

# **Wraparound Services to Drive Down Recidivism for Harris County Drug Court Clients**

*Submitted by:*

Laura Moretti Challen  
*PharmD, MBA class of 2010*

Sheena Sharma  
*MPH, MBA class of 2010*

Tiffany Thomas  
*MBA/JD class of 2010*

Mary Wingfield  
*MBA/JD class of 2010*

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## **Executive Summary**

In a meeting with the Harris County Drug Court Foundation in 2009, the Harris County Drug Court judges expressed an interest in “wraparound” services for their clients. This report, by four MBA students at the University of Houston Bauer College of Business, offers information and conclusions concerning the benefits of increasing such services for the Harris County Drug Court “STAR” program.

Clients of the Court are drug offenders who have been given the opportunity to go through a rehabilitative program instead of being incarcerated, and services currently available include rehabilitative treatment facilities, social services, and health care providers. While these services are necessary and helpful, research has shown that adding more specific services, such as education, transportation, and housing, are not only beneficial to the client, but also more cost-effective for the community. In other words, these programs offer the support and confidence for the clients to become law abiding, contributing citizens, which reduces recidivism and drug related crimes.

In addition to a healthier community, Harris County benefits financially from offering a drug court program with wraparound services. For example, while incarcerating just 10% of nonviolent drug offenders costs around \$10 million, providing rehabilitative services costs only \$3.2 million. Also, wraparound services have been shown to reduce the need for incarceration. This paper analyzes other drug courts around the nation and offers evidence that increasing such services in Harris County would be a worthy investment.

## **I. Scope of this Report**

This report is prepared as a marketing analysis to assist in obtaining funding for wraparound services for the clients of the Harris County Drug Court. We believe that the likelihood of obtaining or increasing such services depends on:

- A. the current availability of services and the funding to bring these services to Harris County, and
- B. the appeal of the services' efficacy and cost to potential funding sources.

Therefore, our perspective is to define the problem, then to report anecdotally on opportunities that are feasible here and have proved here or elsewhere to be valuable in reducing recidivism among drug court clients.

## **II. Background of Drug Courts**

### 1. What is a Drug Court?

In 1989 the first drug court was started in Miami, Florida from what some would call “dire necessity.”<sup>1</sup> From 1985-1989, drug possession arrests increased 93% in Miami, and Miami quickly became known as the “cocaine capital of the world.”<sup>2</sup> Because 73% of the defendants entering into the criminal justice system tested positive for cocaine, the system became overwhelmed and the drug court was born.<sup>3</sup> The idea was simple—“demand for illicit drugs and the related involvement in crime that led to the revolving door of the criminal justice system ‘could be reduced through an effective and flexible program of court-supervised drug

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<sup>1</sup> CYNTHIA HUJAR ORR ET AL., AMERICA’S PROBLEM-SOLVING COURTS: THE CRIMINAL COSTS OF TREATMENT AND CASE FOR REFORM, NAT’L ASS. OF CRIMINAL DEFENSE LAWYERS 16 (2009), available at <http://www1.spa.american.edu/justice/documents/2619.pdf>.

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*

treatment.”<sup>4</sup> The stated purpose of the courts was to use various techniques in order to reduce drug use and recidivism.<sup>5</sup> In 2003, research into recidivism rates was reported to be as low as 16.4% one year after clients graduated from these programs.<sup>6</sup>

While the drug court system resembles a court proceeding, its focus is on incorporating and offering social services and treatment programs under strict supervision instead of making adjudications.<sup>7</sup> “As an alternative to less effective interventions, drug courts quickly identify substance abusing offenders and place them under strict court monitoring and community supervision, coupled with long-term treatment services.”<sup>8</sup> The cost of the treatment portion of a drug court program is \$1,200 to \$3,000.<sup>9</sup> The majority of the courts are adult drug courts, 69% of which are probationary or post plea programs.<sup>10</sup> The majority of original drug courts were created as pre-plea models,<sup>11</sup> where adjudication is deferred for a conditional period and usually dismissed upon the successful completion of a drug court program.<sup>12</sup> The trend towards post-

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<sup>4</sup> *Id.*

<sup>5</sup> BUREAU OF JUSTICE ASSISTANCE, U.S. DEP’T OF JUSTICE, DRUG COURT MONITORING, EVALUATION, AND MANAGEMENT INFORMATION SYSTEMS: NATIONAL SCOPE NEED ASSESSMENT 2 (2003), *available at* <http://www.ncjrs.gov/pdffiles1/bja/195077.pdf> [hereinafter DRUG COURT MONITORING].

<sup>6</sup> BUREAU OF JUSTICE ASSISTANCE, U.S. DEP’T OF JUSTICE, PAINTING THE CURRENT PICTURE: A NATIONAL REPORT CARD ON DRUG COURTS AND OTHER PROBLEM SOLVING COURT PROGRAMS IN THE UNITED STATES 1 (2005), *available at* <http://www.utexas.edu/research/cswr/nida/documents/PaintingtheCurrentPicture2005.pdf> [hereinafter PAINTING THE CURRENT PICTURE].

<sup>7</sup> ORR, *supra* note 1, at 16.

<sup>8</sup> PAINTING THE CURRENT PICTURE, *supra* note 6, at 2.

<sup>9</sup> DRUG COURT MONITORING, *supra* note 5, at 2.

<sup>10</sup> *Id.* at 3.

<sup>11</sup> *Id.*

<sup>12</sup> Gulf Coast Addiction Technology Transfer Center, *Final Evaluation Report- Creating Access to Recovery through Drug Courts* 8 n.12 (June 2008), *available at* <http://www.utexas.edu/research/cswr/nida/ATR.htm> (this Word document is available for download at this website) [hereinafter Gulf Coast].

plea models, where participation is mandated as a condition of probation,<sup>13</sup> can be explained by the fact that the courts are now treating offenders whose sentences require some sort of post-conviction probationary sentence.<sup>14</sup> In 2004, the Conference of Chief Justices and the Conference of State Court Administrators published a set of key components important to establishing a drug court (Table 1).<sup>15</sup>

**Table 1**

<b>DEFINING THE DRUG COURT THE KEY COMPONENTS</b>
1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug Courts provide access to a continuous alcohol, drug, and other related treatment and rehabilitative services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court response to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnership among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

<sup>13</sup> *Id.*

<sup>14</sup> PAINTING THE CURRENT PICTURE, *supra* note 6, at 3.

<sup>15</sup> *Id.* at 9-10.

Evidence indicates that drug courts have been successful.<sup>16</sup> Most drug courts require participants to maintain employment or enroll in a full-time educational program as well as pay outstanding financial obligations including court fees and child support.<sup>17</sup> Participants experienced lower re-arrest rates, recidivism reduction maintained over longer intervals, and a positive cost/benefit/ratio.<sup>18</sup> Additionally, “[d]uring 2004, a total of 460 drug-free babies were born to active female drug court clients.”<sup>19</sup> Due to the success of drug courts, various other problem-solving courts, such as Domestic Violence Court, DWI Court, and Teen Court, have been established and “have demonstrated great success in addressing certain complex social problems, such as recidivism, that are not effectively addressed by the traditional legal process.”<sup>20</sup>

## 2. National Level Analysis

Over the past 20 years, over 2,000 drug courts have been successfully established nationwide. “Currently, all 50 States, including major Native American Tribal Courts, the District of Columbia, Guam, Puerto Rico, and 2 U.S. Federal Courts have operational adult drug court programs.”<sup>21</sup> In 1992, the first drug court created specifically for women was opened in Michigan.<sup>22</sup> Three years later, the first juvenile drug court was established in California.<sup>23</sup> In order to increase court capacity, many programs have expanded eligibility criteria to include a

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<sup>16</sup> PAINTING THE CURRENT PICTURE, *supra* note 6, at 8.

<sup>17</sup> DRUG COURT MONITORING, *supra* note 5, at 2.

<sup>18</sup> *Id.* Results were gathered from a U.S. Government Accountability Office review of drug courts conducted in 2005.

<sup>19</sup> PAINTING THE CURRENT PICTURE, *supra* note 6, at 9.

