

Development and Evolution of Problem-Solving Courts

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Drug courts are special court dockets or calendars designed to treat individuals suffering from substance use disorders and give them the tools they need to change their lives. The drug court judge serves as the leader of a multidisciplinary team of professionals, which commonly includes a program coordinator, prosecuting attorney, defense attorney, probation or community supervision officer, treatment representatives, and law enforcement representatives. The first drug courts were developed to serve adults charged with drug-related crimes. Eligible participants for these programs have a moderate-to-severe substance use disorder and are charged with a drug-related offense, such as possession, or another offense caused or influenced by drug use, such as theft or forgery to support a drug addiction. The first drug court in the United States took shape in Miami-Dade County, Florida, in 1989, as a response to the growing crack cocaine problem plaguing the city.

DUI/DWI courts serve individuals charged with instances of driving under the influence (DUI) or driving while intoxicated/impaired (DWI), and they occasionally serve first-time DUI offenders with a high blood alcohol content (BAC) at arrest. These courts seek to protect public safety by addressing alcohol and drug abuse issues. DWI courts often provide enhanced monitoring through home visits, field visits, and advanced technology (e.g. ignition interlock devices, SCRAM transdermal alcohol detection device). The first DWI Court opened in Dona Ana, New Mexico in 1995.

The first family drug court opened in Reno, Nevada in 1995. Modeled after adult drug courts, family drug courts were developed by communities in the mid-1990s as a response to the estimated high percentage (60–80 percent) of substantiated child abuse and neglect cases that involved substance use by a parent or guardian. These court programs were designed to address the parental substance use and child neglect connection in an appropriate, but timely manner. Family drug courts were also created to help keep families together and address the poor outcomes of family reunification programs that left many children in foster care for years instead of being raised in stable, permanent homes.

At around the same time that family drug courts emerged in communities, the drug court model was being adapted by tribal communities. These courts applied traditional Native American healing and communal practices to serve persons charged with drug- or alcohol-related violations of tribal laws. The first Tribal Healing to Wellness Court was established in Fort Hall, Idaho in 1997.

In response to the escalating number and overrepresentation of people in the criminal justice system who experienced mental illness, the first mental health court opened in Broward County, Florida in 1997 as a means to divert non-violent mentally ill defendants from incarceration into a regimen of court-supervised, community-based treatment and social services.

Veterans treatment courts (VTCs) were created to address the specific needs of justice-involved veterans and active-duty military personnel. These courts serve defendants charged with crimes caused or influenced by moderate-to-severe substance use disorders and/or serious and persistent mental health disorders. The first nationally recognized VTC was founded in 2008 in Buffalo, New York.

Consistent with national trends, the State of Alaska has implemented a variety of therapeutic court programs numbering 14 at present:

Summary of Existing Therapeutic Courts in Alaska

Location	Name of Court	Month/Year Court Began	Target Population	Capacity
Anchorage	Anchorage Coordinated Resources Project	July 1998	Misdemeanor and felony offenders with mental illness, co-occurring disorders, developmental disabilities & other related disorders	50
Anchorage	Municipal Wellness Court	August 1999	People convicted of DUI and alcohol related Municipal misdemeanor offenses	30
Anchorage	Felony Drug Court	June 2001	People convicted of non-violent drug and drug related felony offenses	20
Anchorage	Felony DUI Court	December 2001	People convicted of felony DUI offenses	40
Anchorage	CINA Therapeutic Court	July 2014	Parents with CINA cases with alcohol related substance abuse problems	20
Anchorage	Veterans Court	July 2004	Veterans with State and Municipal misdemeanor and felony alcohol/drug related cases	25
Bethel (not currently accepting referrals)	Therapeutic Court	June 2002	People convicted of DUI and alcohol related misdemeanor and felony offenses	20
Fairbanks	Wellness Court	August 2007	People convicted of DUI and alcohol-related misdemeanor and felony offenses	30
Juneau	Therapeutic Court	June 2005	People convicted of DUI and alcohol related misdemeanor and felony offenses	15
Juneau	Juneau Coordinated Resources Project	May 2012	Misdemeanor offenders with mental illness, co-occurring disorders, developmental disabilities & other related disorders	15
Kenai	Henu' Community Wellness Court	December 2016	People convicted of drug and alcohol-related misdemeanor and felony offenses	20

Palmer	Palmer Coordinated Resources Project	March 2005	Felony and misdemeanor offenders with mental illness, co-occurring disorders, developmental disabilities & other related disorders	25
Palmer	Families with Infants & Toddlers	December 2017	Parents with CINA cases with children ages 0-3	12 Families
Palmer	Wellness Court	March 2017	People convicted of drug and alcohol-related felony offenses and PACE referrals	30

Summary of Therapeutic Courts in Planning Process

Location	Type of Court	Projected Capacity	Target Population	Projected Opening Date
Fairbanks	Veterans Court	20	Veterans with misdemeanor and felony alcohol/drug or mental health related cases	October 2021 (Seeking federal grant funds for planning and implementation)
Sitka	Wellness Court	unknown	People convicted of drug and alcohol-related misdemeanor and felony offenses	October 2020

Since their inception in Alaska, multiple therapeutic courts have been externally evaluated (Anchorage and Palmer Coordinated Resources Projects, Anchorage Felony Drug and DUI Courts, Bethel Therapeutic Court). These evaluations have identified positive outcomes that include reduced criminal and behavioral health recidivism. Additionally, these evaluations have indicated that defendants assessed as high risk/high need generally have better outcomes.

Participants in our CRP (mental health courts) have been shown to have improvement in most life domains even if they've not graduated from the program (Hornby Zeller Associates 2007 & 2008).

Felony offenders (versus misdemeanor offenders) in addictions courts tend to have better outcomes than comparison groups involved with the criminal justice system. Additionally, graduates with felony charges have more significant reductions in rearrest rates and reconvictions than participants who don't graduate. (Alaska Judicial Council 2012).

At this time, both of our family courts have external evaluations currently underway. An external evaluation conducted for the Anchorage Family Care Court in 2011 (Hornby Zeller Associates)

resulted in significant modifications to the structure of the program; the current Anchorage CINA Therapeutic Court program evaluation is anticipated to be completed before October of this year.

Therapeutic courts collect a considerable amount of data about our participants: demographics; current charges and historical criminal convictions; diagnosis and treatment participation; case management, supervision and testing; housing and employment; court attendance and program exit status. This data allows us to regularly review performance indicators related to each court's target populations. Reports reflecting this information allow the courts to address operational issues as they are identified (a best practice). We also generate an annual recidivism report internally for all addictions and mental health courts. We are currently working with the Office of Children's Services to develop routine data sharing that will allow us to generate similar reports for our family courts.

Currently, Therapeutic Courts are working with 217 participants, which is the lowest our census has been for a long time. This is primarily due to our courts not being able to accept new referrals until we were able to work through the changed logistics associated with COVID-19, along with participant exits that took place during that period.

Therapeutic Court challenges identified include: ready access to safe/sober affordable housing; ready access to quality/affordable behavioral health services; affordable UA testing with a rapid turnaround time; and meeting staff training needs related to team turnover.