EVALUATION REPORT

Drugs and the Judicial Response
Drug Awareness Seminar
For Judges in the
Metropolitan Washington Region

January 26-27, 1990

Sponsored by the
Metropolitan Washington
Council of Governments
and the
Metropolitan Washington
Court Administration Conference

Grantor
State Justice Institute
Project # SJI-90-11K-E-012

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FOR JUDGES IN THE
METROPOLITAN WASHINGTON REGION
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Introduction:

This evaluation report of the first judicial administration seminar for judges in the Washington, D.C. metropolitan region, held January 26-27, 1990, was co-sponsored by the Metropolitan Washington Council of Governments and the Metropolitan Washington Judges' Court Administration Conference. The specific aim of this unique interjurisdictional and regional seminar was to "heighten judges' awareness of the regional nature of the drug problem in metropolitan Washington, to learn about treatment modalities, to examine sentencing options, and to discuss successes and problem areas experienced by local courts" within the region.

The success of any learning experience is measured by the extent to which the seminar accomplished its planned objectives. Our objective as independent contract program evaluator was to assess both the planning process used in the development of the seminar as well as the content of the seminar itself. The report that follows will address these issues.

Section I of the Evaluation Report describes the process used in conceiving, developing, and planning the seminar for the judges within the region. A brief historical overview is an important element of our report since we believe that the reader will need to understand the context from which this seminar originated. Assessment methods used by us included a) field interviews with "G" staff; b) review of all documents including reports, letters, other memoranda related to the seminar; c) review of survey questionnaires completed by judges within the region related to specific topics or suggestions for inclusion in the proposed seminar; and d) telephone interviews with specific individuals involved in conceiving and nurturing the seminar.

Section II of the Evaluation Report identifies the key ideas and points of view expressed by the panelists invited to address the judges. This information is rich in highly useful suggestions and pragmatic techniques for judges to consider using in guiding them in their deliberations.

Section III of the Evaluation Report assesses the presentation of the seminar itself. Two components of assessment are covered. The first component of assessment represents the project evaluator's analysis of the seminar. In doing so, I was guided in the assessment of the seminar by guidelines and ideas used by the American Society for Training and Development (See Info-Line Issue 803, Basics of Instructional Systems Development, March 1988; Issue 905, Course Design and Development, May 1989; and Issue 906, Lesson Design and Development). The second level of assessment effectiveness covered in the report is the evaluation completed by the participants themselves who were asked to complete a questionnaire evaluating the seminar. Also included is a section which integrates the findings from these two sources of evaluation.
Section IV of the Evaluation Report addresses some important conclusions related to the Drug Awareness Seminar for Judges.

Section V of the Evaluation Report consists of a guidebook which may be used by other jurisdictions interested in conducting a similar coordination/educational effort.

Background:

The Drug Awareness Seminar, "Drugs and the Judicial Response," sponsored by COG for judges in the Washington, D.C. metropolitan area was designed to provide opportunities for judges to become more knowledgable about the pervasive problem of drug abuse gripping the region. As such, the seminar was a first effort within a tri-state region to provide opportunities for judges to meet together to discuss ideas and strategies related to their judicial decision-making in the handling of drug related offenders.

Operating under grants from the State Justice Institute and the Bureau of Justice Assistance, the Metropolitan Washington Council of Governments (COG) administered and developed this prototype seminar for area-wide judges. COG had previously conducted a one day seminar in April 1988 for area-wide political and criminal justice officials entitled Metropolitan Washington Regional Drug Summit. The seminar for judges was a natural outgrowth of that earlier effort to explore actions and strategies within the region in order to contain the growing crisis.
SECTION I: PLANNING PROCESS FOR THE SEMINAR
A. Overview of Related and Prior Efforts:

The drug awareness seminar for judges conducted on January 26-27, 1990 was not developed in a vacuum. A number of significant prior initiatives during the preceding two years were responsible for helping to launch the present seminar. These important initiatives were instrumental in fostering some important interjurisdictional communication linkages among various political and criminal justice officials within the region to help come to terms with the drug crisis affecting their respective jurisdictions. More importantly, there was a growing awareness among these officials that the drug problem had no specific boundary in terms of the damage caused to each respective jurisdiction. Problems affecting one community were viewed as similar in kind to those in the surrounding communities.

Political leaders and key criminal justice administrators had been communicating informally about their respective community problems in regards to drug related crime. These early discussions began to foster important communication linkages and provided the initial catalyst for furthering awareness that joint actions within the region were necessary to combat the escalating drug problem.

An overview of these prior efforts and important linkage decisions is presented as a means of helping the reader to understand the process which led to the development of the drug awareness seminar for judges within the Washington metropolitan region.

Early Developments:

1) February 12, 1988: Albert Eisenberg, Vice Chairperson and Member of the Arlington County Board, and William Newman, Member of the Arlington County Board and Chair of the COG Public Safety Policy Committee, sent a letter to Ellen Bozman, Chairman of the Metropolitan Washington Council of Governments Board of Directors. They recommended that the COG Public Safety Committee be authorized to develop an agenda to convene a regional summit of chief elected officials within the Washington metropolitan region for purposes of establishing a regional drug related crime strike force.

2) February 22, 1988: David Clarke, Chairperson of the D.C. City Council sent a letter to Ellen Bozman supporting the idea of a regional summit as earlier recommended by Albert Eisenberg and William Newman.
3) February 26, 1988: James Moran, Mayor of the City of Alexandria, Virginia sent a letter to Ellen Bozeman, Chair of the COG Board of Directors, endorsing the Eisenberg and Newman recommendation for a drug summit. Mr. Moran indicated a desire to expand the summit idea beyond law enforcement regional needs to include a region-wide drug prevention and counseling effort aimed at a longer term solution focusing on "human development alternatives of education, employment and recreation," aimed specifically at teenage abusers and sellers who are at the end of the drug profit line.

4) March 1988: James Moran, Mayor of the City of Alexandria, Virginia prepared a resolution for the COG Board of Directors to convene a regional drug summit. The COG Board of Directors adopted the resolution and recommended that COG staff develop a one-day program for area-wide officials to be held in April 1988.

5) April 27, 1988: Metropolitan Washington Regional Drug Summit held. Approximately 200 individuals attended this first regional meeting of elected officials to discuss ideas and action strategies necessary for dealing with the drug problem in the region. Three interrelated areas of concern were addressed at the Summit: Prevention and Education; Treatment and Rehabilitation; and Law Enforcement and Criminal Justice.

During the morning session on Law Enforcement & Criminal Justice, the Honorable Lewis Griffith, Chief Judge, 19th Judicial Circuit, Fairfax, Virginia presented a number of ideas related to the effective use of judicial decision making in the handling of drug offenses. In addition, Judge Griffith identified the need for regional cooperation and networking among judges. He suggested the following: Tell me what you're doing, so I can use it myself; Tell me about your sentencing guides.

Viewing Judge Griffith's prolific comments in perspective one can see the genesis for the forthcoming drug awareness seminar for judges. He had the wisdom to recognize that judges within the region would benefit from opportunities to meet with one another to share ideas and strategies on how to cope with the dilemmas of drug case management.

As an outgrowth of the Drug Summit for elected officials, 15 courses of action were recommended for referral to the COG Human Services Policy Committee. In addition, 9 courses of action were recommended for referral to the COG Public Safety Policy Committee.

6) May 1988: The Metropolitan Washington Council of Governments Board of Directors reviewed the recommendations emanating from the Drug Summit and referred these to the above two COG committees for action.

Each committee created a task force during the Summer of 1988 to examine the recommendations from the Drug Summit as well as strategies necessary to implement the recommendations.
7) July 21, 1988: Honorable Richard J. Jamborsky, Circuit Court Judge of the Nineteenth Judicial Circuit of Virginia, at the request of the COG Board of Directors, drafted a memo to the COG Public Safety Policy Committee recommending that a two day conference be convened for metropolitan Washington regional judges to provide educational and other learning opportunities for them related to dealing with the drug problem and drug offenders specifically. Judge Jamborsky felt that regional cooperation between and among the judges within the metropolitan Washington region was essential to helping solve some of the problems judges were confronting in their handling of drug cases. He was astute in recognizing the systemic problems confronting each jurisdiction and how drug related crime and judicial decisions in one jurisdiction would most likely have impact on other jurisdictions. He believed that the annual Chief Judges Regional Meeting was insufficient for helping judges to work cooperatively with one another and to learn from one another.

Judge Jamborsky's July 88 proposal was the actual genesis for the creation of the Drug Awareness Seminar held in January 1990. He proposed that the COG Public Safety Policy Committee create a steering committee composed of several judges, members of COG Board of Directors, and staff to plan the conference/seminar.

8) August 2, 1988: Thomas P. Rametta, Acting Director, Department of Human Services and Public Safety, COG, forwarded a memo to Ruth R. Crone, Assistant Executive Director, COG, outlining the status of actions taken or underway by the COG Public Safety Policy Committee following the regional Drug Summit. Mr. Rametta identified the Jamborsky proposal for a regional drug awareness seminar for regional judges as an important COG undertaking and also indicated that steps were being taken to seek funding for the proposed seminar.

9) August 2, 1988: COG Human Services Policy Committee, Drug Abuse Task Group recommended creating two new COG Committees to focus on the problems of prevention and treatment of drug abuse. COG Board of Directors took favorable action on these recommendations and created the following committees to report to COG's Human Service Policy Committee:
   a. Prevention/Education/Intervention Committee;
   b. Intervention/Treatment/Rehabilitation/Committee.

The Public Safety Policy Committee of COG recommended creating two new committees as well to focus attention on the problems confronting correctional administrators and probation/parole administrators in the region. The COG Board of Directors took favorable action on these recommendations and created the following committees:
   a. Corrections Chiefs Committee (created in August 1988);
10) August 15, 1988: William T. Newman, Jr., Chairman of the COG Public Safety Policy Committee forwarded a memo to the Public Safety Policy Committee members outlining the progress made by the committee in the implementation of the Drug Summit recommendations.

11) August 18, 1988: Joseph C. Isaacs, Chairman, COG Human Services Policy Committee forwarded a report to the members of the Human Services Policy Committee outlining the recommendations of the Drug Abuse Task Group and requested their comments by August 31, 1988.

B. Planning Process for the Drug Awareness Seminar for Judges:

A careful review of the documents and discussions with key actors involved in the planning of the Drug Summit reveals that a great deal of energy and commitment were involved in taking the drug crisis seriously within the metropolitan Washington region. The linkage between the Drug Summit and the proposed drug awareness seminar for area-wide judges represented a continuation of these earlier efforts. The proposal for a drug awareness seminar for judges was one of several major initiatives which the Metropolitan Washington Council of Governments formally approved in September 1988.

1) September 14, 1988: Planning for the seminar can be recognized as having begun on this date when the Metropolitan Washington Council of Governments Board of Directors met and adopted R24-88, RESOLUTION TO ESTABLISH A COMPREHENSIVE REGIONAL PROGRAM TO COMBAT DRUG ABUSE. A primary component of this resolution directed that the Executive Director of COG "conduct .. a seminar on the sentencing of drug offenders by judges presiding in criminal courts" within the metropolitan Washington region.

2) December 15, 1988: First meeting held to discuss ideas related to the planning of the drug awareness seminar for judges. In attendance at this initial meeting were: Honorable Richard J. Jamborsky, Judge, Fairfax County, Virginia; Larry Polansky, Executive Officer, D.C. Superior Court; Thomas Rametta and Joseph Zelinka, COG Staff; and Mark A. Zaffarano, Court Administrator, Circuit Court of Fairfax County, Virginia.

3) December 30, 1988: Letter from Mark Zaffarano to Joseph A. Trotter, Jr., Project Director, The American University, Adjudication Technical Assistance Project, requesting technical assistance to help the Metropolitan Judge's Court Administration Group plan for a Fall 1989 seminar for judges dealing with the drug crisis. Mr. Zaffarano requested a meeting to be held in January 1989 to explore possible issues and topics appropriate for the proposed seminar and assistance in helping to draft a grant proposal to the State Justice Institute (SJI) for financial assistance.
4) January 1989: The Planning Committee for the proposed drug seminar met to consider ideas and topics. In addition, the committee concluded that it was not feasible to meet the February 1, 1989 deadline for submission of proposals to the State Justice Institute requesting funds for the seminar. It was also decided at this second meeting of the Planning Committee that there was a need to conduct a survey among the area-wide judges to determine the extent of their interest in attending such a seminar as well as ideas or suggestions they might have related to topics.

5) February 24, 1989: Memo from Mark Zaffarano, Court Administrator, Fairfax County, Virginia, to Members of the Metropolitan Court Administration Conference. Mr. Zaffarano advised his colleagues from the respective jurisdictions involved in court administration that work was underway for a proposed seminar for judges dealing with the drug crisis. He submitted a copy of a draft survey to be sent to the judges within their jurisdictions for their review and comment and requested that they submit their ideas by March 3, 1989. He also requested that his colleagues assist in getting the Chief Judge in their respective jurisdiction to write a letter to accompany the final survey eliciting the judges' cooperation in completing the survey promptly.

6) March 1, 1989: Letter from Michael DiMichele, EMT Group, Inc., Adjudication Technical Assistance Project, to Mr. Mark A. Zaffarano, Court Administrator, Fairfax County Circuit Court. Mr. DiMichele recommended deferring the target date for sending out the survey to judges until mid March 1989, to permit adequate time for review and an opportunity to contact other chief judges who were not present at the original meeting to discuss survey mechanics.

7) March 17, 1989: Letters from Honorable Richard J. Jamborsky, Circuit Court Judge, Fairfax County, Virginia and from Mark A. Zaffarano, Court Administrator, Fairfax County Circuit Court, to Chief Judges of the Washington Metropolitan Court Administration Conference. Judge Jamborsky and Mr. Zaffarano forwarded a copy of the judicial survey form to the area-wide Chief Judges. They requested that the Chief Judge prepare a cover letter to attach to the individual surveys to be distributed to each judge in their jurisdictions encouraging participation by their judges in completing the survey. They requested that all surveys be distributed to their judges and returned by March 27, 1989.

A total of 205 surveys were distributed to the judges in the region, 79 to judges and commissioners in the District of Columbia; 68 to judges in the Virginia region; and 58 to judges in the Maryland region.
April 27, 1989: Fifty-two surveys were returned for a total response rate of 25.4 percent. Forty-eight (92%) respondents indicated an interest in attending the proposed seminar for judges related to the drug abuse problem. Four (8%) of the respondents were not interested in attending the seminar.

