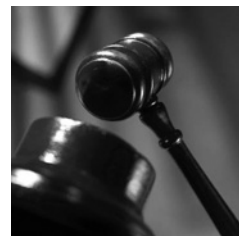
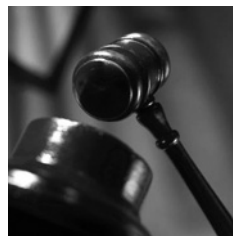
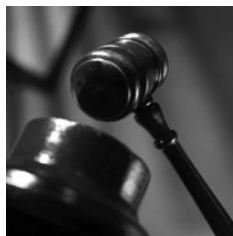
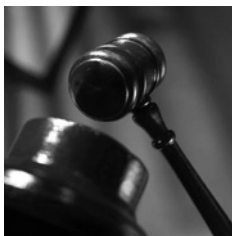


Specialty Courts in Rural Pennsylvania: *Establishment, Practice and Effectiveness*



The Center for



Rural Pennsylvania

A Legislative Agency of the Pennsylvania General Assembly

Specialty Courts in Rural Pennsylvania: Establishment, Practice and Effectiveness

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Information contained in this report does not necessarily reflect the views of individual board members or the Center for Rural Pennsylvania.

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Executive Summary

This study explored specialty courts, including adult drug courts, juvenile drug courts, family drug courts, mental health courts, and driving under the influence (DUI) courts, in rural Pennsylvania counties.

To conduct the study, the researchers surveyed Common Pleas judges, conducted telephone and face-to-face interviews with court personnel, observed specialty courts in action, and examined secondary data.

The research determined there were 25 existing specialty courts and 17 specialty courts in the planning stages in rural jurisdictions. These courts primarily followed the drug court model.

According to the research results, specialty courts were established: in jurisdictions where the president judge supported the specialty court concept; when jurisdictions faced county prison overcrowding; when jurisdictions had high target populations; when jurisdictions recognized that individuals with mental health issues ended up in prison; when jurisdictions saw an increase in child placements; where other important personnel who would form the court “team” were available and were “on board” with the specialty court concept; and where an increase in the number of babies who were born addicted became an increasing concern.

Funding was the largest barrier faced by jurisdictions that had or were in the planning stages of having specialty courts. Most jurisdictions relied on grants to initially fund the establishment of specialty courts. However, the research found that funding tied to these grants could hinder the development, expansion and sustainability of these courts.

Additional barriers faced by jurisdictions included the following: the availability of “one size fits all” grants that were too large for smaller jurisdictions; the lack of public and private transportation for court clients; the lack of affordable housing opportunities for court clients; the unavailability of Medical Assistance, assistance from the Veterans Administration and other sources of funding for treatment and medical needs of court clients; and, limited staff of and large caseloads for the courts and probation offices.

In addition to reducing recidivism, improving the mental stability of clients and helping clients become substance free, most specialty courts in the study measured success by looking at the overall quality of life improvement among clients. Outcomes observed by the research included increased employment and education of clients, a broken cycle of criminal behavior within families, successful client reintegration into the community, and drug free births among clients.

Based on the research results, the researchers offered the following considerations regarding specialty courts in rural jurisdictions: support and conduct long term cost/benefit analyses of and impact evaluations on all programs used as alternatives to incarceration; standardize reporting categories and refine reporting activities related to these courts; provide funding and support for mentoring, grant writing, personnel and program sustainability; sort offenders by risk to public safety; further modify sentencing guidelines to reflect the use of specialty courts; and close the gap of medical assistance coverage for those being released from incarceration and transitioning into the community.

Introduction

The use of traditional punishment in the criminal justice system, which is often comprised of long-term incarceration, creates financial hardship for taxpayers (National Institute of Justice, 2006).

In Pennsylvania, the prison population is a growing burden on both the state and counties. Pennsylvania has 67 counties, 48 of which are rural¹. Of these rural counties, 44 operate their own jails and pay for their operations. Rural counties without jails transport prisoners to surrounding counties. The costs of jailing a prisoner per day for rural counties (jail-day cost) range from a low of \$36 a day to a high of \$112 a day, with an average jail-day cost of a little more than \$63 per day² (Pennsylvania Department of Corrections, 2009). The seemingly extreme difference between the low and high costs experienced by different counties may be attributed to the differences in how jail-day costs are calculated by each county and the age of the facilities. Older county jails in Pennsylvania are in need of maintenance, updating and, in some cases, complete replacement. Some also need to be expanded and renovated to accommodate higher jail populations. Rural counties that now have low jail-day costs may well experience a steady rise as the need for incarceration increases.

Overcrowding in jails has been a portion of the cost factor for counties. Overcrowding has led to questionable housing arrangements, with prisoners housed in areas not intended for housing, and the danger of compromised security. Common solutions to overcrowding, in addition to placing more prisoners into a space than can be safely accommodated, is to house prisoners in neighboring county prisons, build extensions to existing prisons, or build newer, larger facilities (Pew Charitable Trusts, 2010).

According to a Pew Center report, Pennsylvania ranked fourth among the top five states for the growth in the percentage and number of prisoners during 2009. Pennsylvania's prison inmate count rose about 4 percent in 2009, with a total population increase of 2,122 (Pew Center for the States, 2010).

According to the Pennsylvania Department of Corrections (DOC), between January 1980 and January

2010, the prison population in the state grew from 7,865 to 51,391³. The budget to incarcerate inmates in that time period expanded from \$94 million to \$1.6 billion (DOC, 2010).

Specialty courts, also called treatment courts, accountability courts, and problem-solving courts, tend to deal with a number of problem areas within the criminal justice system.

