, addiction and their tidal wave of collateral effects on a community are largely omitted from conversations in this culture and belief system.

Drug Intrinsic Voluntary, Moral and Spiritual Influence on Crime

In contrast to Jesus Malverde's way of thinking is the following spiritual school of thought on drugs. It is centered on voluntary and free will or personal agency, morality and

spirituality. In a few words, one voluntarily chooses their actions, but does not choose the consequences and must run with them. Drug-related spiritual concepts run the gambit, from the justifiably pragmatic one above, to fundamentally moral and religiously consequential ones. For example, a religious health code known as the “Word of Wisdom” promises health and divine inspiration to those who lead ‘clean’ lives and treat their bodies as ‘temples and heavenly vessels’ and warns of a void of inspiration otherwise. Also implied is the belief that there are only 2 spirits than can occupy a person’s soul (body, spirit and mind essentially); a righteous one of God and an evil one of the devil. According to the doctrine, if drugs are present, only the evil spirit can be present, thus precluding revelation from the divine and subjecting the person to the devil (P. Valles Clergy, personal communication, July, 2009). Concepts of substance abuse and dependence being naturally based on voluntary and free will and personal agency, morality or spirituality claim that people use their free agency to decide to initiate and continue drug use, that they can stop or regulate their use and choose not to, that crime is inherent to drug use (correlated and causal), and that drug abuse and dependence is a symptom of disobedience to God (Satel, 2007; Sullum, 2003). Thus, those who view addiction from this spiritual perspective, with drug use within the person’s control, may be more likely to view such offenders as being malicious, culpable and persistent in their crimes, more dangerous to society, unlikely to be helped by drug treatment and needing to be incapacitated to protect society.

Drug Influence on Crime; is “Innocent Drug Addict” an Oxymoron?

Another alternative idea on drugs, yet equally prevalent school of thought, which is fueled and perpetuated by Law Enforcement and popular culture alike is that drug users are a dangerous enemy to the public. The fear of drugs is leveraged to both scare and to pacify

the masses. A powerfully unifying technique to employ between disparate parties is to mutually agree upon a common enemy. While the fear of drugs (yet another form of drug abuse), drugs may be taken advantage of to gain power and control over people, resources and money, it is not necessarily an unfounded fear. A common joke among paranoid drug addicts is, “Just because I am paranoid, does not mean that they are not after me!” In short, both ideas are not mutually exclusive and hold true. Drugs and their effects are harmful and people and entities use the fear behind drugs to their advantage.

More eloquently said, drug-using lifestyles with their emphasis on instant self-gratification are typically supported by maladaptive, criminogenic and sadomasochistic activities and often lead to dishonesty, violence and crime. It is nearly impossible to support a drug addiction and lead an honest and healthy lifestyle as the addiction becomes the addict’s number one mission to protect. The drug addict can end up choosing drugs over everything else in his or her life, including, spiritual beliefs, personal physical and mental health, family and other social relationships, employment, shelter and food. (M. Bryan, MA, LADC, personal communication, 2010, November). While the concept is true and is easily proven among the hard offenders, it also paints with a broad brush and at times oversensationalizes undeserving individuals and less severe situations.

So, while it is true that American jails and prisons are full of drug addicts (alcohol being considered a drug as well), many of them are also culpable of a wide array of offenses aside from drug charges including and certainly not limited to theft, fraud, conversion of property, burglary violence, weapons offenses, dangerous vehicle offenses and sex-related crimes. According to undercover and anonymous Repeat Offender Program (ROP), Sergeant, many “hardened drug addicts” commit multiple felonies daily and weekly to

support a \$250 per day drug habit. The ROP Team clandestinely follows prolific offenders with 3 teams of “hunters, trappers and fishermen” to re-incarcerate individuals that must be separated from society for the sake of public safety (Anonymous, personal communication, May, 2003). ROP offenders are on one extreme and “functioning alcoholics, chronic marijuana users and experimenting youth” may be on another, but if treated as the ROP target group, may be stigmatized, labeled, perpetually entangled in the criminal justice web and live out a sort of self-fulfilling prophesy.

Drug Influence on Crime According to the Medical-Disease Model

The medical or disease model, which is accepted by the scientific community states that addiction is a progressive and chronic like a disease contracted by those who attempt to cope by using substances and end up abusing and depending on them. According to subscriber of the medical-disease model, addiction holds to all of the principles of a disease including the concept of remission, which is likened to recovery (S. Burt LADAC, personal communication, March, 2009). The medical-disease model also declares that drugs truly alter the brain by affecting its reward system, tolerance to substances, physiological cravings for substances and intrinsic relapse disposition for months, years and in some cases, forever leaving permanent brain damage (Kosten, 1998; Volkow, Fowler, Wang, Swanson, & Telang, 2007; Volkow & Li, 2005). Scientists in their official role disagree that the best approach to “curing this disease” is compulsory cognitive-behavioral programming, yet do not posit many new alternatives (W. Dimitroff, LADAC, personal communication, November, 2011). The void of new ideas seems to be filled with the underlying motto of, “do no harm” and all of the voices of warning for fear of the arbitrary use and abuse of government power. Perhaps the most rational question to pose on this point is, “Is there anything more intrusive

that the government might do than taking away a person's most basic personal freedoms and incarcerating them with hundreds and thousands of others?" Another follow-up question might be, "Can that freedom and time be given back once taken away?"

It is contemplated in many professional circles that drug use with its physiological effects is more pervasive among the mentally ill than in other groups, even if the condition is not necessarily permanent, such as anxiety or depression. People may self-medicate to cope with psychological symptoms and distress, and of course drug use, may lead to abuse and dependence, especially if it seems to give emotional or mental relief. One of the dangerously deceptive aspects of self-medication is its high social acceptance in America (De Bellis, 2002; Sinha, 2001).

Summing up Incarcerated Americans

Regardless of the chicken, the egg, causation or correlation, a simple breakdown of incarcerated individuals in America shows 80% abuse drugs or alcohol and about 50% are clinically dependent (addicted). In fact, almost 60% of recent arrestees, if tested, test positive for illicit drugs (Belenko & Peugh, 1998). Specifically, data from 2005 indicated that in U.S. federal prisons, where individuals are usually convicted of "higher crimes" than in local jails, 78.7% have used an illegal drug ever in their lives. Also, 64.3% have used drugs regularly, and 45.5% meet the diagnostic criteria (DSM IV), for drug abuse or dependence (Belenko & Peugh, 2005; Mumola & Karberg, 2006).

This all sums up to the fact that roughly 1.4 million prisoners in the United States, are adversely engaged in drugs, alcohol and crime and they are the parents of about 2.4 million children, many of whom are minors of age (Belenko & Peugh, 1998). Given the growth of

the federal prison system since these figures were published in 1998 and the growing drug using population within it, these figures are probably even more startling now.

Based on personal anecdotal observations over 20 years, as much as 80% of offenders in the Nevada Criminal Justice System have a substance abuse-related component in their life, which at the very least, may contribute to their criminal behavior (M. Fisk, personal communication, July, 2013). Even 43% of self-reporters under Nevada Probation or Parole reported significant drug addiction and 20% demonstrated significant alcohol use problems in a random sample conducted in March 2007 (Nevada Department of Public Safety, 2003). Obviously, whether drugs are causal or correlative, they are ever present, pervasive. One is hard-pressed to argue that they evidence any redeeming quality or any positive effect on criminality. While there are “ghost stories” of “dry drunks” (sober, but angry about it and therefore, not necessarily in true recovery), whose personalities were more pleasant when tempered by substances, the prevailing thought is that drug use only contributes to criminality.

Public Health Leads to Public Safety

A relatively small portion of society, which consumes a disproportionate amount of community resources, commits most detected crime (what is actually observed and address by law enforcement), and exponentially affects the whole community. Much, if not most of the said sliver of the general population experiences a wide range of dynamic disorders, often co-occurring disorders, which are simultaneous mental health disorders and substance dependence (actually causing brain damage), trauma, learned helplessness and/or others, which lead to antisocial, maladaptive and criminogenic behaviors. Said individuals may be superficially known and stigmatized by society as functioning alcoholics, experimenting

druggies, addicts, late stage alcoholics, serial inebriates, chronically homeless, bums, hobos, habitual criminals or high-risk, low-functioning individuals. They may never be incarcerated or hospitalized, or they may be jailed as many as 35 times in 30 days and admitted to a hospital 10 times in 30 days. It is estimated that some of the most prolific community resource consumers individually cost the local Washoe County community and many other communities large and small, on the average, hundreds of thousands of dollars and up to a million dollars annually with little or no sign of progress (Gladwell, 2006).

Mental Health Is Chief

When it comes right down to it, any substance that alters a person's physiological state may be considered a drug. Therefore, sugar, coffee, energy drinks, cigarettes, alcohol, medications and many more legalized and socially accepted substances may also be abused and therefore demonized, while it truly the poor mental health and dysfunctional coping mechanism of turning to substances that must be addressed at its root. It is causal.

The small proportion of society, which consumes a disproportionate amount of public resources, exists in many if not most American communities. This phenomenon is anecdotally blamed on the deinstitutionalization of many mental health facilities and the increased application of incarceration as a largely monolithic criminal justice response across America (700% increase in prison population since 1970), over the last forty years. Both factors are only exacerbated by the high tendency for such populations to 'self-medicate' with alcohol and other drugs, thus rendering jails as some of the largest and most commonly utilized 'mental health facilities' of this era (*Kosten, 1998; Volkow, Fowler, Wang, Swanson, & Telang, 2007; Volkow & Li, 2005*).

Urban legend points its finger at the Reagan administration and oversimplifies that mental health institutions were simply closed, thus triggering the casting of the mentally ill to the streets. However, it is a myth because the federal government has never had the authority, nor has it ever controlled this state-managed issue. A closer look at history reveals that it was actually the Lanterman–Petris–Short Act, which took full effect in 1972 and established modern hospital commitment procedures that had the greatest national influence on the involuntary confinement of the mentally ill. Its aim and actual largely successful outcome was to protect the mentally ill from somewhat arbitrary and open-ended law enforcement and judicial commitments (confinement), and to accelerate, improve and require science-based evaluation and treatment. It established legal and medical criterion and specific time frames for temporary holds and conservatorships.

While seemingly ironic, based on public perception, the purpose of deinstitutionalization was meant to reduce the population size of mental institutions by releasing patients unnecessarily committed, shortening stays, and reducing admission/readmission rates. The ultimate goal was to reform mental hospitals' institutional processes, reduce and eliminate the reinforcement of dependency, hopelessness, learned helplessness and other maladaptive and criminogenic behaviors. Other states gradually followed suit with California and resources and associated focuses shifted, resulting in the current situation with its inherent advantages and disadvantages over the challenging era of 40 years ago.

In summary, the endeavor to unravel and resolve the dynamic dilemma of public health and safety by providing more humane, science-based, prompt and consistent treatment of mentally ill individuals succeeded in many ways. As with any dilemma, or

cluster of problems/challenges, the resolution of one problem alters existing ones and may raise new ones to tackle, such as the current level of incarceration.

Popular Culture Drives Incarceration

Only recently has American public policy focused on incarceration as a primary tool for dealing with crime and substance abuse. In fact, as previously stated, over the last 40 years in the U.S., the incarceration rate has drastically increased by 700%. And, like the proverbial carpenter who only has a hammer and therefore sees every job as requiring a nail, we have misapplied and over-applied this mismatching response. If one applies a nail, where only glue is required, new repairs may be needed (Marlowe, Meyer, 2011).

According to Phillip Smith (2012), the Government Accountability Office (GAO), in Washington D.C. found that expansive population growth in the federal prisons is overwhelming the Bureau of Prisons' (BOP), capacity to keep up and properly accommodate prisoners attributing the spike to more drug prisoners and longer sentences for them, now on average 2 ½ times longer than in the mid-1980's before the federal anti-drug laws were passed. Strict federal drug sentencing related to the drug war is perceived to be driving the federal prison population's all-time peak of more than 100,000 drug prisoners more than 20 years ago.

Frequently, in popular American media and governmental culture, the term "public safety" carries the connotation of police, prisons, jails, bullets and bars. Rarely can one find an action movie at the local movie theater, which depicts a parole and probation officer working with a substance abuse counselor in order to "take back the streets." Nor is it typical to see a social worker making recommendations to a judge to help an individual enroll in school to learn a vocation, raise their self-esteem and acquire gainful employment,

thus “infiltrating the toughest of local gangs.” While these viable techniques are proven to “fight crime,” by reducing criminal recidivism (Tremmel, 2009), they do not stimulate box office or popcorn sales. In fact, a recent search for the category “probation” on the video rental website Blockbuster.com yielded only 3 results; “Cabin in the Sky” (Freed A. and Lewis A. 1943), Disney’s 102 Dalmatians (2000) and “On Probation” (Lowe S. 1924), while a search for “police” or “cops” yielded thousands . (GAO), of hits. Honestly, the term Public Safety does not normally illicit a visual image of the courts working in conjunction with rehabilitation specialists, social workers and willing local employers. At this point, it would be an enormously risky venture for moviemakers to sensationalize true crime fighting and leave at peril the ever-faithful, cop flick, which is a sure-fire money machine as long as they never deviate from the same eternal plot.

Does Jail Equal Justice?

Those advocating longer jail sentences generally argue that longer periods of incarceration will reduce crime rates for three reasons (Blumstein, Cohen, and Nagin 1978; U.S. Department of Justice 1992):

- The offender cannot reoffend against the public while incarcerated (incapacitation);
- Long periods of incarceration discourage released offenders from committing additional crimes (specific deterrence); and
- The awareness of penalties discourage potential offenders from committing crimes (general deterrence).

Those advocating shorter sentences argue that:

- Certainty of punishment is more important than duration of punishment in deterring offenders from reoffending;
- Many offenders commit crimes due to physical addictions, or limited life choices, and are in need of treatment programs, literacy efforts, and job training, as opposed to long periods of incarceration;
- Prison is a school for criminals, and those who are incarcerated become more sophisticated and more entrenched criminals (Branham, 1992).

The Inception of Drug Courts

The first drug court was created in 1989, in Miami-Dade County, Florida by a visionary group of justice professionals who determined that there was a better way to get real results than with the fragmented system they knew and by which they were limited. They founded a solution by integrating drug treatment and other community resources with the structure and authoritative force and effect of the Judiciary. Through teamwork, they achieve enduring lifestyle and behavior changes in drug court participants. By mid-2012, 2,734 drug courts functioned comprising every state and territory in the U.S. and soon, there will be 3,000 (NACDP, 2012).