Respondents indicated their preferences for topic areas as follows:

a. Thirty-five (73%) respondents expressed an interest in having material presented at the proposed seminar which would help them to better understand available drug treatment programs in the region and referral policies and procedures for entry into such programs; information regarding the physiological, psychological and other aspects of drug addiction and treatment;

b. Thirty-four (71%) respondents expressed an interest in having material presented at the proposed seminar which would help them to learn about the sentencing policies and procedures for drug offenders used by the courts within the region.

c. Twenty-six (54%) respondents expressed an interest in having material presented at the proposed seminar which would help them better understand options related to sentencing alternatives for drug offenders.

d. Twenty-five (52%) respondents expressed an interest in having material presented at the proposed seminar which would help them better understand procedures and methods used by the courts within the region for determining appropriateness for pretrial release and monitoring of offenders.

e. Twenty-four (50%) respondents expressed an interest in having material presented at the proposed seminar which would enable them to obtain presentence information on offenders from other jurisdictions within the region.

f. Twenty-two (46%) respondents expressed an interest in having material presented at the proposed seminar which would address strategies for achieving federal, state, and regional coordination/cooperation.

g. Twenty-one (44%) respondents expressed an interest in having material presented at the proposed seminar which would address alternatives to pretrial incarceration of drug offense defendants.

h. Nineteen (40%) respondents expressed an interest in having material presented at the proposed seminar which would discuss the role and utility of pretrial drug testing programs.
9) May 12, 1989: Mr. A. Ramsay Stallman, Director of Human Services and Public Safety, Metropolitan Washington Council of Governments, sent a letter to Mr. J.A. Marshall, Jr., Chief, Courts Branch, Bureau of Justice Assistance. Mr. Stallman informed Mr. Marshall of the proposed idea for the drug awareness seminar and requested funding assistance to conduct the seminar. He further advised him of the survey results outlining the six topic items most readily identified by the responding judges.

10) June 5, 1989: Mr. J.A. Marshall, Chief, Courts Branch, Bureau of Justice Assistance sent a letter to Mr. A. Ramsay Stallman, Director of Human Services and Public Safety, COG. Mr. Marshall advised that BJA would be interested in helping COG prepare such a conference through ongoing technical assistance support from the Adjudication Technical Assistance Project, The American University, and through helping to meet some of the conference costs. Mr. Marshall also identified the State Justice Institute as another funding resource and encouraged COG to consider contacting this agency for additional support to develop and implement the seminar.

11) July 12, 1989: Honorable Lewis Hall Griffith, Chief Judge, 19th Judicial Circuit of Virginia (Fairfax) presented a statement to the Board of Directors of the Metropolitan Washington Council of Governments urging endorsement of COG Resolution 21-89, sponsorship of a Drug Awareness Seminar for judges in the Washington metropolitan region. Judge Griffith advised the COG Board that the Seminar Planning Committee had identified funding sources, had developed an agenda for the proposed seminar, and contacted preliminary speakers who are national experts in the field of corrections and substance abuse treatment. COG Board of Directors approved R21-89 on this date.

12) July 25, 1989: Walter A. Scheiber, Executive Director, COG, sent a letter to Mr. Richard Van Duizend, Deputy Director, State Justice Institute, requesting an out-of-cycle grant request totalling $12,000 to conduct a Drug Awareness Seminar for Judges to be held in January 1990. He advised Mr. Van Duizend that additional funding would be sought from the Bureau of Justice Assistance (BJA) and informed him of the planning process which had occurred during the past six months.

Mr. Scheiber also sent a letter to Mr. J.A. Marshall, Jr., Chief, Courts Branch, Bureau of Justice Assistance, formally requesting a grant for the use of BJA discretionary funds to conduct the Drug Awareness Seminar for Judges to be held in January 1990. He advised that COG had requested 50% funding for the seminar from the State Justice Institute and requested that BJA provide the funding for the remaining 50% totalling $12,000. He also advised Mr. Marshall that the chief judges in the tri-state metropolitan region fully supported the need for the seminar.
13) October 13, 1989: Mr. David I. Tevelin, Executive Director, State Justice Institute, sent a letter to Mr. Walter A. Scheiber, Executive Director, COG, advising him that SJI Board of Directors agreed on October 6, 1989 to waive the the concept paper deadline and to invite COG to submit a full application for funding the Drug Awareness Seminar on or before November 6, 1989. Mr. Tevelin informed Mr. Scheiber that the application for funding the seminar should include provisions for:

* Engaging an independent evaluator who would prepare a report describing the process for planning the seminar, assessing the presentation of the seminar, and reporting what practical short-run impact it may have (e.g., agreements reached and actions taken as a result of the seminar within 60 days);

* Preparation of a guidebook by the independent evaluator which could be used by other jurisdictions interested in undertaking a similar coordination/educational effort.

14) November 3, 1989: Mr. Walter A. Scheiber, Executive Director, COG, sent a letter and formal grant application to Mr. David I. Tevelin, Executive Director, SJI requesting $14,500 to conduct the Drug Awareness Seminar. He further advised Mr. Tevelin that judges throughout the metropolitan region had expressed a keen interest in attending the seminar. He advised that the Honorable William H. Rehnquist, Chief Justice of the United States Supreme Court, had agreed to deliver the keynote address at the seminar dinner and that the Honorable Reggie B. Walton, Deputy Director of the Office of National Drug Control Policy had agreed to speak at the seminar's luncheon.

15) November 9, 1989: Mr. Walter A. Scheiber, Executive Director, COG, sent a letter to Mr. J.A. Marshall, Chief of Courts Branch, Bureau of Justice Assistance (BJA), as a follow up request for funds to support the balance of monies needed to conduct the Drug Awareness Seminar. He advised that a formal application for $14,500 had been submitted to SJI.

SECTION II: CRITICAL LEARNING AND INFORMATION CONTENT
A. Proposed Seminar Goals:

The specific educational/training goals for the "Drugs and the Judicial Response Seminar" were as follows:

1) to reinforce the judges' knowledge of the regional nature of the drug problem;

2) to give judges additional information and knowledge for effectively sentencing the drug offender;

3) enable judges to share common problems with a possible view of finding some solutions;

4) make judges aware of what treatment facilities are available within the Washington metropolitan region, their effectiveness, and their ability or willingness to accept interjurisdictional offenders;

5) make judges aware of what supervision (e.g., probation, intensive supervision, electronic monitoring) of drug offenders is available throughout the region, its effectiveness, whether or not it is available to interjurisdictional offenders and, if so, how to effect it;

6) expose the judges to concerns and problems of other personnel within the criminal justice system of the Washington metropolitan region;

7) provide judges with a forum of their peers in which to voice their own concerns and problems with the management of drug cases and drug offenders; and

8) examine possibilities of expedited drug case processing.
B. Proposed Seminar Methods:

The instructional methods planned for the seminar included the following:

1) presentations by experts from various fields about the nature of addiction and the most effective use of the judge's sentencing authority in bringing about a change in addictive behavior;

2) group discussions on sentencing philosophies and practices to learn what colleagues in other jurisdictions are doing about drug users, possessors, distributors, and property offenders who further their drug use by committing crimes against property; and violent offenders in drug related crimes of violence;

3) group discussions on sentencing guidelines in various jurisdictions and how these guidelines help or hinder the judge in sentencing drug offenders;

4) lectures on region-wide treatment facilities and their admission standards, including discussions on cutting red tape in order to gain admission to services;

5) panel presentation on strengths and weaknesses of probation services in various jurisdictions. Examination of validity and effectiveness of electronic incarceration programs and high intensive supervision of drug offenders; and

6) panel discussion by judges concerning expedited case management methods.
C. Program Content:

Session #1: "Local Treatment Facilities and Programs"

First Presenter: Dr. John W. Stauder, Deputy Director for Addictions, Prince George's County (Maryland) Health Department.

Dr. Stauder's presentation focused on an exploration of the concept of addiction and the nature of the addictive process.

He suggested that a significant change occurred in how drug treatment personnel came to a different level of understanding of addiction in the mid-1980's. He presented the following eleven major ideas:

1. Drug personnel began to focus their attention on the concept of addiction not so much on the drug use itself but as on the person who was abusing drugs. Is the user suffering from addiction became the key question and not whether the drug is addictive. Prior to 1984 the area of addiction was most concerned with the actions of the drugs themselves. The addictive process was seen as habitual use of a drug over a relatively long period of time during which tolerance to that drug was developed and physical withdrawal symptoms were seen when drug use ceased. Heroin and other central nervous system pain killers as well as alcohol and sedative hypnotics, which produced withdrawal seizures, were considered to be addictive. Other mood altering and mind affecting drugs such as stimulants and psychedelic drugs were not seen as addictive. Such a definition of addiction and the addictive process created a false picture. It really created a false sense that some drug use is acceptable. This opinion led people to believe that cocaine is a benign drug compared to heroin or barbiturates. Cocaine did not produce a well defined pattern of physical dependence even though it was a potent highly reinforcing central nervous system stimulant and therefore very addicting. The narrowness of such a definition became apparent to drug clinicians in the field well before the evidence of addiction to crack cocaine. Crack has propelled us to acknowledge the addictive qualities of cocaine.

2. The definition of addiction most useful today is the abuse of psychoactive drugs including alcohol which interferes with our health, economic, or social functioning, characterized by three factors; compulsive use, loss of control, and continued use in spite of adverse consequences. Addiction is a pathological state, an illness, and usually a primary process rather than a symptom of some kind of underlying problem other than the addiction itself. We consider addiction as chronic, progressive, and a potentially fatal illness if left untreated. A minority of those addicted also have a major mental disorder and these we call the "Dually Diagnosed." Between 10-20% of the population are estimated to be addicted, including this region as well. One to three families may be involved in drug use yet this statistical projection does not take into account the true nature of addiction.
Research and clinical experience indicate that the development of addiction is a complex interaction of genetic and environmental factors. We don't know how these factors work and we don't even know the identity of all of these factors. Addiction runs in families, with a higher risk of addiction in certain families and, as a result, certain preventive precautions need to be taken. When we identify addiction by a single label or define it simply by a drug such as alcohol addiction, the nature of addiction is misrepresented and I believe that the person addicted is inadequately misrepresented as well. Our clinical experience certainly indicates that our clients do not abuse only one drug, nor can the addictive process be halted unless they abstain from all psychoactive drugs including alcohol and marijuana.

3. Addiction cannot be cured. The process that we call addiction can be halted and remission, which we know as recovery, can occur. Recovery is not a cure. If one is cured then one could return to controlled use of substances but this doesn't work.

4. An individual with an addiction problem often relapses because his attempts to return to controlled use fail.

5. Recovery is possible.

6. It is not accurate to assume the old adage "once an addict always an addict." A person in recovery is no longer an addict. The addiction is no longer active and his thinking, emotions, and behaviors are no longer drug influenced.

7. The conditions for re-addiction are always there. The introduction of mood altering substances will always lead to relapse.

8. Recovery is a lifelong process.

9. Clearing the system of drugs is not a matter of 7 days or 30 days. Physiological stability and even more, psychological stability, long after all traces of the substances are out of the system, takes from 6 months to a year.

10. During this time denial remains a very powerful mechanism. Most persons who are addicted are in a state of denial concerning the severity of their illness. Denial can take hold of a whole city or a whole country. We are just beginning to admit to the addictive state of our society.

11. Addicts look for the quick fix and those who are recovering look for the quick fix as well. Those on the outside, whether family or friends, or perhaps even court personnel, also look for the quick fix. The view that rapid detoxification, and a short time-out without using drugs is often seen as an indication that everything is back to normal. It doesn't really work that way. The addictive process does not follow the path of the quick fix.
In addition, there is no clinical evidence that it works for the person in recovery to overcome his addiction rapidly and it is doubtful whether our efforts to overcome the drug crisis in society could be overcome quickly either.

In closing, Dr. Stauder suggested that should the judges, in using their sentencing power, have before them an offender who has any problem rooted in one way or another to the use of addictive substances, regardless of background, status, or friendship, that such a person deserves the opportunity to be provided court ordered condition of substance abuse treatment, and deserves the opportunity to be assessed by treatment professionals.

Second Presenter: Ms. Phyllis B. Kohlmann, Chair, Metropolitan Washington Council of Governments, Drug Abuse Intervention, Treatment and Rehabilitation Committee.

Ms. Kohlmann presented the judges with 23 key ideas related to the issue of drug treatment of the offender as follows:

1. Just because a person needs help doesn't mean they will think they need help or will accept an offer of assistance.

2. As treatment professionals, it is not necessary for the client to accept that he has a drug problem at first. The first goal of treatment is to accept the problem and to work through the denial. If the client does not change over time and accept the problem or work on it, they cannot get drug free. At some point in treatment the client must own up to the problem.

3. Drug treatment is an interactive process which involves both the program and the therapist delivering it as well as the client. It is not something we do to someone else. It is something the client participates in as an active and viable partner.

4. Treatment is the painful interruption of that relationship involving chemical dependency. Drug addiction is a chronic progressive disease that involves a relationship with drugs--multiple drugs in most cases. Treatment is the loss of that relationship for the drug user and recovery, as differentiated from treatment, is the re-establishment of other relationships and the establishment of a healthier drug-free life for the individual.

5. The process of treatment involves: a) pressure to change; b) feedback to the client on the effects of drug and alcohol use on themselves and on others in their life; c) activities that motivate and keep the client drug-free.
6. Treatment recognizes that addiction is not over when the client's drug use ends. Drug use is over when drug use ends. But treatment may not be over and addiction may not be over. Relapse is part of the illness process and is not necessarily cause for calling it a failure (treatment).

7. What some people call relapse is not relapse at all because the person was never in recovery. A person may have stopped using for some period of time, perhaps because of incarceration, perhaps because their drug of choice was not available, but they weren't in recovery and therefore they hadn't relapsed— it's just a return to use on the part of the abuser.

8. Treatment involves not only changing the drug use but changing attitudes and lifestyles.

9. Successful treatment means a change in behavior as well as a change in attitudes which go hand in hand.

10. Treatment comes in many forms including: detoxification programs; 28 day in-hospital programs; 3 month residential treatment programs; 1 year residential treatment programs; halfway houses; supervised programs; out-patient therapy programs; day treatment programs; jail based programs.

11. Treatment always includes structured and scheduled therapeutic activities such as education, individual, group, and family therapy and support groups such as NA or AA.

12. Treatment is aimed at: a) helping clients accept that they have a problem; b) looking at the effects on their lives of their alcohol and drug use; c) making a commitment to change their life-style; d) and, most important, learning to develop tools to do these things.

13. Many people require all of the modalities listed or only one while some may only need NA or AA type programs to get well.