The report from DOC further projected that from 2009 to 2014, the state prison inmate population would increase by 10,000. However, there were no projections in the report on the costs associated with incarceration into the year 2014. The estimates from DOC projected that by December 2013, DOC will be at 115 percent of operational bed capacity, which includes the construction of new prisons and new housing units (DOC, 2010). Counties have been experiencing similar needs for jail expansions and their costs continue to rise.

As a result of rising taxpayer costs associated with rising incarceration numbers in county, state and federal prisons, corrections and judicial personnel are seeking alternative approaches. One approach that has gained favor and is becoming more popular is specialty courts.

Specialty courts, also called treatment courts, accountability courts, and problem-solving courts, tend to deal with a number of problem areas within the criminal justice system. They are often titled according to the issue they address, such as drug court, driving under the influence (DUI) court, mental health court, and treatment court. Drug courts may be further refined as adult drug courts, juvenile drug courts, and family drug courts.

The operation of these courts varies from jurisdiction to jurisdiction but there are constants, such as: integrating treatment and court processing; identifying offenders at the beginning of their contact with the criminal justice system; providing a continuum of services; frequently monitoring drug/alcohol abstinence; providing a coordinated response to participant

1. The Center for Rural Pennsylvania defines a county as rural when the number of persons per square mile within the county is less than 284. Counties and school districts that have 284 persons or more per square mile are considered urban. According to the definition, there are 48 rural and 19 urban counties in Pennsylvania.

2. More jail-day cost information for rural counties is presented in Table 5 on Page 15.

3. Budget Request FY 2010-2011, Testimony of Secretary Beard, Testimony – House appropriations Committee Hearings, February 18, 2010.

Table 1 : Types of Pennsylvania Specialty Courts, 2007, 2008, 2009

	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
	2007	2007	2007	2008	2008	2008	2009	2009	2009
Domestic Violence	3	1	4	2	1	3	2	1	3
DUI	7	6	13	7	7	14	6	10	16
Drug	9	7	16	11	8	19	12	8	20
Gun							1	0	1
Job	1	0	1	1	0	1	1	0	1
Mental Health	4	1	5	7	4	11	12	4	16
Re-Entry	1	2	3	2	2	4	1	2	3
Treatment	1	2	3	1	2	3	1	3	4
Veterans							1	0	1
Other	3	1	4	0	0	0			
Total	29	20	49	31	24	55	37	28	65

Source: CAPP, 2007, 2008, 2009

Table 2 : Counties Reporting Specialty Courts

	Urban	Rural	Total
2007	12	12	24
2008	13	13	26
2009	14	16	30

Source: CAPP, 2007, 2008, 2009

compliance; providing judicial interaction with the offender; evaluating individual achievement of program goals; and partnering between courts and community agencies (The National Association of Drug Court Professionals, 1997; and DOC, 2010).

Typically, specialty courts are focused on outcomes, such as decreasing incarceration to reduce total jail-days expended, lowering recidivism rates and reducing future victim costs, providing education and job training opportunities to offenders to allow for better employment opportunities, keeping families intact where possible, breaking the cycle of anti-social and criminal behavior in families, and returning productive and engaged citizens back into their communities.

Specialty Court History

The first recognized specialty court was a drug court in Miami-Dade County, Fla., in 1989. Since that time, specialty courts have caught on as alternative sentencing options for non-violent perpetrators. Drug courts have existed the longest, are considered a successful form of specialty court, and are used as the model for other specialty courts that have followed.

The Philadelphia Municipal Court experimentally established a drug court in 1997 as the first Pennsylvania “problem-solving court.” Since that time, Pennsylvania rural and urban counties have followed the national trend and increased the establishment of specialty courts. Table 1 shows the assembled information on specialty courts in Pennsylvania as it appears in the County Adult Probation and Parole (CAPP) annual statistical reports of the Pennsylvania Board of Probation and Parole (PBPP) for the years 2007, 2008 and 2009.⁴

None of the prior year CAPP reports mention specialty courts. PBPP began reporting the activity of specialty county courts in 2007.

Table 2 combines the information from the 2007, 2008 and 2009 CAPP reports to indicate the number of urban and rural counties that had specialty courts. Of Pennsylvania’s 67 counties, 19 are urban and 48 are rural, according to the Center for Rural Pennsylvania’s definition.

As noted in Table 1, the number of specialty courts in Pennsylvania increased from 49 to 65 from 2007 to 2009. In rural and urban counties, from 2007 to 2009, the courts increased from 20 and 29 to 28 and 37, respectively. In this regard, Pennsylvania is following the national trend, as county criminal justice systems increase their use of specialty courts. The intent of this trend is to use the oversight of the courts to reintegrate non-violent offenders back into the communities and to decrease the use of jail days and jail-day costs.

Beginning in 2007, the Supreme Court of Pennsylvania’s Chief Justice’s State of the Commonwealth’s Courts reports have included support for the establishment and operation of problem-solving courts among county Common Pleas courts. In the 2010 report, the Chief Justice noted that the judiciary is saving money by using specialty courts. The report also recognized that, in 2009, there were 58 specialty courts in Penn-

4. CAPP reports are available at http://www.pbpp.state.pa.us/portal/server.pt/community/reports_and_publications/5358/county_adult_probation_and_parole_information/502401.

sylvania's 67 counties and the numbers had increased to 79 by March 2010. The report emphasized that these courts not only conserve scarce resources in the criminal justice system but also "cycle individuals out of the court system and into productive lives." (Castille, April 29, 2010).⁵

The legislative and executive branches in Pennsylvania also recognized the function of these courts with the passage of Act 30 of 2010. Act 30 amended Title 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes and specifically recognized specialty courts as problem solving courts. It also authorized their establishment in the counties' courts of Common Pleas and provided for the appointment of a statewide problem-solving courts coordinator.