Drug Courts Reduce Crime and its Inherent Costs

North American drug policies have a global impact because of America's superpower status. The shift from the concept of a "Drug Czar" in all of its supposed unilateral and sweeping power to more pragmatic, balanced, community-based and affordable focuses that work is ironically sensible. Although the connotation and sound of the term "Czar" seems to conjure up thoughts of an all-powerful leader, Czars were not

necessarily known for being good leaders, but rather were actually public servants like the Roman Caesar, or the German Kaiser (Cooper, et al 2010).

This shift is actually a return, full circle to what most effective cultures over centuries have found success in utilizing; positive peer pressure, social support and a revered sense of community inclusion with one of the most severe consequences of anti-social behavior being temporary exclusion/isolation from the community and its privileges and in extreme cases, banishment (Marlowe and Meyer 2011). So now, the seemingly novel, repeated message from the Obama Administration is “Shared responsibility” regarding the drug problem along with strategic initiatives, ‘such as drug courts, alternatives to incarceration programs and other that employ effective, swift, certain, modest and cost-effective techniques (Cooper, et al, 2010).

As an example of alternatives producing tangible results, New York State has invested in the drug court model with programs in every county. Now, their more than 15 year endeavor with drug courts has paid off; historically. As a result of a 3 years study, the New York State Court System derived \$254 million of savings in incarceration costs. The New York Courts enrolled 18,000 non-violent drug offenders into drug court and was successful with many of them (Rempel et al., 2003). Also, relative to drug court and other alternative to incarceration programing, New York closed 2 prisons and left a number of others at 50% of capacity (Tremmel, 2009).

In 2005, incarceration was estimated to cost \$20,000 to \$50,000 per inmate per year, while research indicated that drug courts cost about \$3,000 per client per year. As drug courts refine processes, savings will tend to improve (Belenko et al., 2005). With such helpful concrete results, it would seem that the biggest barrier to the proliferation of more

drug courts would be educating and sensitizing the community to the pragmatic genius of the concept.

Criticism on the Effectiveness of Drug Courts

Whether fortunate or not, as with all paradigm shifts, a fear of both success and failure will emerge. Some Criminal Justice and Science professionals engaged in the cause of public health and safety will inevitably fear that with such a shift, their previous efforts will have been in vain and others fear that the potential success of the shift will render their efforts obsolete. This is ever so true of drug courts and some of their skeptics. Such skepticism is healthy because it helps to polish itself as a product and to sensitize and educate the public.

It is difficult to find peer-reviewed literature that does not give support to the overall movement of drug courts. Typically, peer-reviewed literature yielding negative results is not published, however, in a reassuring peer-reviewed systematic review of 50 drug court published and non-published peer-reviewed documents, the findings were equivalent for both groups and showed essentially the same strengths and weaknesses of drug courts. They were respectively, recidivism reduction superiority to other alternative to incarceration programming and methodological limitations as cautions against the positive findings. This peer-reviewed study helps to discard the idea that there is an unfair bias favoring positive reviews of drug courts (Wilson, Mitchell and Mackenzie 2006). Aside from published and non-published, peer-reviewed articles on drug courts, another category of what is found publicly is editorial in nature, non-peer-reviewed, authorless, void of empirical data and boastful of heavy, yet unsupported claims resembling the jargon of those still grappling with addiction. It may be associated with an official looking organization with an authoritative

looking name, containing words like “justice”, “institute”, “national”, “policy” and “freedom”, yet carries a tone similar to High Times Magazine (M. Fisk, personal communication, July, 2013).

Common criticism of drug courts and suggestions for improvement are usually aimed at:

- the seemingly self-contradicting premise of simultaneous criminalization and medicalization of drug use
- the equal access to justice associated resource expenditures
- the changing complexion of the Judiciary’s role
- the developing scientific processes of programs.

The first key concern is the very premise that drug use could be simultaneously treated as a disease and a crime. It would appear to contain inherent contradictions and fail to serve either of the masters, justice or mercy well (Hoffman,2000). In single-purposed entities, this rings true. However, if there is one entity in in the community equipped to carry out the fine balance of justice and mercy, it would be the court; which is the very essence of its multiple and sometimes competing purposes. In fact, courts were designed with an integral adversarial system and set apart as co-equal, separate and autonomous entities with inherent powers for the express purpose of interpreting, applying and executing principles, laws and rules in situations and producing results, which balance mercy and justice.

The second key concern is illustrated by the administration of justice perspective of one court administrator remaining anonymous, who said the following of drug courts:

While 20 or so lives may be saved annually by a drug court's efforts, at what cost, while 10's of thousands of other individuals go without sufficient attention? What of equal access to justice? Now a minute proportion of society, which commits a disproportionate amount of crime also consumes a disproportionate amount of criminal justice system resources and yet continues in its selfish, codependent and maladaptive behavior. Only now, it goes on condoned and supported by the community and to the detriment of the same community. Is it really better that the greater population should dwindle in already scarce resources, while a less deserving few alter the very role of the judiciary" (anonymous court administrator, personal communication, July, 2013)?

The gaping hole in this argument is the fact that a very small proportion of society commits a disproportionate amount of crime and consumes community resources like no other segment of society. A solid 80% of this sliver of society suffer from mental illness and/or substance dependence and in order to take the biggest "bite out of crime possible", this target group and their addiction ought to be targeted. Also, it is a legitimate need as much of the community at large as it is of the individual service recipients. All parties benefit from this endeavor by way of a healthy and safe environment. Perhaps the greatest served client of the court is the public that never crosses its threshold.

As an analogy, if one had 10 links in a chain that represent a business process and wishes to achieve 10% in savings, one must first identify the link that may be added to, eliminated or modified. It would only cost more and still serve no purpose to add to,

eliminate or modify a link that works well. Why fix what is not broken? Additionally, once that link is altered and the 10% in savings is incurred, it must be replaced with an equal or greater in value link. Otherwise, there is no savings, but only a cost in the original endeavor and less work for the 9 original links. Reducing substance abuse and crime among even a minute portion of the criminal justice-engaged population (the weak link in the chain), as long as it is the most strategically selected and needy group and the savings are reallocated can produce exponentially positive effects for the rest of the community. It is a competition between what feels good traditionally and what truly works. As problem solvers, judges understand this mind set.

As to the third key concern, the changing complexion of the Judiciary, just as the world around it changes, thus should it adapt to the dynamic needs of the people it is to serve. This concept is eternal. A contemporary and complex world needs a competent, innovative and versatile court to help resolve its plethora of dilemmas that it cannot resolve on its own. Tradition-rooted dogma tends to only overcomplicate issues and rarely resolves any problem, much less a cluster of problems, a dilemma (Belenko, Patapis, & French, 2005; Bhati, Roman, & Chalfin, 2008; Logan et al., 2004). The fourth key concern about the developing the scientific processes of drug courts will be addressed in sections to follow.

Drug Courts Embraced Science

In drug courts, accountability, rehabilitation and habilitation are synthesized to improve the individuals' environments and facilitate the reduction of criminogenic behavior and criminal recidivism (reoffending with actual crime). "The imposition of gradually escalating sanctions for infractions, including brief intervals of jail detention, significantly

improves outcomes among drug offenders” (Marlow, 2010). Once again, not even bullets and bars can force people to make healthy and safe decisions, but obstacles to do the right things can be cleared and an environment can be created to assist individuals and influence them in doing so. In Marlowe’s update on drug courts (2010), it is stated that:

Drug courts function in reducing incarceration rates, criminogenic behaviors and crime. They also improve public health, public safety and therefore, quality of life. “More research has been published on the effects of adult drug courts than virtually all other criminal justice programs combined. By 2006, the scientific community had concluded beyond a reasonable doubt from advanced statistical procedures called *meta-analyses*, that Close to 3,000 drug courts exist in America today because among many other reasons, they are believed to reduce criminal recidivism more than any other current criminal justice measure, typically measured by fewer re-arrests for new offenses and technical violations.

A review of five independent meta-analyses compiled by drug court advocate Douglas Marlowe indicates that all 5 report superior effects for drug courts over randomized or matched comparison samples of drug offenders who were on probation or undergoing traditional criminal case processing. In each analysis, the results revealed that Drug Courts significantly reduced re-arrest or reconviction rates by an average of approximately 8 to 26 percent, with the “average of the averages” reflecting approximately a 10 to 15 percent reduction in recidivism (D. B. Marlow 2010).

Introspective Critique of and Challenges to Drug Court Science

Such encouraging affirmations of drug court advocates need to be taken into consideration in light of the intrinsic limitations of the field of Law to adhere to the

purest tenants of Science and its demands for rigorous methodology. While it is enthralling to observe the infusion of Science into Law and Law's gradual acceptance of Science, there are still significant financial, legal and cultural challenges to overcome.

One of the strongest criticisms of the Science behind drug courts is lack of random assignment of clients/cases from inception, thus casting doubt on ensuing processes. Random assignment is a basic precept of Science and is not a stranger to Law. Ironically, random assignment is the very method by which Judges receive their cases, in order to ensure fairness and objectivity. Just as a trial court witness can be impeached and their entire testimony discarded from all consideration if they are found to be lying, the community holds courts to a high standard of integrity as the last bastion of professionalism in society (Hiller, Knight, Saumi, & Simpson, 2006).

A university professor posited the causation versus correlation concept by asking his class to draw a conclusion on whether the frequent consumption of Wheaties among Americans was likely to cause the equally or more frequent consumption of marijuana among Americans, if it was the other way around, or if the two instances are even correlated at all. Perhaps this is a simple way to introduce the scientific process to laymen. The court is a relative layman to Science and in recognizing it, is deferring to the experts to integrate Science into drug courts.

Even with the purest Science, the estimation of impact of programs like drug courts cannot be made with 100% certainty, but can be made with varying confidence levels. The more rigorous the research methodology, the more confidence and support there will be in its findings. Two main types of research designs have been applied to the evaluation of drug courts. They are experimental and quasi-experimental. Experimental evaluations are superior

to quasi-experimental and employ the random assignment of individuals to both intervention and control groups. They are the most scientifically credible research design. Random assignment helps ensure that the control group and the intervention (test), group are comparable in composition, predispositions, and experiences (Muhlhausen, 2011).

Unfortunately, quasi-experimental designs are overwhelmingly the design type most commonly applied to drug courts. Quasi-experimental designs form test and control groups by way of procedure, rather than random assignment and do their best with estimated calculations to make up differences in the two said groups. Unfortunately, from the inception of the study, quasi-experimental evaluations have selection bias (Muhlhausen, 2011). Criminal Justice, which contemplates unpredictable human behavior is a very difficult topic to study and demands rigorous scientific methodology. Factors, such as motivation, mental health disorders, addiction, criminal history, employment, housing, social support, spirituality, economic status and even the wildcard of “substantial assistance” (cooperating as a confidential informant for a lower punishment), all play into Criminal Justice research. Unfortunately, most drug court studies to date, have employed only quasi-experimental evaluations without random assignment protocols and therefore fail to account for many crucial life domain factors. These limitations adversely affect drug courts ability to measure performance, their credibility and their support (Muhlhausen, 2011).

Breaking the concept down to more practical, daily situations, drug courts are challenged in their claims at success because they appear to “cherry-pick” individuals (Drug Policy Alliance, 2011), that they will allow into drug courts and so appear to drive their own foregone conclusion of success. For example, individuals who are not clinically substance dependent and only meet substance abuse criterion may still meet

the often broad drug court admission criteria based on a wide range of other factors, such as criminal history, youthfulness or willingness to change. Such individuals are highly likely to succeed and will therefore, enhance the apparent performance of the drug court program that they participate in (Drug Policy Alliance, 2011). This is especially true if it is of judge-determinant duration and they remain on the roster after they cease to receive close supervision. Honestly, drug court admission criterion, the Key Components of Drug Courts, supervision modalities for varying types of programs, sanction and incentive application, statistical record keeping, performance evaluation, standard definitions of success and failure continuing care among other practices are relatively new and still under development (Hiller, Knight, Saumi, & Simpson, 2006). Perhaps the main saving graces of drug courts are the obviously more humane, collaborative and equal to greater positive impacts on individuals and communities over incarceration. Also, unmatched progress has been made with some of the most prolific service consumers and high-risk/low-functioning individuals.

Legal, Socio-Economic & Political Challenges to Drug Court Science

The Judiciary bears the role-inherent responsibility to only allow relatively scarce and expensive resources to be devoted to the articulable and most effective and efficient causes. Judges even by title, must judge the apparent likelihood of participant to be successful based on merit, willingness, clinical readiness for change, probable cohesiveness (non-corrupting influence of other peers), availability of funding and other resources. True scientific random assignment may be precluded at times by Judiciary's legal obligation to apply principles of fiduciary frugality, equal access to justice, merit-based decisions and voluntary participant acceptance of programming.

In defense of the Judiciary, within the current legal, socio-economic and political context to which it intrinsically adheres, is extremely difficult to practice true methodologically rigorous random assignment or various other scientific principles as of yet. The Judiciary is in a learning phase of its own at the same time as it is teaching itself, its peers, funders and the community that this apparent departure from its traditional role is not a departure from its purpose and simply a more scientifically sound, just, compassionate, pragmatic, effective and efficient way to achieve its mission.

Less justifiable than the above, yet understandable are the ever-present cultural and human nature-based factors. A natural tendency exists, especially in these austere financial times, to hope for, will, seek, find and proclaim success to peers, potential funders and the public at large. The alternative could end programs or diminish professional success. While courts are to be apolitical entities, most judges are elected by the people and therefore, must preserve by their public image to uphold their own integrity and success as well as those of the court they represent. Novel drug courts and other problem-solving courts tend to make powerfully successful political and community outreach platforms because they provide many media opportunities to display compassion, pragmatic toughness on crime, innovation, frugality with public dollars and empathy with constituents and citizens at large, many of whom are likely to have a loved one with and mental health and/or drug problem. Drug courts range from strictly science-based and best-practice-adherent, to relatively disengaged, “feel-good-boutique-for-show” mass court sessions, void of effective practices. Some courts go to great extremes to promote drug courts, seeking all sorts of media opportunities, from individual success stories, to public graduations with hundreds of invitees. A wide

range of means sustain the future of drug courts, ranging from focusing on the achievements and future of individual drug court participants, to the heroic efforts of the drug court program, judge, counselor or probation officer, who “saved them.” Drug courts are in the public eye, so, there is a great socio-economical push for drug courts and their judges to succeed.