<sup>20</sup> *Id.*

<sup>21</sup> DRUG COURT MONITORING, *supra* note 5, at 1.

<sup>22</sup> PAINTING THE CURRENT PICTURE, *supra* note 6, at 1.

<sup>23</sup> *Id.*

greater number of offenders.<sup>24</sup> However, barriers limiting expansion include a lack of funding, unavailability of services and lack of political support.<sup>25</sup> “When surveyed about the biggest impediments to increasing their drug court capacity, 72% of responding jurisdictions reported that a lack of funding was their biggest issue.”<sup>26</sup>

In 2004, the Texas Department of State Health Services was awarded a Federal Access to Recovery Grant of \$7.6 Million per year for three years with the goal of helping individuals obtain substance abuse treatment and recovery support services.<sup>27</sup> Similar grants were administered throughout the country, and even clients who were not enrolled in a drug court program could benefit from these grants.<sup>28</sup>

Among the specific types of recovery support services, those services that are most closely related to the process of recovery, such as individual recovery coaching, recovery support group, relapse prevention group, and spiritual support group were most strongly associated with successful outcomes . . . . Analyses of client characteristics suggested that drug court clients and individuals who are employed, living independently, and have higher education levels may be more likely to achieve positive outcomes . . . .<sup>29</sup>

Thus, the grant program analyzed Texas and other drug court programs extensively to evaluate the program’s effectiveness. Based on the information gathered, drug courts were able to ensure ongoing federal support.

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<sup>24</sup> *Id.* at 8.

<sup>25</sup> *Id.*

<sup>26</sup> *Id.*

<sup>27</sup> Gulf Coast, *supra* note 12, at Executive Summary.

<sup>28</sup> *See id.*

<sup>29</sup> *Id.*

The current administration, like the administrations before it, understands addiction to be a disease and not simply a criminal problem.<sup>30</sup> In 1998, Federal funding for drug courts reached \$40 million and has continued to grow since then.<sup>31</sup> Given this understanding, treatment is considered a crucial part of recovery and the efforts to stop drug use.<sup>32</sup> For example, in 2007 it was estimated that over 20 million individuals 12 and older were diagnosed with substance abuse or dependence, yet less than 10% received appropriate treatment.<sup>33</sup> On a national level, drug courts have proven to be effective, as reductions in recidivism rates ranges from 17% to 26%.<sup>34</sup> The national government offers support for many types of drug prevention and support programs,<sup>35</sup> but the focus of this paper will be drug courts, specifically in Harris County.

### 3. State Level Analysis

In 1991, 31% of all convictions in state courts were drug related offenses.<sup>36</sup> In 2001 the 77th Texas Legislature passed H.B. 1287, which required counties with populations exceeding 550,000 to establish drug courts.<sup>37</sup> Since then, the number of courts has grown from 7 to 74.<sup>38</sup> The majority of Texas Drug Courts are set up as pre-trial programs that run from 12 to 18 months in length.<sup>39</sup>

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<sup>30</sup> Congressional Testimony via FDCH (2009), *available at* 2009 WLNR 9596524 (also on file with authors).

<sup>31</sup> PAINTING THE CURRENT PICTURE, *supra* note 6, at 1.

<sup>32</sup> Congressional Testimony, *supra* note 30.

<sup>33</sup> *Id.*

<sup>34</sup> *Id.*

<sup>35</sup> *See id.*

<sup>36</sup> PAINTING THE CURRENT PICTURE, *supra* note 6, at 1.

<sup>37</sup> H.B. 1287, 77th Leg. (Tx. 2001). Counties where drug courts are required include Bexar, Dallas, El Paso, Harris, Hidalgo, Tarrant, and Travis. CRIMINAL JUSTICE POLICY COUNCIL, OVERVIEW OF DRUG COURTS IN TEXAS 6-7 (2002), [http://www.lbb.state.tx.us/PubSafety\\_CrimJustice/6\\_Links/drugcourt.pdf](http://www.lbb.state.tx.us/PubSafety_CrimJustice/6_Links/drugcourt.pdf) [hereinafter CRIMINAL JUSTICE].

<sup>38</sup> Gulf Coast, *supra* note 12, at 7.

<sup>39</sup> CRIMINAL JUSTICE, *supra* note 37, at 15.

The cost of a court is approximately \$163,000, with a maximum of \$83,000 appropriated by the state.<sup>40</sup> Federal funding is able to make up the difference in some counties with the remainder coming from various local funding sources and fees paid by participants.<sup>41</sup> “While the federal and state grants have created momentum and interest in the development of drug courts in Texas at the local level, the resources that initially start drug courts are not intended to be on-going and continue to diminish in amount.”<sup>42</sup> Texas House Bill 530, signed into law in 2007, attempts to help this by imposing new court costs on defendants convicted of drug and alcohol related arrests.<sup>43</sup>

#### 4. Harris County Analysis

Harris County operates an adult post adjudication drug treatment court.<sup>44</sup> The Success Through Addiction Recovery (“STAR”) Program consists of four separate dockets where three State District Judges and one Senior Judge volunteer their time. The aim of this program is to treat non-violent drug offenders in an effort to rehabilitate them and prevent future drug use.

The court’s four dockets serve over 150 clients at any one time by providing each client with a community supervision officer who acts as a case manager. Evaluators assess referred clients for eligibility and suitability, and the most appropriate level of substance abuse treatment designed to meet their needs.<sup>45</sup> In addition to placement in inpatient and/or outpatient rehabilitative facilities, the program offers other recovery support services including, but not limited to,

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<sup>40</sup> TEXAS DEP’T OF CRIM. JUSTICE – CMTY. JUSTICE ASSISTANCE DIV., TEXAS DRUG COURTS 1 (2003), <http://www.tdcj.state.tx.us/PUBLICATIONS/cjad/fact-sheets/FS-DC1b&2b.pdf>.

<sup>41</sup> *Id.*

<sup>42</sup> Gulf Coast, *supra* note 12, at 7.

<sup>43</sup> *Id.*; H.B. 530, 80th Leg. (Tx. 2007).

<sup>44</sup> Gulf Coast, *supra* note 12, at 9.

<sup>45</sup> Harris County District Courts, <http://www.justex.net/Courts/Drug/Adult/ProgramOverview.aspx> (last visited Apr. 25, 2010).

referrals to social service agencies, health and mental health care providers, and housing assistance.<sup>46</sup>

The STAR Court uses a three-phase program, followed by a 12-month aftercare component.<sup>47</sup> In order to graduate, participants must be at least six months sober in addition to being employed, being a full-time student, or demonstrating another form of financial stability such as a fixed income for a disability.<sup>48</sup> The STAR program provides opportunities and resources for participants to attend outside counseling, Twelve Step meetings and other approved support groups, and family counseling both during and after the completion of the program.<sup>49</sup> Currently, many of the costs associated with these programs are covered by donations of both time and services, making it difficult to expand upon them.<sup>50</sup>

The STAR Court program currently provides referrals to the following wraparound services for its clients<sup>51</sup>:

- Transitional housing
- Transportation
- Job training/placement/employment coaching
- Life skills
- Education/GED (limited availability)
- Vision care/eye glasses
- Dental care (limited availability)

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<sup>46</sup> *Id.*

<sup>47</sup> *Id.*

<sup>48</sup> *Id.*

<sup>49</sup> *Id.*

<sup>50</sup> *See id.*

<sup>51</sup> E-mail from Mary Covington, Harris County STAR Drug Court Administrator (Apr. 29, 2010, 13:47 CST) (on file with authors).

- Mental health services
- Individual psychotherapy

### **III. Research Focus**

From a statistical perspective, it appears that an expansion of wraparound services during a drug treatment program reduces recidivism. In 2008, Harris County had 45,565 arrests and 20,086 drug cases filed. Of those drug cases, 62% were for state jail level felonies involving possession of less than one gram of a group I controlled substance, typically cocaine.<sup>52</sup> Of these drug cases, 62% contained repeat offenders, and 47% of those repeat offenders had five or more previous convictions.<sup>53</sup> These repeat drug offenders are the population the STAR Court was established to serve. STAR Court's aim is to divert offenders from state jail to more cost effective substance abuse treatment services. However, without adequate wraparound services, the STAR Drug Court may not adequately help these offenders and the repeat drug offender rate may not improve.