A Bureau of Justice Statistics (BJS) report noted that, in 2006, 25 percent of state prison inmates nationwide, who reported having mental health problems, served three or more prior prison terms compared to 19 percent without a mental health problem. Similarly, 26 percent of local jail inmates nationwide, who reported having mental health problems, served three or more prior jail terms compared to 20 percent of local jail inmates without mental health problems (BJS Special Report, September 2006).

A 2007 RAND Corporation sponsored-study, which looked at the mental health specialty court in Allegheny County, PA, illustrated how mental illness was an underlying "revolving-door" element for a large portion of the prison population. An alternative goal to jailing those with mental illness is to deal with underlying issues in a structured court setting that can foster and supervise evaluation, treatment and management of the illness, along with court sanctions when appropriate, rather than incarceration with minimal attention to the illness (Ridgely et al., 2007).

Of the 79 existing specialty courts in Pennsylvania cited in the 2010 State of the Commonwealth's Courts report, 51 courts were in 14 of the state's 19 urban counties and 28 courts were in 14 of the state's 48 rural counties.⁶ Among the courts listed were those established to solve problems that are not part of the criminal justice system, such as foreclosure courts, community courts, which are neighborhood focused courts that address public safety issues, job courts,

truancy courts, nuisance night courts, housing courts and Eagles court. Eagles court was an ad hoc court established in Philadelphia's Lincoln Financial Stadium, home of the Philadelphia Eagles, where unruly fans were taken for quick judgment and sentencing after committing crimes during an Eagles game at the stadium.

Drug and DUI courts are designed to work with non-violent second, third and fourth time offenders whose addictions are the basis for their criminal offenses. Mental health courts are intent on identifying offenders who primarily have serious mental health problems and run afoul of the criminal justice system as part of their often-times undiagnosed and untreated mental health problems (Henry et al., 2005). For specialty courts, incarceration is not the primary goal but rather recognition, treatment and rehabilitation for underlying problems that manifest in criminal behavior.

This study was conducted from March 2009 to May 2010 to examine rural Pennsylvania specialty courts. During the study, the researchers saw significant changes with respect to the use and establishment of specialty courts in rural counties. For example, counties with no specialty court at the beginning of the study either established a court and had it up and running by the end of the study or were aggressively pursuing the planning and establishment of a court. Counties that had already established one or more specialty courts were either expanding the capacity of their courts or were adding new ones. Also, the topic of veterans courts as a separate specialty court was gaining in popularity. Many counties were beginning the process of tracking and studying the veteran population in their jails, looking at special needs to successfully bring a veteran offender back into the community, and bringing together the players for a team that would manage a veterans court.

Review of Pennsylvania's Judicial System

Pennsylvania courts are structured like a pyramid. The broad base consists of the minor courts, such as the magisterial district judge (MDJ) courts and Philadelphia municipal courts, followed by the Common Pleas Courts, which are the trial courts of the judicial system. Above the Common Pleas Courts is the Pennsylvania Commonwealth Court, which primarily deals

5. The difference between the Chief Justice's figure of 58 specialty courts in Pennsylvania in 2009 and the information from the PBPP's CAPP report for the same year identifying 65 such courts may be explained by the rapid addition of these courts and the timing of when information was gathered and reported.

6. The report, dated March 2010, was an internal report of the Pennsylvania Supreme Court on existing and planned problem solving courts in all of Pennsylvania's counties at the time of the report.

Table 3: Common Pleas Judges in Rural/Urban Counties – 2008

Rural County	Judicial District	Population 2008	Population 2008	Common Pleas Judges Dec 2008	Urban County	Judicial District	Population 2008	Common Pleas Judges Dec 2008
Clarion	18	39,989	39,989	1	Lebanon	52	128,934	4
Huntingdon	20	45,543	45,543	1	Cumberland	9	229,361	5
Jefferson	54	45,105	45,105	1	Beaver	36	172,476	7
Potter	55	16,720	16,720	1	Dauphin	12	256,562	8
Susquehanna	34	40,831	40,831	1	Lackawanna	45	209,408	8
Tioga	4	40,574	40,574	1	Northampton	3	294,787	8
Wayne	22	52,016	52,016	1	Erie	6	279,175	9
Armstrong	33	68,790	68,790	2	Lehigh	31	339,989	10
Bedford	57	49,727	49,727	2	Luzerne	11	311,983	10
Bradford	42	61,233	61,233	2	Westmoreland	10	361,589	11
Carbon	56	63,558	63,558	2	Berks	23	403,595	13
Clearfield	46	82,896	82,896	2	Bucks	7	621,643	13
Clinton	25	37,038	37,038	2	Chester	15	491,489	14
Greene	13	39,344	39,344	2	York	19	424,583	14
McKean	48	43,537	43,537	2	Lancaster	2	502,370	15
Mifflin	58	46,062	46,062	2	Delaware	32	553,619	19
Pike	60	59,664	59,664	2	Montgomery	38	778,048	21
Venango	28	54,423	54,423	2	Allegheny	5	1,215,103	43
Adams	51	101,119	101,119	3	Philadelphia	1	1,447,395	93
Crawford	30	88,411	88,411	3				
Indiana	40	87,479	87,479	3				
Northumberland	8	91,091	91,091	3				
Somerset	16	77,454	77,454	3				
Centre	49	144,779	144,779	4				
Lawrence	53	90,272	90,272	4				
Mercer	35	116,652	116,652	4				
Blair	24	125,174	125,174	5				
Cambria	47	144,319	144,319	5				
Fayette	14	143,925	143,925	5				
Lycoming	29	116,670	116,670	5				
Butler	50	182,902	182,902	6				
Monroe	43	165,058	165,058	6				
Schuylkill	21	147,254	147,254	6				
Washington	27	206,407	206,407	6				
			Combined Population, 2008					
Columbia	26	65,004		2				
Montour	26	17,705	82,709					
Elk	59	32,268		1				
Cameron	59	5,266	37,534					
Franklin	39	143,495		4				
Fulton	39	14,935	158,430					
Perry	41	45,185		2				
Juniata	41	23,146	68,331					
Snyder	17	38,074		2				
Union	17	43,640	81,714					
Warren	37	40,728		2				
Forest	37	6,825	47,553					
Wyoming	44	27,759		1				
Sullivan	44	6,124	33,883					