Under such legal-logistical, socio-economic and political-peer pressures, all of which may make or break a career, there is a tendency to focus on the successes of the program, thus finding them. Also, program effectiveness evaluation resources are expensive, difficult to obtain locally and as such, are at times, the last items to fund. While it may appear that success is reached by way of an “If I am a hammer, it must be a nail” measurement approach, it is not a consciously effort at inaccuracy, but rather the bi-product of in an environment lacking resources in which one finds what one seeks and is available, not knowing what one does not know.

For example, out of necessity, well-intended court staff is frequently chosen to track statistical performance data on drug courts because of their low cost, availability, familiarity with the court’s computer system and business processes and high level of trust by their judges who depend on them daily for most court activities. Such advantages may be counterbalanced by their lack of education or experience in professional fields, like Criminology, Research Methodology, Statistics or Social Work. Inadvertently, data may not be tracked with sound methodology or an in-depth comprehension of subject matter, possibly leading to varying margins of error and other interfering variables. This may produce a precarious “don’t ask, don’t tell situation” when combined with the high and demanding political stature of a court, whose professional reputation relies on its public image.

Without external professional assistance, some drug courts adhere to internally designed and flawed, output-based measures of success. This is the alternative to performance-based definitions, goals and measures, all of which are almost certainly always reachable and bolstered by and distracted from by constant stream of feel-good anecdotal success stories. This conjunction of factors gives drug court staff, peers funders and the public a sense of achievement, albeit a partially false one. It pacifies the public because it is also what the public wants to hear, in order to enjoy a sense of security. The combination of legitimate factors, human nature and hype phenomenon may possibly render artificially favorable results, but give drug courts they need to continue progressing.

Truly, lack of funding is the most significant of the mentioned factors, which limit drug courts from applying Science to its greatest potential. It is also likely to be the causal basis for many of the limiting factors above. In many cases, it precludes entities from evaluating the effectiveness of their work and leaves them to their own devices to do so as well as they can. Drug courts subscribe to the idea that the more paper that is supervised the less people will be supervised. When it comes down to it, judges have to make a choice between funding activities that seem to directly benefit the participants or the administration of the program. Given the resources to do so, judges, who understand the importance of legal liability and professional preparation, would in their majority, devote only the very best resources to their programs and when they do not, the lack thereof is certainly the cause.

The Key Components of Drug Courts-Best Practices

In economically austere contexts, the demand is always more for less. Therefore, the question of inclusion and/or exclusion of certain components (best practices), of the Drug Court model can be performed and still achieve the desired positive results. The “Key Components of Drug Courts” [best practices as accepted by most drug court professionals], are hypothesized and include a multidisciplinary team approach, an continuous schedule of judicial status hearings, drug testing, prompt sanctions and incentives and an intensive and adaptive regimen of substance dependence treatment (NADCP, 1997). All of these hypothesized (still under development and research), components have been researched and evaluated to judge if they are necessary components to achieve effective results. Confirmations indicate that adherence to the Drug Court model in its entirety ensures the very best results for high-risk, addicted drug offenders (Marlowe 2010).

Figure 1: Key Components of Drug Courts *(from the National Association of Drug Court Professionals)*

Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights

Key Component #3: Eligible participants are identified early and promptly placed in the drug court program

Key Component #4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing

Key Component #6: A coordinated strategy governs drug court responses to participants’ compliance

Key Component #7: Ongoing judicial interaction with each drug court participant is essential

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness

Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness (BJA, 2004, October).

As indicated previously, even the fundamental Key Components of Drug Courts are in relatively early development and while relationships between their healthy application and drug court success exist, it is still unclear, how they interact and which ones weigh the heaviest in varying drug court models. Regression testing is soon to be underway.

Also, all too often, communities do not have the resources to carry them all out in their ideal manner as can be seen in the comments ahead, which follow the Key Components of Drug Courts in numerical order. **#1;** Frequently enough to debilitate drug court efforts, substance dependence treatment is lacking in quality. Costs to offer and receive services are high and resources are scarce, especially with grant dollars disappearing. Geographic distances are too far for transportation-challenged clients. Culturally competent services are far and few between. In worst case scenarios, sometimes relapse behavior of the very professionals running the programs jeopardizes programming. **#2;** At times, the prosecutor or even defense component is unwilling or unable to participate, thus ineffectively shifting the roles of the other team members including the central figure; the judge. **#3;** It is not atypical to admit participants on a reactive basis, pending harsh punishment versus with a proactive, scientific, admission-criterion-based approach. **#4;** The continuum of treatment and rehabilitation services often resembles a hodge-podge,

patchwork quilt and is dynamic in a negative way, due to socio-economic-driven detrimental reliance factors. Far more money is put into law enforcement, jails and prisons than into rehabilitation and habilitation and in fact, about 2/3 of local budgets are devoted to “public safety” (including rescue and fire services). In other words, voids in funding, partial funding, and labor-intensive and unstable grant funding all drive a zig-zagged path, rather than a strategically aimed one, a path that professionals and communities must follow, in order to take advantage of what is available, even though it might create gaps and overlaps in services for the community. Wherever possible, community coalitions to coordinates funding and services are highly effective. **#5;** Frequent and random/prioritized alcohol and other drug testing usually prove to be cost-prohibitive. Often, such testing is very predictable and may only touch a relatively select few individuals of the dauntingly numerous client-loads to be tested. **#6;** Collaborative community strategies have to occur for drug courts to even function in a mediocre way, given the many challenges. Software, hardware, equipment, logistics of time, distance, staffing and resources and last but not least, human nature’s refusal to collaborate out of personal fear all inhibit such strategies. **#7;** Judicial interaction with individuals may be limited to 2 or 3 minutes, every 2 weeks, in front of 50 other peers crammed into a courtroom on a lunch hour. The staffing session previous to the drug court session is likely to be the most judicial interaction time a judge is able to spend on a case with their team. **#8;** The monitoring and evaluation of participants is challenging enough with limited resources, let alone monitoring and evaluation of program level performance and so, it rarely occurs, unless grant-mandated. **#9;** Continuing interdisciplinary education, to promote effective drug court planning, implementation and operations is usually a requirement of grants and is done so, in order to maintain compliance. Realistically, absent

such requirements, the tendency would be to spend more time with more drug court participants. **#10;** Partnerships among drug courts, public agencies, and community-based organizations do occur as a matter of necessity, yet could certainly improve if there were a way to reduce the competition for the same dollars and gaps and overlaps in services (more community coalitions). Despite the many weighty challenges facing drug courts and their target populations, resilient groups make up drug court teams and they strive for success using the Key Components of Drug Courts as a performance-balancing inventory to keep in check and move forward.

Two Best Practice Drug Courts and Reduced Incarceration Rates

Incarceration, one of the most costly and destructive criminal justice tools (if misapplied), is diminished when drug courts succeed. There is ample evidence of the relationship between successful, best practice-adherent drug court applications and reduced incarceration rates, such as in the 2 Nevada quasi-experimental studies below; the Clark County, Nevada DUI Court (N=3,387 admissions), and the Clark County, Nevada Mental Health Court (N=146 admissions). Over a total 9 year period (3 years prior, 3 years during and 3 years post-program), both courts exponentially reduced participants' arrests. Both graduated and terminated DUI court and mental health groups achieved at least 88% and 73% respectively in arrest reductions in the 3 years post-program verifications. The quasi-experimental studies achieved a drastic drop in arrests from the previously prolific and persistent arrest patterns of those studied and their ROI is exponential (S. Grierson, S. Roll, personal communications, June, 2013).

Chapter III. The Hypothesis and Methodology

Alternate Hypotheses:

One feasible alternate hypothesis, supported by popular culture within the framework of the theory is: *“Until Criminology is able to demonstrate rigorous scientific methodology in its general programming, community resources are best spent on other life-enriching activities far outside of the realm of incarceration or any alternatives to it, for the sake of public safety.”*

Another alternate hypothesis would be, *“Until Criminology is able to demonstrate rigorous scientific methodology in its alternative to incarceration programming, community resources are best spent on incarceration, in order to achieve short-term incapacitation, prevent crime and incur inherent cost savings.”*

Selected Hypothesis:

There are relationships between best-practice-adherent drug court applications and reduced incarceration rates, which are worthy of continued and collaborative pursuit by Law and Science.

The significance of the selected hypothesis to the advancement of research and theory is great because it will undoubtedly help communities nation-wide to apply drug courts as effective alternatives to incarceration. They are hoped to reduce ineffective and inefficient incarceration-related costs, in order to reallocate savings to more value-added activities while improving public health, safety and therefore, quality of life. This research serves as yet another successful local example to bolster the already successful national and local arguments, which promote the strategic application of drug courts in American communities. To follow are 2 original quasi-experimental analyses, a cursory one regarding HOPE Court, Phase 1 of the Crossroads-TRAIN Collaboration (the main topic of this thesis), and a summary of a future, comprehensive Phase 2 of the Crossroads/TRAIN

Collaboration. Both studies are very similar in nature and serve some of society's least fortunate and most high-risk, high-needs and low-functioning individuals.

Brief Analysis of HOPE Court (Habitual Offender Prevention & Education)

The following information was provided by the Las Vegas Municipal Court; HOPE Court. Executive Judicial Assistant, Boris Santana and I labored together to retrieve, analyze and convey the following research. HOPE Court aims to increase self-reliance by promoting personal accountability, rehabilitation and habilitation among high-risk, high-need, low-functioning, non-violent individuals with distinct and dynamic needs. Many suffer from co-occurring substance dependence, mental illness, homelessness, etc. HOPE Court participants typically have a lengthy history of preventable incarceration and hospital admissions and one hope is that both maladaptive behaviors (among many others), will decrease as success in programming increases.

Anecdotally speaking, one of the reasons for HOPE Court success is that the central figure of the program, Judge Almase, is very knowledgeable about all of the aspects of the program and defers to the willing and able subject matter experts, all of which are highly qualified in their respective professional fields. The Judge possesses a Bachelor's Degree in Criminal Justice, a Master's Degree in Clinical Psychology with focus on Criminal Forensics/Sexual Deviance, a Juris Doctorate (Law degree), and has served as a probation officer, a civil attorney, a prosecutor, a defense attorney and in varied specialty court roles. If there were a Judge worthy of overriding professional opinions, she is and yet tends not to do so. She allows the team to ebb and flow naturally and takes no part in undue credit. The focus is not on who is to receive credit, but rather, balancing what is best for the community and the individual.

While the program is holistic and comprehensive addressing all aspects of a person's life in a constantly adapting treatment plan, the data presented herein only relates to incarceration rates and does so in terms of total numbers of arrests/bookings, regardless of total days spent and actual costs. Tables 1, 2, and 3 display the most recent 3 years of incarceration-related data from qualifying, NON-admitted subjects (a control group), unsuccessfully revoked participants and successfully graduating participants (test groups), comprising N=58 total subjects. The arrest data is derived from the local Clark County-based "Shared Computer Operation for Protection and Enforcement" computer system (SCOPE), which tracks arrests county-wide, within Clark County, Nevada. Therefore, national data is not collected here for during and after program figures. However, "lifetime arrests prior to program" reflected are sourced from NCIC, the Federal Bureau of Investigation's National Criminal Information Computer and therefore, cover arrests reported in all 50 United States of America, Puerto Rico, Guam and the U.S. Virgin Islands.

The figures show data on an individual basis, in order to illustrate the wide range of individual performance patterns and at the same time, substantiate overall progress in the overwhelming majority of cases. In short, it bolsters an argument for the overall effectiveness and efficiencies of HOPE Court. In such an endeavor with individuals whose costs of service consumption has been so high and their performance so low, there is little to no risk of failure and a great chance at success and even when the success is only short-term, it is still significant and material.

One limitation and weakness of the study is that only arrest data can be collected accurately. The total number of days served is not only cost-prohibitive, but impossible to accurately calculate because incarcerated individuals have a number of factors applied to

their jail sentences. Some of the complicating factors are reductions or restored jail time for good or poor behavior, volunteer “trustee” status, consecutive and concurrent service of jail time for multiple jurisdictions and “down-time” while awaiting bail. In other words, the best estimates of actual jail days served would have only created false and misleading records. Therefore, only local arrest data has been studied herein.

An unfortunate pitfall in data collection is the transient nature of this population. Because this study only tracks local incarceration, individuals who were incarcerated anywhere else for periods during the term of this study, would not have been able to be arrested in the Clark County jurisdiction and thus, may have appeared to have been successful in not being arrested locally, therefore possibly skewing the results for a more positive outcome. This limitation could be overcome by doing a nation-wide computer query of all subjects of this study once resources allow such an effort.

Finally, the study covers a 3 year period of time for the groups, but not necessarily 3 years for each individual. In order to track average performance rates, averages of time tracked by months and years were divided by the numbers of individuals and the numbers of arrests, in an effort to analyze group performance of the program as a whole. In short, it is a snapshot in time for groups within the given 3 year timeframe, as opposed to 3 years for each individual.

Total Group Make-Up of HOPE Court

The total group of (N=58), individuals studied have been arrested 52 times individually in their life on average and as a group, comprise 3,044 total lifetime arrests; a substantial number, far above and beyond trends for most of American society. Of the program-eligible individuals studied, a little more than one half (n=27), declined to enter

HOPE Court for a variety of reasons. Therefore, a little less than one half (n=22), possessing as a group 1,399 total arrests or 64 arrests on the average individually, prior to Hope Court entry, voluntarily entered HOPE Court.

Of the 22 individuals who entered HOPE Court, a little more than half (n=12), successfully fulfilled all HOPE obligations and thus completed. Meanwhile, a little less than half (n=10), were unsuccessfully revoked from the program (on average about 9 months in duration in the program). During the program and post-program (on average about 36 months long in duration for successful graduates), the majority's incarceration rates diminished significantly.

However, in 2 of the cases (1 from the revoked group and 1 from the graduate group), it increased. This increase may be accounted for by closer supervision than when not in HOPE Court (such as the test group), and inherent status offense arrests and/or due to lack of personal application and simple timing of personal motivation and readiness for the daunting challenge to change. The fact that a 2 out of the 22 participants' incarceration rates actually increased is not necessarily an indicator of failure, but rather the possible bi-product of timing, personal preparedness and an intense and comprehensive undertaking.