In the STAR program currently, the client, case manager and treatment provider may implement rehabilitative treatment facilities, social services, health care providers, and other programs when creating and updating an individual treatment plan. The program encourages participants to attain education and employment goals by offering seminars, GED tutoring, and employment specialists. Each client's goals are discussed and monitored to ensure success in both completing the program and conquering the addiction.

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<sup>52</sup> Group I controlled substances are defined in Tex. Health & Safety Code § 481.102 (2009).

<sup>53</sup> SAMSHA Drug Court Project Narrative (Harris County Drug Court, Houston, TX), May 2009, at 7 (on file with authors).

In 2006, Harris County contracted with Decision Information Resources, Inc. to conduct a third-party evaluation of the STAR Program.<sup>54</sup> Key outcomes of the evaluation included the following: 1) STAR reduces recidivism as indicated by the fact that STAR graduates had a 7.8% re-arrest rate after graduation compared with 20.6% of clients in the comparison group; 2) STAR is a cost-effective alternative to probation or prison and program officials estimated that the average treatment cost for a STAR client is approximately \$6,000 compared with the average cost of a state jail confinement term of \$19,447; and 3) clients and alumni had high satisfaction levels.<sup>55</sup> With the provision of more comprehensive wraparound services, the STAR program will potentially be able to reduce recidivism even further and save taxpayers money by helping clients deal with their addiction and decreasing jail terms.

#### **IV. Need for Wraparound Services**

Wraparound services are ancillary services provided during treatment. Most Drug Court participants are in need of a wide range of support services such as housing, job skill development, education, and employment in order to sustain their recovery and promote their reintegration into the community. Providing evidence of what has been useful elsewhere is the focus of much of the rest of this report.

Wraparound services available in other Drug Courts in the U.S. include:<sup>56</sup>

- Anger management

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<sup>54</sup> Adult Drug Court Discretionary Grant (Harris County Drug Court, Houston, TX), Feb. 2009, at 5-6 (on file with authors).

<sup>55</sup> *Id.* at 6.

<sup>56</sup> NAT'L CTR. ON SUBSTANCE ABUSE AND CHILD WELFARE, WHITE PAPER ON FUNDING COMPREHENSIVE SERVICES FOR FAMILIES WITH SUBSTANCE USE DISORDERS IN CHILD WELFARE AND DEPENDENCY COURTS 12-15 (2004), <http://www.cmhs.samhsa.gov/files/FundingWhitePaper.pdf>.

- Capacity to refer to mental health treatment
- Childcare
- Domestic violence intervention services
- Educational remediation/general equivalency diploma (GED)
- Housing assistance and housing referral
- Job placement
- Life skills management
- Mental health treatment
- Parenting education
- Relapse prevention
- Stress management
- Transportation assistance
- Vocational training

1. Recognition of Need for Services

The provision of wraparound services is more of a process than a service in which individual's needs are addressed by a full range of services.<sup>57</sup> Wraparound services can be defined as “psychosocial services that treatment programs may provide to facilitate access, improve retention, and address clients’ co-occurring problems.”<sup>58</sup> Addiction treatment patients often suffer from secondary health and psychosocial problems at the time of their entry into a drug treatment program.<sup>59</sup> A large study of patients entering outpatient treatment programs

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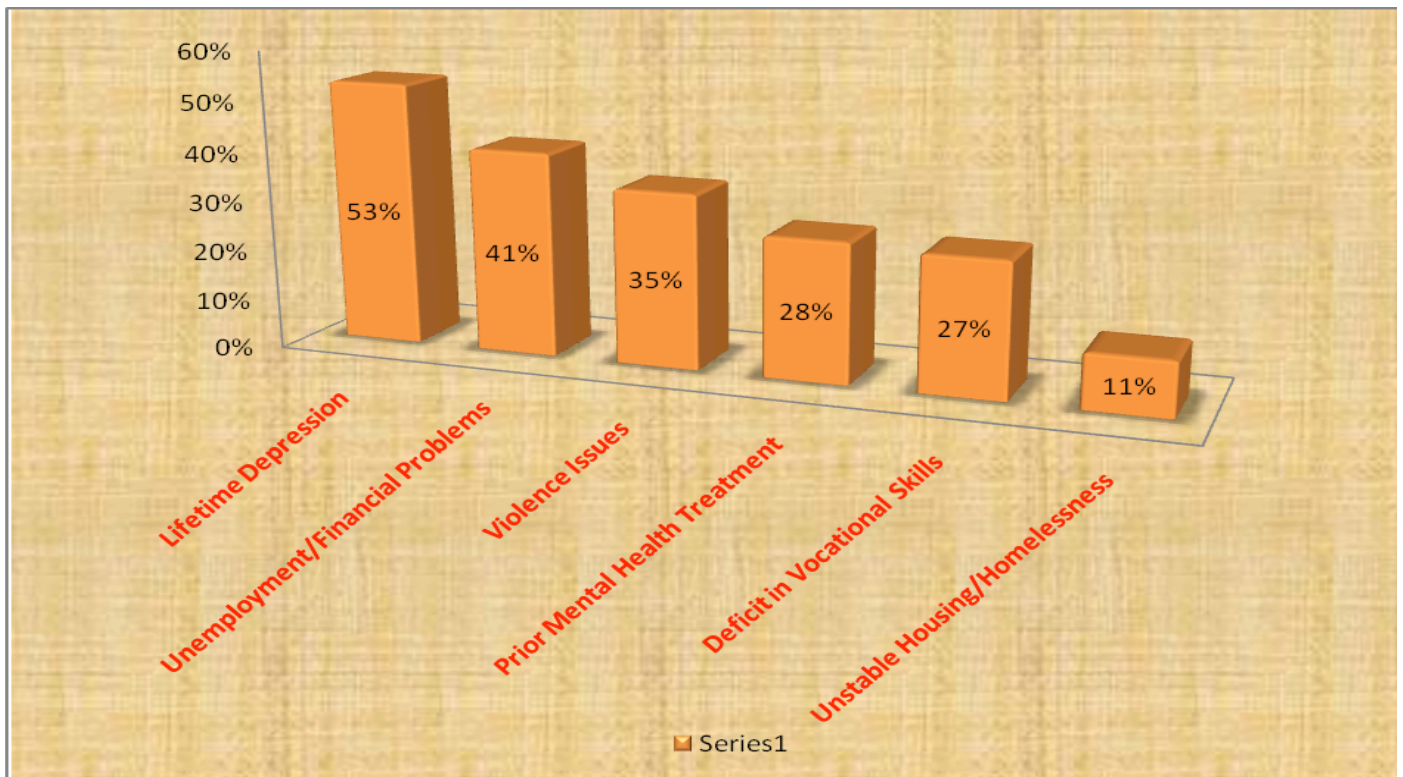
<sup>57</sup> *Id.* at 4.

<sup>58</sup> Lori Ducharme, et al., *Service Delivery in Substance Abuse Treatment: Reexamining ‘Comprehensive’ Care*, 34.2 J. OF BEHAVIORAL HEALTH SERVS. & RESEARCH 121, 122 (2007).