<p>Total Rural Common Pleas Judges - 114</p> <p>Total Urban Common Pleas Judges - 325</p> <p>Total Rural and Urban Common Pleas Judges - 439</p> <p>Average number of Common Pleas judges per 100,000 PA population = 3.5</p> <p>Average number of Common Pleas judges per 100,000 urban population = 3.6</p> <p>Average number of Common Pleas judges per 100,000 rural population = 3.3</p>	<p>Source for 2008 county judgeship data - AOPC http://www.aopc.org/NR/rdonlyres/BDA8E900-A603-45C3-8179-50D814FEB14/0/2008Report.pdf.</p> <p>Annual Estimates of the Residential Population for Pennsylvania counties: April 1, 2000 to July 1, 2009 (CO-EST, 2009).</p> <p>Source: U.S. Census Bureau, Population Div. http://www.census.gov/popest/counties/tables/CO-EST2009-01-42.xls.</p>
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with cases brought by and against the commonwealth (state government-related matters), and then the Pennsylvania Superior Court, which is a general court of appeals. At the top of the pyramid is the Pennsylvania Supreme Court, which is the court of last resort for cases involving Pennsylvania state legal matters (Administrative Office of Pennsylvania Courts, 2010).

Pennsylvania has 67 counties, with 14 counties combined into seven judicial districts, leaving 60 judicial districts⁷. Each of Pennsylvania's 60 judicial districts has its own Common Pleas Court, the trial courts where civil and criminal cases and disputes involving family and estate matters are litigated.

The number of judges per judicial district is related to the population and case load of the district. There are no hard and fast criteria for adding judges. A current list of existing judges broken down by judicial district is available at the Administrative Office for Pennsylvania Courts (AOPC) at www.courts.state.pa.us/T/CommonPleas/CommonPleasJudges.htm.

Table 3 provides information, grouped by rural and urban designation, on the judicial district of each county, the number of authorized judgeships in each judicial district at the end of 2008, and the estimated population of each district at that time.

Table 3 shows that each of the 60 judicial districts has from one to 93 Common Pleas judges. At the time of the study, there were a total of 439 Common Pleas judges in Pennsylvania. In the 19 urban judicial districts, the number of Common Pleas judges ranged from four (Lebanon County) to 93 (Philadelphia County). In the 41 rural judicial districts, the number of Common Pleas judges ranged from one⁸ to six⁹.

In each judicial district, one Common Pleas judge acts as the president judge. In districts with seven or fewer judges, the judge with the longest continuous service holds this position. In districts with eight or more judges, the president judge is elected to a non-successive, five-year term by his/her peers (AOPC).

Goals and Objectives

This study looked to identify and investigate the use of certain specialty/problem-solving courts in rural Pennsylvania counties to determine: the financial costs

and benefits of specialty courts in rural Pennsylvania counties; the success of specialty courts in the counties that had established them; any unique aspects of rural counties in the use of specialty courts; whether there were barriers to the establishment and/or continuance of specialty courts in rural counties and, if so, what those barriers were; any innovations used by rural counties or any that could be used by them; and policy considerations for the Pennsylvania General Assembly.

Methodology

The study, conducted in 2009 and 2010, concentrated on courts in rural judicial districts that had one or more existing specialty courts, were planning for a specialty court, and had no specialty courts. The study used a variety of methodologies to collect and assemble the data for the study.

Before the study began, the researchers solicited letters of support from the president judges of the 41 rural Pennsylvania judicial districts and the Chief Justice of the Pennsylvania Supreme Court. Of the 42 requests mailed, 23 responses were received (54 percent response rate), and, of those responses, 20 supported the study and three did not.

Judicial Surveys

The researchers viewed Common Pleas judges as the best source of information about specialty courts in rural Pennsylvania, since these judges perform the primary roles in every judicial district and are involved in the specialty courts where they exist. They are in a position to understand their jurisdiction's needs, with regard to innovative programs and treatment, and may also be the first to see the effects of such programs.

The researchers mailed surveys to the 138 Common Pleas judges¹⁰ in the 41 rural judicial districts. Of the 138 surveys mailed, 64 completed surveys were returned, for a response rate of 46 percent. One or more Common Pleas judges from 31 of the 41 rural judicial districts returned completed surveys. Of those 31 rural judicial districts, 10 had specialty courts, eight were in the planning stages of establishing a specialty court, and 13 did not have and were not in the planning stages of establishing a specialty court.

7. The combined counties are: Perry-Juniata; Snyder-Union; Franklin-Fulton; Wyoming-Sullivan; Columbia-Montour; Warren-Forest; and Elk-Cameron.

8. There were nine judicial districts with one Common Pleas judge. Two of these districts consisted of combined counties.

9. There were four rural judicial districts that had six Common Pleas judges.

10. Surveys were mailed to 114 Common Pleas judges and 24 senior judges in the rural judicial districts. Although mandatory retirement age is 70, retired judges may continue to serve in a district as senior judges to help ease court backlogs. (The Unified Judicial System of Pennsylvania, Judicial Qualifications, Election, Tenure and Vacancies, Administrative Office of the Pennsylvania Courts, <http://www.pacourts.us/Links/Public/JudicialQualifications.htm>).

Interviews with Courtroom Personnel

The researchers also interviewed court and county personnel by telephone and in-person. Most often, the researchers interviewed the county's chief probation officer. These personnel are in the best position to know about the criminal justice process in the county and, in many cases, are directly involved in any decision-making processes that would include the consideration of a specialty court.