Control Group; Declined Hope Court

The control group comprised 1,247 lifetime arrests prior to an opportunity to enter HOPE Court with an average of 46 lifetime arrests individually. As a total, the test group averaged 12.5 arrests in the 36 months prior to the program (4.1 arrests per year), and their incarceration rate dropped by 22%, to 3.2 per year at the 12 month mark after they declined the Hope Court program according to the 07/22/13 post-program measure verification. While the 22% percent decrease seems significant as they were left to their own devices

without programming, HOPE Court data collectors indicated that many of the declinations tend to come from individuals who are transient and have little or no intention of staying in the Las Vegas area. In other words, they were simply passing through, but had little or no ties to the community and are highly likely to have continued in their prolific incarceration patterns in other communities and not be caught in this study.

With the available data, it is impossible to empirically determine whether the declination-control group's incarceration rate increased, remained flat, or decreased after declining the opportunity to participate. However, the anecdotal/clinical opinion of professional staff based on their past patterns and the fact that substance addiction, which is prevalent among this population when untreated is chronic and progressive, are indications that their incarceration would likely persist at the same rate if not increase.

Test Group; Unsuccessful HOPE Court Revocations

The revoked group comprised 890 lifetime arrests prior to an opportunity to enter HOPE Court with an average of lifetime 89 arrests individually. As a total, the (n=10), revoked group averaged 17.8 arrests in the 36 months (5.9 arrests per year), prior to the program and their incarceration rate dropped by 24%, to 4.5 arrests per year 25 months (2 years), after they entered the Hope Court program, according to the 07/22/13 post-program measure verification. Revoked HOPE Court participants only benefitted from partial programming averaging about 9 months in the program (25% of the 36 month intended dosage). In summary, among the (n=10), revoked participants, there was a significant decrease in the local incarceration rate of a very coincidental and corresponding 24%, almost equal to the missing dosage amount.

Test Group; Successful HOPE Court Graduations

The successful graduate group comprised 509 lifetime arrests prior to an opportunity to enter HOPE Court with an average of 42 lifetime arrests individually. As a total, the successful graduate group (n=12), averaged 10.8 arrests in the 36 months for 3.6 arrests per year, prior to the program and their incarceration rate dropped by 78% to 0.80 (less than 1 arrest per year), 36 months (3 years), after they entered the Hope Court program, according to the 07/22/13 post-program measure verification. The (n=12), documented successful graduates, who benefitted from full programming spent an average age of 36 months in the HOPE Court program. This represents an exponential and meaningful drop in arrests and bookings among successful graduates.

In summary, it is difficult at best to determine the performance of the control group due to data collection limitations and their transient nature, but the relatively negligible results of empirical data available coupled with professional opinions indicate a persistent if not worsening incarceration pattern. Unsuccessfully revoked participants who received about 25% (9 months), of the full program dosage (36 months) coincidentally and correspondingly decreased their incarceration rate by 24%. Notably, unsuccessfully revoked participants had about twice as many lifetime arrests (89), than both declinations (46), and successful graduates (42). Successfully graduating participants yield exponential reductions in incarceration rates based on arrests/bookings and while only 50% or so of those who entered HOPE Court successfully graduated, as a whole all, successful and unsuccessful alike improved materially if not over those who declined to participate, at least over their own past patterns.

All in all, HOPE Court is a success for those who receive partial programming and are revoked and even more so for those who successfully graduate. If HOPE Court were to solely base success or failure on incarceration rates, it would be an undeniable success, however, as previously mentioned, it addresses in a holistic and comprehensive manner individual lives and the community's needs and carries with it many other empirical and anecdotal measures that substantiate its success and indicate areas for improvement. It is a no-lose proposition for participants and the community with little or no risk of failure.

Table 1. HOPE Court Declination Incarceration Rates

HOPE COURT DECLINATIONS INCARCERATION RATES BY NUMBER OF ARRESTS/BOOKINGS												
HIST#	CS#	Entered Program	Date Closed	Time in Program (Months)	Months since entry	bookings per month since entry	Status	Arrests/Bookings				Since Program Entry
								36m Pre Program	During Program	Post Program	All	
100134114-1	482314	6/6/2013	6/6/2013	0	1	0.00	Closed - Declined	3	0	0	48	0
100141505-1	2810572	3/19/2013	3/19/2013	0	4	0.00	Closed - Declined	3	0	0	3	0
503073-1	1161010	2/1/2012	2/1/2012	0	17	0.65	Closed - Declined	11	0	11	91	11
100160671-1	2864321	8/16/2012	8/16/2012	0	11	0.00	Closed - Declined	2	0	0	2	0
311893-1	283118	4/25/2013	4/26/2013	0	3	0.00	Closed - Declined	11	0	0	68	0
1233779-1	2645178	9/13/2012	9/13/2012	0	10	0.00	Closed - Declined	13	0	0	16	0
910724-1	847944	2/19/2013	2/19/2013	0	5	0.20	Closed - Declined	10	0	1	26	1
100098777-1	2756721	5/23/2012	5/23/2012	0	14	0.21	Closed - Declined	11	0	3	14	3
521797-1	1304111	10/3/2012	10/3/2012	0	9	0.33	Closed - Declined	38	0	3	69	3
772780-1	1457437	4/6/2012	4/6/2012	0	15	0.67	Closed - Declined	6	0	10	34	10
100172633-1	***.**-6947	5/16/2013	5/16/2013	0	2	0.00	Closed - Declined	0	0	0	17	0
955775-1	1046289	3/19/2013	3/19/2013	0	4	0.75	Closed - Declined	5	0	3	17	3
32139-1	629950	9/5/2012	9/5/2012	0	10	0.00	Closed - Declined	13	0	0	116	0
1347561-1	2697933	6/13/2012	6/13/2012	0	13	0.00	Closed - Declined	9	0	0	9	0
100166610-1	2864955	9/13/2012	9/13/2012	0	10	0.10	Closed - Declined	1	0	1	2	1
468567-1	1300346	11/28/2012	11/28/2012	0	8	0.38	Closed - Declined	24	0	3	79	3
575532-1	1360230	6/27/2012	6/27/2012	0	13	0.62	Closed - Declined	42	0	8	112	8
1336378-1	3001433	12/14/2011	12/14/2011	0	19	0.11	Closed - Declined	1	0	2	3	2
1311938-1	1786567	3/21/2012	3/21/2012	0	16	0.00	Closed - Declined	6	0	0	20	0
1164207-1	1578216	5/16/2012	5/16/2012	0	14	0.00	Closed - Declined	7	0	0	8	0
648696-1	1363472	11/7/2012	11/7/2012	0	8	0.63	Closed - Declined	30	0	5	125	5
100190877-1	2841602	4/9/2013	4/9/2013	0	3	0.00	Closed - Declined	4	0	0	4	0
16794-1	394544	6/6/2012	6/6/2012	0	13	0.08	Closed - Declined	1	0	1	52	1
143973-1	667970	7/18/2012	7/18/2012	0	12	0.33	Closed - Declined	19	0	4	73	4
170565-1	667500	4/4/2012	4/4/2012	0	15	0.33	Closed - Declined	14	0	5	117	5
733714-1	1670328	6/6/2012	6/6/2012	0	13	1.31	Closed - Declined	48	0	17	119	17
919956-1	1830376	6/6/2012	6/6/2012	0	13	0.38	Closed - Declined	14	0	5	78	5
100079343-1	1692904	3/5/2012	3/5/2012	0	16	0.44	Closed - Declined	3	0	7	12	7
					291	0		349	0	89	1334	89
								Average time since declination of program (m) appx 12 months			n/a	
								Average annual bookings over 36 months prior	4.1 annualized		n/a	
								Average bookings after declination of program per year			3.2	
								Average bookings during program			n/a	
								Average total bookings			47.6	
								Average bookings per month since declination			0.3	
								Percentage reduction in bookings (Overall)			22%	
								Percentage reduction in bookings (Excluding during program)			n/a	

Table 2. HOPE Court Revocation Incarceration Rates

HOPE COURT REVOKED INCARCERATION RATES BY NUMBER OF BOOKINGS/ARRESTS								Arrests/Bookings				
HIST#	CS#	Entered Program	Date Closed	Time in Program (Months)	Months since entry	bookings per month since entry	Status	36m Pre Program	During Program	Post Program	All	Since Program Entry
378445-1	1157331	11/2/2011	1/18/2012	2	20	0.35	Closed - Revoked	28	2	5	106	7
1372185-1	2681171	7/26/2011	9/12/2012	14	24	0.54	Closed - Revoked	36	13	0	49	13
775837-1	854259	1/13/2010	1/19/2012	24	42	0.45	Closed - Revoked	12	13	6	111	19
955760-1	1836977	3/21/2012	6/6/2012	3	16	0.56	Closed - Revoked	15	5	4	67	9
16189-1	647293	9/17/2009	1/11/2012	28	46	0.13	Closed - Revoked	15	1	5	68	6
74815-1	903728	10/19/2011	1/11/2012	3	21	0.05	Closed - Revoked	0	0	1	135	1
38919-1	663133	11/8/2011	1/4/2012	2	20	0.70	Closed - Revoked	25	5	9	149	14
291635-1	162315	11/16/2011	3/14/2012	4	20	0.25	Closed - Revoked	7	2	3	129	5
720475-1	1073809	5/16/2012	6/13/2012	1	14	0.29	Closed - Stip	4	2	2	36	4
781414-1	1641100	6/27/2012	1/3/2013	7	13	0.23	Closed - Stip	18	1	2	52	3
1135853-1	927373	11/2/2011	2/28/2012	3	20	0.40	Closed - Stip	36	3	5	77	8
								196	47	42	979	89
								Average time in program (m)	8.3			
								Average bookings 36m prior	17.8			
								Average bookings after program	3.8			
								Average bookings during program	4.3			
								Average total bookings	89.0			
								Average bookings per month since acceptance	0.4			
								Percentage reduction in bookings (Overall)	55%			
								Percentage reduction in bookings (Excluding during program)	79%			

Table 3. HOPE Court Successful Graduation Incarceration Rates

HOPE COURT GRADUATE INCARCERATION RATES BY NUMBER OF ARRESTS/BOOKINGS								Arrests/Bookings				
HIST#	CS#	Entered Program	Date Closed	Time in Program (Months)	Months since entry	bookings per month since entry	Status	36m Pre Program	During Program	Post Program	All	Since Program Entry
241114-1	189646	4/19/2010	12/14/2011	20	39	0.00	Closed - Graduation	4	0	0	55	0
611902-1	1220460	3/9/2010	3/14/2012	24	40	0.20	Closed - Graduation	17	6	2	88	8
240466-1	920067	9/15/2010	11/2/2011	14	34	0.06	Closed - Graduation	23	2	0	53	2
396810-1	1193982	11/24/2009	11/2/2011	24	44	0.00	Closed - Graduation	6	0	0	33	0
777499-1	489637	5/17/2011	12/19/2012	19	26	0.12	Closed - Graduation	5	3	0	23	3
1291178-1	2626996	7/23/2009	11/2/2011	28	48	0.08	Closed - Graduation	3	1	3	7	4
321361-1	1045808	6/7/2011	12/19/2012	18	25	0.00	Closed - Graduation	5	0	0	31	0
155488-1	881108	9/17/2009	11/2/2011	26	46	0.07	Closed - Graduation	2	0	3	30	3
493788-1	2632491	3/14/2009	12/14/2011	33	52	0.04	Closed - Graduation	4	2	0	4	2
693764-1	1588154	6/9/2011	12/19/2012	18	25	0.16	Closed - Graduation	35	2	2	114	4
722280-1	1590506	2/14/2009	12/14/2011	34	53	0.06	Closed - Graduation	2	3	0	14	3
1204149-1	1981016	8/18/2010	11/2/2011	15	35	0.00	Closed - Graduation	5	0	0	7	0
597480-1	1309679	1/12/2010	12/14/2011	23	42	0.00	Closed - Graduation	19	0	0	79	0
								130	19	10	538	29
								Average time in program (m)	22.8			
								Average bookings 36m prior	10.0			
								Average bookings after program	0.8			
								Average bookings during program	1.5			
								Average total bookings	41.4			
								Average bookings per month since acceptance	0.1			
								Percentage reduction in bookings (Overall)	78%			
								Percentage reduction in bookings (Excluding during program)	92%			

Figure 2. Logotype of Crossroads-TRAIN Collaboration



CROSSROADS
&
TRAIN

Background of and Introduction to Crossroads and TRAIN

Crossroads, a longstanding and harmonious collaboration led by Washoe County Social Services and participated in by many community participants existed in Washoe County, Nevada before TRAIN came to be and gave place to it. Crossroads provided a strong infrastructure of services, funding sources, meeting structures, data collection procedures, accepted protocols, public recognition, local cultural acceptance, a successful track record and most importantly, relationships of trust community-wide.

TRAIN was born out of a program initiated by the honorable Reno Municipal Court Judge, James Van Winkle, who offered his time and resources above and beyond what was required of him to assist serial inebriates who frequented the court for years. Judge Van Winkle felt at a loss to assist these persons in such dire need of support and wished to fortify his “judicial toolbox” and expand it beyond the limitations of incarceration application. He was familiar with the very well-respected Reno Police Officer, Patty O’Bryan, an extremely astute and charitable person, who took it upon himself to receive additional training to help the said population. Officer O’Bryan often took on such opportunities at his own expense and volunteered thousands of hours above and beyond his duty to this cause. Together they met with court staff and many other related professionals and formed a coalition to learn about, identify and pragmatically and aggressively counter the dilemma.

Later, Reno Municipal Court Judge Dorothy Nash-Holmes took the bench and submersed herself full force into the project without hesitation and with her zeal continued to bring more resources and team members to the table and continued to formalize and strengthen it. Judge Nash Holmes, well-equipped for this endeavor with a related academic and experiential background coined the name “TRAIN” because she recognized the court

was merely one car of many on the ‘life-long, community-wide train’ and if misused or applied when unnecessary, was perhaps one of the most intrusive, punitive and costly applications with its stigmatic labeling effects. She and local prosecutors were both gracious and wise in performing a supportive judicial leadership role and taking their appropriate place among the other already existing components of the Crossroads Collaboration. They recognized and respected the skills, knowledge and abilities of their counterpart colleagues and entrusted them in their areas of expertise. They also labored from the perspective that if at all possible, if participants were able to remain in the larger Crossroads-non-judicial arena and not be unnecessarily entangled in the criminal justice system, it would be in the best interest of all parties and considered a counter-intuitive success. (For this reason, some of the actual performance data is derived from Crossroads.) Therefore, the subject of this research is the Crossroads-TRAIN Collaboration.