<sup>59</sup> Nicholas Emptage et al., *Unmet Needs for Comprehensive Services in Outpatient Addiction Treatment*, 30 J. OF SUBSTANCE ABUSE TREATMENT 183, 183 (2006).

identified numerous co-occurring problems such as: lifetime depression (53% of patients), unemployment and financial problems (41%), violence issues (35%), prior mental health treatment (28%), deficits in vocational skills (27%), and unstable housing or homelessness (11%).<sup>60</sup>

### **PATIENTS ENTERING OUTPATIENT TREATMENT PROGRAMS**

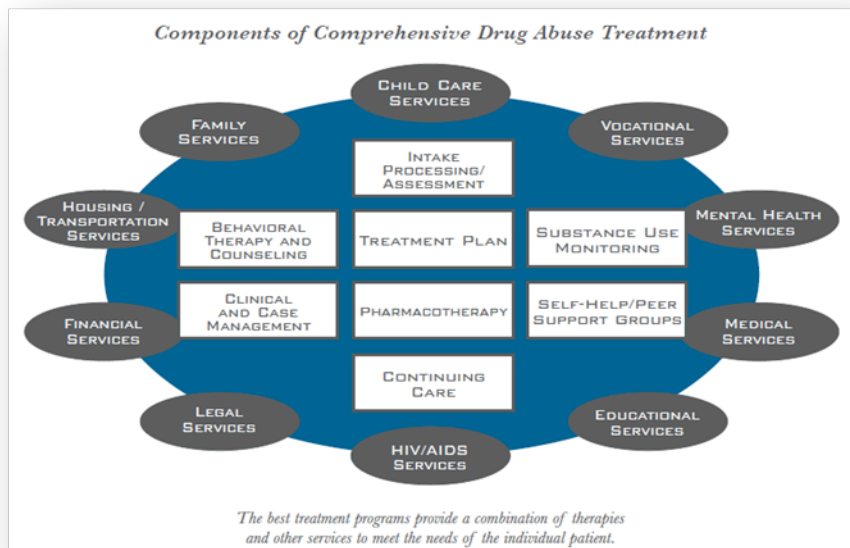


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<sup>60</sup> *Id.*

The National Institute on Drug Abuse (NIDA) endorses the use of core and wraparound services as part of addiction treatment.<sup>61</sup> Core services include those related to diagnosis and treatment, such as treatment plans, case management, support groups and pharmacotherapy. Wraparound services include transportation, childcare, housing, education, medical, legal and financial services (Figure 1).<sup>62</sup>

**Figure 1**



As part of NIDA’s Principles of Effective Treatment, principle number four states the following:

<sup>61</sup> *Principles of Drug Addiction Treatment: A Research Based Guide Frequently Asked Questions*, NIDA, June 23, 2009, <http://www.drugabuse.gov/PODAT/faqs.html#Components>.

<sup>62</sup> *Id.*

*Effective treatment attends to multiple needs of the individual, not just his or her drug abuse. To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems.*<sup>63</sup>

In addition, NIDA's principle number eight states:

*A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may require medication, medical services, family therapy, parenting instruction, vocational rehabilitation, and/or social and legal services.*<sup>64</sup>

Research has indicated that there is a large unmet need for wraparound services. The Center for Substance Abuse Treatment NTIES (National Treatment Improvement Evaluation Study) conducted a study in which the results indicated that half of the patients who needed medical services or interpersonal skills training did not receive them, and two-thirds of those who needed mental health treatment, family services or parenting skills training did not receive them.<sup>65</sup> Of the NTIES patients who needed educational, vocational, or legal services, 76%-89% did not receive them.<sup>66</sup> Whereas core services are likely to be available in most drug addiction treatment facilities, the availability of wraparound services is more variable.

In addition, research has shown that providing wraparound services to individuals during drug treatment results in improved outcomes and greater retention in the treatment program.<sup>67</sup> More specifically, the provision of mental health, medical and employment services has been associated with improved treatment outcomes, while the provision of transportation assistance and childcare has been associated with improved treatment retention rates.<sup>68</sup> The WASIS (Wrap-Around Services Impact Study) project found that drug treatment clients who received childcare,

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<sup>63</sup> *Principles of Drug Addiction Treatment: A Research Based Guide Principles of Effective Treatment*, NIDA, Apr. 17, 2009, <http://www.drugabuse.gov/PODAT/Principles.html>.

<sup>64</sup> *Id.*

<sup>65</sup> Emptage, *supra* note 67, at 184.

<sup>66</sup> *Id.*

<sup>67</sup> Ducharme, *supra* note 66, at 121.

<sup>68</sup> *Id.* at 122.

educational training, family counseling, and medical and mental health services showed improvements in treatment retention and numerous indicators of post-treatment outcome.<sup>69</sup>

## 2. Wraparound Services for Female Offenders

Individually tailored wraparound services can help to improve the offender's health and reduce recidivism. Overall, research has shown that women-specific programs offer more wraparound services than either male-specific program or mixed-gender programs.<sup>70</sup> Female offenders often share similar background characteristics of poverty and traumatic childhood experiences.<sup>71</sup> In addition, over 70% of women under criminal justice supervision have children less than 18 years of age.<sup>72</sup> Legal issues, such as fear of losing custody of their children, can be a barrier for entry into a drug treatment program for women.<sup>73</sup>

The following eight services have demonstrated improved behavioral outcomes in women post-treatment: case management; housing assistance; legal assistance; child care; crisis intervention; mental health counseling; medical care; and HIV/AIDS testing or counseling.<sup>74</sup> Women who received treatment in women-specific centers that provided child care or mental health services had better behavioral outcomes such as a longer length of stay and completion of treatment plans.<sup>75</sup>

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<sup>69</sup> Emptage, *supra* note 67, at 184.

<sup>70</sup> See Hannah Knudsen et al., *The Adoption of Wraparound Services among Substance Abuse Treatment Organizations Serving Criminal Offenders: The Role of a Women-Specific Program*, 103 Drug Alcohol Dependence S82, S83 (2009).

<sup>71</sup> Michael Fischer et al., *Female Recidivist Speak About Their Experience in Drug Court While Engaging in Appreciative Inquiry*, 51.6 INT'L J. OF OFFENDER THERAPY & COMPARATIVE CRIMINOLOGY 703, 704 (2007).

<sup>72</sup> *Id.*

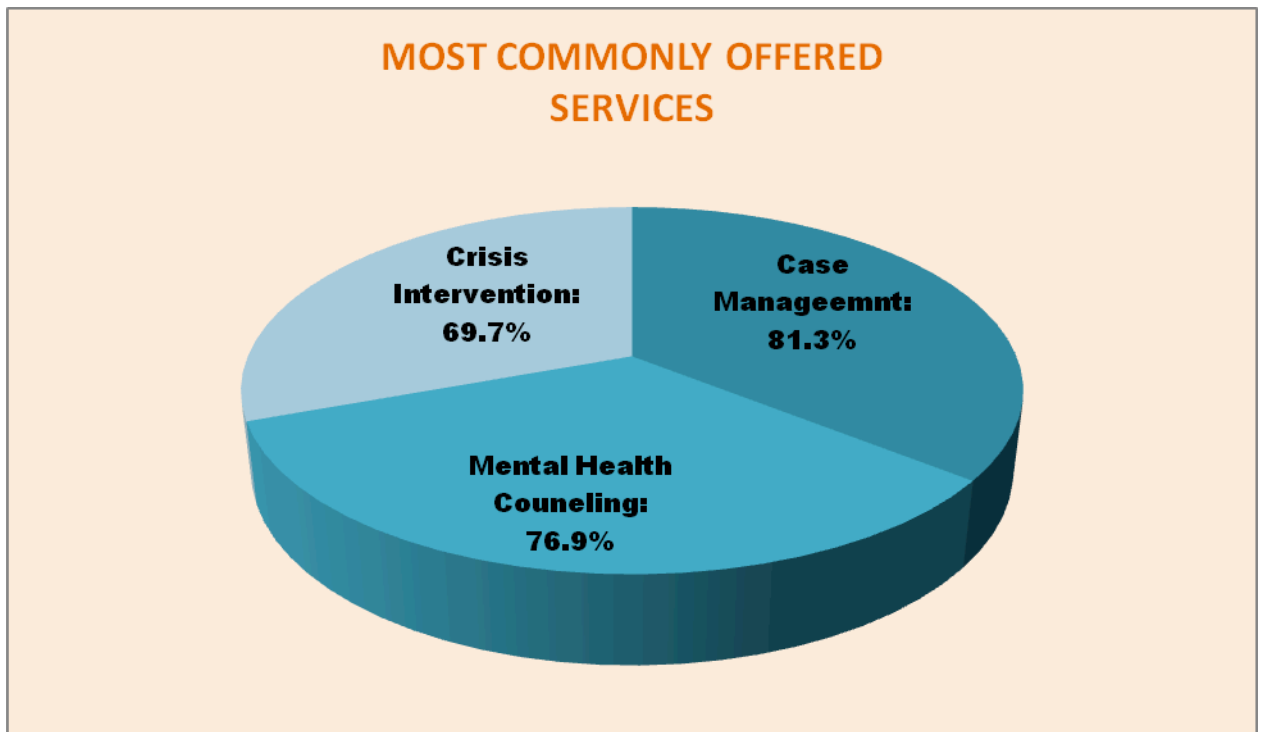
<sup>73</sup> Knudsen, *supra* note 78, at S93.