Specialty Court Observations

The researchers observed the operations of 16 rural specialty courts and their teams in eight jurisdictions to get first-hand accounts of the hearings conducted by the courts. Of these, four were adult drug courts, three were treatment courts (combined drug and DUI), two were juvenile drug courts, one was a family drug court, two were mental health courts, and four were DUI courts.

The researchers received permission to observe the hearings from the president judge and the presiding judge. The researchers also received consent to meet with the teams of court personnel who convene before the hearing. The teams most often consisted of the presiding judge, district attorney, public defender, treatment provider representatives, local drug and alcohol commission representatives, local mental health commission representatives, and, in some cases, a county prison representative.

Specialty Court Procedures and Materials

The researchers obtained 13 procedural manuals and materials developed and used by the specialty courts. The manuals were an important source of information on the particular specialty court, its expectations, eligibility requirements, documentation obtained from participants who entered the program, and, in some cases, the history of the court's formation.

Secondary Sources

The researchers used a variety of secondary data sources to complete the research, including the Uniform Crime Report (UCR) of the Pennsylvania State Police. The report included crime data on each county with the categories of crimes going from misdemeanors to violent felonies. From the database, it is also possible to access drug possession and DUI (driving

under the influence) data. Data were available from 2000 through mid-2008.

The researchers accessed population data (up to 2008 estimated figures from the U.S. Census Bureau) and crime rate data (1988 to 2008) from the Center for Rural Pennsylvania; county crime data from the Pennsylvania Commission on Crime and Delinquency (PCCD); state prison and county jail data, including jail-day costs, from the Pennsylvania DOC; data from AOPC; and data from the Pennsylvania Board of Probation and Parole (PBPP).

The researchers also used 2008 Pennsylvania sentencing guidelines data (2008) from the Pennsylvania Commission on Sentencing. These data provided information on the sentences received by convicted offenders, whether they were sentenced to county or state facilities and the length of the sentences. This provided the researchers with potential target populations in a jurisdiction.

Results

Status of Specialty Courts in Rural Pennsylvania Counties

According to the research results, there were 25 existing specialty courts¹¹ and 17 specialty courts in the planning stages in rural Pennsylvania at the time of the research.

Table 4 shows the rural counties and their specialty courts, at the beginning of 2010, and those that were planning (P) to add additional courts.

This table does not include rural counties that did not have specialty courts but may have been planning one.

Of the 14 rural judicial districts that had specialty courts, six had more than one in operation. The most common types of specialty court in rural jurisdictions were adult drug courts (nine rural judicial districts¹²) and DUI courts (10 rural judicial districts¹³).

Table 5 shows the rural counties that did not currently have a specialty court but were planning to establish one or more in 2009 and 2010. Some counties that planned for a specialty court did not establish a court. In some cases, the planners concluded during the planning stage that they would not establish a specialty court, at least for the time being.

Ten of 11 rural jurisdictions were in the process of planning an adult drug court. Two of 11 rural jurisdic-

11. A specialty court here is defined primarily as a drug court (including adult, juvenile, or family), DUI court, treatment court or mental health court. This number does not include the two re-entry courts or domestic violence court.

12. Bradford, Clarion and Washington counties operated their drug courts as part of their treatment courts.

13. Bradford, Clarion and Washington counties operated their DUI courts as part of their treatment courts.

Table 4: Specialty Courts Existing and Planned in Rural Counties 2010

Judicial District	Population	Adult Drug	Juvenile Drug	Family Drug	DUI	Treatment	Mental Health	Re- Entry
Blair	125,174	1999	2009	2007	2005		P	1999
Bradford	61,233					2006 ^A		
Butler	182,902	P			2004			
Centre	144,779	P			2009			
Clarion	39,989					2007		
Fayette ^B	143,925						2009	
Indiana	87,479	2007						
Lycoming	116,670	1998	2004		2005		2008	1998
Mifflin	46,062	P	2006					
Northumberland	91,091	2005			2007		2008	
Snyder-Union	81,714	2008			2010			
Somerset	77,454		2002					
Washington	206,407					2005 ^C	2009	
Wyoming-Sullivan	33,883	2007			2009			

P = Planning an additional specialty court. A) Bradford and Clarion county treatment courts serve as both drug courts and DUI courts. B) Fayette County has a domestic violence court that is part of the family court. C) Washington County's treatment court is for co-occurring offenders (drug, DUI and mental health).

tions were in the process of planning a mental health court and one rural jurisdiction was in the process of planning a juvenile drug court.

Common Pleas judges were asked to identify the professionals who participated in specialty courts within the jurisdiction. Their responses included a wide variety of professionals including judges, probation officers, district attorneys, substance abuse treatment service providers, defense attorneys, drug and alcohol commission or representatives, mental health treatment providers, law enforcement liaisons, representatives of children and youth services, court administrators, and school district representatives.

The researchers also compiled lists of professionals who participated in specialty courts from policy manuals and participants' handbooks from specific jurisdictions. Typically the information concerning the team members and the function of each member was set forth in these manuals and handbooks.

According to the procedure manuals and handbooks, the make-up of a typical team in a treatment court, drug court or DUI court would consist of: a Common Pleas judge or a magisterial district judge¹⁴; a district attorney or a representative from that office; a public defender or other defense counsel; a probation officer(s); a representative from a drug and alcohol commission; a representative from the MH/MR agency; a representative from the treatment provider; in some cases, a representative from the county jail or

law enforcement; and a community service coordinator.

If the court was a family drug court or juvenile drug court, then team members would include those from Children and Youth Services (CYS) and the Juvenile Probation office. If the court was a mental health court, then representatives from mental health evaluators and treatment providers would also be present.