Crossroads-TRAIN Collaboration; Methodology and Structure

Crossroads-TRAIN (Treatment and Resources Alliance for Individualized Needs), a community/court collaboration or drug court is used in this study to illustrate the relationship between best practices-adherent drug community court programming and incarceration rate reduction. The long-term objective Crossroads-TRAIN is more compassionate, accountable, effective, efficient and sustainable public, private and community collaboration, in order to best serve prolific community resource consumers and society at large. Many of the individuals most apt for programming are overwhelmed with mental illness, trauma, substance dependence, learned helplessness, homelessness and other conditions. Specifically, with regard to program participants, the goal of Crossroads-TRAIN is to “re-TRAIN” or TRAIN (Rehabilitation and Habilitation respectively), individuals in the

community who are disproportionately prolific criminal justice and community resource consumers towards a healthier and safer lifestyle and greater sustained self-reliance (Nash-Holmes, Author of the TRAIN name, personal communication, January, 2010).

In an effort to respond collaboratively, a group of community representatives who operated the successfully functioning Crossroads program joined together to “re-TRAIN” community sensitivity and response to the target group and to pool existing resources already allocated to such individuals, so that the public health and public safety community might better serve them (D. Nash-Holmes, personal communication, January, 2010). For these particular individuals and this thesis/research project to be referred to as phase 1, success is signified by a measurable reduction in incarceration rates and associated costs. Also, in future phases, resultant community-wide cost reduction, increased public health, public safety and quality of life improvements will be measured.

If the principal focus of this study is successful, due to the efforts of the Crossroads-TRAIN Collaboration, the collaboration will adhere to best practices and the community will experience a reduction in incarceration rates and its inherent costs. Also, non-emergent access to the emergency rooms, unnecessary ambulance services, law enforcement intervention, court services usage and many other poorly utilized ancillary supports, in great part, due to recurring maladaptive and criminogenic behaviors, to which conditions, such as chronic substance dependence and/or mental instability greatly contribute. Additionally, with success, the community will be able to exponentially reallocate saved resources to more value-added services across the community.

Not in this thesis/research project, but in a future study, in phase 2, marked improvement is hoped to be measured in the areas of housing, personal financial stability,

practical life skills, mental health, sobriety and compliance with program directives. It is hoped that such measures will evidence increased and sustained self-awareness, self-sufficiency and positive community contributions in participants.

Focus on Shifting Resources in a Positive Direction

The focus has been to shift existing resources and their corresponding costs to strategically support the legitimate needs of Crossroads-TRAIN-referred individuals. The said support is far more effective and far less costly than the alternative, which are maladaptive, antisocial and criminogenic behaviors and their ensuing social and financial costs. Such behaviors are most commonly punitively handled by incarceration in small and frequent dosages, which are very interruptive of a healthy lifestyle and carry many unintended collateral consequences for the offender and the community at large. Existing and shifting resources include, but are not limited to support from assigned social workers from the Washoe County Social Services Department, case management and treatment provided by West Care Community Triage Center and Bristlecone Family Resources, and transitional living apportioned by Catholic Charities-St. Vincent's house. 'These are the true strategically, long-term anchors of the collaboration' (K. Retterath, Division Director, Adult Services Washoe County Social Services, personal communication, September, 2011). The TRAIN component of the collaboration is the judicial/criminal justice referral, legal due process and penal-sanction-incentive arm of the program and is ONLY to be utilized when necessarily effective, efficient and reasonable. This criminal justice-judicial arm is likely the most intrusive, expensive and stigmatizing approach and therefore, may carry negative collateral consequences if misapplied, thus the conscious exercise of restraint.

The Intent is Ongoing Support for Self Reliance

As opposed to short-term aftercare, an antiquated and short-sighted approach, the intent is to provide ongoing, connected support to individuals as they enter this system, so that the team can respond to the behaviors as they begin to occur and before they become a burden on the community on a life-long and community-wide basis. When referring to the “system,” in the context of the Crossroads-TRAIN, it is not specifically the criminal justice system, but rather the entire public, private and community support system. The Crossroads-TRAIN Collaboration has many “cars” and any of them may be an entry and exit point for individuals; ‘no wrong door.’ In fact, whenever possible, dissuading participant entanglement in the criminal justice system is best for all because while the jail car is not necessarily the wrong door, it is likely to be one of the most unnecessarily punitive, stifling and costly doors to go through. It also tends to be a revolving door. Ultimately, the goal is to decrease detrimental reliance on the community and increase sustainable self-reliance, including long-term housing, employment and a healthy social support system for those able to function at such a productive level.

Purpose and Scope of Research

The purpose of this initial quasi-experimental study is to reduce incarceration and its inherent costs to the community through an effective and efficient drug court application. The program serves to improve relationships and collaboration between public, private and community entities and individuals, wisely use and save community resources, exponentially reallocate saved resources to more effective and efficient services. The ultimate and overarching goal is to improve the quality of life through a healthier and safer community. The scope of research will be participants who are

under the jurisdiction of the Washoe County, Nevada Social Services Department and/or the Reno, Nevada Municipal Court. This will only include the geographic area of Washoe County and will cover the term of 12 active months for original comparative data and a minimum of 16 additional months for population study data. "Active" is defined as a period of time in which there was some verifiable knowledge of their performance with regard to this program. In other words, if the person were incarcerated or hospitalized, it would count into the active time period. If there is no verifiability of their activities as measured by the program, it will not be counted.

Methodology and Operational Design of Research

Through an archival analysis of official documentary records, the target group of 15, individuals will be described and measured for 12 months against themselves in the previous 12 month reportable period. The 12 month studies will be grouped by month, in order to show possible trends in seasonality and progress or the lack thereof. The individuals themselves constitute the independent variable. The principal dependent variable will be their tangible, financial incarceration cost to the community. The unit of measure for the principal dependent variable will be specifically U.S. dollars spent per individual, on an annual basis and it will be measured by ratio.

Other semi-quantitative measures of interest for future studies will include the number of jail bookings for new criminal charges/civil protective custody, the number of jail bed days, the number of ambulance transports and the number of hospital, triage center, homeless shelter, mental institution admissions and all associated costs. Said measures are considered semi-quantitative because they hold distinct and subjective purposes and meanings separately and among themselves, yet will serve to illustrate changing trends. An

example of variation of purpose and meaning within a single category of measures is the trend of continued post-program inception hospital admissions, some of which may actually be for the purpose of proactive health care as opposed to abuse of community medical resources due to lack of prevention or detrimental reliance. Such distinctions would need to be qualified and then recounted in a more in-depth subsequent study.

The participants will continue to be tracked after the 12 month study period, in accordance with their availability and willingness to renew permission to do so, indefinitely. Due to entry and exit dynamics, the participants will not all start or end in the same months and in fact, due to their unstable nature, months in which they abscond from the program may be skipped. Nonetheless, 12 active months of data before and 12 months after will be collected for each person and they will always be measured against themselves. One goal is to measure the financial savings vs. community costs/investments (Return on investment by ratio and interval), and on an individual basis, measuring individuals' performance during and/or post-program, against their own individual past performance.

Not in this thesis/research project, but in in phase 2 of this project, another goal is to apply hypothesis-supporting units of measure as listed below to measure the success and failure of participants by category in a regression analysis and the effectiveness of the endeavor at large, from a quality of life perspective (health and safety).

Margin of Error and Control of Interfering Variables

It is expected that due to the elusive and transient nature of the subjects of study, not all 15 individuals will present complete data sets for the pre-program and post-program inception timeframes. Therefore, the goal will be to capture as much data

as possible, hoping for at least 5 individuals from whom success and/or failure can be extrapolated. Possible mistakes, discrepancies and corresponding consequences may include, but not be limited to the propensity for the most compliant individuals of the group to participate and allow for data to be collected, thus precluding data collection from the least compliant and creating an overly optimistic outcome.

Unfortunately, a limitation, which should be addressed is that case assignment will be done on a case by case basis. Well-defined criterion will be applied and adhered to however, random assignment opportunities either may not exist in this endeavor. As previously discussed, though courts are scrutinized, random assignments are not yet typically utilized by court-based programs, such as this one because as stewards of public dollars, and due to the judicial role-inherent responsibility to grant such opportunities based on merit and participant willingness and equal access to justice principles, the individuals most likely to benefit are selected for programming opportunities. This does not mean that individuals who truly do not need programming will be selected. Of course, admission criterion will be followed. The phenomenon may appear to yield artificially favorable results, but it is not the purpose of this study. The alternative true scientific random assignment would conflict with the judiciary's fiduciary, dispensation of equal access to justice, merit-based decision making and solely voluntary participant acceptance of programming responsibilities.

While actual jail days served and associated costs in Washoe County will be quantified, some of the jail time and costs may be associated with other jurisdictions outside of Washoe County. Also, good and poor behavior, trustee status and time lags

while awaiting bail are factors that may contribute to the figures, but are not categorized, quantified or qualified in this study.

Also, inaccurate and inconsistent data may be collected from the various sources, due to multiple and disparately trained data collectors. It is understood that incarceration tracking is only intended to cover the Washoe County Regional Detention Center, not other detention facilities out of the locality. The concern of this study is local incarceration rates. Therefore, some of the program participants may be incarcerated in other geographic areas without being counted into this study.

In order to control interfering variables and avoid as much as is practicable, mistakes, discrepancies and their consequences, data formula and data collection methodology expectation documents will be sent to all source entities and will serve as training tools for data collectors. It is expected that this inconsistency will be 'consistently inconsistent' and at least provide a faithful baseline from which to track performance. Even with these possible mistakes and consequences disclosed, it must be stated that even combined, they are immaterial relative to the expected margin of success and the study will still indicate meaningful success.

Dependent and Independent Variables

The research target group of 15 individuals will be described and measured for 12 active months against themselves in the previous active 12 month period. The individuals themselves constitute the independent variable. The dependent variable will be their tangible, financial incarceration cost to the community.

Not in this thesis/research project, but in phase 2 of this project, another goal is to incorporate a quality of life measure, which has 6 sub-measures, 3 of which are based

on nationally standardized and scientifically-founded testing instruments. Originally, the plan was to weight the different measures according to a professional savvy of what seems to improve aspects of a person's. For example, housing as an anchor is likely to carry 30 or 40 points on a scale of 1-100, versus compliance with program directives for 10 points maximum. However, after consulting with diverse professionals, it was clear that many believe that their particular area carries a heavier weight than others. Police see themselves as a heavy piece of the pie as do judges along with counselors. Naturally, what impassions professionals is what they hope and believe does the most good. It was fascinating that Mr. Ken Retterath, the Washoe County Social Services Adult Services Director, a brutally honest and candid expert in his field indicated, 'Let's be sincere, housing and personal financial stability are likely to be the very most important factors of all and would carry more weight than all of the others' (K. Retterath, personal communication, September, 2011). Simply put, fundamental needs must first be met to move forward. Upon accepting this premise, the measures were altered to a simple, un-weighted point-scale of 1-10 for each one and corresponding point distributions were arbitrarily devised to be equal for each of the 6 sub-measures. This measurement tool does not pretend to comport with the authentic intent of the scientific tests nor does it purport to scientifically prove causation of the same. The sub-measures were created, in order to correlate success and failure with efforts and establish a baseline for future scientifically supported weighting of measures (regression testing). Individuals entering Crossroads-TRAIN are likely to be admitted scoring somewhere around 20 points and have a mental health diagnosis supportive of the likelihood to present a low enough risk to be admitted and achieve an effective return on investment (ROI), of community

resources. It is the most prolific community resource consumers that yield the highest ROI, yet some may be sadly beyond the help that the collaboration is capable of providing. This will be a true learning experience as the actual performance of each measure will determine a basis for regressing testing (weighting of factors), for future research.

Admission Criteria and Method of Selecting Experimental Samples

Participants in the program can be identified by any resource alliance member. There is no “wrong door.” Some criterion for participation is:

- Mental illness and/or substance dependence diagnoses supporting the need and match for the program
- Habitual consumer of criminal justice, health, treatment, emergency services and/or hospital systems
- Well-known by one or more participating resource agency
- Identified addiction and/or mental health disorder
- May be homeless, but does not have to be
- History of attempts at treatment and/or supervision
- Willingness to participate and make improvements
- Any combination of the above or other factors that are likely to qualify a person for services and show that there is likely to be a substantial return on investment of community resources positive return on the community investment. It will be interesting to see how high the scores reach upon exit and in potential post-testing in the aftercare/continued care environment. A 60 would be an extremely high functioning individual and therefore, not in need of the program.

Operationalization of Dependent and Independent Variables

The target group of 15 individuals will be described and measured for 12 active months against themselves in the previous active 12 month period. The individuals themselves constitute the independent variable. The dependent variable will be their tangible, financial incarceration cost to the community. The unit of measure for the dependent variable will be specifically U.S. dollars spent per individual, on an annual basis and will be measured by ratio. The participants will continue to be tracked after the 12 month study period, indefinitely.

Also, not in this thesis/research project, but in in phase 2 of this project, another goal other units of measure listed below will be utilized to measure progress or lack of progress of participants and to determine which factors seem to correlate the most with success and failure, in order to most effectively and efficiently save and reallocated resources.

Chapter IV. Participation and Methods of Data Gathering

In the following section, there is a proposal and plan, which is already in contentious throws to measure criminogenic factors, rather than criminal recidivism alone. While it still will not be able to contemplate and address all crime committed in society in all socio-economic levels, it will at least, begin to address the compound question, “What really works to reduce detected crime?” To follow is the plan to answer these important questions with the most prolific and impactful consumers of community resources. The following endeavor is designed to contemplate measure and track criminogenic factors in addition to traditional criminal recidivism.

Participation is expected as this will be an alternative sentencing program, requiring voluntary, devoted engagement and any refusal, unsubstantiated unavailability or untruth (anything other than “the truth, the whole truth and nothing but the truth”), will be treated as a violation and treated according to the level and kind of attention it merits and may result in reduction of services rendered, jail time and other sanctions and natural consequences. Of course, as a “false bottom” and microcosm of “real life,” all mitigating and aggravating factors will be taken into consideration by the Crossroads-TRAIN Collaboration with final decision making authority of subjects under court jurisdiction, always resting with the Judge; the central figure of TRAIN. Individuals not under court order are subject to the authority of the Crossroads professional always depending on their varying legal jurisdiction and will of the participant.