14. Substance abuse treatment personnel should indicate to judges the specific modalities of treatment required for those defendants they are asked to evaluate. This process is usually based on the nature and severity of the client's drug problem and the treatment history of that individual. Consider seriously the recommendations you receive from treatment and assessment personnel regarding recommendations and, if you don't get them, ask for them and seriously consider them in imposing your sentences.

15. No one approach works best for everyone. It is important to remember that detoxification and 28 day drug programs are the beginning of treatment and not the totality of a drug dependent client's treatment needs.
16. Drug addiction is a lifelong illness. Even for clients who complete residential treatment it is vital that some kind of aftercare treatment program be encouraged and mandated where possible.

17. Clients who present to criminal justice personnel come with multiple problems besides their criminality. For success to continue for those placed in residential treatment, they will need some type of structured aftercare which involves out-patient counseling.

18. With regard to effectiveness, drug treatment does work but it doesn't always work for everyone all the time.

19. What we do know about treatment is that the longer the client stays in treatment the better his/her chances are for a successful outcome (drug free status).

20. Family involvement in treatment positively affects outcome whether it be the family of an adolescent or an adult crack addict.

21. If a client leaves treatment drug free, committed to remain drug free, and actively involved in NA or AA, the chances are that they will do well.

22. The cost of drug abuse left untreated is physical, psychological, and functional deterioration including the possibility of death. (Editorial note: It is obvious, by implication, that Ms. Kohlmann was also suggesting that the cost also included a continued pattern of criminality).

23. The size of the problem, the waiting list in every jurisdiction, the uneven distribution of services, when coupled with the nature of the illness all make effective treatment much more difficult and certainly makes communication among us, at times, less than effective.

In closing, Mrs. Kohlmann stated that clients in public treatment agencies are frequently defendants and in need of many more additional services. In most of the D.C. metropolitan jurisdictions, 50-70% of all adult drug clients are court referred. The bulk of clients come from judges and probation personnel.
Third Presenter: Mr. John A. Jackson, Jr., Administrator, D.C. Alcohol and Drug Abuse Services Administration.

Mr. Jackson suggested that the environment is dynamic and changing in drug treatment agencies in terms of what services can be provided to the courts. He offered these points:

1. The changing drugs of choice are important to recognize. We have emerged from heroin and methadone maintenance to PCP only to find from good input from the law enforcement community that there was a rapid shift from use of PCP to crack cocaine. The challenge to the treatment community is to develop effective assessment and treatment for these drugs of choice today.

2. The treatment community is doing a much better job today of matching treatment needs of substance abusers with treatment options and opportunities. We are doing a better job in the area of assessment by measuring the particular needs of an individual with a particular drug history and a particular social and economic history in order to provide a spectrum of treatment services that can begin to meet that individual's needs. At the same time, there is a call for treatment on demand. We really don't know the true size of the demand problem out in the community as it relates to the drug abuse problem. NIDA (National Institute of Drug Abuse) will soon be funding a study in the Washington metropolitan area to give us a sense of just how many substance abusers/consumers there are. Right now we are not in a position of being able to effectively plan for the problem. We really don't know just how many beds we will need.

3. The costs for treatment are astounding. Acute care detoxification costs $50,000 a day.

4. A new element has emerged in terms of the issue of providing treatment services for drug abuse/drug dependent persons--competition. We have AIDS, pregnant women, the dually diagnosed (those with an addiction and some other type of health or mental health problem), youth, bilingual, gays. All these groups compete for the same spaces and come with a very strong advocacy in terms of entitlement. This means that there is a strong political element injected into the drug treatment field related to who gets those limited number of treatment slots and how those treatment slots are partitioned in the lottery of the various groups.

5. With regard to the use of sentencing alternatives related to treatment of drug dependent persons, here are a few recommendations:
a. With all the competition out there for all the available treatment slots, with a better capability to do a better assessment job, we may be able to provide better service to the courts if sentencing were to be on a broader base. If judges were able to communicate their needs and objectives of sentencing to us, that is, what they want to achieve, and permit us then to match, through assessment, those objectives with our capability, we would be able to do a much better job of providing more ready services on a timely basis. Once an assessment was done on a client referred by the court, the treatment agency could prescribe a course of treatment which would be designed to meet the sentencing needs of the judge.

b. The key to developing this type of model is better understanding and communication linkages between treatment agencies and their personnel and the courts and their personnel. As an example, probation officers should become trained as certified addictions counselors. They have developed a program like this with parole officers in the District of Columbia. Officers go to school to learn about assessment strategies and psychological and physiological effects of drug use. They do their training in drug treatment agencies and by spending time in our agencies as counselors in training, they take back to their court and probation agencies a better understanding of assessment and treatment values, objectives, and methods which they can then use more effectively in working and communicating with us on behalf of their clients.

c. It is important to ensure that treatment is elongated. In addition, if we could establish mechanisms to combine criminal justice monies and health monies to specifically be used for criminal justice court clients, perhaps with a continuum of confinement needs in residential treatment facilities, we would do a great deal to help the clients and reduce criminality instead of incarcerating them as the sole answer to the problem.
Session #1: Questions From Judges

Question: How does the judge decide which person to send to a residential treatment facility and, secondly, for a first time offender who doesn't need to go to jail, how important is it to him/her to be put into a residential treatment facility as far as determining whether or not he will successfully overcome his addiction?

Response: Mr. Jackson> We are seeing evidence that the resistance to having residential treatment facilities in local neighborhoods is easing up and more and more neighborhoods are beginning to accept the need for helping by reducing their resistance. If you as a judge will tell me what your objective is in terms of sentencing such an offender, I think I can do the assessment and make a determination which will help you.

Judge: I think that that's where I'm at a loss some time (knowing what my objectives are when I have to sentence a first time offender).

Response: Mr. Jackson> I need to to know the drug history and what has gone on with the individual before I can begin to think in terms of developing a treatment plan even though it's his first offense. I would rely on the drug history to give us some sense of how to determine and assess what the treatment needs are.

Response: Ms. Kohlmann> Our experience in Arlington is that the individual is sentenced to probation and part of the conditions of probation are substance abuse treatment as determined by the agency which conducts the evaluation. For first time offenders it is important for treatment officials to communicate with probation officers and make the recommendations as to the type of treatment required based upon the evaluation process.

Judge: Our probation agency now has officers handling caseloads around 150 cases per officer. They can't possibly supervise that many people effectively and make sure that the people are doing what they're suppose to do.

Judge: I have a simplistic question. I can tell you what my goal is. It is not to see that defendant back again. And the reality of that is that I see all of them back again. My experience has been that short term programs don't work and that, with the exception of 28 day alcohol programs, they just don't work.

Response: Mr. Jackson> Many short term programs are quite effective. What often breaks down is the failure to ensure an adequate aftercare treatment component. There needs to be someone available to help offenders comply with the requirements of aftercare to ensure continuing recovery. This is the major shortcoming of most of our short term treatment programs. The aftercare process needs to be sufficiently in place to support the ongoing recovery work which needs to be done.
Judge: We have an ultimate weapon which is to send them to jail if they fail to comply with their conditions. Yet for many it makes no difference since they are not ready to accept treatment. They are probably better off being dried out in jail rather than having such an individual using a treatment resource taking up bed space when he isn't really interested in getting well. We judges tend to become pessimists about the ability of the treatment programs because the recidivism rate is so high for those involved in distribution charges.

Response: Ms. Kohlmann> I think that this is exactly the reason why we are seeing an increase in jail based drug treatment services. If there is a jail based program available then the individual can begin to show sufficient motivation and give you judges some evidence that other services may be appropriate.

Judge: If the facilities are so limited and judges send people out for evaluation, why is it that no one sends back a statement to us that the offender can't be helped?

Response: Ms. Kohlmann> We send out statements to judges telling them that this person can't be helped right now. Judges and probation officers don't like to hear it. When this occurs judges will often ask the probation officer to find another program.

Judge: Mr. Jackson made a good point. He stated that one of the reasons we put people into treatment programs is because it's cheaper to do so than to send them to prison.

Response: Mr. Jackson> Costs are increasing.

Judge: What is the incidence or reliability of sending someone in for an evaluation and having you evaluate that person and coming up with a treatment plan that really turns out to be the right treatment plan even if that person engages in it or not? Is your evaluation reliable?

Response: Mr. Jackson> It's not that good yet judge. We are working hard on assessment and measuring progress in three week periods of time to measure progress in a number of areas. We have instruments to help us to do this.

Judge: This puts us in a terrible position. You tell us to put him in a particular program and we go with it and it turns out to be the wrong program.

Response: Mr. Jackson> I'm saying that assessment is an on-going process. It is an involved process.
Response: Ms. Kohlmann> This is why I prefer that you use your sentencing authority to sentence the offender and mandate into drug treatment. The drug treatment personnel in conjunction with the court will decide what that will be. That allows the offender to make it or break it. If they can make it in outpatient treatment after detox, great! If they can't then they are still court mandated into treatment and you can try something else.

Response: Dr. Stauder> I was going to say that the thrust of the questions are around the use of residential treatment. Our rule of thumb is to go with the least restrictive setting. And if it is in your judgement that the person can be released under supervision then we would consider community based treatment as the least restrictive setting.

Judge: I'm a judge and I'm not a treatment professional and that's the real problem. You're asking me to make a determination which is better made by a treatment professional.

Response: Ms. Kohlmann> That's right! And I would ask you not to make that determination.

Response: Dr. Stauder> I'm not asking you to make that decision. What I'm saying is if the person should be in jail put him in jail; if the person can be released to the community under supervision, and there is some evidence that there is some drug abuse possibility, put a condition on him for a year or more that they go and be assessed and let the treatment officials determine whether the least restrictive setting, outpatient, is appropriate. The person will fall flat on their face rather quickly if it is not the right setting and we will develop more restrictive opportunities for them. If the person disappears on us, if they don't show, if they're gone, we don't have any choice except to go back to the probation department and say take him to court.

Judge: Can we get some type of profile from treatment personnel which would help us to see which types of offenders would be the best type of risks to warrant sending them to drug treatment programs and facilities? Aren't there some type of characteristics that you can help us to better understand which would enable us to make better decisions about the type of offenders we should be sending to you and the types we would best not send to you because they aren't really ready or interested?

Judge: Is there any data in the matter of treatment which suggests that you put the drug offender in jail for a while before you send him to treatment?
Response: Ms. Kohlmann> I don't think that we have seen any differences, unfortunately, whether they have spent a short time in jail. In fact, sometimes the fact of being in jail makes them think that they can handle it since they haven't been using drugs for the time that they have been detained. They tell themselves that they are okay and that they'll do fine and they fall flat on their face because they're not in treatment.

Response: Mr. Jackson> We don't have any data on your question judge and we should have. We need to generate a great deal more data than we have and it's important that we support such initiatives so that we can lay such a baseline.

Judge: My approach is to see that they go to jail for a period of time before I put them into treatment programs.

Response: Dr. Stauder> Our experience with the DWI facility in Prince George's County, which is a jail program similar to a work-release type setting, with a strong treatment program, these people do very well when they come out of that jail program if there is a monitor program or [if they go] on probation. They do four times better than people who don't go into that facility.

Response: Mr. Jackson> Your suggestions for data are great suggestions. There is health money and justice money. I would urge as an outcome of the seminar that we identify some kind of data needs that we would forward to the Department of Justice and NIJ so that if they haven't started a process that they can begin to do so.

Judge: I get the distinct impression, that if the substance abuse progresses to addiction, that outpatient treatment is not going to be effective; and if it hasn't progressed to addiction, that maybe they don't need treatment?

Response: Ms. Kohlmann> We have good outcomes on outpatients. It depends on the motivation of the client and the support systems available. Now they usually go to detox first to interrupt the use.

Judge: My experience has been that some treatment programs refuse to provide what I have asked them to do. Have any of you had experience where health care professionals have refused to follow what you order and want to do what they want to do instead? It really raises the big question of who should be making that final decision. Should the health care professional make that decision or should the judge make that decision after considering the recommendation of the health care professional?

Judge: How many in-bed residential beds does the health department have access to? Are there any other treatment facilities in Prince George's County aside from Second Genesis where a judge can coordinate treatment?
Response: Dr. Stauder> The 30 day Reality Program in Laurel, Maryland and the halfway house in Laurel for men and women for six months. We also use use Mountain Manor under a contract. We also have Second Genesis. We have very few facilities.

Judge: Is the County or the State doing anything about that?

Response: Dr. Stauder> The County is going to do something. There is a juvenile facility on the drawing boards.

Judge: We get lots of information in the mail on private treatment programs at a cost, many times where the defendant doesn't have the money for these programs. Are you aware of any money in the County that the court can use to pay for these fees and also does anybody go through all these pamphlets and conduct a rating of these facilities? Is there anybody in the County who is looking at these programs who can tell us "Judge that's a good one, or that's not a good one?"

Response: Dr. Stauder> This is the State responsibility. We know what programs have been certified as legitimate. We can give you our opinion on how these programs work and what we think of them. We are up against the same problems that you are on fees and efforts to negotiate fees. We can work with you on that.

Judge: Casting aside your philosophies, if you were managing the budget, in light of the subject before this seminar, would you weight the budget in favor of enforcement or in favor of treatment?

Response: Mr. Jackson> You didn't give me all the options, Judge. My choice, absolutely would be prevention and education. I've got to stop getting new clients. Prevention initiatives have got to at some point take hold. There is clearly a need, however, for law enforcement. And there is a preventive element in law enforcement. There is clearly a need for treatment and I would not argue which element got the most.

Response: Ms. Kohlmann> I think the current initiatives put too much money in law enforcement and I see treatment as prevention because for every mother we return treated successfully, we return a functioning member of a family to children who are already seeing dysfunctional behavior and are already destined to become drug addicted themselves. I think that treatment is helped by law enforcement initiatives and that we never see self referral and that the best thing that can happen for most of our clients is to be on probation or parole with consequences. Unless there is some leverage they are not going to come to treatment. We need all of these approaches working in tandem with one another but clearly my bias is prevention and treatment.
Judge: There is a bill in the Maryland Legislature which would mandate drug education in the first and second grade.

Response: Dr. Stauder> Every five years I hear that there is a new curriculum. I don't know why they're not implemented.

Response: Mr. Jackson> My kids, who are now adults, don't smoke because they were exposed to much of the education and prevention material campaigns warning about smoking. Clearly we need to support and sustain such initiatives.

Judge: How important are the sociological and environmental problems as far as treatment is concerned?

Response: Mr. Jackson> While you are building the opportunity for self sufficiency for the individual, you try and give the individual some options. You help him to learn that once he returns to his community that he will need to make some adjustments to avoid those old friends and places which can impact negatively on him.
Session #2: "Probation/Parole"

First Presenter: Ms. Leslie H. Rubenhofer, Chief, Probation and Parole, District 29, Virginia.