When comparing the Common Pleas judges' survey responses with the information compiled from the procedure manuals and court participant handbooks, the researchers found that the team members participating in the courts were consistent with the type of specialty court being used by the county. In all cases, the team would consist of a Common Pleas judge or magisterial district judge, the district attorney or a representative from that office, a public defender or private defense counsel, and a representative from treatment services involved with the court, such as, drug and alcohol and/or mental health services. In some cases, the team would include a law enforcement representative, such as a police officer or a liaison from the county.

The researchers determined from team and court session visitations that team members meet prior to a status hearing to:

14. In cases where a magisterial district judge sits with a team and presides over the court sessions, a Common Pleas judge is always the judge for initial sentencing and for any sanctions of the court that would involve revocation from the program.

- exchange and compare information on each participant;
- discuss progress or lack thereof for each; recommend rewards and sanctions for each;
- recommend moves up to or down from phases in the program;
- recommend and vote on graduation of successful participants from the program;
- recommend and vote on revocation from the program of participants who are unable to comply with the requirements of the program; and
- agree on a coordinated approach for the hearing.

In all cases observed, the team was present within the courtroom during the court status hearing with the presiding judge¹⁵ and participated in the proceedings, as appropriate. According to the researchers' observations, court participants see a balanced and unified team that cares about them, wants them to succeed, grants rewards or applies sanctions where needed, explains the reasoning for all actions taken, allows for participants to interact with the judge or other team members during the hearing, participates in graduation ceremonies, and terminates (revokes) a participant from the program when indicated by that participant's actions. Status hearings involving a judge are very important to the success of the specialty court/problem-solving court model.

Most specialty courts use the drug court model, in which the judiciary, prosecution, defense, probation, law enforcement, mental health, social service, and treatment communities work together to help non-violent offenders find restoration in recovery and become productive citizens (National Association of Drug Court Professionals, 2007).

In 1997, the National Association of Drug Court Professionals published *Defining Drug Courts: The Key Components*¹⁶ designed to provide courts with a model that may be adapted to fit the specific needs of the community. It describes the basic elements of drug courts as follows:

- Integration of substance abuse treatment services with justice system case processing;
- Non-adversarial approach (prosecution and defense counsel promote public safety while protecting participants' due process rights);
- Early identification and prompt placement in the drug court program;

- Access to a continuum of alcohol, drug and other related treatment and rehabilitation services;
- Frequent alcohol and other drug testing;
- Coordinated strategies;
- Ongoing judicial interaction;
- Monitoring and evaluation to measure the achievement of program goals and gauge effectiveness;
- Continuing interdisciplinary education; and
- Forging partnerships among drug courts, public agencies, and community-based organizations.

Rural counties that operate treatment courts typically combine drug offenders and DUI offenders. Similar program protocols are used with both types of offenders, with differences found in the type of treatment provider used, the type of education provided, and, in some cases, the amount of time that is needed for graduation. The trend in DUI courts is to have a participant in the program for a shorter time period than in a drug court, where the participant is typically involved in the program for a longer time period.

Mental health courts have been innovative with the drug court model as their participants demonstrate special needs. A report sponsored by the Council of State Governments recognized the growing inclusion of mental health courts among specialty courts nationwide. The findings confirmed that while mental health courts may share many commonalities with other specialty courts, important differences have emerged. The study surveyed 100 existing mental health courts and found that the courts differed significantly in: the types of cases and defendants accepted (target population); how cases were processed (plea arrangement); treatment used for participants (intensity of supervision); and how cases were resolved (program duration) (Henry, 2005).

An earlier study found that although the drug court model was most often used when implementing and operating mental health courts, people with serious mental illness did not do well in drug court programs (Goldkamp et al., 2000).

Comments made to the researchers during team meeting and court session observations from personnel, including the presiding judge, involved with the rural mental health courts seemed to confirm this. They stated that, from their experience, there is serious need for specialized training and revised models

15. Judicial districts may have Common Pleas judges as presiding judges at the status hearing or may have Magisterial District Judges preside at the status hearing. Three judicial districts use Magisterial District Judges as the presiding judge in their specialty courts.

16. From a report produced in 1997 by a group of drug court practitioners convened by the National Association of Drug Court Professionals and funded by the former Drug Courts Program Office within the Office of Justice Programs (OJP).

for mental health courts separate from those for drug and DUI courts.

All specialty courts included in the study were post-adjudication programs.¹⁷ To enter the program, the offender is referred to the court through diverse avenues. These could include the magisterial district justice, the district attorney's office, the county jail, a mental health provider, and defense counsel. The procedure used for application, determination of eligibility and acceptance into a specialty court program would typically proceed as follows:

Applicant would obtain and complete a referral and intake form available at the magisterial district justice office, district attorney office, public defender office, or probation office; attach a copy of the current criminal complaint; request a continuance of the case; and forward all paperwork to the district attorney's office.

District attorney investigates and reviews all prior and current offenses; obtains arresting officer's comments; obtains victim input; and approves or denies further processing of the application.

The following evaluations and assessments may be conducted, as appropriate: a social/legal/motivational evaluation and assessment; a drug and alcohol evaluation and assessment; and/or a mental health evaluation and assessment.

All evaluations and assessments are presented to the specialty court team and the specialty court team makes program recommendations concerning the applicant.

If applicant is approved, a hearing for sentencing into the program will be scheduled. If applicant is denied, the case is returned to the regular adjudication process and the district attorney is notified.

It should be noted that the district attorney has the final approval on all applications. Although it is within the power of the Common Pleas judge to override the decision of the district attorney, this rarely occurs. It is important for the coherence of the team to agree on strategy.

The participant is responsible for all costs and restitution as determined by the district attorney. If the applicant is approved, a hearing is conducted to formally charge the offender. The offender then enters a guilty plea and is sentenced by the Common Pleas judge to the specialty court program.