<sup>74</sup> *Id.* at S83.

<sup>75</sup> *Id.* at S84.

The average number of women-specific treatment programs offered nationwide is 3.5 wraparound services.<sup>76</sup> The most commonly offered wraparound services in women-specific treatment programs include: case management (81.3%), mental health counseling (76.9%), and crisis intervention (69.7%).<sup>77</sup> The wraparound services least likely to be offered are housing assistance (23.1%), legal assistance (8.7%), and child care (5.3%).<sup>78</sup> The data suggests that women may not be getting all the services they need in order to enter and successfully complete a drug treatment program.

### **WRAPAROUND SERVICES (WOMEN-SPECIFIC TREATMENT)**



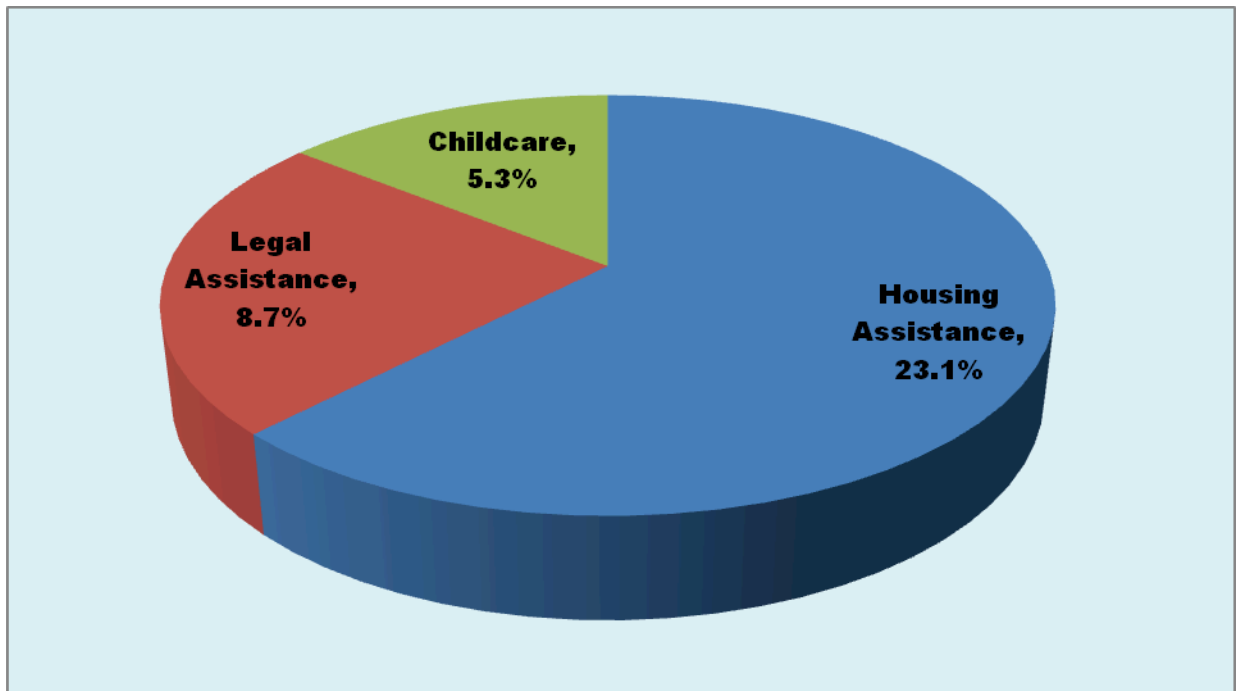
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<sup>76</sup> *Id.* at S91.

<sup>77</sup> *Id.*

<sup>78</sup> *Id.*

## LEAST OFFERED SERVICES



### 3. Impact of Aftercare and Wraparound Services

Aftercare primarily refers to services provided post-treatment to help individuals remain drug-free, while wraparound services are those provided during treatment. In many cases, these services are often similar.

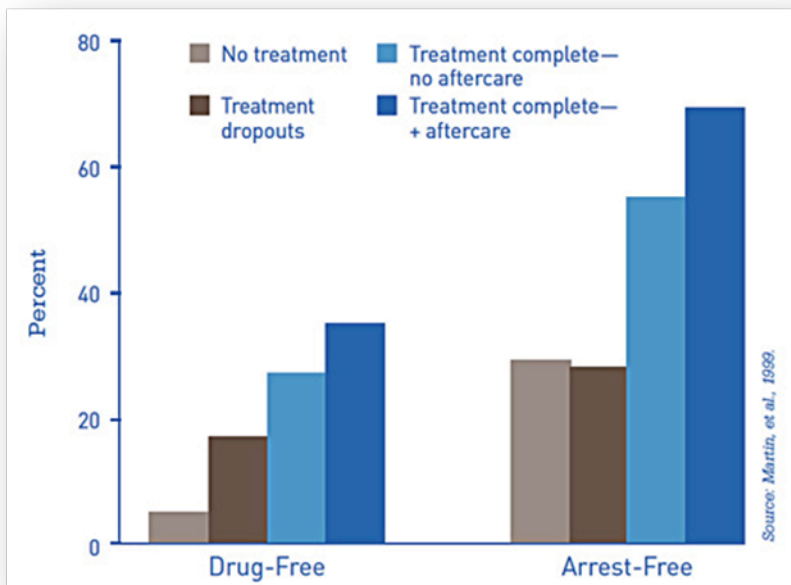
As stated earlier, drug abusing offenders often have problems in other areas of their life, such as with family members, social skills, education, employment, and medical issues. Stress is a strong factor in contributing to relapse once an offender re-enters society and has to face these many challenges on his/her own.<sup>79</sup> The provision of ancillary services during and after treatment can address these problems and help decrease drug relapse and criminal recidivism. Figure 2

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<sup>79</sup> NAT'L INST. ON DRUG ABUSE, PRINCIPLES OF DRUG ABUSE TREATMENT FOR CRIMINAL JUSTICE POPULATIONS: A RESEARCH BASED GUIDE 19 (2007), [http://www.drugabuse.gov/PDF/PODAT\\_CJ/PODAT\\_CJ.pdf](http://www.drugabuse.gov/PDF/PODAT_CJ/PODAT_CJ.pdf).

illustrates that aftercare provided post-treatment makes a marked difference in helping individuals remain drug-free and arrest-free.<sup>80</sup>

**Figure 2**  
*Delaware Work Release Therapeutic Community and Aftercare (3 Years After Release)*



## V. Issues Facing the STAR Court: *Inadequate Ancillary/Support Services*

### 1. Transportation

The Houston area is very spread out and transportation is limited to public transportation via bus or light rail. Therefore, operating a drug court in Houston necessitates developing readily accessible transportation resources, such as bus or rail passes, for drug court participants. This will promote their capacity to travel to the various locations required for court hearings, drug testing, meetings with the probation officer, treatment program attendance, work, and compliance with other program conditions.

A few jurisdictions have developed creative responses to this problem. In Oswego County, New York, for example, officials contracted with a local taxi company to provide

<sup>80</sup> *Id.* at 21.

transportation.<sup>81</sup> One of the tribes in Arizona purchased a van/bus for this purpose.<sup>82</sup> But, even these approaches require most participants to be traveling to the same location. In Okaloosa, Florida, the judge decided to hold court in a location that was more convenient for participants, since he noticed that most participants were traveling to the same location.<sup>83</sup>

## 2. Education/Literacy

Once a STAR Court participant graduates it becomes imperative for them to live on their own, which requires a job to bring in income.<sup>84</sup> This, however, is easier said than done. Participants may lack basic literacy skills or have substantial brain damage that makes simple tasks difficult or impossible to complete.<sup>85</sup> Therefore, in order to increase the chances of the participant landing a job post-graduation, many need assistance with further education.