General discussion of probation system in the State of Virginia.

Second Presenter: Mr. Philip Collins, Deputy Director of Social Services, D.C. Superior Court.

Mr. Collins spoke on new approaches to dealing with the drug offender and offered these points:

1. We currently have approximately 10,000 offenders under supervision. Seventy percent of these offenders have drug related convictions.

2. Project Safety Net was instituted within the Division of Social Services in order to train probation officers as certified addiction counselors, responsible for developing and implementing a short term counseling urine surveillance support program for chemically dependent clients awaiting placement in a community based drug treatment program. Twenty probation officers have been trained in 1989 to fulfill this role. An additional twenty officers have been approved for this training for 1990. This specialized training will allow us to provide drug offenders with information regarding drugs and their consequences; assess the extent and severity of their drug usage; more effectively assign them to an appropriate level of probation supervision; and continue to refer probationers to drug treatment in cases where indicated.

3. We have also engaged a consultant to assist in the development and implementation of an assessment tool for drug offenders designed to diagnose their drug problems, thereby allowing us to make the kind of referral necessary for treatment.

4. D.C. Superior Court has the most comprehensive drug testing program in the nation. In addition to Pre-Trial Services testing all offenders, referrals for presentence investigation and those placed on probation are required to take a drug test.

5. Probation can and must do more in the area of developing intermediate sanctions in order to cope with the drug problem and to assist in relieving the jail of overcrowding.

6. We are exploring other treatment options and intermediate sanctions used elsewhere. We are looking at the use of acupuncture services used in New York.
7. We are exploring other knowledge regarding the use of diet approach and its effect on behavior.

8. We hope to develop a proposal for a residential facility for probationers in 1990 who need to be stabilized before or after being placed in various levels of probation supervision.

9. We are also examining the use of day reporting centers, a highly structured, non-residential program utilizing supervision sanctions from a centralized location. This facility would address job placement needs, substance abuse treatment, mental health counseling, education, and vocational training.

Third Presenter: Mr. Henry L. Templeton, Chief, Maryland Division of Parole and Probation.

General discussion by speaker of parole and probation system in State of Maryland.
Session #2: Questions From Judges

Judge: Let's assume that Judge Murphy from the District of Columbia deals with a Fairfax County resident and does not want to put him in the D.C. Jail but knows that that person needs supervision. Can Judge Murphy through the Interstate Compact make some suggestion or requirement that that offender be under intensive supervision and, conversely, if I have a D.C. resident who has technically violated the terms of his probation in my district, and you have said bring him back for revocation, under your electronic incarceration program as proposed, can I recommend that that D.C. resident go back into D.C. and be under your intensive supervision or in an electronic incarceration program and, if not, why not?

Response: Mr. Collins> For our present programs we cannot do that. We are, however, looking into this as a future possibility.

Response: Ms. Bubenhofer> We would evaluate the request from Judge Murphy in light of our resources and try to see if it could be arranged on a case-by-case basis. We currently have 1900 clients and only 24 slots in intensive supervision in Fairfax.

Judge: With respect to intensive supervision, Mr. Templeton, are you suggesting moving to sanctions without a lawyer?

Response: Mr. Templeton> We need to act immediately, within the scope of our legal authority in Maryland, to remove offenders off the street when they have violated their conditions of release. This also includes the ability to move a person to a treatment modality immediately. Existing waiting lists in the public sector does [sic] not provide for that and we need to develop with private sector vendors some types of programs where we can cut down the 3–6 week delay in getting people into treatment.

Judge: My question has to do with cooperation. When I place somebody on probation in Montgomery County and he's a D.C. resident, and I want drug screening and urinalysis testing 2–3 times a week, my experience has been that the Interstate Compact has a real significant time lag. I may have to wait six months before my probationer is contacted and there has been no urinalysis. What can we do to speed that up and get cooperation to arrange for the urinalysis?

Response: Mr. Collins> In D.C. if our probationer is awaiting transfer to another jurisdiction, we provide the testing as long as they are under our supervision.
Judge: We all know that your probation agents have caseloads that are impossible. When we transfer probation supervision say from Maryland to Virginia, do your probation agents resent that additional assignment and are they going to give the same attention to that assignment that they would from their own court?

Response: Mr. Templeton> In Maryland if they resent it they should keep it to themselves.

Response: Ms. Bubelhofer> I don't think they resent it. One problem we've run into is that Virginia is no longer accepting the DWI client that has not been adjudicated and this has created some problems. In Virginia there is only one standard of supervision whether you are a DWI case or a murderer.

Judge: If we put someone on probation in Montgomery County who is a D.C. resident and we send them to D.C. through the Interstate Compact, they're not picked up for six months. By then it's too late.

Judge: If you were to take a vote of the people in this room I would bet that, in fact, how many people in this room have experienced this problem and let's show them that by a show of hands?

Response: Mr. Templeton> I can only speak for Maryland in saying that we will do anything we can to ensure a way of expediting that process for effective transfer of cases.

Response: Mr. Collins> We have a requirement on our probation officers that if they have a request for transfer from another jurisdiction, we have to make an investigation and that investigation must be completed within four weeks. What often takes up the time is the paper work that goes through the Interstate Compact Office.

Judge: As a judge in the District of Columbia who has referred cases for transfer to Virginia, say Fairfax County, we have learned that a transfer case must first be referred to Richmond before it goes to your office. This sometimes takes 8 months. Is this correct?

Response: Ms. Bubelhofer> You are correct. We have to complete our evaluation in 30 days and then forward our report back to Richmond for review before it goes to the Interstate Compact Office. And this is what is taking so much time.

Judge: In D.C. you have a pretrial agency that does drug screening. Will that unit accept our cases from other jurisdictions if we ask you to accept them before the case formally gets into the probation system so that we can get drug screening on these type cases?
Response: Mr. Collins> Since the Pre-Trial Screening Agency is not under the Court's jurisdiction and is an executive agency, I can't really answer that.

Judge: Well, what is the answer to the delay? Is it simply for us to keep the case in our system before it's accepted and make them trot out to Fairfax County to give urine samples or just lose them in the system for 6-8 months?

Response: Mr. Collins> In D.C. we would keep the case under our system and do what needs to be done until the case is accepted for transfer.

Response: Ms. Bubenhofer> In Virginia we will continue to work with the case until it is transferred if it is a local case from the area. The problem is if the case is one where the client is going far away, say in California.

Response: Mr. Collins> One additional problem which may act as a delay is that probation officers may not send the necessary papers. We try to eliminate these type problems and most of the delay is with the Interstate Compact Agency problem.
Session #3: "Corrections"

First Presenter: Mr. Calvin Lightfoot, Director, Montgomery County, Maryland, Department of Corrections and Rehabilitation.

Mr. Lightfoot made these points:

1. We must learn to define what we are going to do with those offenders who judges send to us by developing realistic programs for them.

2. The Corrections Chiefs in this region are unique in that we work very closely with one another. We must develop similar arrangements with the judges in the region which will enhance interagency cooperation between corrections and judges as well as across jurisdictional lines.

3. In the Pre-Release Center in Montgomery County, we have the type of legal autonomy which allows the Director to make decisions about inmates under his supervision without having to go back to the court. This is a good thing. If a person violates one of our conditions we have the autonomy to move that offender back to another kind of sanction. This example suggests that correctional agencies should have autonomy to make decisions regarding inmates.

4. In defining who should go into jail, judges should have an array of options available. Some of these options will entail risk. Unless judges are willing to take some risks, incarceration is all that need be considered. Options should start with pretrial services so that one can be assured that the offender is being handled effectively at various stages within the handling of his case.

5. We need to work together so that we can arrange to have available a wide array of services which will enable us to return this offender back to the community less dangerous.
Second Presenter: Mr. James A. Gondles, Sheriff, Arlington County, Virginia.

Mr. Gondles offered these points:

1. There are no other viable alternatives to dealing with the havoc of drug abuse affecting our country and our communities than to provide education, treatment, and enforcement.

2. While some have talked of legalization as an answer to the drug crisis, I believe this is surrender.

3. It costs nearly $15,000 per year to keep someone in your local jail. It costs $25,000 per year to keep someone in a state prison. A high-rise jail being built today will cost approximately $65,000 per bed. A new prison cell in a new facility will cost up to $100,000 per bed. In the Washington metropolitan area alone we are going spend $277 million dollars in corrections construction and operations on the local level this year. In Arlington and Fairfax counties we have approved bond referendums totalling over $100 million dollars for construction of new jails and additions to present jails. Costs for additional jail space are increasing everywhere. We cannot afford to build ourselves out of this crisis. As a criminal justice professional I do not support this method.

4. Judges, more than anyone else, hold the key to our crowded correctional systems. Consider what effect net widening has on the system in the use of home detention, weekend work programs, community diversion programs, community service, and diversion and treatment programs as alternatives.

5. Drugs have changed our institutions immeasurably by tripling the number of people coming into our jails and prisons, especially women offenders. The rate of growth of incarcerated women is three times that of males today throughout the United States. Our facilities are not equipped for them physically as well as in terms of policies and procedures.

6. Our jail is going to be the focus of a lawsuit filed by the ACLU on behalf of female inmates. Our facility was originally designed for 13 women--today we have 62 women.

7. We have a work program that was originally designed for male inmates. Women offenders are now in that work crew and this presents special problems for our staff in terms of dealing with security, observation, and the safety of the participants in the work program.

8. More and more women are coming to jail who are the mothers of young children. Our jail rules prohibit visiting by minors and we in Arlington don't have contact visiting at all. What affect do these rules have on these children who are separated from their mothers?
9. We are serving a drastically different population today than we were ten years ago. Women come into our jail pregnant. What do we have to give them constitutionally and what should we provide to them? Pregnant women who are addicted to dangerous substances are even more of a concern to correctional administrators.

10. I want to urge the judges to engage in dialogue with the correctional staffs in their own communities. When we talk among one another good things happen.

Third Presenter: Mr. Enrico Torres, Board Member, D.C. Board of Parole.

Mr. Torres indicated that those involved in parole administration need to coordinate their policies with other players. He identified seven distinct groups involved in improving the quality of services to offenders: policy makers in parole; offenders themselves; departments of correction; other treatment providers; other criminal justice agencies; other jurisdictions; and the public at large.

Comment: Mr. Samuel Saxton, Moderator and Chair COG’s Corrections Chiefs Committee:

Mr. Saxton informed the judges that it would be advisable to focus on 1-3 specific things as an outgrowth from the seminar that the whole region could accomplish. He also recommended that the judges read the book entitled Characteristics of Different Types of Drug Involved Offenders. He cited three specific things from that book which are important if judges and other policy makers are going to have an impact in coping with drug related criminality:

1. Improving methods for identifying high risk dangerous drug involved offenders;

2. Replicating the testing programs previously found to be effective to reduce crime;

3. Coordinating criminal justice system efforts to supervise and deal with the entire range of dangerous drug involved offenders.
Judicial Response: Breakout Sessions

Group A: "Treatment Programs"

In addition to the seminar participants, also present during the session were Ms. Phyllis Kohlmann of the COG Drug Abuse Intervention, Treatment & Rehabilitation Committee, John Jackson, Administrator of the D.C. Alcohol and Drug Abuse Services Administration and Dr. John Stauder, Deputy Director for Addictions, Prince George's County Health Department.

The breakout session was devoted to a discussion of the concerns of both the judiciary and the drug treatment community. The initial focus of the discussion revolved around which aspects of the drug problem should most concern the judges—treatment for the drug dependent offender, punishment for the crime committed, or public safety. Each judge seemed to have different priorities. No consensus was reached.

The treatment panelists were more in agreement. In response to one judge's comment that incarceration of first time offenders would be therapeutic in that it would help the offender "bottom out" more quickly, the panelists unanimously agreed that such a course of action was not therapeutic. They advocated, instead, the least restrictive course of action and, with minor exceptions, agreed that first offenders should not be incarcerated. They were, however, in agreement that a degree of coercion was necessary for the first offender in order to capture their attention and to gain compliance with treatment requirements—the coercive element in such a case being the threat of incarceration should the offender refuse treatment or fail to successfully complete the treatment program. Ms. Kohlmann stated that the judge needs to give a sentence with "teeth", otherwise the offender will continue to deny the problem.

The panelists also stressed that treatment provided to incarcerated offenders in the first months of incarceration was not helpful unless the treatment was sustained throughout the period of incarceration, and especially in the months prior to release.

Many of the judicial participants admitted ignorance regarding the effects of different forms of drug abuse and addiction. In particular, they wanted to know the difference between heroin and crack addiction. The judges seemed to be under the impression that crack addiction was considerably more difficult to fight. According to the panelists, the influx of crack dependency is so recent that effective treatment approaches are just now being formulated and introduced as experience is gained in dealing with crack addiction. The panelists were optimistic that effective treatment approaches were being developed and that this crisis would be overcome in time.
The final area of discussion was in regards to the limited space in treatment facilities. The judges wanted to know if they should concern themselves with the availability of space when handing down their sentences. They questioned whether they needed to perhaps prioritize the offenders before them so that those with a greater chance of recovery would receive treatment first. They also wanted to know if a success profile on a drug client existed in terms of who would best make use of limited treatment resources.

The panelists reiterated what they had stated during their panel presentation--that the decision regarding who would be most amenable to treatment should be left to them, and that this should be done prior to sentencing using, in effect, a type of triage function, weeding out those whom they believed would not benefit from treatment.

In response to the request for a success profile, Ms. Kohlmann admitted that current evaluation and assessment techniques could not always identify those who were most ready for treatment. On occasion, she stated, offenders who presented themselves as bad treatment risks in an objective profile were offenders who had finally come to accept their need for treatment. She felt that the use of profiles would result in a decrease in treatment options and opportunities for the poor black offender.

Group B: "Probation and Parole"

Questions raised by the judges for consideration and discussion included the following:
1. What are judges doing in the region in terms of using intermediate sanctions where there has been a clear violation of probation?
2. Based on experience in working with probationers, what percentage of your cases end up violating their probation and how soon after placement on probation does violation most often occur?
3. How quickly do the "bad guys" get paroled and we see them again back in our court having committed a new crime?
4. How can the red tape problem be overcome in handling the interstate transfers?

One judge stated that her experience has been that offenders are usually granted parole automatically as soon as they become technically eligible.

Another judge stated that the loss of indeterminate sentencing authority has meant that judges no longer can ensure that an offender will serve a definite time frame in prison.
A judge wanted to know if judges were sentencing solely for punishment or whether they were sentencing for punishment and rehabilitation goals. His question was related to the issue of parole in questioning whether release on parole sooner than the judge had intended meant that the judge was not carrying out the punishment objective effectively.