To be considered eligible to participate in a drug court, DUI court, treatment court or mental health court in the rural counties studied, the applicant must be considered non-violent and otherwise eligible for an Intermediate Punishment or Restrictive Intermediate Punishment program. Since specialty courts are a community-based alternative to total incarceration, community safety is paramount to the court. Common eligibility criteria for an applicant would include the following:

- Pennsylvania residency;
- county residency where program is administered;
- non-violent offender who has not demonstrated present or past violent behavior;
- for a drug or co-occurring treatment court, a history of drug/alcohol abuse;
- for a mental health or co-occurring treatment court, a history of mental health problems;
- no conviction of any offenses relating to the following, as defined by the Pennsylvania Criminal Code – murder, voluntary manslaughter, aggravated assault, assault by prisoner, assault by life prisoner, kidnapping, rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault, indecent assault, arson and related offenses, burglary of the first degree, robbery, theft by extortion, incest, escape, solicitation, intimidation of a witness, use/possession of a firearm in furtherance of a crime, be defined as a violent offender under federal statutes, have two or more felony convictions, or be subject to delivery charges as a non-addict;
- agreement to program rules and any court ordered or program required treatment components;
- submit to drug and alcohol evaluation and assessment and/or mental health evaluation and assessment, as appropriate;
- employment, have a legitimate source of income, be seeking employment, be enrolled in an educational/vocational training program and/or participate in community service programs;
- submit to random testing for drug/alcohol use; and
- demonstrate amenability to supervision.¹⁸

All specialty court programs in rural Pennsylvania counties are voluntary. Upon a guilty plea, the judge

17. Post-adjudication, also known as post-plea, programs require that the offender be charged of a crime by the district attorney, that the offender plead guilty to the charge(s), and the judge sentence the offender based on the charges.

18. These common eligibility requirements were found in procedures manuals and participants' handbooks obtained from the specialty courts studied. Not all courts adhered strictly to the list reflecting ineligibility. The prime determiner for eligibility was based on the need for public safety and the expectation of successful completion of the program and return to the community. The district attorney was the final determiner of eligibility.

sentences the offender to the specialty court for which he/she is eligible and accepted for admission. At the hearing, the judge ascertains that the applicant understands what his/her sentencing options are and what the consequences are should the participant either voluntarily remove him/herself from the program or be revoked from the program for non-compliance.

This is considered to be a post-plea or post-adjudication program; the defendant must plead guilty to charge(s) and the sentence is deferred or suspended during participation in the specialty court program. Successful completion of the program results in at least a partially waived sentence of incarceration. In cases where the defendant fails to comply with the requirements of the specialty court, he/she will be revoked and returned to the criminal court to face sentencing on the guilty plea. Because most specialty courts in Pennsylvania accept higher-risk defendants (Level 3 and 4)¹⁹, revocation most often means being sentenced to state prison.

Costs and Benefits of Specialty Courts

In the judicial survey, rural Common Pleas judges were asked to rate the need, costs, and benefits of specialty courts. The survey asked the judges to rank: the need for a specialty court in their jurisdiction (1 no need to 100 most need); the cost of specialty courts (1 inexpensive to 100 most expensive); and the potential benefits of specialty courts to the jurisdiction (1 no benefits to 100 multiple benefits). Clear differences existed between rural judicial districts with specialty courts and those without specialty courts.

For example, jurisdictions with specialty courts were more likely to state that a specialty court is needed than those jurisdictions with no specialty courts, that specialty courts' costs to the jurisdiction were low and that having a specialty court in their jurisdiction was beneficial. Jurisdictions without specialty courts were more likely to state that a specialty court is not needed, is cost prohibitive, and would be less likely to have potential benefits.

Of the jurisdictions with specialty courts that responded to the survey, 21 rural jurisdictions had some type of grant or local, state, or federal monies

to assist with the costs of running a specialty court. Grant monies ranged from a low of \$5,000 to a high of \$450,000. Other revenue sources included program fees and donations.

One interesting source of donations was jury fees. In one jurisdiction, the president judge informed jury panels about the specialty court and asked jurors to consider donating their jury fee to help support the specialty court. According to the county personnel interviewed by the researchers, a large percentage of jurors donated their fees to the specialty court. And while individual fees were small, the large percentage of jurors who donated fees to the specialty court made a significant difference.

From interviews with chief probation officers and specialty court coordinators, the research found that the most common means of calculating benefits of specialty courts was to look at jail-days saved for the county. When the number of jail-days saved was multiplied by the county's jail-day costs, the result was considered as a savings for the county.

Table 5 shows all rural counties and their jail-day costs as reported to the Pennsylvania DOC for the year 2009. As noted, there is a wide divergence between county jail-day costs from a low of \$36 a day to a high of \$112 a day.

Any type of cost-benefit analysis for specialty court operations presents a number of problems. Much of the costs covered by a grant are operational costs of the program. Funds are designated for at least one dedicated probation officer position for the participants of the program. That officer will have a lower caseload because of the intensive supervision that is required for participants of specialty courts. Normal probation officer caseloads reported by interviewees in rural counties were anywhere from 120 to 150 parolees per officer. One study described this size of caseload as "crushing."

Table 6 shows the average caseloads for rural county probation and parole officers in 2009. The information in the table is taken from reports from the counties to the Pennsylvania Bureau of Probation and Parole.²⁰

Average total caseloads ranged from a low of 49 in

19. Level 3 sentencing standard range requires for a sentence of "incarceration or County Intermediate Punishment [CIP], but in all cases permits a county sentence. The standard range is defined as having a lower limit of incarceration of less than 12 months...If eligible, treatment is recommended for drug dependent offenders in lieu of incarceration" (PA Code, <http://www.pacode.com/secure/data/204/chapter303/s303.11.html>). Level 4 sentencing standard range requires for a sentence of "state incarceration but permits it to be served in a county facility. The standard range is defined as having a lower limit of incarceration of greater than 12 months but less than 30 months...If eligible, state or county intermediate punishment is recommended for drug dependent offenders" (PA Code, <http://www.pacode.com/secure/data/204/chapter303/s303.11.html>).