The Buffalo, New York Drug Treatment Court (BDTC) has successfully set up an education program for its participants that can be used as a guide for setting up a similar program in Houston. In 2000, the BDTC Erie Community College (E.E.C.) invented a program known as Education “2” Recovery (E2R) to provide participants different types of education, including academic, vocation, and life skills training services.<sup>86</sup> The outcomes have proven positive, as there have been 550 participants who have become students at E.E.C.<sup>87</sup>

## 3. Housing

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<sup>81</sup> CAROLINE COOPER, BUREAU OF JUSTICE ASSISTANCE (BJA) DRUG CT. CLEARINGHOUSE, AM. UNIV., FREQUENTLY ASKED QUESTIONS SERIES: RURAL DRUG COURTS 4 (2003), <http://www1.spa.american.edu/justice/documents/2014.pdf>.

<sup>82</sup> *Id.*

<sup>83</sup> *Id.*

<sup>84</sup> Interview with Mary Covington, Harris County STAR Drug Court Administrator (Feb. 4, 2010).

<sup>85</sup> *Id.*

<sup>86</sup> NAT’L DRUG COURT INST., ENSURING SUSTAINABILITY FOR DRUG COURTS: AN OVERVIEW OF FUNDING STRATEGIES 89 (2008), <http://law.rwu.edu/freedocs/b1644804.pdf>.

<sup>87</sup> *Id.*

Housing is a critical aftercare expense. In order to increase the proportion of clients who successfully complete the STAR program, it is best to provide both long-term and transitional housing assistance. This provides the participant with a drug-free environment and can provide them with time to learn a skill, apply for a job or even care for family members.

In Duval County, Florida, the 4th Judicial Circuit Court uses Catholic Charities, Lutheran Social Services and local housing as long as the offenders have not been evicted for drugs on the property.<sup>88</sup> The Salvation Army, alumni housing, United Way Agencies and faith-based programs are also used as sources of housing.<sup>89</sup>

In Miami, for the Miami Dade Drug Court, a grant was awarded and used to provide funds to drug court clients who were doing well in the program to pay for the first and last month's rent and the security deposit to get those individuals and families into housing.<sup>90</sup> The funds were loaned at no interest with a pay back of \$100 per month. Additionally, money was given and loaned for 1/2 way and 3/4 way housing.<sup>91</sup>

In Kalamazoo, Michigan, the drug court utilizes a housing resource agency often when looking for housing for clients.<sup>92</sup> The program has several sober living homes, some faith based or founded on the 12-Step programs, in the community that accept their clients. They also have a residential program for both men and women who are on probation. While they are not locked in, they must adhere to strict rules for coming and going as well as participate in educational

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<sup>88</sup> CAROLINE COOPER, BUREAU OF JUSTICE ASSISTANCE (BJA) DRUG CT. CLEARINGHOUSE, AM. UNIV., FREQUENTLY ASKED QUESTIONS SERIES: PROVIDING HOUSING FOR DRUG COURT PARTICIPANTS 2 (2005), <http://www1.spa.american.edu/justice/documents/2012.pdf>.

<sup>89</sup> *Id.* at 3.

<sup>90</sup> *Id.* at 2-3.

<sup>91</sup> *Id.* at 3.

<sup>92</sup> *Id.* at 4.

opportunities that will assist them in getting a job and housing on their own. They use this facility as a step down from incarceration.

#### 4. Medical and Dental

Participants of the Drug Court often have medical and/or dental care needs that often go untreated due to lack of finances or insurance.<sup>93</sup> Harris County does provide care for the underprivileged or uninsured, but applying for the system takes time and the participants often do not receive access to the system for several weeks; therefore, urgent issues are not addressed in a timely matter and may impede the success of a participant in the STAR Court.

The Kalamazoo Drug Treatment Court has been shown to successfully help participants and save taxpayers money.<sup>94</sup> Much of this success may be due to the mental health services that the program is able to provide for its individuals. Services available include, but are not limited to individualized assessments, medication support, case management, family support, specialized residential or support placement.<sup>95</sup>

The Duval County Drug Court in Jacksonville, Florida addressed the health care needs of their clients by starting a Mental Health Court Program in January 28, 2008.<sup>96</sup> The mission of Mental Health Court is to collaborate with community service providers in order to assist and encourage those with substance abuse and mental health illnesses to obtain treatment services in

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<sup>93</sup> Interview with Mary Covington, Harris County STAR Drug Court Administrator (Feb. 4, 2010).

<sup>94</sup> GWEN MARCHAND, M.S. ET AL., KALAMAZOO COUNTY ADULT DRUG TREATMENT COURT OUTCOME AND COST EVALUATION: FINAL REPORT 38 (2006), [http://www.npcresearch.com/Files/Kalamazoo%20Final%20Report\\_1006.pdf](http://www.npcresearch.com/Files/Kalamazoo%20Final%20Report_1006.pdf).

<sup>95</sup> Kalamazoo County Government, <http://www.kalcounty.com/Courts/admin/alt-programs.htm> (last visited Apr. 12, 2010).

<sup>96</sup> Official Website of the City of Jacksonville, Florida: Fourth Judicial Circuit Court, <http://www.coj.net/Departments/Fourth+Judicial+Circuit+Court/Drug+Court+Mental+Health.htm> (last visited Apr. 25, 2010).

order to enhance their quality of life.<sup>97</sup> These services are there to provide constructive and innovative court supervision to ensure compliance, reduce recidivism and to offer a cost effective alternative to incarceration. The criteria for the Mental Health Court are to have an active criminal charge of a misdemeanor, or 3rd or 2nd degree felony and a mental health diagnosis of bipolar, schizophrenia, or anxiety. Each client is assigned a Peer Specialist that visits weekly and advocates for them. A Case Manager is assigned to assist with services such as housing, medical and mental health appointments, employment, and other needed services. The Mental Health Court Coordinator maintains contact with the Peer Specialist, Case Managers, and services providers to ensure the clients' compliance. Information on each client's compliance is provided to the judge during weekly court appearances.

## **VI. Examples of Programs Offering Wraparound Services**

Examples of drug court programs offering wraparound services below shows the range of services offered by each program.

### **1. Court Support Services, Arizona**

The Court Support Services, LLC (CCS) is an Outpatient Clinic licensed by the Arizona Department of Health Services providing the following services: anger management treatment, cognitive restructuring, life and job skills training--including parenting, time management, budgeting, and life coaching. In addition, CSS provides education groups on water way safety and laws in Arizona and assists clients with completing and submitting Arizona Department of Motor Vehicle Drivers revocation/reinstatement packets.

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<sup>97</sup> *Id.*

## 2. Maui/Moloka'i Drug Court Program

An example of a successful drug court program which integrates core services and wraparound services is the Maui/Moloka'i Drug Court Program (MDCP). From 2000-2009, 320 graduates have successfully completed the program, with an 85% success rate (meaning 272 graduates did not commit another crime).<sup>98</sup> MDCP participants receive alcohol and drug treatment along with rehabilitation services, close court supervision, case management, anger management, and educational and vocational training. MDCP clients are also required to participate in individual counseling, group and family support sessions, submit to regular drug and alcohol testing and participate in community service projects before they are eligible to graduate.<sup>99</sup>

## 3. Kalamazoo Adult Drug Treatment Court

Another successful program is the Kalamazoo Adult Drug Treatment Court (KADTC). The KADTC has established strong ties with many community partners. As a result, the Drug Treatment Court provides referrals to the Department of Human Services, housing resources, maternal support services, YWCA sexual and domestic assault programs, Michigan Works (employment service), and child care resources.<sup>100</sup> Also, the Kalamazoo Probation Enhancement Program (KPEP) is another resource for Drug Treatment Court participants. KPEP, a non-profit agency run by the Department of Corrections, operates as an intermediate step between incarceration and independence. At KPEP, participants are closely monitored and given basic life skills training, some mental health services, group therapy sessions, and public health

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<sup>98</sup> Sarah Ruppenthal, *Drug Court Rebuilds Lives*, MAUI WEEKLY, Aug. 20, 2009, available at <http://www.mauieweekly.com/page/content.detail/id/500232/Drug-Court-Rebuilds-Lives.html?nav=13>.