A judge shared his concern that the sentencing power of the judge was being undermined in the eyes of the public who may believe that the judge is responsible for the short period of time that an offender may serve in prison and granted parole. He cited an example of a Washington Post article which stated that drug offenders in Virginia are only serving six months for distribution of drugs. The judge indicated that he did not mind taking the heat from the public on a given sentence but felt that the danger was being held accountable for a release which did not reflect the judges' true judgment on a particular case being granted parole by the parole commission. Judges expressed similar concern over this matter since the public would, in the final analysis, hold them responsible for an offender who was released back to the community who may have become a recidivist.

Discussion Regarding Use of Intermediate Sanctions:

A judge expressed dismay at knowing how to handle the problem of an offender who is placed on probation and commits a technical violation such as showing evidence of testing positive for drug use. In response, another judge indicated that it was important to impose some type of sanction on the offender in such a case in order not to become an "enabler" for the continued unacceptable behavior. For such a violation there should be an immediate response for the unacceptable behavior with a clear consequence. This doesn't require throwing away the key but providing some type of action to capture the offender's attention. The responding judge felt that, given what was learned during the day, that relapse is normative, that the integrity of the probation process requires some type of action or sanction being taken to obtain compliance.

Mr. Collins indicated that it might not be necessary to put the individual back in jail by violating his probation. Instead, he suggested putting the individual into a residential treatment program to get him stabilized. This is a more restrictive type of option than what the offender had formally been exposed to in terms of being on probation and required to submit to urine surveillance. Unfortunately, he indicated that his court does not have such intermediate sanctions in effect as yet. He also suggested that his probation officers are rather strict and will bring somebody back for a violation if they start using drugs. He suggested that this may change with his officers being trained as certified addiction counselors since this may give them more knowledge of available options and resources to use in handling this problem from the standpoint of a continuum of needs mentioned during the earlier part of the day by the panelists on drug treatment.
Mr. Templeton helped the judges to understand that it was important for them to have a variety of sanctions available for use with drug offenders or any offenders. He contended that culture of the offenders were such that they work best when they know that they have sanctions which they must abide by and that failure to have sanctions available and used only gives the offender the sense that they can get away with offending.

Another judge indicated that he uses intermediate sanctions by temporarily using shock incarceration for a short period of time to capture the offender's attention.

Another judge indicated that he automatically puts a drug offender in jail for thirty days before he makes up his mind what kind of sentence to impose.

Another judge indicated that judges and probation officers sometimes use informal mechanisms to gain compliance with a probationer who may be in trouble. The use of a letter being sent to the probationer outlining the violations and indicating that he/she has a short period of time to return to compliance is often useful when a copy of the letter is sent to the sentencing judge. This approach is viewed as an informal intermediate sanction which has potential to get the offender to comply with his requirements.

Another judge indicated that she felt that it was important for her colleagues on the bench to consider the use of certain drugs as more important in the use of sentencing and other sanctions. For example, she suggested that the use of PCP and crack cocaine warrant a closer level of control and supervision than perhaps other types of drug use because these drugs have such unpredictable effects on the users. She suggested that this would also entail how judges handle violations of probation where use of these two specific drugs are involved and suggested that immediate action needs to be taken with regard to those involved in these offenses.

Mr. Templeton suggested that the use of a subpoena as an intermediate sanction requiring the offender to return to court immediately to answer charges pertaining to violations would be quite effective in many cases. Such offenders would be told by the judge that this would be their last opportunity to comply with requirements pertaining to probation or to treatment requirements. He felt that this type of action would be quite beneficial if used more by the judges.

Ms. Bubenhofer suggested that in Fairfax her probation staff can issue an immediate arrest warrant for a period of sixty days. Mr. Templeton suggested that the State of Maryland needs to have a similar type of authority for their probation officers so that they could take immediate action in dealing with an offender who was violating terms of probation or failing to comply with treatment requirements.
Group C: "Corrections"

A judge asked Mr. Lightfoot what the experience has been in dealing with job placements and effective supervision of offenders coming out of the correctional system in the State of Maryland. He was particularly interested in knowing about job placement, monitoring, and close scrutiny of repeat offenders.

Mr. Lightfoot indicated that programs at the State level are not geared to providing the type of close supervision which the question implies unless the person is placed into a community treatment facility. He indicated that about 1/8th of all offenders in Montgomery County are released through the Pre-Release Center which has the mechanisms to handle the type of job placement and close supervision requirements necessary to deal with monitoring of offenders.
Session #4: "Drug Treatment in the Correctional Setting"

First Presenter: Dr. Eric Wish, Visiting Fellow, National Institute of Justice, U.S. Department of Justice.

Dr. Wish presented the judges with important data on drug use patterns associated with his research with the DUF System (Drug Use Forecasting) which is sponsored by the National Institute of Justice.

1. The criminal justice system does a tremendous job of finding the most serious drug abusers in the country. The people that we want to intervene with the most are coming through the doors of the system every day.

2. The criminal justice system operates as if people in the system would be honest about telling them that they had been using drugs.

3. In order to intervene effectively with drug abusers it will be necessary to mandate drug testing.

4. Drug use is measured in this country by developing national trends in asking people in stable households and seniors in high school whether they use drugs recently.

5. By using drug testing data we are able to detect, in advance, changing patterns of drug use such that we can forecast and predict whether we are having a drug epidemic.

6. The National Institute of Justice started the Drug Use Forecasting program as a way of helping cities to develop critical information on drug use trends.

7. There are real tangible benefits from the DUF system: a) detecting drug epidemics early; b) supporting the allocation of law enforcement resources; c) supporting the allocation for the need for treatment resources; d) measuring the impact of efforts to reduce drug use and crime; e) providing national-level estimates of drug use patterns; f) tracking national drug trends; and g) helping communities do a better job of documenting their requests for funding to combat drug abuse from State and Federal agencies.

8. The DUF system now is operational in 23 major cities throughout the United States at the present time.

9. Urine testing for drugs routinely screens for ten (10) major drugs.

10. Opiate use appears to be going down as the drug of choice with several key cities, including Washington, having the highest use indicators.
11. The Washington D.C. area has a higher percentage of PCP users which is not similar to other parts of the country. Amphetamines are not a high volume user drug on the East Coast as they are on the West Coast. There is no evidence yet to indicate an increased trend in the country to use amphetamines among the arrestee population.

12. Arrestees are not honest in telling us that they have used cocaine based on our research findings. In fact, urine test results show that they use cocaine 2 to 4 times more than they self-report.

13. One cannot identify a drug user by charge at arrest whether the arrest is for possession of drugs, sale of drugs, or some other type of crime. Drug users are not crime specific offenders.

14. With respect to gender, women are more likely to test positive for cocaine and heroin at time of arrest than men and less likely to test positive for marijuana.

15. Approximately 20-25% of the DUF sample ever admit to injecting drugs.

16. One interesting finding emerging from the data is that approximately one-fourth of the men and one-third of the women arrestees said that they needed treatment.

17. Data does not support the notion that people mix crack cocaine with heroin.

18. It is very important to recognize that drug arrestees indicated that they started using drugs as juveniles (Editorial note: this clearly suggests the need for primary and secondary prevention treatment programs aimed at youth when first brought to the attention of the justice system). This is a tremendous opportunity to intervene early in the career use of drug dependence.

19. In Washington, D.C., cocaine use is now at a level of 55% of arrestees testing positive--the lowest that it's been in this area since 1985. Use is down and researchers are not sure why this trend is occurring but need to examine this.

20. Once again, it is very important that judges recognize the significance of drug testing, as self report use is an inaccurate indicator of true use since data nationally has shown that drug arrestees use drugs twice as much as they admit to using. These findings indicate that roughly half of the arrestees test positive for cocaine while only 25% of them actually report using...
cocaine at time of arrest. Applying this data for the arrestee population in 1988 you come up with a low estimate of 2.1 million cocaine users and a high of 6.0 million users. This clearly indicates that the largest group of serious drug users in the U.S. are coming through the criminal justice system every day. This is the population for whom serious intervention services should be planned as a means of controlling and cutting crime.

21. Data indicates that drug use is clearly related to their subsequent involvement in criminal activity. The more drugs the user tests positive for at time of arrest, the more likely you will see evidence of more criminality occurring in terms of rearrest.

22. If you want to intervene effectively it is imperative to set up a drug testing program. A recent study conducted in a New York intensive probation supervision program found that 52% of the probationers tested positive for drug use. Only 3% admitted using cocaine and only 9% were estimated to be using by their probation officers. These facts suggest clearly the need for drug testing programs as a means of staying on top of your problem in order to cut down on future crime rates.

23. There is a new type of drug screening test which probation officers can implement immediately to detect use without having to send the specimen to the lab. Over 90% of people who test positive through the use of this type of test device admit their use of drugs on the spot. This is an important tool to begin the process of early intervention.

Second Presenter: Dr. Douglas Lipton, Director of Research, Narcotics and Drug Research, Inc.

Dr. Lipton presented the judges with important information which, he suggested, provides them with hope and a sense of real opportunity to intervene effectively in dealing with drug user criminality. The following points were of particular importance:

1. Most users will not enter treatment programs voluntarily unless there is a powerful leverage available. Conviction provides judges with the leverage to require treatment from the onset of custody to completion of the sentence.

2. Without court intervention with drug users, particularly those with a high rate of use, their level of continued criminality is almost certain.

3. It is not important to focus efforts on trying to study causation and why people use drugs or commit crimes because these factors frequently have little relevance in terms of how to treat them.
4. A theory of rehabilitation was proposed by Dr. Lipton including the following components:

a. Impediments or a set of personal characteristics on the part of the offender seem to continuously impede the individual's ability to function. The inability to function in one or more socially acceptable areas significantly contributes to the person's commission of criminal conduct.

b. Treatment should be directed towards overcoming these impediments or personal characteristics. This is the rightful aim of rehabilitation.

c. It would be prudent for a correctional system, even in the absence of proof that such impediments have caused his criminality, to focus efforts on intervening on those known factors which have bearing on impeding socially conforming behavior.

d. Principles of successful correctional intervention would include the following steps based from research, insight, and common sense:

   / Diagnosis and Classification: It is important to triage your criminal population not only for purposes of custody but also as it relates to treatment options. These decisions are primarily based upon the extent of the impediments and upon the severity of these conditions. Substance abuse is only one of the factors which correctional systems must deal with in helping the individual to become crime free.

   / Assessing Severity: You have to eliminate those who are not amenable at the present time to using our resources as well as those who are frankly too far gone.

   / Sequencing Interventions: It is important for correctional staff to have a strong understanding of the process of recovery which every drug abuser goes through (editorial comment: This is similar to the idea presented the first day by Mr. Jackson who suggested to the judges that probation and parole officers would be well served if they were trained as certified drug and alcohol counselors). Dr. Lipton pointed out that most drug abusers in treatment programs have their greatest potential for relapse during what he referred to as the "wall", that period of time when they experience powerful depression which triggers craving for drugs and alcohol and where they experience anhedonia (chronic inability to experience pleasure). This usually occurs between the period of 46 to 120 days after being clean. It is during this period when they fail miserably. As a consequence,
Dr. Lipton wanted the judges to understand that an intensive effort was required up front to help drug users overcome the resistances to recovery as well as the critical "wall period" which makes them the most vulnerable to relapse. This necessitates sequencing interventions according to the principles of recovery identified above. It also requires ensuring that someone is assigned to manage the intervention effectively with the understanding of the recovery principles and relapse knowledge necessary to be effective in providing the drug offender with differential types of services.

Encouraging Program Participation: In spite of the conventional wisdom, Dr. Lipton suggested to the judges that research has shown that most drug treatment programs do not really have waiting lists. In most instances, a treatment candidate can get into a program within 2 or 3 days. He suggested that effective treatment requires some element of cooperation on the part of the user.

Mandating that a user be placed in a program doesn't work well since some notion of cooperation on the part of the user is required. He suggested that drug users in need of treatment are very resistive to the idea that they are mentally ill and in need of some type of complete overhaul of themselves. They are fearful of being brainwashed by correctional and treatment personnel. Dr. Lipton suggested that involving the client in the treatment planning process is important since they respond best when they understand from an intervention person what the program can do to possibly help them live their lives better. When the "in need of treatment" person helps himself get into a program, the process of change has begun.

Successful rehabilitation programs involve the offender in the planning of the program by helping them to understand the areas of their life which interfere with their ability to remain free. Very often you can elicit what they see as realistic impediments to their ability to function well in society. Dr. Lipton emphasized the idea that mandatory treatment is quite controversial and often counterproductive. He suggested that it would be important to offer positive incentives to drug offenders by offering them early release, a lower degree of custody, or some kind of benefit that means something to the offender. He also pointed out that good treatment programs are safe programs from both a psychological and physical standpoint.

Separate Treatment Participants From the General Inmate Population: Dr. Lipton emphasized the importance of neutralizing the impact of the inmate subculture on those who are involved in treatment programs. The best way to ensure this is to make sure that those involved in treatment do not return to the general population where the pervasive impact of the inmate value system will be dominant. He also pointed out that successful programs
require inmate participants to relate to staff and to each other isolated from the general population in order to create and maintain a sense of prosocial values while confronting negative values. Working closely with staff in this manner encourages change to occur and change can and does occur rather rapidly under these types of circumstances. At certain times, Dr. Lipton stated, successful programs encourage minimal group contact with the general population in order to allow the offender to recognize that change has occurred. This is often a powerful motivator encouraging them to stay in a program.

/Focus on the Positive: Dr. Lipton emphasized the importance of focusing upon positive behaviors instead of giving undue attention to antisocial behavior. He suggested that it would be important to avoid talking about their drug use because it acts as a conditioned cue and starts the offender thinking about drugs again.

/Establish Clear Unambiguous Rules: Dr. Lipton emphasized the importance of having clear rules so that program participants know precisely what the rules are. Certain rule violations necessitate that the participant be immediately terminated from the program. Lesser rule violations also require immediate sanction so that the offender learns what is acceptable and unacceptable conduct.

/Establish Clear Consequences or Contingencies: Dr. Lipton pointed out that successful programs set up contracts between inmates and staff and have clear rewards such as increased privileges, early release, better housing, or other types of incentives. Conversely, he pointed out that negative sanctions need to be implemented as well. He pointed out the importance of setting and working towards small incremental goals for the offender. He felt that time incentives were the greatest motivators especially for people on the inside of penal institutions. The use of program time contracts for successful completion of drug treatment programs has important implications for helping to reduce correctional costs as well as overcrowding.