Legally approved, tried and proven waivers of protected criminal justice and health information and information dissemination agreements are in place and in full function. The waiver forms were prepared with guidance and support by the University of Nevada, Reno Research Integrity Office: Internal Review Board. (See Appendix) The data source for participant/experimental sample demographic description documents will be the combination of jail booking questionnaires (20 minutes in duration by jail staff), social service assistance application forms (10 minutes in duration by social services technicians), mental health and substance abuse-dependence evaluations (2 hours in duration by certified professionals), and Crossroads-TRAIN application/waiver of information forms (10 minutes in duration by court staff). No trial run is planned as all of the said documents are routinely administered by trained staff in their respective fields of work. It is the synthesis of them all combined that will enhance and verify information like never before. The

combination of the data compiled from said documents will provide consistency and as much information as possible.

A formal communication protocol and weekly, all-hands, therapeutic staffing meetings and peer-based court hearings conducted by a therapeutic court judge will help give the program form, structure and a positive atmosphere of prompt and consistent incentives and positive and negative sanctions. Data will be tracked real-time, through group emails and automated case management systems. Such data will be extracted, formatted and shared through Crystal Reports software reports, which will summarize history, progress and pertinent trends and statistics as described below in Figure 3. The target population/independent variables to be studied (experiment samples), will be described as the figure depicts below.

Figure 3. Experimental Sample Participant Demographic Description:

Description	Code and Code Description	Example Dummy Sample
Age	Actual years of age = e.g. 39 for a 39 year old	39
Gender	1=Male 5=Female 0=Transgender	1
Ethnicity	L=Hispanic or Latino or Spanish Origin of any race (May be used in conjunction with another ethnicity code) N=American Indian or Alaskan Native A=Asian P=Native Hawaiian or Other Pacific Islander B=Black or African American W=White U=Race and Ethnicity unknown X=Additional Code: Non-Resident Alien (of any race or ethnicity)	LB (Hispanic & Black)
Veteran or not	Y=Yes N=No (according to Veteran's Administration definition)	Y
Criminal History (type)	V=Violence D=Drugs A=Alcohol T=theft P=Public Order S=Sexual (Multiple codes are to be used in order of most to least.)	ADP (Alcohol, drugs and public order)
Criminal History (number of arrests)	Actual number of arrests found nationwide in National Criminal Information Computer (not charges and not convictions)	37
Housing Status	N=none/homeless (0 points) D=Detention Facility for 15 days or more of the month (1 point) S=Shelter (3 points) Rx=Inpatient Treatment Facility (3 points) H=Halfway house (6 points) I=Independent Housing (9 points with or without cohabitants)	N

Return on Financial Investment Measure

The principal measure; financial incarceration rate and expenditure is conservatively calculated as to not yield inflated results and will be provided along with the other semi-quantitative measures as listed below, by each entity on or before the 5th of each month for the previous month. The Data Analyst, Avatar System Data Manager and single point of contact, Ms. Kim Martin will be the recipient and provider of compiled data, which will include for this study:

(CPC) Washoe County Regional Detention Facility, Civil Protective Custody

Number of Days: Total actual protective custody/actual transport/actual booking/actual administrative costs, total CPC bookings and total jail bed days=\$127 per day formula

(WCRDF) Washoe County Regional Detention Facility: Total number of bookings, total actual arrest/actual transport/actual booking/administrative costs and total jail bed days=\$127 per day formula

For future studies, data will also be collected from the following entities:

(NNAMHS) Northern Nevada Adult Mental Health Services: Total number of actual admits and amount of associated costs. Actual client, insurance and government billing will be applied.

(CAC) Community Assistance Center, (Homeless Shelter): Total number of bed days – The WCDSS Social Worker stationed at the CAC pulls actual data from the HMIS database and a daily cost is applied based on WCDSS funding levels.

(WC) Westcare Triage Center: Number of admits and associated costs – Actual client, insurance, grant and government billing will be applied.

(REMSA) Regional Emergency Medical Services Authority: Number of ambulance trips and associated costs – Actual information will be verified by REMSA. Actual client, insurance and government billing will be applied.

(RHN) Renown Hospital: Total number of admits and associated costs – Information is pulled from Renown's database. Actual client, insurance and government billing will be applied.

(RHS) Renown South Meadows Hospital: Total number of admits and associated costs – Information is pulled from Renown's database. Actual client, insurance and government billing will be applied.

(SMH) St. Mary's Hospital: Total number of admits and associated costs – Information is pulled from the St. Mary's Health First database. Actual client, insurance and government billing will be applied.

(NNMC) Northern Nevada Medical Center: Total number of admits and associated costs – Information is pulled from NNMC database. Actual client, insurance and government billing will be applied.

(RMC) Reno, Nevada Municipal Court: Actual costs of staff time, services and supplies per formula provided by court by type of hearing, contact and program provision.

Infrastructure costs excluded because they are paid with or without the program. (See budget figure)

(VA) Veteran's Administration Hospital: Total number of admits and associated costs – Information is pulled from the VA database. Actual client, insurance and government billing will be applied.

**Table 4. Sample Table of Incarceration and Cost Tracking of
TRAIN-Crossroads**

2010 COSTS 365 DAYS PRIOR TO ADMISSION INTO CROSSROADS										
SAMPLE DUMMY TABLE										
JAIL COSTS					MEDICAL COSTS					
	Jail Bookings	Jail Bed Days	Jail Costs	SMH	SMH ADMITS	RRMC	RRMC ADMITS	REMSA	REMSA TRIPS	Total Cost
Client 1	100	250	\$43,550	\$12,657	9	\$99,423	5	\$14,234	15	\$169,864
Client 2	15	195	24,765	-	-	26,089	20	2,802	3	53,656
Client 3*	20	4	5,089	6,590	3	164,511	43	54,678	43	230,868
Client 4	50	47	5,969	-	-	107,228	18	17,143	17	130,340
Client 5**	-	-	-	25,155	12	93,121	37	25,999	27	144,275
TOTALS	185	496	\$79,373	\$44,402	24	\$490,372	123	\$114,856	105	\$ 729,003
AVG	37	99	\$15,875	\$8,880	5	\$98,074	25	\$22,971	21	\$ 145,801
* Likes to go to jail because due to mental illness believes must report to work at the jail as a cook, therefore gets booked but is released ASAP										
**Came from outside jurisdiction and spent no jail days in Washoe County, but had a lengthy history for public order offenses.										
2011 COSTS 12 MONTHS POST ADMISSION INTO CROSSROADS										
SAMPLE DUMMY TABLE										
JAIL COSTS					MEDICAL COSTS					
	Jail Bookings	Jail Bed Days	Jail Costs	SMH	SMH ADMITS	RRMC	RRMC ADMITS	REMSA	REMSA TRIPS	Total Cost
Client 1	90	225	\$28,575	10,000.00	8.00	\$89,999	4	\$12,888	13	\$ 131,462
Client 2	13	175	22,225	-	-	24,000	21	2,500	2	48,725
Client 3	18	3	381	-	-	150,000	38	49,888	39	200,269
Client 4	45	42	5,334	5,000	2	102,000	16	15,444	15	122,778
Client 5	5	5	635	22,500	10	87,000	33	22,333	24	109,968
TOTALS	171	450	\$57,150	37,500.00	20.00	\$452,999	112	\$103,053	93	\$ 613,202
AVG	34	90	\$ 11,430	7,500	4	\$ 90,600	22	\$ 20,611	19	\$ 122,640

Quality of Life Measure

Not in this thesis/research project, but in phase 2, monthly quality of life performance measures will include:

- Financial savings vs. community costs/investments (Return on investment by ratio and interval)
- Housing status (nominal)
- Personal financial stability/employment status (nominal)
- Mental health (by “American Society of Addiction Medicine 6 Dimensions” and/or “Level of Care Index” scores) (ratio and interval)
- Substance Abuse and Dependence (by “American Society of Addiction Medicine 6 Dimensions” and/or “Level of Care Index” scores) (ratio and interval)
- Compliance with program directives (order count vs. violation count) (ratio and interval)
- “Lifeskills” instrument score (ratio and interval)

As a matter of clarification, there will be a code sheet with statistics for each participant as well as a code sheet and statistics for the group of approximately 15 individuals in order to demonstrate both individual and group results. It is important to note that participants will receive assistance from consistently and uniformly trained aids at each and every opportunity to complete a questionnaire or evaluation of any sort. They will not be left to their own devices and interpret testing protocols or questions as to not frustrate or confound participants or skew testing results.

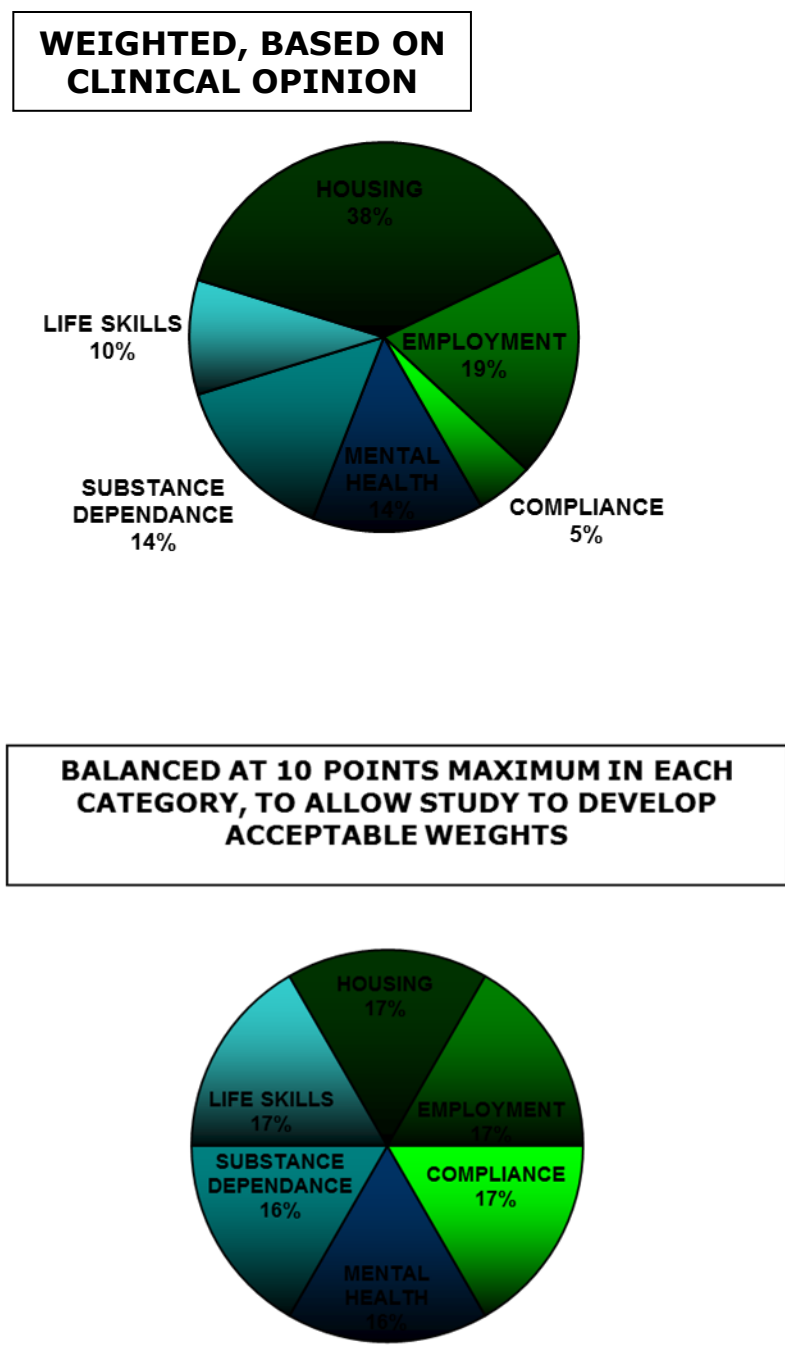
Figure 5. Quality of Life Measures

The following quality of life units of measure will substantiate the success of the participants & program effectiveness:

Description Category	Code, Code Description and Point Value	Example
Substance Addiction Status (10 max points) The higher the points the better health here.	(ASAM) The following are the six dimensions of ASAM, and how they are defined by the American Society of Addiction Medicine, (ASAM PPC-2R, ASAM Patient Placement Criteria for the Treatment of Substance Related Disorders, 2nd Edition – Revised, David Mee Lee, M.D. Editor, 2001). Non-weighted score from 0 to 5 with 5 being the most healthy status Dimension 1.) Low Acute Intoxication and Withdrawal (0 to 2 points) Dimension 2.) Benign Bio-Medical Conditions and Complications (0 to 1 points) Dimension 3.) Low Cognitive, Behavioral, and Emotional Conditions (0 to 1 points) Dimension 4.) High Readiness/Motivation (0 to 2 points) Dimension 5.) Low Potential for Relapse, Continued Use, Continued Problem (0 to 2 points) Dimension 6.) Strong Recovery Environment (0 to 2 points) <i>With initial clinical assessment supported by the SASSI, DSM IV Criteria and ASAM Dimensions</i>	D1=0 points
		D2=1 points
		D3=1 points
		D4=2 points
		D5=1 points
		D6=0 points
		Total=5 points
Overall mental health status, based on ongoing scientific instruments and clinical opinions (0 min, max 10 points)	N=Negative (0 points) T=Too new (1 point) S=Stable (2-5 points) P=Positive (6-10 points) With support of the GAIN I, the MMPI and the ongoing evaluation of a clinical psychologist and therapeutic court team.	S=4 points
Life Skills Score (min 0, max 10 points)	Actual point score applied to 3 ranges to match the 15 point maximum; 1-33=1-3, 34-66=4-6 and 67-100=7-10	50 score=5 points

	<i>Supported with use of the Casey Lifeskills Test</i>	
Housing Status (0 min, 10 max points)	<p>N=none (0 points)</p> <p>D=Detention Facility for 15 days or more of the month (1 point)</p> <p>S=Shelter (3 points)</p> <p>Rx=Inpatient Treatment Facility (3 points)</p> <p>H=Transitional Housing with supportive services (4-6 points) depending on services</p> <p>I=Independent Housing (10 points with or without cohabitants)</p>	H=6 points
Personal Financial Stability/Employment Status (min 0, max 10 points)	<p>U=Unemployed (0 points)</p> <p>D=Disabled with Benefits(5 points)</p> <p>V=Vocational Rehabilitation (5 points)</p> <p>P=Part-time Employment (5 points)</p> <p>F=Fulltime Employment, Paid Retirement or Student Status (10 points)</p>	V=5
Compliance with Directives (min 0, max 10 points)	<p>Y=Yes (1-10 points) quantify participation level</p> <p>N=No (0 points)</p> <p>(mostly compliant or mostly non-compliant)</p>	Y=5
60 Total Possible Points	See pie chart below for weighted point values. While there are 100 maximum points possible, the objective is to measure individual progress on an interval basis.	30 points

Figure 6. Weighted/Balanced Point Distribution Performance Measures



Chapter V. Establishment, Work Guide and Budget

Chronological Tasks for Inclusion of TRAIN with Crossroads-TRAIN

Task 1: Hold bi-weekly informal meetings to build a rapport and relationship of trust among community stakeholders. Invite, meet with and encourage participation from as many organizations as possible as a formalized group in order to discuss and correlate community resources and the perceived greatest needs. **Month 1**

Task 2: Identify gaps and overlaps in community services, ascertain level of commitment and resource availability to group priority and commit each organization to serve as a formalized group of 28 distinct entities. Vote on name of group. Choose a group leader. Develop as a community group a formal problem statement. **Month 2**

Task 3: As a group, develop, agree upon and sign program objective document (purpose and scope of work and research), admission criterion, program confidentiality agreement, all-purpose, “no-wrong-door”, HIPAA compliant client confidentiality consent forms, intake/assessment forms, group structure-participant/entity proximity chart and begin to develop all entity memorandum of understanding. (28 disparate entities) Ensure that relationships among entities are intact. Resolve together all concerns of usurping of power, taking of personal credit (rather than attributing success to the collective group), misuse of resources and/or chain of command breakdowns.