<sup>99</sup> *Id.*

<sup>100</sup> MARCHAND, *supra* note 95, at 17.

services. KPEP also has a GED program and onsite tutors available to help participants reach their education goals.<sup>101</sup>

The Kalamazoo Drug Treatment Court staff encourages participants to take advantage of these resources and even provides incentives for utilizing services. For example, when treatment providers offer parenting classes, participants may receive a \$10 gift card per session attended. Or if participants attend all twelve classes plus the orientation session, they can get a prize worth up to \$200.<sup>102</sup>

## **VII. Funding of Drug Court Services**

Differences exist in the types of services offered by funding source and organizational characteristics of treatment agencies. Publicly-funded agencies offered more services than privately-funded agencies, agencies with more employees offered more services than did agencies with fewer employees, and agencies that treated more female clients offered more services as well.<sup>103</sup> The following figure depicts these statistics:<sup>104</sup>

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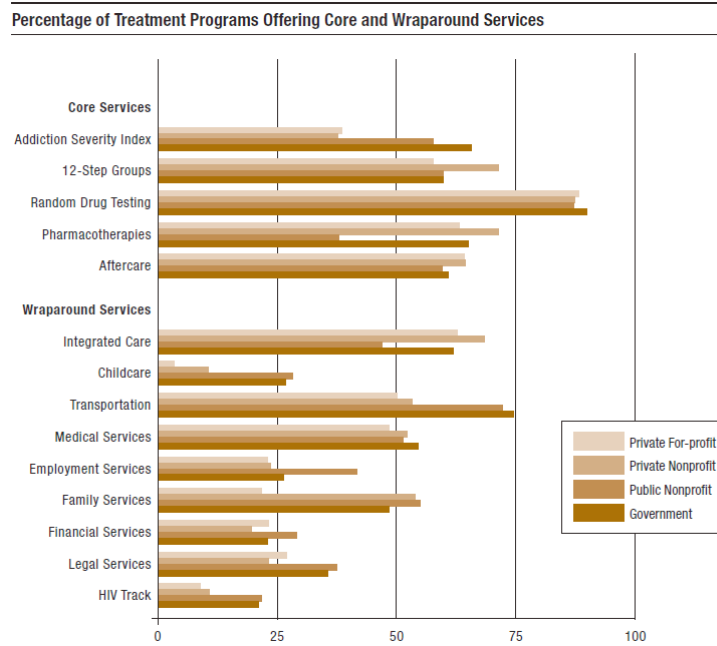
<sup>101</sup> *Id.*

<sup>102</sup> *Id.*

<sup>103</sup> ROBERT WOOD JOHNSON FOUNDATION, SERVICE DELIVERY IN SUBSTANCE ABUSE TREATMENT: REEXAMINING “COMPREHENSIVE” CARE 2 (2008), <http://www.rwjf.org/files/research/researchhighlight28.5.pdf>.

<sup>104</sup> *Id.*

**Figure 3**



### VIII. Examples of Program Funding and Costs

#### 1. Kalamazoo Drug Court

The gender specific sides of the Kalamazoo program are funded through different sources. The Women’s Court began as a demonstration project funded by a grant in 1992 with matching funds through the State Office of Community Corrections. As time passed, the Women’s Court reached the limits of federal implementation and enhancement grants. In 1997, the Women’s Court was funded through the Kalamazoo County Circuit Court/General Fund. In 2005, community members and agencies formed the non-profit Drug Treatment Court Foundation, securing the financial future of the women’s program.<sup>105</sup>

The Kalamazoo Men’s Court was developed in 1997 through support of the U.S. Department of Justice, Office of Justice Programs and Drug Court Programs Office. In 1999, the

<sup>105</sup> MARCHAND, *supra* note 95, at 24.

Program received a State Court Administrative Office Grant, while continued funding for the men's Program was obtained in October 2001 through a federal grant, a P.A. Alcohol Tax, and funding from the Kalamazoo County Circuit Court/General Fund.<sup>106</sup>

The Drug Treatment Court Foundation of Kalamazoo estimates that it costs up to \$40,000 to house an inmate for one year.<sup>107</sup> Without treatment the prisoners may still emerge addicted to drugs and up to 75% of the individuals who go through the traditional court system will re-offend within two years.<sup>108</sup> It costs the KADTC on average \$5,767 for men and \$7,450 for women per year for Drug Court treatment services.<sup>109</sup> Approximately 85% of graduates from the drug treatment program do not re-enter the court system, proving this program helps save taxpayers thousands of dollars annually.<sup>110</sup>

When the KADTC per participant cost savings are extrapolated to all participants who entered the Program since its inception (1992 for the female program and 1997 for the male program), the total program cost savings for men is \$589,908 and for women it is \$3,510,260, resulting in a combined total of over \$4 million taxpayer dollars saved due to program participation.<sup>111</sup> The savings show that drug courts work to save taxpayers money.

## 2. Hawaii Drug Court Program<sup>112</sup>

The Hawaii Drug Court Program provides its own drug treatment program in-house and offers wraparound services to its clients during treatment. When the program initially started,

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<sup>106</sup> *Id.*

<sup>107</sup> Drug Treatment Court Foundation of Kalamazoo County, <http://www.drugcourtfoundation.org> (last visited Apr. 25, 2010).

<sup>108</sup> *Id.*

<sup>109</sup> MARCHAND, *supra* note 95, at 41.

<sup>110</sup> Drug Treatment Court Foundation of Kalamazoo County, <http://www.drugcourtfoundation.org> (last visited Apr. 25, 2010).

<sup>111</sup> MARCHAND, *supra* note 95, at 57.

<sup>112</sup> Interview with Janice Bennett, MSCP, CSAC, Administrator of the Hawaii Drug Court Program (Mar. 16, 2010).

there was an aftercare program for clients once they graduated. Based on responses received from program graduates during a focus group (comprised of graduates who had either relapsed or were picked-up for more charges), the Hawaii Drug Court Program moved their aftercare program to a maintenance phase prior to graduation. The maintenance phase helps ease clients' transition to living life without the structure of the program. If, during the maintenance phase, the client loses their job, they can come back to the program and their counselor will help them with looking for another job and paying rent.

The Hawaii Drug Court Program aims to be a "one-stop shop" for its clients, by providing services to help clients complete the treatment program and live successfully on their own after the program. The drug court has a four-phase curriculum for their clients adapted from Wanberg and Milkman's book, Criminal Conduct and Substance Abuse Treatment. Although the program does not have statistics on the effect of the program, there has been a substantial decline in the recidivism rate since the maintenance phase was added to the program.

The annual budget for the drug court program is \$800,000 per year. The program currently has a staff of nine, which is comprised of an administrator, treatment counselors, social service aides, case managers, and a clinical treatment program supervisor. The program has approximately 120 clients in treatment everyday and up to 157 clients a year. Most of the services they provide are on a contract by the judiciary with funds provided by their own budget. Their budget covers operational costs, such as staff salaries, housing funds, transportation funds, cell phones, office space, and office car. In addition, there is a small non-profit organization which raises up to \$15,000 for the court. Furthermore, the non-profit also provides incentives to clients such as movie passes and textbooks for a client going to school.

The program relies heavily on established community resources to help with providing services to their clients. The Hawaii Drug Court program provides the following wraparound services:

*a. Childcare*

Childcare is provided by Childcare Connection through the Department of Human Services. This organization either provides childcare or pays for childcare for moms. As a result of funding problems, this program is no longer available for clients.

*b. Dental*

There are many meth addicts who need dental work. The drug court has partnered with the University School of Dental Hygiene. For \$25 a year, clients can have as many teeth cleanings as they want in that year.