/Use Ex-Offenders and Ex-Addicts As Staff Role Models: Dr. Lipton pointed out the importance of using ex-offender/addict staff who have successfully completed a program and have received specialized training as part of the treatment staff. More powerful results occur when you use these street-wise staff in a drug treatment program since they have enormous credibility and because they also act as examples of successful treatment.

/Cross Training Is Necessary: Dr. Lipton emphasized the importance of having correctional staff, ex-offenders, and probation/parole officers receive training together as a means of developing a similar philosophy and approach towards the recovery process. This creates a clear notion that they are all a part of a treatment team.
Programs Require A Solid Foundation: Dr. Lipton pointed out that successful programs are capable of integrating policies and procedures which emphasize: integrity—remain committed to the goals, the vision, and the process agreed to; autonomy—the program must be capable of running as designed free from constraints which pull out staff or inmates for other assignments; flexibility—one needs to be able to adapt to changing circumstances whether in an institution or in the community; openness—create access and let the people in authority know about the program so that they can buy into it (he suggested to the judges that it was very important that they go to visit the programs that they send people to so that they have an understanding of exactly what the offender can get from the program); public relations—it is important to sell the program to all parts of the system and get them to buy into program concept and philosophy; develop fiscal support—important to try and seek outside funding in addition to funds generated from public budgets; political support—important to make sure that friends are sought from the legislative and executive branches of government to help fund and protect the program's integrity.

Establish Continuity of Treatment from Beginning to End: Any program that is institutionally based needs to continue when the offender is released back to the community. Dr. Lipton pointed out that establishing and maintaining a true continuity of care program from start to finish is very difficult to implement and sustain. To do so, he pointed out would require the following components:

a. Joint Re-Entry Planning. This requires that institutional staff work with parole staff to establish on-going treatment planning for the offender once he is released back to the community. Dr. Lipton pointed out that it is important to have a treatment officer assigned to the case as well as a surveillance officer in the event that the offender stops showing up. Combining the roles may not be productive to effective treatment.

b. Frequent Urine Surveillance. Dr. Lipton strongly advocated the need for drug screen testing at least three times a week with a sensitive apparatus such as EMITS.

c. Develop Contingency Plans. Dr. Lipton pointed out the need for having a contingency plan available to determine what you will do in the event the offender shows evidence of relapse. He pointed out that relapse usually means that the offender has returned to criminal activity. Early intervention with relapsed offenders is vital to the community as well as to the offender. (Editorial Note: This point was emphasized on the previous day by members of the correctional panel as well as by members of the probation and parole panel).
d. Continue Testing. Dr. Lipton pointed out the need for continuing the use of testing well after the offender has shown signs of progress. Cutting back on the frequency of drug screening is acceptable for good program results but even after three years of success it makes sense to continue screening to give the offender/addict the sense that we are taking their recovery process seriously.

e. Link Programs With Self-Help Groups. Dr. Lipton pointed out the need to ensure that offenders are hooked up with self-help groups such as NA, AA, CA or some other type of program where they can receive the positive encouragement and support for remaining in recovery. This is an important part of an effective aftercare treatment program and ought to be a required part of the offender's supervision plan as well.

/Establish Program Evaluation and Cost Effectiveness Systems: Dr. Lipton pointed out the need for creating mechanisms to evaluate all treatment programs in order to develop better systems of accountability. It is important to understand which programs work and why and which ones do not work. It is also important to have these programs evaluated by outside third party evaluators who are not involved with the program itself in order to give objectivity to the findings.
Session #5: "The Judges' Sentencing Authority and Options, and How They Can Aid in the Treatment of the Addict and Protect the Community: Case Studies"

Presenter, Dr. Gary Scrimgeour, National Judicial College.

Dr. Scrimgeour used a number of participatory techniques to engage the judges in thinking about the concept of drug use and what such use might mean. He showed the judges a picture which revealed an image of an old woman as well as an image of a young woman and asked them which image they perceived. He also showed them a picture of a circle and asked them to consider whether the circle was expanding or contracting. He asked the judges to review some handout sheets with ideas presented on drugs, sentencing, health issues, and other data relevant to the problems of drug use in our society. He also provided the judges with some case study material for their use during the break-out/small group sessions. He also asked the following thought-provoking questions:

1. How many of you have used at least one substance to change the way you feel this morning?
2. How many will use a prescription drug this weekend?
3. How many will use 5, 6, or 7 substances this weekend to change the way you feel or function?
4. How many will have used none?
5. Would you agree with me that it's perfectly normal to use psychoactive substances in our society?
6. Would you agree that it's normal behavior to use a variety of substances to change the way you feel or function?
7. How can you be sure that your substance is any better than cocaine or heroin?
8. Of these substances, which should be illegal in terms of damage?
9. Which of the substances listed should not be illegal in terms of damage?
10. How many of you expected, when you went to law school, that you would be making decisions about whether or not a person should go into treatment for drug abuse?
11. How many of you like the idea of being a social worker?
12. What is your function?
13. Do you think society knows that you're handling mainly substance-abusing offenders?
14. How many of you have been on a diet?
15. How many have fallen off the diet or had a "relapse"? What's the right amount to eat?
16. How many of you drink alcohol? (He then told them to give it up for a month and asked how many of them could do it).
17. How many of you watch television? (He then told them to give it up for a week and asked them how many of them could do it).
18. How many of you have an addiction of which you are totally aware of?

19. Do you think that you will ever get the type of funding necessary to allow you more effective sentencing alternatives?

20. Do you believe that your sole function ought to be in imposing sanctions for law violations or whether you should be involved in trying to provide intervention for people who have serious problems and become involved in the criminal justice system?

21. Think about how many sentencing alternatives you have in, say, a drug-possession case.

22. Think about what the goal of sentencing ought to be.

Dr. Scrimgeour asked the judges to consider the following main points as a means of helping them consider the meaning of drug use patterns:

a. He pointed out that substance use is normal, and our society accepts it as normal most of the time.

b. He pointed out that legality or illegality is not based on anything rational. Otherwise, the most illegal substances would be tobacco and alcohol.

c. He pointed out that society is somewhat hypocritical in terms of how it defines acceptable use of substances. He asked the judges to think in terms of what would constitute "normal" use of cocaine or marijuana in society. He stated that society assumes that no use would constitute what would be normal and healthy. He then asked whether we assume that no use of alcohol should be used in society. (Editorial Note: Quite a provocative and thought provoking question).

d. We are casting judges in a new role. Our expectations for the criminal justice system are changing. The fact that, as Dr. Wish's data reveal, 70% of arrestees test positive for drug use is astonishing and says something important about what we want judges to do in carrying out their duties.

e. The questions he asked the judges to consider were directed at helping the judges to look at the humanity and the normality of "them," meaning the drug addict. He pointed out that we tend to view "them" as having gone over the line and having to come back into our territory.

f. He pointed out to the judges that the population coming through the criminal justice system is not one that society wants to spend money on.

g. He pointed out that self-help groups are not treatment programs per se, and yet they represent the most successful forms of recovery programs that we know about in the treatment of substance abuse.
The three things that are most associated with effective recovery are: family involvement, self-help groups, and belief in a higher power. We have little understanding as to why these components are so important to the recovery process.

Drug use has been declining steadily since 1985 throughout most of society. He also suggested that we have little if any understanding as to why usage patterns change. Use seems to wax and wane in society for no apparent reason that researchers can detect as yet. However, Dr. Scrimgeour was certain that criminalization had little effect on stemming use patterns in society.

Judges are involved in helping to create a huge supply mechanism for the alcohol and drug treatment industry.

In many instances, he pointed out, most people involved in the use of substance abuse appear to give up use for reasons that we don't, as yet, understand.

We also have a large number of users of heroin and alcohol who have never been in trouble with the law. He pointed out that it is perfectly legal to drink and drive in every state up to a certain limit.

He pointed out that all drug treatment programs generally show more success with educated participants than with undereducated participants.

He pointed out that the criminal justice system, by-and-large, is dealing with a segment of society that is falling to pieces (the underclass and poor).

Dr. Scrimgeour advised the judges that it might be important for them not to take responsibility for the various missions assigned to them by the competing segments of society. Instead, he suggested that they play their roles more effectively if they handle those missions which they can successfully fulfill.

Dr. Scrimgeour also presented some important ideas on what he called "Platitudes for a Legal/Health System." The following important ideas were presented to the judges for their consideration:

Diagnostic Assessment is Crucial. He pointed out the need for assessing the nature of the drug or alcohol use problem, the likelihood of violence, recidivism potential, level of emotional instability, and attitude towards these problems.

Timely Intervention is Crucial. He pointed out the need for early action and intervention, particularly with the first time offender.
Dr. Scrimgeour asked the judges to review some important questions as they approach the task of reviewing the case study materials during the small group work sessions. The following questions were posed:

1. What is the best sentencing approach to sentencing a drug offender and the offender involved in drug related offenses?

2. Does a judge sentence to "treat" addiction or sentence to "punish" unlawful behavior?

3. Can and does crack addiction respond to the judge's sentencing power?

4. Drug offenders commit a variety of crimes. Aside from differences in authorized sentences for different offenses, how should these different offenses affect any treatment attempts?

5. What effect do split sentences have on treatment efforts? Straight sentences? What is the ideal length of sentence for a drug offender?

6. Should repeat criminal property offenses by an addict cause a judge to cease treatment efforts? At what point, if any, do you just give up?

7. Is a relapse a failure? Should treatment efforts cease with a relapse?
Session #6: "Expedited Criminal Case Management"

First Presenter: Honorable Darlene G. Perry, Circuit Court Judge, Seventh Judicial Circuit Court of Maryland (Prince George's County).

Judge Perry presented her court's "Criminal Trial Resolution Project," as a means of helping the judges in the audience to better understand a set of court management techniques which can be used to expedite the processing of criminal cases. She started her presentation by presenting to the judges a fairly typical example of what a criminal trial judge faces in reviewing his/her calendar and caseload requirements for the following day. She cited the following examples:

1. 17 Defendants scheduled for trial the next day;
2. 51 people held in the lockup area of the court all day, with half of these defendants never going to court.

Judge Perry met with colleagues and the chief judge of her court and set up a plan for trying to alleviate the crowded and congested court docket problem. She advised that she met with representatives of the other criminal justice agencies involved in order to address two key problem areas:

1. Unmanageable court dockets; and
2. Overcrowded holding facilities.

The plan created to deal with these two problems was designed to intervene at the motions level of the court process. The plan included the following model:

1. Institute a Motions Readiness Conference. Two specific days were set aside for dealing specifically with the readiness of cases for proceeding. Thursdays and Fridays were set aside as these designated days since trials usually begin on Mondays through Wednesdays.

2. Limit the Number of Judges Involved. Several judges were specifically designated to handle the plea bargaining and sentencing. The remainder of the court's judges cooperated in agreeing to have the designated judges handle cases for them.

Second Presenter: Ms. Carolyn Cooper, Director of the Differentiated Case Management—Expedited Drug Case Management Programs, The American University Adjudication Technical Assistance Project.

Ms. Cooper discussed the concept of differentiated case management as applied to the criminal courts. The basic premise underlying this type of model program is the idea that criminal cases are not alike, so they shouldn't be treated alike. There are two basic points of entry where intervention strategies are used to expedite the case flow process:

A. The Adjudication Component. Each case is evaluated by the defense and prosecutor to determine whether a resolution can be reached. If so, the case is put on one of three tracks: a) an expedited track; b) a standard track; and c) a complex track. The key to success with the case flow handling of these cases is to schedule deadlines and to meet the deadlines for dispositions.

B. The Expedited Treatment—Court Supervision Component. The defendant is evaluated and put into an appropriate pretrial supervision monitoring program.

Ms. Cooper presented some preliminary findings from the nine major projects being funded to experiment with this expedited process:

1. Decrease in the number of pretrial days required.

2. Evidence of decreases in case processing time from an average of 11% to 88% of drug cases disposed of within 90 days.

Third Presenter: Mr. Andrew L. Sonner, Montgomery County, Maryland States Attorney.

Fourth Presenter: Mr. Peter Krauthammer, Deputy Public Defender, D.C. Public Defender Service.

Mr. Krauthammer informed the judges that some defense attorneys and public defender attorneys might not want to see a system such as the expedited case management system. He felt that there were many drawbacks to such a system from the standpoint of humanizing the process. It was his opinion that speeding the process up might not work to the advantage of the defendant. He also felt that it was important to have direct person-to-person contact with the defendant when discussing plea bargaining offers.
Session #6: Questions from Judges:

Judge Perry advised the audience that in the first month of operation of the new system they were able to resolve 420 cases, an increase of about 100% from the previous year.

Ms. Cooper advised the audience that the expedited case management programs being operated around the country are all concerned with operating a system which is much more sensitive to the quality of justice being administered. She pointed out that delay or time spent in jail is not equal to justice. The main point of this new innovative case management approach is that whatever the outcome of a case is going to be, determine it and have it occur sooner. She also pointed out that expediting these cases in such a manner as described earlier enables the court to utilize its resources more efficiently on the cases which require three or four events. She pointed out that one by-product of such a system is that many more defendants are now eager to have their cases resolved because they have certainty and swiftness of justice.
SECTION III: SEMINAR EVALUATION
Seminar Evaluation Components

The primary criteria used to evaluate the effectiveness of the seminar were the following factors:

A. Judges' Ratings of the Seminar's Effectiveness
B. Seminar Evaluator's Rating (Achieving Seminar Goals)
C. Seminar Evaluator's Rating (Effectiveness of Seminar Methods)
D. Seminar Evaluator's Rating (Seminar Content)
Section A: Judges' Ratings of Seminar's Effectiveness

A five point Likert Rating Scale (five points for the highest rating, down to one point for the lowest rating) was used to evaluate 13 critical questions related to the various goals of the seminar as well as specific methods employed to provide information to the judges. 40 Seminar Evaluation Forms were returned for evaluation. The results are as follows:

1. How would you rate the effectiveness of the seminar in reinforcing your knowledge of the regional nature of the drug problem in the Washington Metropolitan area?

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<tr>
<td>Totally Ineffective</td>
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Overall Rating Score = 4.08

2. How would you rate the usefulness of information and knowledge you received on effectively sentencing the drug offender?

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</tbody>
</table>

Overall Rating Score = 3.67

3. (a) How effective was this seminar in allowing you to share common problems of concern to judges handling the sentencing of drug offenders?