Month 2-3

Task 4: Obtain informed consent from all participants according to Institutional Review Board protocols (IRB approval will be obtained prior to receipt of permission to collect data on live human subjects). **Month 3**

Task 5: Seek out and commit 3-4 qualified thesis/research guidance board members. With professional assistance, develop research proposal, research methodology to operationalize dependent and independent variables, well-defined admission criterion, code sheets with units of description and their definitions, units of measure and their definitions and survey questions. Determine which science-based assessment tools and what content for subjective clinical opinions will be used for initial and ongoing assessments. **Month 3**

Task 6: Gather participant demographic description information and calendar year 2010 financial information from all designated sources for all 15 individuals in order to be able to measure against it in calendar year 2011. Develop and implement individual and group, database reports (Crystal Reports), case status reporting forms, statistical spreadsheets and TRAIN communication protocol. Discuss strengths and weaknesses of all of the above documents in bi-weekly TRAIN meetings. **Month 4**

Task 7: Clarify and review group purpose/problem statement, scope of research and work and process and outcome measures to be collected and reported (definitions of success with weighted units of measure), in order to determine how to streamline the team and redefine it operationally. In other words, reduce the impractically large multiple entity group (as many as 28 entities), to a core group that meets regularly and makes the most efficient use of all entities' time and resources. **Month 4**

Task 8: Meet with core group on a regular basis; monthly and evaluate participant level progress and program level progress. Keep all entities of group informed of the aforementioned information and consistently follow up on commitments. Be open to make adjustments and changes that will improve results of research and work. **Month 4-12**

Task 9: Plan media strategic media communication beginning with emergency staff, then medical staff, social services staff, law enforcement staff patrol and detention, judicial staff and other ancillary services in order to gain support and build a case for defense of existing resources and cost shifting. Share ups and downs of project as they occur with the public in order to gain a solid public understanding acceptance and ownership. Educate legislative branch, executive branch and judicial branch leaders and legal counsel on the purpose, methodology and progress of the TRAIN. With completed and legal-counsel-approved memorandum of understanding, apply for grants and seek other funding sources. **Month 4-6**

Task 10: Begin 360 degree-style evaluations with TRAIN group immediately after formation of intra-entity teams. These measures will serve as a baseline measure of team members' evaluation of each other and foster accountability. **Month 4**

Task 11: At one month after beginning of task, take first process evaluation assessments (360 degree evaluations; team satisfaction, evaluation of team members, outside evaluations of product outcome and team synergy and productivity) Trust the results as a valid baseline and improve from there tracking progress regularly. Release first quarterly TRAIN program report to public along with an informal 360-style

assessment of the program itself with entities openly evaluating one another. This will demonstrate transparent community efforts with successes and challenges (failures), and open, honest communication with the public. **Month 5-6**

Task 12: Continue the above process at the end of each quarter. Make data available on demand and on-line. **Month 6-12**

Task 13: At end of month 12, triangulate outcome and process assessments with other objective measures. Analyze data for all measures, develop and publish a public document. With success of project, institutionalize the process, repeat it and share it openly and free of cost to other communities. If possible, once TRAIN is largely perfected, develop and share “copy and paste” middle-ware software. **Month 12-18**

Task 14: Months 24, 36, 48, 52 and so on....., (Once annually): Perform repeated, non-corruptive (collusion free), incentive-based, participant authorized post-tests into perpetuity keeping intact all original demographic description identifiers. Utilize all financial and quality of life performance measures without alteration from original form and on a national basis, in order to substantiate recidivism in all areas. The lack of conviction data in the recidivism study is intentional, but can certainly be used to accompany other results.

Dysfunctionality Based on Human Nature

Ample time has been apportioned to each stage of the task timeline to allow for the most common and predictable obstacle; miscommunication and lack of follow-up on assignments by team members due to fear of collaboration and dysfunctional relationships. It can be expected that there will be fear of success, fear of failure,

concerns over attribution or non-attribution of credit and a significant amount of resources will also be poured into passive/aggressive accusations of team members not doing their part at all, well enough or how one would like them to have do. Because fallible human beings are behind this process and product, this is all natural and to be expected, even with human services professionals. It may be helpful to document such meta-data as it occurs, so that other jurisdictions, who in the future wish to undertake such an endeavor are not so easily discouraged. It is likely to be the biggest obstacle to progress of all.

Anticipated Timeline of Task Completion

- **Month 1** - January - Tasks 1 & 2
- **Month 2** - February - Tasks 1, 2, & 3
- **Month 3** - March - Tasks 2, 3, 4, 5 & 6
- **Month 4** - April - Tasks 6, 7, 8, 9, & 10
- **Month 5** - May – Tasks 8, 9, 10 & 11
- **Month 6** - June - Tasks 8, 9, 10, 11 & 12
- **Month 7** - July - Tasks 8, 9, 10, 11 & 12
- **Month 8** - August - Tasks 8, 9, 10, 11 & 12
- **Month 9** - September - Tasks 8, 9, 10, 11 & 12
- **Month 10** - October - Tasks 8, 9, 10, 11 & 12
- **Month 11** - November - Tasks 8, 9, 10, 11 & 12
- **Months 12, 18, 24, 36, 48....** – December - Task 13 and beyond.....Above are the program development tasks.

An additional 6 months should be added, in order to collect, analyze and produce data. Also, the additional 6 months will allow for a total of 15 albeit “straggling” participants to enter and complete 12 months total (not-necessarily consecutive or without breaks), of programming for a complete data set.

Figure 7. TRAIN Sample Budget

TRAIN Court Proposed Budget		Budget Justification
Calendar Year		
	CY	
1 Regular salaries	79,365	These salaries represent 10% of 10 employees' wages and the following personnel costs are also prorated at 10%. City of Reno benefits cost 43% for clerical and 50% for law enforcement positions (280 appx. hours per position per year or 4 hours per week). Please see next sheet for specific duties by position.
2 Temporary salaries	-	None anticipated
3 Overtime	3,000	Overtime is allotted for emergency call-outs mainly for law enforcement personnel outside of normal operational hours. In order to minimize overtime, 3 swing shifts per week will be worked.
4 Overtime-FLSA	-	None anticipated
5 Severance Pay	-	None anticipated
6 Holiday premium pay	-	None anticipated (use overtime if necessary)
7 Retirement	15,520	See row 1 comments please
8 Group insurance	10,391	"
9 Life insurance	469	"
10 Workers comp premiums	155	"
11 Employer Medicare contributions	-	None anticipated
12 Long Term Disability	443	"
13 Deferred Compensation	-	None budgeted
14 Employee benefits-other	-	None anticipated
15 Supplies	5,000	This includes drug tests and re-agent, breath test equipment, emergency medication and housing monies, modest, non-alcohol or cash-refundable incentives and typical office supplies.
16 Outside services-legal	8,500	This includes the services of public defense legal counsel at 4 hours per week
17 Outside services-personnel	2,000	This includes court interpreters for sign language and languages other than English
18 Outside services-other	-	None anticipated
19 Outside Svcs-Payment Washoe City	2,400	This includes an estimated utility and janitorial cost
20 Credit Card Fees	-	None anticipated
21 Communication	1,330	This includes cell phone and police radio costs
22 Rentals	130	This includes copy machine, fax and scanning equipment costs
23 Motor vehicle fleet charges	3,300	This includes law enforcement vehicle repair and fuel costs
24 Risk insurance premiums	500	This includes additional bonding protection due to the sensitive physical and mental nature of subjects
25 Employee training/travel	-	Covered in another grant \$25,000
26 Miscellaneous operating expenses	-	None anticipated
Additional Donations/Revenues	1,000	Judge Holmes' personal donation
Total annual TRAIN Budget	133,503	
Potential Cuts		

Chapter VI. Analysis, Interpretation and Conclusions of Results

Outcome Expectations

It was hoped that incarceration costs could be reduced by 15%, or approximately \$2,500 per individual annually, which would yield an equal to or greater than return on investment (ROI). The ROI concept as applied here to such programming is arguable because, with or without it, infrastructure costs will continue to be spent, but could be spent on other possibly higher return on investment activities. The eternal rhetorical question is, “Is it really savings if the process is not replaced with one of equal or greater value?” It was determined that even if there was no financial ROI as an outcome of the effort (“a wash”), still there will be great and immeasurable value in provide more humane treatment and allow for more effective use of jail facilities.

For the purposes of future studies on other measures, it was hoped that the study would yield a return on investment equal to or greater than the approximate \$120,000 investment of additional funds above and beyond what the Court had already been expending for the group of 15 individuals, based on the premise that although the said costs are somewhat fixed and pre-budgeted, still the same resources could be reallocated to another cause if they are not proven to be effectively and efficiently spent herein. (See Figure 7 with all court-related train costs) It was unknown whether service providers would be faithful in reporting costs and other requested data.

Another unknown variable was whether while establishing such a program as TRAIN in collaboration with Crossroads there would be any savings at all and how many of the naturally elusive individuals of the original 15 would be traceable for the pre and post testing. With the newness of the concept and concern that the enthusiastic TRAIN-

Crossroads team members might tend to over promise and under fulfill, the hoped for outcome of savings expectation was set roughly at between 10% and 20% of their costs in all categories of service providers. This would return the additional TRAIN resource investment of \$120,000 and, at least give place for further research and improvements with time, effort and resources. (See Table 5 for a rough 10%-20% in all categories by all participants.)

Outcome Analysis to Date

Participant demographic data was provided in archival and stripped format, in order to protect their identities and safeguard them from public scrutiny and stigma. (See Table 5) As a result, and to date, (n=5) individuals (mixed Crossroads and TRAIN), were faithfully tracked for pre and post testing. While the target group of (N=15), individuals was measured for post-testing purposes, as expected, they were not all successfully tracked for the post-testing hoped for. Still, the pre and post programming data successfully collected for (n=5) of the original group of (N=15) is indicative, significant and material in terms of worthiness of future efforts based on incarceration reduction and associated cost savings .

As far as the focus of this research, incarceration is concerned, the results were significantly positive in fact, more so than what was expected. Specifically, the cost of incarceration was reduced by 75%. As a group of (n=5), individuals it plummeted from \$82,586 to \$20,780, a material decrease leaving tangible savings with which other services may be provided after reallocation. The average individual annual incarceration cost dropped from \$16,517, to \$4,156. It was hoped that incarceration costs could be reduced by 15%, or approximately \$2,500 per individual annually, which would yield an equal to or greater than return on investment (ROI). Therefore the average savings per individual of

\$12,361 far exceeds the average savings per individual hoped for of \$2,500 and if extrapolated to the other potentially traceable participants, achieves the goal by more than five times.

Also remarkable are the reductions in bookings and jail days served by the group and the individuals. Respectively, they scaled downward from 115 group bookings with 383 group jail days served, to 9 bookings and 80 jail days served. Individual averages went down from 23 bookings and 77 jail days served, to 2 bookings and 16 jail days served. The results speak for themselves, especially when contemplating that when in the program, individuals may be sanctioned to incarceration “under a magnifying glass” for status offenses rather than new criminal offenses. Status offenses are not necessarily criminal in nature and may be for example, positive alcohol tests, tardiness, and absenteeism from programming, breaking relatively innocuous yet program-critical rules, such as relationship rules, dishonesty and disrespectful behavior. As stated by Dr. Marlowe, ‘communities may stand the chance at the greatest savings by applying drug court services to the most prolific community resource consumers’ (2012).