*c. Education*

The case manager handles the education and vocational training. The case manager helps set up appointments with advisors, provides college information, and accompanies them to educational related appointments. There is also an adult education program provided through the local high schools at night. Clients can get their GED or high school diploma through this program. There is a \$35 registration fee which is paid either by the client or by the program as an incentive for doing well in the program. This education voucher is used as an incentive for clients to stay with the program.

*d. Employment Services*

As a result of a state furlough, the Department of Vocational Rehabilitation has cut back on its budget. Youth Build is a program aimed at people in the 17-24 year age group that provides training for carpenters and electricians. Sadly, given the economy and slow down in

construction, there is not much training available for clients. Clients are encouraged to look for a temporary job.

*e. Housing*

Part of a client's agreement upon starting treatment is that they will live in clean and sober housing as determined by the drug court. After 90 to 180 days of sobriety, clients can look for independent housing upon approval by the court. The drug court has a \$16,000 housing budget for the year from the judiciary and contracts with Oxford Houses (organization which rents houses) and with a few private clean and sober houses. Rent is calculated based on double occupancy per bedroom and is approximately \$350 to \$425 per month. All clients go on welfare and receive about \$300 per month for financial help and \$260 per month in food stamps. Approximately 90% of a client's rent is covered and the client is encouraged to look for a job to cover the remaining rent. In the event they cannot find a job, the remaining rent comes from the drug court's fund. Clients are required to pay back the rent money from the drug court before they graduate from the program in two to three years. Some clients are allowed to live at home, but the home is screened to make sure it is a clean and sober home.

*f. Medical*

Each client is required to have a physical when they enter the program, but it usually takes about 60 days for the client to get a physical because they have to wait that long for welfare to take effect. Quest is the statewide insurance plan which allows clients to choose from four providers to get their general medical needs met, including dental extractions.

*g. Mental Health*

A contract is in place through the judiciary with the Queen's Day Treatment (mental health specialists) program. For psychiatric services, there is a statewide program where clients

can do an assessment with a mental health provider and if they qualify, the services are paid for by the state. If clients do not have their own insurance and do not qualify for anything, the drug court will pay for a general assessment by a private provider. This general assessment by a psychologist costs \$600 per person.

*h. Transportation*

Hawaii has a good bus system and each client can receive one paid adult pass for one month (\$50/month). If the client shows that he/she is making a concerted effort to get a job and needs a pass for a second month, they can get another pass from the drug court.

The drug court also has a state car which can be used by the program staff to help transport clients to appointments in a difficult location or to accompany clients to an appointment the client is anxious about, such as a dental appointment. Transportation by the state car is used as an incentive for clients to get them to go to appointments they would otherwise miss.

**IX. Breakeven Analysis**

The cost for jail confinement and the cost for drug treatment vary from one drug court program to the next. The cost for drug treatment is especially difficult to compare from one program to the next because of the variety and scope of core and wraparound services offered by each program. In addition, when programs list the costs of their drug treatment programs, the costs for the wraparound services are often combined with the total cost of the treatment program.

The KPEP (Kalamazoo Probation Enhancement Program) program, which is part of the Kalamazoo Adult Drug Treatment Court (KADTC), offers services such as a GED program, public health services, job skills training and anger management. The cost of KPEP for drug

court participants is \$29 per person per day. This is a billed rate that includes the cost of services, salary, support, and overhead costs associated with KPEP.<sup>113</sup> For the men's program, there is an average of five transactions per participant, resulting in a total cost of \$145 per participant,<sup>114</sup> while for the women's court there is an average of 0.90 KPEP transactions resulting in a total cost \$26 per participant.<sup>115</sup>

It costs the KADTC on average, per participant, \$5,767 for men and \$7,450 for women per year for Drug Court treatment services.<sup>116</sup> The proportion of the total costs resulting from the KPEP is a very small amount for both men and women. The KPEP cost for men is 2.5% of their total costs per year, while the KPEP cost for women is 0.3% of their total cost per year for drug court treatment services. Even though these services are a small proportion of the total costs for clients in drug treatment programs, they can have a big impact on reducing recidivism. For drug court treatment participants who commit fully to KADTC and eventually graduate, the benefits relating to decreased contact with the criminal justice system are remarkable.<sup>117</sup> The male and female graduates incurred less than 25% of the comparison group outcome costs.<sup>118</sup>

Data from the STAR Court<sup>119</sup>, mentioned earlier, will be used to determine the benefits of offering a drug treatment program, with limited wraparound services, to clients. If the average treatment cost for 100 clients is \$600,000 and the average cost of state jail confinement for 100 clients is \$1,944,700, then having clients participate in a drug treatment program rather than confining offenders to jail can potentially save the state \$1,344,700 per 100 clients. The cost of

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<sup>113</sup> MARCHAND, *supra* note 95, at 24.

<sup>114</sup> *Id.* at 39.

<sup>115</sup> *Id.* at 40.

<sup>116</sup> *Id.* at 41.

<sup>117</sup> *Id.* at 53.

<sup>118</sup> *Id.*

<sup>119</sup> SAMSHA Drug Court Project Narrative (Harris County Drug Court, Houston, TX), May 2009, at 6 (on file with authors).

treatment is 30.9% the cost of jail confinement and seems like money well spent given that STAR graduates had a 7.8% re-arrest rate compared after graduation compared with 20.6% of the clients in the comparison group.<sup>120</sup>

A national study estimated the average benefit (including reduced costs related to crime, health care and increased earnings) per person of drug treatment to be three times the cost of treatment<sup>121</sup>, with the average cost of treatment per person of \$2,941, and a benefit of \$9,177 per person.<sup>122</sup>

## **X. Recommendations**

Based on our research of drug court programs around the United States, the following are recommendations for the Harris County's STAR program regarding increased provision of wraparound services:

### **1. Form alliances with the community**

Houston has a rich cultural background and diverse community that STAR should tap into with respect to wraparound services. For instance, Houston has many higher education institutions that have programs STAR clients could access and benefit from. Similar to the Hawaii Drug Court's alliance with a near-by dentistry school, STAR should explore the possibilities of forming relationships with the local dental or optometry schools in order to offer needed dental and medical services to the clients at discounted rates. There are also multiple community colleges in the area that may be willing to set up a program for STAR clients, much

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<sup>120</sup> *Id.*

<sup>121</sup> LISE MCKEAN & SUSAN K. SHAPIRO, CTR. FOR IMPACT RESEARCH, SENTENCING REFORM FOR NON-VIOLENT OFFENSES: BENEFITS AND ESTIMATED SAVINGS FOR ILLINOIS 5 (2004), <http://www.impactresearch.org/documents/sentencingreformreportexsum.pdf>.

<sup>122</sup> *Id.*

like the program in Buffalo, New York. In addition, there are also numerous vocational schools and charities that may be willing to offer discounted services to the clients, such as haircuts and parenting classes. Education and/or job related services should be expanded as much as possible using the resources the community has to offer because without the ability to earn income, reemerging into society is almost impossible.

2. Provide incentives for good behavior

Many drug courts around the nation provide monetary incentives to clients who perform well in their program. Some of these incentives come in the form of entertainment vouchers (such as movie tickets or gift cards). Providing incentives that help further the interests of the clients to ultimately become productive and drug-free citizens, is money well spent. For example, paying for medical costs, rent, applications for education or jobs would provide assistance in activities that bring about positive change in the client.

3. Apply for all applicable federal and local grants

The federal government does offer assistance with drug court programs and these grant applications should be filled out, but local resources should also be looked into. If an organization is not able to provide services, they may be willing to provide monetary assistance to the organization or vice versa.

4. Begin offering services as soon as possible

Based on the research offered in this paper, wraparound services are beneficial not only for the client, but also for taxpayers and the overall community. Offering the clients any kind of service that helps them feel in control of their situation will most likely increase their chances of success. After assessing the needs of STAR Court's current clients, the most beneficial services for the greatest number of clients should be started as soon as possible.

5. Once funding is secured, optimize capacity of drug courts for maximum cost savings

Based on the cost analysis of other successful drug court programs that offer wraparound services, drug courts are more cost effective than incarceration. To maximize the potential savings to the community, it is imperative that the Houston drug court fill its court to capacity and seek funds to expand the program in the future to include as many offenders as possible.

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