<table>
<thead>
<tr>
<th>Number Responding</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Effective</td>
<td>10</td>
</tr>
<tr>
<td>Very Effective</td>
<td>19</td>
</tr>
<tr>
<td>Somewhat Effective</td>
<td>8</td>
</tr>
<tr>
<td>Not Very Effective</td>
<td>2</td>
</tr>
<tr>
<td>Totally Ineffective</td>
<td>0</td>
</tr>
</tbody>
</table>

Overall Rating Score = 3.95
3. (b) To what extent did the seminar assist you in finding possible solutions to common problems related to the sentencing and treatment of drug offenders?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Number</th>
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<tbody>
<tr>
<td>To A Very Great Extent</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>To A Great Extent</td>
<td>10</td>
<td>25%</td>
</tr>
<tr>
<td>To Some Extent</td>
<td>23</td>
<td>58%</td>
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<td>To A Small Extent</td>
<td>5</td>
<td>12%</td>
</tr>
<tr>
<td>Hardly At All</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Overall Rating Score = 3.10

4. (a) How effective was the seminar in making you aware of specific treatment modalities and options available within the region?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
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<td>0%</td>
</tr>
<tr>
<td>Very Effective</td>
<td>11</td>
<td>28.2%</td>
</tr>
<tr>
<td>Somewhat Effective</td>
<td>20</td>
<td>51.3%</td>
</tr>
<tr>
<td>Not Very Effective</td>
<td>7</td>
<td>17.9%</td>
</tr>
<tr>
<td>Totally Ineffective</td>
<td>1</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

Overall Rating Score = 3.05

4. (b) How effective was the seminar in providing you with information regarding program success rates of the various treatment modalities within the region?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Effective</td>
<td>3</td>
<td>7.7%</td>
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<tr>
<td>Very Effective</td>
<td>13</td>
<td>33.3%</td>
</tr>
<tr>
<td>Somewhat Effective</td>
<td>18</td>
<td>46.2%</td>
</tr>
<tr>
<td>Not Very Effective</td>
<td>4</td>
<td>10.2%</td>
</tr>
<tr>
<td>Totally Ineffective</td>
<td>1</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

Overall Rating Score = 3.33

4. (c) How effective was the seminar in providing you with information regarding the extent to which drug treatment programs are available to offenders, including the policies and procedures necessary for arranging for referrals to these programs?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Effective</td>
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<td>2.6%</td>
</tr>
<tr>
<td>Very Effective</td>
<td>9</td>
<td>23.0%</td>
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<tr>
<td>Somewhat Effective</td>
<td>20</td>
<td>51.3%</td>
</tr>
<tr>
<td>Not Very Effective</td>
<td>7</td>
<td>18.0%</td>
</tr>
<tr>
<td>Totally Ineffective</td>
<td>2</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Overall Rating Score = 3.00
5. (a) How helpful was the seminar in providing information to you on the various methods of supervision (probation, intensive case supervision, third party custodial programs, electronic monitoring, pre-release programs, etc.) available throughout the region?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Helpful</td>
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<td>10.3%</td>
</tr>
<tr>
<td>Very Helpful</td>
<td>16</td>
<td>41.0%</td>
</tr>
<tr>
<td>Somewhat Helpful</td>
<td>16</td>
<td>41.0%</td>
</tr>
<tr>
<td>Marginally Helpful</td>
<td>3</td>
<td>7.7%</td>
</tr>
<tr>
<td>Not Very Helpful</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Overall Rating Score = 3.54

5. (b) How effective was the seminar in helping you to become aware of the strengths and limitations associated with the various supervision methods used for dealing with drug offenders in the region?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Effective</td>
<td>3</td>
<td>7.7%</td>
</tr>
<tr>
<td>Very Effective</td>
<td>19</td>
<td>48.7%</td>
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<td>33.3%</td>
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<tr>
<td>Not Very Effective</td>
<td>4</td>
<td>10.3%</td>
</tr>
<tr>
<td>Totally Ineffective</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Overall Rating Score = 3.54

6. To what extent did the seminar expose you to concerns and problems of other personnel within the criminal justice system of the region?

<table>
<thead>
<tr>
<th>Extent</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>To A Very Great Extent</td>
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<td>25.6%</td>
</tr>
<tr>
<td>To A Great Extent</td>
<td>25</td>
<td>64.1%</td>
</tr>
<tr>
<td>To Some Extent</td>
<td>4</td>
<td>10.3%</td>
</tr>
<tr>
<td>To A Small Extent</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hardly At All</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Overall Rating Score = 4.15

7. How effective did you find the forum in which you had the opportunity to voice your own concerns and problems with drug cases and offenders?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Effective</td>
<td>7</td>
<td>17.9%</td>
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<tr>
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<td>43.6%</td>
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<td>30.8%</td>
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<td>7.7%</td>
</tr>
<tr>
<td>Totally Ineffective</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Overall Rating Score = 3.72
8. How useful did you find the information regarding the possibilities of expedited drug case processing?

<table>
<thead>
<tr>
<th>Category</th>
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<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Informative/Useful</td>
<td>6</td>
<td>17.2%</td>
</tr>
<tr>
<td>Very Informative/Useful</td>
<td>13</td>
<td>37.1%</td>
</tr>
<tr>
<td>Somewhat Informative/Useful</td>
<td>13</td>
<td>37.1%</td>
</tr>
<tr>
<td>A Little Informative/Useful</td>
<td>3</td>
<td>8.6%</td>
</tr>
<tr>
<td>Hardly Informative/Useful</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Overall Rating Score = 3.63

9. How would you rate the overall effectiveness of the seminar in heightening your awareness of the regional nature of the drug problem in our area, as well as your awareness of various treatment and supervision modalities, sentencing options, and other issues related to the drug crisis affecting our region?

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Outstanding</td>
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</tr>
<tr>
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<tr>
<td>Satisfactory</td>
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</tr>
<tr>
<td>Poor</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Ineffective</td>
<td>1</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

Overall Rating Score = 3.95

Rank Order of Judges's Ratings:

- Question # 06: 4.15
- Question # 01: 4.08
- Question # 03(a): 3.95
- Question # 09: 3.95
- Question # 07: 3.72
- Question # 02: 3.67
- Question # 08: 3.63
- Question # 05(a): 3.54
- Question # 05(b): 3.54
- Question # 04(b): 3.33
- Question # 03(b): 3.10
- Question # 04(a): 3.05
- Question # 04(c): 3.00

OVERALL RATING: 3.59
Section B: Seminar Evaluator's Rating (Achieving Seminar Goals)

The seminar evaluator used the following scale to rate the effectiveness of the seminar in achieving its goals as outlined:

Highly Effective = 5
Very Effective = 4
Somewhat Effective = 3
Not Very Effective = 2
Totally Ineffective = 1

1. To reinforce the judges' knowledge of the regional nature of the drug problem.
   Rating Assigned: Highly Effective, Value = 5

2. To give judges additional information and knowledge for effectively sentencing the drug offender.
   Rating Assigned: Highly Effective, Value = 5

3. Enable judges to share common problems with a possible view of finding some solutions.
   Rating Assigned: Very Effective/Somewhat Effective, Value = 3.5

4. Make judges aware of what treatment facilities are available within the Washington metropolitan region, their effectiveness, and their ability or willingness to accept interjurisdictional offenders.
   Rating Assigned: Not Very Effective, Value = 2

5. Make judges aware of what supervision (e.g., probation, intensive supervision, electronic monitoring) of drug offenders is available throughout the region, its effectiveness, whether or not it is available to interjurisdictional offenders and, if so, how to effect it.
   Rating Assigned: Very Effective/Somewhat Effective, Value = 3.5

6. Expose judges to concerns and problems of other personnel within the criminal justice system of the Washington metropolitan region.
   Rating Assigned: Highly Effective, Value = 5

7. Provide judges with a forum of their peers in which to voice their own concerns and problems with the management of drug cases and drug offenders.
   Rating Assigned: Highly Effective, Value = 5

8. Examine possibilities of expedited drug case processing.
   Rating Assigned: Highly Effective, Value = 5

OVERALL RATING ASSIGNED (Achieving Seminar Goals) = 3.63
Section C: Seminar Evaluator's Rating (Effectiveness of Seminar Methods)

The seminar evaluator used the following scale for rating the effectiveness of the seminar methods:

- Highly Effective = 5
- Very Effective = 4
- Somewhat Effective = 3
- Not Very Effective = 2
- Totally Ineffective = 1

1. Presentations by experts from various fields about the nature of addiction and the most effective use of the judge's sentencing authority in bringing about a change in addictive behavior.

   Rating Assigned: Highly Effective, Value = 5

2. Group discussions on sentencing philosophies and practices to learn what colleagues in other jurisdictions are doing about drug users, possessors, distributors, and property offenders who further their drug use by committing crimes against property; and violent offenders in drug related crimes of violence.

   Rating Assigned: Very Effective, Value = 4

3. Group discussions on sentencing guidelines in various jurisdictions and how these guidelines help or hinder the judge in sentencing drug offenders.

   Rating Assigned: Very Effective, Value = 4

4. Lectures on region-wide treatment facilities and their admission standards, including discussions on cutting red tape in order to gain admission to services.

   Rating Assigned: Not Very Effective, Value = 2

5. Panel presentations on strengths and weaknesses of probation services in various jurisdictions. Examination of validity and effectiveness of electronic incarceration programs and high intensive supervision of drug offenders.

   Rating Assigned: Somewhat Effective, Value = 3

6. Panel discussion by judges concerning expedited case management methods.

   Rating Assigned: Very Effective, Value = 4

OVERALL RATING ASSIGNED (Effectiveness of Seminar Methods) = 3.67
Section D: Seminar Evaluator's Rating (Seminar Content)

The evaluator identified three criterion factors to make up this rating:
A. Clarity and Quality of Information Presented
B. Free Exchange of Information Between Judges and Presenters
C. Ability of Presenters and Panelists to Stimulate Thinking and Encourage Planning and Coordination

The evaluator used the following rating scale to evaluate the effectiveness of the seminar content:

Highly Effective = 5
Very Effective = 4
Somewhat Effective = 3
Not Very Effective = 2
Totally Ineffective = 1

1. Local Treatment Facilities and Programs.
   Rating Assigned: Highly Effective, Value = 5

2. Probation/Parole.
   Rating Assigned: Somewhat Effective, Value = 3

3. Corrections.
   Rating Assigned: Very Effective, Value = 4

   Rating Assigned: Very Effective, Value = 4

5. Drug Treatment in the Correctional Setting.
   Rating Assigned: Highly Effective, Value = 5

6. The Judges' Sentencing Authority and Options, and How They Can Aid in the Treatment of the Addict and Protect the Community: Case Studies.
   Rating Assigned: Highly Effective, Value = 5

   Rating Assigned: Somewhat Effective, Value = 3

8. Expedited Criminal Case Management.
   Rating Assigned: Very Effective, Value = 4

OVERALL RATING ASSIGNED (Seminar Content) = 4.13
# Overall Seminar Evaluation Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judges' Overall Rating of Seminar Effectiveness</td>
<td>3.59</td>
</tr>
<tr>
<td>Seminar Evaluator's Rating (Achieving Seminar Goals)</td>
<td>3.63</td>
</tr>
<tr>
<td>Seminar Evaluator's Rating (Effectiveness of Seminar Methods)</td>
<td>3.67</td>
</tr>
<tr>
<td>Seminar Evaluator's Rating (Seminar Content)</td>
<td>4.13</td>
</tr>
</tbody>
</table>

Total: \( \frac{15.02}{4} = 3.75 \)

**Summary:**

The strongest rating assigned was given by the seminar evaluator with respect to the seminar content. The overall rating of 4.13 places the seminar content clearly in the Very Effective Range.

The next strongest rating given by the seminar evaluator was in the area of the effectiveness of the seminar methods. The overall rating of 3.67 clearly places the effectiveness of seminar methods in the Very Effective/ Somewhat Effective Range.

The next strongest rating given by the seminar evaluator was in the area of achieving seminar goals. The overall rating of 3.63 clearly places the achievement of seminar goals in the Very Effective/ Somewhat Effective Range.

The judges' rating of the seminar showed an overall level of effectiveness score of 3.59 based on the thirteen questions evaluated. This overall effectiveness score based upon the responses of 40 judges who completed the seminar evaluation form clearly falls within the Very Effective/Somewhat Effective Range.
SECTION IV: CONCLUSIONS:
This first judicial administration seminar for judges of the Washington metropolitan region represents an important milestone in demonstrating the effectiveness of interjurisdictional coordination. A number of impressive findings emerge which warrant comment:

1) Political leaders throughout the region joined together to recognize the seriousness of the drug problem confronting their respective jurisdictions. Their desire to host a conference in the form of a drug summit meeting of elected officials and criminal justice officials to address mutual law enforcement needs as well as needs related to prevention and treatment of drug offenders is an important step in the process of system wide planning;

2) It was most fortunate that a planning mechanism such as the Council of Governments was available to provide the staff support and expertise to help guide and plan the drug summit meeting. COG's role in helping to shape and carry out the mandates of the various delegates from the respective jurisdictions cannot be underscored. COG played a valuable and necessary role. Having the availability of such a planning organization made the work of the elected political leaders and their concerns about the drug crisis a reality;
3) Another highly significant outcome which emerged from the drug summit was the creation of a number of interjurisdictional councils. These councils were created and given specific mandates by the elected officials who comprise the Metropolitan Washington Council of Governments. The COG Board of Directors created the following committees: a) Corrections Chiefs Committee; b) Parole and Probation Administrators Committee; c) Prevention/Education/Intervention Committee; and d) Intervention/Treatment/Rehabilitation Committee;

4) The drug summit meeting also helped to stimulate thinking about the need to have judges within the region meet for purposes of focusing judicial resources and thinking on efforts to resolve the regional drug related crime problem;

5) Judges and court administrators were actively involved in the planning of the drug awareness seminar. In addition, the use of outside technical assistance provided additional resources as a means of helping to ensure proper planning;

6) An effective survey instrument was created as a means of determining whether judges were interested in attending the drug awareness seminar as well as to determine areas of interest to be included in planning for the seminar. This methodology ensured that the judges would be exposed to information which they had a critical role in identifying as an unmet need;
7) The drug awareness seminar provided the judges from the tri-state region with an opportunity to be exposed to a rich and varied program designed to educate and train them in developing insight into and awareness of the addictive process and the process of recovery. This material was well received and provided the judges with a strong conceptual as well as pragmatic base for more effectively implementing their sentencing options in dealing with drug offenders;

8) The drug awareness seminar also exposed the judges to a highly important data set dealing with the Drug Use Forecast System sponsored by the U.S. Department of Justice. This information reinforced the need for the judiciary to make extensive use of pre-trial drug testing as well as testing of drug offenders as a condition of probation and parole;

9) The drug awareness seminar provided the judges with one of the most stimulating and though-provoking models of rehabilitation in dealing with drug related offenders that it has been the evaluator's pleasure to have heard in over twenty-five years of work and teaching in the field of corrections and criminal justice. Dr. Lipton's perspective on rehabilitation provided a unique way of helping the judges to better understand what can and should be done with those offenders who they sentence;

10) The seminar provided the judges with a very strong perspective on how relative deviance is in our society as it relates to the use of substances. Dr. Scrimgeour's use of
thought-provoking examples and his interactive style of presenting material to the judges was a useful and valuable device for helping the judges to see deviance and drug use from the user's vantage point. He helped the judges examine some of their own biases and some of their own patterns of excessive use. In essence, he was skillful in giving them a way of recognizing the relative meaning of deviance as well as enabling them to gain perspective in better understanding the recovery process;

11) The seminar enabled the judges to expose some of their own frustrations in dealing with drug related crime and criminals. They posed tough questions to experts in the drug rehabilitation field. They posed even tougher questions to the corrections chiefs and probation and parole chiefs. Of particular irritation to the judges were problems in dealing with the Interstate Compact on Probation and Parole. They also expressed some difficulties in getting information from other jurisdictions in a timely manner as well as making sure that offenders under their jurisdiction living in other jurisdictions were under close drug screening programs in a timely manner.