Table 5. Actual Incarceration Rates and Costs of TRAIN-Crossroads Collaboration

2010 COSTS 365 DAYS PRIOR TO ADMISSION INTO CROSSROADS												
JAIL COSTS				MEDICAL COSTS								
Jail Bookings	Jail Bed Days	Jail Costs	SMH	SMH ADMITS	RRMC	RRMC ADMITS	REMSA	REMSA TRIPS	Total Cost			
Client 1	100	\$43,550	\$22,964	9	\$99,423	5	\$14,234	15	\$180,171			
Client 2	5	17,584	-	-	26,089	20	2,802	3	46,475			
Client 3	2	6,043	-	-	164,511	43	43,142	43	213,696			
Client 4	8	15,409	-	-	107,228	18	15,971	17	138,608			
Client 5	-	-	25,155	12	123,160	37	36,551	37	184,866			
TOTALS	115	\$82,586	\$48,119	21	\$520,411	123	\$112,700	115	\$ 763,816			
AVG	23	\$16,517	\$9,624	4	\$104,082	25	\$22,540	23	\$ 152,763			
2011 COSTS 12 MONTHS POST ADMISSION INTO CROSSROADS												
JAIL COSTS				MEDICAL COSTS								
Jail Bookings	Jail Bed Days	Jail Costs	SMH	SMH ADMITS	RRMC	RRMC ADMITS	REMSA	REMSA TRIPS	Total Cost			
Client 1	1	\$1,307	-	-	\$99,604	36	\$7,538	8	\$ 108,449			
Client 2	2	5,535	-	-	191,057	26	1,898	2	198,490			
Client 3	0	-	-	-	5,609	12	-	0	5,609			
Client 4	0	-	-	-	42,727	25	1,908	2	44,635			
Client 5	6	13,938	-	-	11,506	33	3,111	3	28,555			
TOTALS	9	\$20,780	-	-	\$350,503	132	\$14,455	15	\$ 385,738			
AVG	2	\$ 4,156	-	-	\$ 70,101	26	\$ 2,891	3	\$ 77,148			

As a summary of additional informational measures (incarceration, hospital admissions and ambulance rides all combined), the overall, individual, annual cost calculated by averaging the (n=5), participants tracked to date was \$152,763 each, in the 12 months previous to program inception. After 12 months of tracking from program inception, the overall, individual, annual cost averaging the actual (n=5), participants tracked dropped by 50%, to \$77,148. It was literally cut in half. The cumulative 12 month cost within the 12 months previous to program inception for all (n=5), participants totaled \$763, 816 and dropped to an astounding \$385,738, thus saving \$378,078 from just (n=5), individuals whose lives undoubtedly improved as well along with the community around them. Additionally, the savings can be reallocated elsewhere to another cause of equal or greater community value.

This endeavor represents the beginning of significant, tangible and useful savings, well worthy of future efforts. Hopefully, this initial positive result will encourage other community partners to engage in the Crossroads and TRAIN programs, report valuable data, teach and learn from it and make improvements across the community.

Liberal Outcome Interpretation

Both of the focus measures of this study, which are incarceration rates and the cost of incarceration decreased remarkably. The incarceration rate, which was measured by both bookings and actual jail days served diminished exponentially. Also, cost of incarceration dropped 75%, a sound savings. Specifically, bookings were reduced exponentially by over 10 times and jail days also went down exponentially by almost 5 times, constituting a dramatic reduction in unnecessary service by the detention center and also reducing its incalculable opportunity cost.

For the purpose of the next phase of this study, a closer at the data in other areas reveals that the 15% cost reduction goal was met in all areas without exception. Perhaps as an incentive for additional service provider participation, the interesting trends data will catch their attention, if not for community resource savings, then for marketing and operational improvements. For example, the number of jail days, jail bookings and ambulance trips all dropped to a mere fraction of what they were. Without a doubt, the said reductions are lifting unnecessary burdens from the jail and ambulance company and allowing them to more effectively and efficiently reallocate resources.

From the adjunct data reported, it is hard to clearly understand the trend in the reduction in hospital admits, although it is material, significant and met the goal. Also, data can begin to be qualified to assist in performance enhancing techniques. According to Kim Martin of Washoe County Social Services, who qualified some of the data she retrieved, ‘some of the medical services received in the post-program inception data set were likely to be for responsible preventive and follow-up services, as opposed to maladaptive behavior as in the past’ (K. Martin, personal communication, May, 2013). Therefore, it would be productive to follow the same group and hopefully observe a continued decline in medical services necessitated and received.

Overall, the study has proven to be a success, so far as long as entities actually reallocated saved resources to equal or more-value-added endeavors. Without a reallocation of savings, the job simply becomes less burdensome for the same original cost. There are many more opportunities to be taken advantage of with collaboration as illustrated by the before data accumulated by Washoe County Social Services staff. More participants need to be engaged and more service providers need to participate, in order to calculate more

accurately and comprehensively community-wide costs. Current data yielded and future improvements to Phase 1 data collection followed by the advent of quality of life measures to be administered in Phase 2 will optimistically be of great worth to the Washoe County community and many others, which wish to participate.

Conclusion

Once again, unnecessarily high incarceration rates are of great concern because of their intrusive, costly and ineffective nature. Reduction of the same only tells part of the success story, but fails to do justice in telling the complete story of the intrinsic value of a successful drug court application. When drug courts succeed, they improve public health and safety, thus improving the quality of life for all. They improve and save lives.

Precious, finite and ever so scarce resources, including collaborations, staff talent, work hours, equipment, technology and funding ought to only be applied to the worthiest of endeavors. This thesis substantiates the Crossroads-TRAIN Collaboration and other effective and efficient drug courts in general as an endeavor well worth the resources invested in them. Of all good things that could be done, the endeavors that certainly ‘do no harm’ and produce the greatest possible return on investment are the ones to carry out. When government arbitrarily exercises its power, it actually does more harm than good and it can adversely affect masses of people. Of course, courts ‘do harm’ if they detach from best practices by applying drug courts and their costs to individuals who do not need them and thus possibly, labeling, stigmatizing and entangling them in the criminal justice system. Perhaps the most appropriate question is, “how can drug courts be a bad thing?”

High performing courts introspectively measure their performance, collaborate with experts, transparently share with the community successes and challenges and constantly strive for improvement. By collaborating the most effective and efficient practices and resources of Law and Science, exponentially positive outcomes are produced. As evidenced by this research, there is a relationship between best practice-adherent drug courts and reduced incarceration rates. A proposed court vision statement reads, “All individuals shall be presumed innocent; given equal & safe access to justice; treated with dignity, impartiality, fairness & equity; expediently afforded rights & sound judgment, held accountable and given an opportunity at rehabilitation and habilitation. This concept document encapsulates the tenets of an introspective, full-service and high performance court’s multiple objectives. It also sums up the spirit of such an effective and efficient court and community collaboration; a drug court.

In conclusion, while under development and under control of the Judiciary and its current limitations, there will continue to be doubt and criticism toward drug court endeavors as with all paradigm shifts. However, just about anything pragmatically balancing justice and mercy will be more appealing to the public than the status quo of incarceration if presented appropriately. It will also be likely to succeed with less intrusiveness, less negative stigma, lower incarceration rates and lower costs than the spiking incarceration rates, which have become so common in the last 4 decades in America. A simple, open and public recognition that drug courts are still in their toddler stages of development, a continued commitment to apply Science and an honest and continuous dialogue of successes and challenges, will likely sustain their perpetual support given the current hope-inspiring results.

Chapter VII. Publication, Reporting and Future Applications

This thesis will be copyrighted and published according to University of Nevada, Reno requirements. It will also be filed and made available by the University of Nevada, Reno, the National Library of Congress in Washington D.C. and in the Nevada Supreme Court Library, in both paper and electronic formats.

Present Practical Applications

It will be re-applied to the HOPE Court Program (Habitual Offender Education and Prevention), of the Las Vegas, Nevada Municipal Court population given the striking similarities between it and Crossroads and TRAIN. HOPE addresses all aspects of a person's life, typically once homeless criminal justice system-entangled individuals with co-occurring mental health, trauma and substance dependence disorders. Hopefully the HOPE Court implementation will gather larger samples than in this thesis and help to refine the process and product.

Also, there may be an opportunity to leverage state-of-the-art software known as "Clarity," which is offered free of charge by the City of Las Vegas Neighborhood Services Department and required to be used by all HUD (Housing and Urban Development), fund recipients. The software serves as "middleware", or in other words, has the capacity to interface with disparate databases community-wide and track services received by type, dosage and date, measure associated costs and draw a timeline, all of which can reduce duplication of efforts and costs and increase the quality, frequency and amount of services received.

It may be offered for acceptance as a tool for the WIN Court (Women in Need of Change), population of the Las Vegas, Nevada Municipal Court. This innovative and

intensive program is different than the other mentioned programs in that WIN Court is a wrap-around service-based program for female prostitutes, who exhibit many if not all of the HOPE Court criterion AND are recovering from host of other overwhelming prostitution and female-specific victimization challenges. WIN Court is likely to be the most intensive of specialty court models, due to the unique and acute nature of the challenges and special needs encountered by this highly stigmatized population. Such an implementation, if it occurs, is most likely to occur once this application is well-developed, tried and tested and with a relatively small group.

Future Development, Application and Publication

Ultimately, it is planned to offer this thesis as phase 1 of at least 2 phases; the objective being the development of a performance measurement tool, which can look at the totality of individuals' circumstances and help to determine which are the most pervasive and influential criminogenic factors and the most effective and efficient techniques to apply to sociological problems.

Finally, once well-refined, it may be offered as material for in-person presentation or publication to the Nevada Association of Court Executives, Nevada Specialty Courts and/or national-level conferences, such as the SEARCH Conference, the Court Technology Conference and The National Association of Drug Court Professionals Conference.

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APPENDIX

Subject to update by UNR Staff; DRAFT ONLY

**UNIVERSITY OF NEVADA, RENO SOCIAL BEHAVIORAL INSTITUTIONAL
REVIEW BOARD**
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE OF STUDY: A STRATEGIC COLLABORATION OF SCIENCE AND LAW FOR A HEALTHY AND SAFE COMMUNITY (Crossroads-TRAIN Collaboration)

INVESTIGATOR(S): MATTHEW SCOTT FISK (702) 229-4673

PROTOCOL #:

SPONSOR: N/A

PURPOSE

You are being asked to participate in a research study. The purpose of the research is to improve relationships and coordination between community entities and their citizens, save community resources, improve lives and reallocate saved resources to more efficient and effective activities. The ultimate goal is to improve the quality of life through a healthier and safer community.

PARTICIPANTS

You are being asked to participate because you frequently utilize services of the Washoe County Social Services Department and/or the Reno Municipal Court.

PROCEDURES

If you agree (or consent) to participate in this research stud, you will be required to

- 1) Undergo a complete evaluation of your mental health and any possible risks that you present to yourself and/or the community. You will be expected to participate
- 2) The study will last approximately 16 months.
- 3) The expected duration of your participation will be 16 months.
- 4) In addition to probation supervision, you will be expected to attend weekly court sessions with your peers for one hour per week, for one full year.
- 5) You will also be reevaluated every three months and possibly additional times at random.
- 6) You may be contacted once per year, for five years after completion of the program for long-term
- 7) You may choose to leave the study and/or program at any time for any reason without concern about negative consequences or financial obligations. There will be none of either.

8) If you choose to not actively participate, violate program rules and/or disrupt others from active and compliant participation, you may be terminated from the study/program. Other than removal from the study/program, no negative financial or other consequences will occur.

ALTERNATIVES

1) Other appropriate alternative procedures or courses of treatment, which might be advantageous to you are probation and/or a specialty court program. You may discuss these potential options with your attorney.

DISCOMFORTS, INCONVENIENCES, AND/OR RISKS

1) The only known risks, discomforts, inconveniences, and/or side effects or complications that can be reasonably expected as a result of study participation have to do with:

A. Public embarrassment due to public speaking in front of a judge and your peers who are also in the program. Such a risk is minimized by constantly reminding participants of the importance and value of confidentiality and group unity.

B. A leak in confidentiality whereby someone from outside of the program becomes aware of your participation in the program. This risk is minimized by physical security protocols, strict policies, procedures and punishments for those who violate the confidentiality rule.

2) There may be unknown or unforeseen risks associated with study participation, such as a changing political climate and/or future public opinion on such a study.

3) “You must notify the investigators(s) immediately of any research-related injury.

BENEFITS

1) Benefits cannot be guaranteed in this research study. There may be no direct benefits to you as a participant in this study. The hope is that the study will greatly benefit you and the community at large. However, the very purpose of a study is to address questions. /the success of this study is in question and therefore, you cannot be guaranteed any benefit from this study.

CONFIDENTIALITY

Your identity will be protected to the extent allowed by law. You will not be personally identified in any reports or publications that may result from this study.

The Department of Health and Human Service (HHS), other federal agencies as necessary, the University of Nevada, Reno Social Behavioral Institutional Review Board, the Reno Municipal Court and the Washoe County Department of Social Services may inspect your study records.

- 1) Study records will be securely stored for ten years along with case files and at the tenth year, the case files will be destroyed and the study data will be sealed into perpetuity only for the court administrator and/or chief judge to access thereafter.
- 2) In order to protect the confidentiality of the data study records, the paper records will be kept in a file cabinet under lock and key, in the court administrator's office. Electronic data will be password protected, under only certain security levels and the computer itself, which contains the data, will be protected by a "firewall." (A protection from computer hackers)

COSTS/COMPENSATION

- 1) There will be no cost to you nor will you be compensated for participating in this research study.
- 2) In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment, and follow-up care as needed. Care for such injuries will be billed in the ordinary manner to you or your insurance company.
- 3) If you think you have suffered a research related injury, you should immediately contact Matthew Fisk at (702) 229-4673

RIGHT TO REFUSE OR WITHDRAW

You may refuse to participate or withdraw from the study at any time and still receive the care you would normally receive if you were not in the study. If the study design or use of the data is to be changed, you will be so informed and your consent re-obtained. You will be told of any significant new findings developed during the course of this study, which may relate to your willingness to continue participation.

QUESTIONS

If you have questions about this study or wish to report a research-related injury, please contact Matthew Fisk at (702) 229-4673

You may ask about your rights as a research subject or you may report (anonymously if you so choose) any comments, concern, or complaints to the University of Nevada, Reno Social Behavioral Institutional Review Board, telephone number (775) 327-2368, or by addressing a letter to the Chair of the Board, c/o UNR Office of Human Research Protection, 205 Ross Hall / 331, University of Nevada, Reno, Reno, Nevada, 89557.

CLOSING STATEMENT

I have read () this consent form or have had it read to me (). [Check one.]

Matthew Fisk has explained the study to me and all of my questions have been answered. I have been told of the risks or discomforts and possible benefits of the study. I have also been told of other choices of treatment available to me.

If I do not take part in this study, my refusal to participate will involve no penalty or loss of rights to which I am entitled. I may withdraw from this study at any time without penalty [or loss of other benefits to which I am entitled].

I have been told my rights as a research subject, and I voluntarily consent to participate in this study. I have been told what the study is about and how and why it is being done. All my questions have been answered.

I will receive a signed and dated copy of this consent form.

Signature of Participant (*or Legally Authorized Representative**) Date

Signature of Person Obtaining Consent Date

Signature of Investigator Date

Signature of Witness (*and Witness to the Consent Process, if required***) Date