12) The seminar helped the judges develop a sense of hope that treatment and recovery work was a viable concept. In addition, the judges were able to see the benefit of developing and using some new expedited case management techniques which could help to lessen some of their judicial backlog of cases.
SECTION V: GUIDEBOOK FOR JURISDICTIONS PLANNING SIMILAR COORDINATION/EDUCATION EFFORTS.
The Washington metropolitan region is not unique among other regions of the country confronted by the massive crisis involving drug use and drug related crime. Many, if not most, jurisdictions see evidence of mutual problems related to the drug crisis affecting the surrounding jurisdictions in their area. Efforts to combat drug related crime and to provide effective treatment resources for those involved in juvenile and adult criminality have a greater chance of impact if jurisdictions begin to recognize the need for interjurisdictional cooperation. A number of important and critical steps are required to enable other regions to benefit from the experiences gained from the work conducted in the Washington metropolitan region in its efforts to combat drugs and crime.

This guidebook is a summary of the important steps used in planning the Drug Awareness Seminar for Judges. This approach has general utility for other jurisdictions who may be involved in planning similar coordination/educational efforts.
1. RECOGNITION OF THE PROBLEM.

Responsible members of governmental bodies will need to recognize the impact that drug related crime is having on their community. They will also need to recognize that other jurisdictions in their region are experiencing similar problems. Such recognition may include an awareness that detention and jail facilities are chronically overcrowded. It may include an analysis of the number of individuals who are testing positive for drug use at the time of arrest. It may include the number of homicides or assaults which appear to be drug related. It may include the number of individuals who are hospitalized as a result of drug overdoses. Many of these factors are important indices to be included in an examination and evaluation of a community's ability to contain and manage deviant criminal conduct.

2. RECOGNITION OF NEED FOR INTERJURISDICTIONAL COORDINATION AND COOPERATION.

Once governmental officials recognize that their community is experiencing an acute drug crisis, it will be important to talk informally and formally with governmental leaders in jurisdictions within their area in order to determine how other communities are faring in handling drug related crime. It might be useful to have political leaders agree to host a drug summit meeting of their own. Such a meeting might include representatives from the law
enforcement, juvenile justice, correctional, probation, judicial, treatment and rehabilitation segments of the criminal justice, political, and Health and social service systems. Hosting a summit meeting would be an important first step to help educate and encourage joint planning and possible action interventions.

Interjurisdictional coordination and planning in the areas of criminal justice system activity is a relatively new concept which has deep roots in earlier efforts sponsored by the U.S. Department of Justice Law Enforcement Assistance Administration to encourage state and local criminal justice planning activities.

3. IDENTIFY A PLANNING AND COORDINATION ENTITY.

A critical step in the development of any interjurisdictional endeavor is to identify a specific planning unit which can take responsibility for carrying out the mandates and ideas initiated within the region. Local political leaders would be the most likely initiators of such a planning unit. Political leaders could delegate staff from criminal justice, social service, and health and welfare agencies to develop a planning group to conduct a drug summit meeting. They would need to be charged with responsibility for planning the seminar and finding sources of funding to conduct the seminar. Funds from local jurisdictions, from state agencies, and from federal sources would need to be developed.
4. PLAN AND CONDUCT A DRUG SUMMIT MEETING FOR THE AREA JURISDICTIONS.

It would be important to conduct a drug summit and evaluate the ideas emanating from the summit meeting. The planning unit created by the local units of government within the region would need to take responsibility for the evaluation process.

5. PREPARE A REPORT ON THE PROCEEDINGS OF THE SUMMIT MEETING.

The planning unit created within the region should be given responsibility for preparing a report on the findings of a regional drug summit meeting.

6. CREATE MECHANISMS WITHIN THE REGION FOR INTERJURISDICTIONAL COORDINATION AND COOPERATION AMONG LAW ENFORCEMENT, CORRECTIONAL, JUDICIAL, AND PROBATION/PAROLE AGENCIES.

The regional planning entity should seek endorsement by the local political leaders and judges within the region to create other planning entities. Creating a regional Judges' and Court Administrators Council, a Corrections Council, a Probation/Parole Council, a Public Safety/Law Enforcement Council, a Social Service Council, a Drug Treatment Council, and a Prevention/Education Council represent important groups to be included.
7. ENCOURAGE JUDICIAL PARTICIPATION IN PLANNING.

Judges will need to be encouraged to hold a seminar specifically devoted to their educational and training needs as it relates to the case management of drug offenders and drug distributors. They will also need to be involved in planning such a seminar.

8. CONDUCT A SURVEY TO DETERMINE TOPICS OF INTEREST TO JUDGES WITHIN REGION.

It will be important to develop a survey instrument to determine the topics of interest to the judges and the type of format they would prefer for attending a seminar meeting of judges within their respective regions.

9. DEVELOP PROGRAM CONTENT AND METHODS FOR CONDUCTING SEMINAR BASED ON SURVEY RESPONSES.

10. OBTAIN FUNDING BY PREPARING GRANT PROPOSALS UNDER JOINT LOCAL, STATE, AND FEDERAL AUSPICES.

11. SECURE SPEAKERS OF PROMINENCE FOR KEYNOTE ADDRESS AND PROGRAM SPEAKERS WITH EXPERTISE IN THE DRUG TREATMENT FIELD.

12. SECURE SITE FOR SEMINAR

13. CONDUCT SEMINAR

14. EVALUATE SEMINAR
The steps identified above represent the more important dimensions of an effective planning effort. If we examine the steps used in planning for the Drug Awareness Seminar for Judges held from January 26-27, 1990, we can see more clearly how these steps worked to implement the seminar:

1. RECOGNITION OF NEED FOR INTERJURISDICTIONAL COORDINATION AND COOPERATION REGARDING LAW ENFORCEMENT NEEDS AND DRUG EDUCATION, PREVENTION, TREATMENT, AND REHABILITATION.

A review of the process used for the emergence of a Drug Awareness Seminar for Judges demonstrated a strong commitment to the concept of system-wide planning. Local political leaders within the Washington metropolitan area, alarmed at the rising rate of drug related crime within their local jurisdictions, recognized the need for improving interjurisdictional coordination and cooperation. Their call for a regional drug summit held during April 1988 represented an astute understanding of the need for the tri-region political leaders to begin addressing the mounting drug crisis. More importantly, the recognition on the part of these political leaders (Mr. Eisenberg, Mr. Newman, and Mr. Moran) that the improvement of regional law enforcement needs alone would not suffice was an important dimension of system planning to improve and reduce efforts to combat drug related criminality. Understanding the need to include prevention, education, treatment, and rehabilitation strategies as a part of the continuum of regional planning efforts was an important and critical step towards effective use of limited resources.
2. AWARENESS OF NEED FOR JUDICIAL COORDINATION AND COOPERATION AMONG JUDGES WITHIN REGION RELATED TO DRUG RELATED CRIME. AWARENESS OF NEED FOR JOINT PLANNING AMONG REGIONAL JUDGES, COURT ADMINISTRATORS, POLITICAL LEADERS, AND PROFESSIONAL PLANNING STAFF TO DEVELOP THE SEMINAR FOR JUDGES.

Judge Lewis Griffith's attendance at the early Drug Summit and his awareness of the need for judges within the region to meet to discuss "what works" in the handling of drug related cases, was, in my view, an important step in the evolution of the seminar. His comments were followed by Judge Jamborsky's recommendation to the COG Public Safety Policy Committee to hold a two-day educational conference for regional judges to discuss problems related to case management, sentencing, and treatment of drug offenders. Judge Jamborsky also recognized and proposed the need for appointing a joint planning committee for planning the drug awareness seminar for judges to include judges from the region, local court administrators, local political leaders on the COG Board of Directors, as well as professional urban/regional planners from the COG staff.

3. FORMALIZATION OF REGIONAL PLANNING COMMITMENTS TO COMBAT DRUG CRIME.

An important step in the planning of the drug seminar for judges was formal adoption on the part of the COG Board of Directors of R-24-88 to establish a comprehensive regional program to combat drug abuse. The drug awareness seminar was a principal component of that plan.
4. COMBINING USE OF INTERNAL PLANNING WITH EXTERNAL CONSULTATION.

A formal planning committee was created by COG to plan the drug awareness seminar. The planning committee, comprised of judges, court administrators, and COG Public Safety staff, sought outside consultation from experts in the judicial administration/adjudication field to help plan the seminar. The group chosen to provide technical assistance and consultation was a group of experts funded by the Department of Justice, Bureau of Justice Assistance, Courts Branch. This phase of planning can be seen as an effective use of regional/federal efforts to obtain additional ideas and guidance from an experienced and respected group of experts in the court administration/adjudication field.

5. DEVELOP AND CONDUCT SURVEY OF TRAINING IDEAS AND NEEDS AMONG REGIONAL JUDGES.

The planning committee developed an effective survey instrument to ascertain whether judges within the region were interested in attending a two-day seminar as well as to identify specific training and educational areas of interest.
6. DEVELOP SUPPORT WITHIN THE REGION FROM LOCAL COURT ADMINISTRATORS.

Members of the regional Metropolitan Court Administration Conference were requested to assist in helping to shape interest in the proposed seminar for judges. They were asked to assist in the planning process by getting the Chief Judges in their respective jurisdictions to prepare a letter of endorsement of the seminar as well as to elicit cooperation from their judges in completing the survey.

7. CONDUCT SURVEY OF JUDGES' INTEREST AND IDEAS RELATED TO DRUG AWARENESS SEMINAR.

The planning committee sent surveys to area regional Chief Judges asking them to prepare cover letters encouraging cooperation among their judges and to act as a conduit for disseminating and collecting surveys. A one week deadline was given to the judges for completion and return to the Chief Judges of their respective courts.

8. SURVEY ANALYSIS.

The planning committee and COG staff analyzed survey results and ascertained levels of interest and identified six major areas of interest among judges for inclusion at the proposed seminar.
9. SEARCH FOR FUNDING.

The planning committee sought possible funding through federal support from the Courts Branch, Bureau of Justice Administration, U.S. Department of Justice, informing them of progress to date and six areas identified from judges within region. Federal encouragement was given to continue planning and use of federally supported technical assistance. In addition, BJA advised COG and planning committee of other possible funding support to explore through SJI.

10. DEVELOPMENT OF TOPICS AND PROPOSED SPEAKERS.

The planning committee used outside consultation and technical assistance suggested by Bureau of Justice Administration to identify key speakers of national reputation who could provide the depth and quality necessary for effective program delivery.

11. ENDORSEMENT OF PROPOSED SEMINAR BY REGIONAL PLANNING GROUP.

The planning committee enlisted a respected jurist (Honorable Lewis Hall Griffith) from the region to present the drug seminar proposal to COG Board of Directors for formal approval as a regional resolution. It should be remembered that Judge Griffith was the initial proponent of such a conference while at attendance at the earlier drug summit meeting held during July 1988. COG approved the proposal (R-21-89) on July 12, 1989.

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12. DEVELOP SEMINAR PROGRAM AND SECURE COMMITMENTS FROM SPEAKERS AND PANELISTS.

COG Public Safety Staff worked with the planning committee to develop the outline and format for the proposed seminar. High-profile nationally prominent speakers from the drug abuse fields were identified and contacted relative to the proposed topics. Discussions with these speakers provided additional ideas on how to best reach the judges during the proposed two-day seminar. These ideas were incorporated into the program plan by COG staff.

13. CHOOSE SITE FOR CONDUCTING THE SEMINAR.

COG staff in consultation with the planning committee selected the Bethesda Marriott Hotel as the site for the proposed drug seminar and secured commitments from the hotel to reserve the dates of January 26-27, 1990, contingent upon receiving grant approval.

14. IDENTIFY FUNDING SOURCES AND DEVELOP SUPPORT.

Funding for the seminar was sought from both federal as well as state sources by the COG Executive Director. He requested 50% of the funding for the seminar from the State Justice Institute and 50% of the funding from the Bureau of Justice Administration, Courts Branch, U.S. Department of Justice. Both funding sources were advised that judges within the tri-state region had given support for the seminar.
15. OBTAIN SPEAKERS AND CONSULTANTS FOR SEMINAR.

COG Public Safety Staff formalized agreements with the proposed guest speakers and panelists. COG staff also requested and received outside consultation from the the Adjudication Technical Assistance Project, funded by the Bureau of Justice Assistance, requesting help in identifying a consultant who could serve as an independent evaluator for the seminar. An independent evaluator was made a condition by the State Justice Institute for COG to submit an application for funding. A proposed evaluation consultant was identified. COG staff interviewed the proposed consultant and discussed his approach to be used in conducting the independent evaluation in conjunction with SJI guidelines. Formal agreements on fees and scope of services to be provided to COG were made with the consultant and speakers, contingent upon funding by SJI.

16. PREPARE FORMAL GRANT APPLICATION.

COG Public Safety Staff prepared a formal grant application for submission to the State Justice Institute. Two prominent national judicial figures of stature, the Chief Justice of the U.S. Supreme Court and the Deputy Director of the Office of National Drug Policy, agreed to address the judges at the seminar as keynote speakers.
17. CONDUCT SEMINAR.

COG staff made arrangements for security to be provided at the seminar for the judges with the Montgomery County, Maryland, Police Department. The seminar was held keeping to the schedule outlined in the seminar pamphlet.

18. EVALUATE SEMINAR.

COG staff disseminated an evaluation form to all judges in attendance at the seminar at the end of the second and final day of its format. Seminar evaluation forms had been prepared by the independent consultant evaluator who received the completed forms from COG staff.