20. This information was extracted from Table 2 of the 2009 CAPP report from the Pennsylvania Board of Probation and Parole (PBPP). http://www.pbpp.state.pa.us/portal/server.pt/community/reports_and_publications/5358/county_adult_probation_and_parole_information/502401.

Table 5: Jail-Day Costs in Rural Pennsylvania Counties, 2009

Adams	\$54	Lawrence	NR
Armstrong	\$51	Lycoming	\$55
Bedford	\$60	McKean	\$60
Blair	\$36	Mercer	\$68
Bradford	ICI	Mifflin	\$66
Butler	\$64	Monroe	\$76
Cambria	\$36	Montour	\$64
Carbon	\$70	Northumberland	\$43
Centre	\$68	Perry	\$79
Clarion	\$60	Pike	\$71
Clearfield	\$59	Potter	\$79
Clinton	\$42	Schuylkill	\$38
Columbia	\$59	Snyder	\$87
Crawford	\$65	Somerset	\$95
Elk	\$112	Susquehanna	\$87
Fayette	\$47	Tioga	\$92
Franklin	ICI	Union	\$58
Greene	\$56	Venango	\$49
Huntingdon	\$96	Warren	\$63
Indiana	\$71	Washington	\$36
Jefferson	\$40	Wayne	\$61
Juniata	\$60	Wyoming	\$59
Note: Cameron, Fulton, Forest and Sullivan counties do not have county jails. ICI= Incomplete Information. NR=No Report. Source: Pennsylvania Department of Corrections.			

Sullivan County to a high of 387 in Lawrence County. Rural counties that use programs such as Intermediate Punishment (IP), Drug and Alcohol Restricted Intermediate Punishment (D&A RIP)²¹ and specialty courts have lowered their overall caseloads. Any grants that may initially fund these programs would predictably require a maximum caseload supervision of 25 to 30 per officer for intensive supervision.

Among the reporting rural counties, there was an average total caseload of 127 offenders per county. Probation officers who spoke with the researchers said that with a caseload of this size,²² it would not be possible to follow through with a parolee more than once a month. The average caseload experienced by

Table 6: Probation and Parole Average Caseloads in Rural Counties, 2009

County	Avg. Total Caseload	County	Avg. Total Caseload	County	Avg. Total Caseload
Adams	113	Fayette	113	Northumberland	132
Armstrong	113	Forest	44	Perry	241
Bedford	117	Franklin	156	Pike	79
Blair	122	Fulton	120	Potter	101
Bradford	58	Greene	189	Schuylkill	118
Butler	177	Huntingdon	102	Snyder	134
Cambria	186	Indiana	108	Somerset	107
Cameron	74	Jefferson	108	Sullivan	49
Carbon	157	Juniata	166	Susquehanna	124
Centre	295	Lawrence	387	Tioga	66
Clarion	119	Lycoming	123	Union	94
Clearfield	133	McKean	101	Warren	95
Clinton	129	Mifflin	75	Washington	180
Columbia	114	Monroe	101	Wayne	72
Crawford	77	Montour	103	Wyoming	64
Elk	197				
Mercer and Venango Counties were not included in the data. Average caseload = 127. Source: PBPP Statistical Reports for 2009: Table 2 - Caseload Supervision.					

the counties made home or employment visits very difficult and left a probation officer with the choice of having minimal contact with an assigned parolee and usually at the probation office.

Specialty court participants require intensive supervision. Most specialty court programs are a form of IP or Restrictive Intermediate Punishment (RIP), also known as D&A RIP. According to one chief probation officer, it is the intensive supervisory probation in these programs that works, but the topic of specialty courts gets the attention of grant agencies and provides the extra advantages of more stakeholders in the teams and regular status hearings before a judge. The intensive supervision used by specialty courts includes:

- regular status hearings before a judge;
- coordination of services through a team approach,

21. The County Intermediate Punishment (IP) Act (Act 1990-193) is a diversionary program from county jail incarceration to IP programs for non-violent offenders. Post-adjudication sanctions used may include: house arrest; intensive supervision; electronic monitoring; community service; drug testing; drug and alcohol treatment and use of fines and restitution. Act 2000-41 amended this to allow for a period of confinement as part of the program not to exceed 90 days for convictions of Driving under Suspension and DUI to include treatment and house arrest, electronic monitoring or partial confinement, or residential inpatient program. Drug and Alcohol Restrictive Intermediate Punishment (D&A RIP) funding (June 1997) links drug and alcohol treatment with a combination of restrictive sanctions including: Residential Rehabilitation Centers; Halfway Houses; Day Reporting Centers; Work Release Centers; Intensive supervision with Electronic Monitoring; House Arrest with Intensive Supervision; and House Arrest with Electronic Monitoring. (PCCD) Regular status hearings before a judge are not part of these programs. There is also not the type of coordinated approach as used in specialty courts.

22. The researchers were told by all probation and parole officers interviewed that a high caseload would be 120 – 150 offenders per officer. It was also stated that this caseload was not unusual in the probation and parole offices across the commonwealth, and was, in fact, a “normal” caseload.

- with all service providers and the judge present;
- drug and alcohol evaluation;
- mental health evaluation, where indicated;
- regular and random urinalysis, usually done by office drug screen;
- frequent meetings (intensive supervision) with a parole officer to monitor progress of the client;
- intensive treatment, which may include inpatient treatment and/or intensive out-patient treatment;
- housing at a half-way house either after incarceration or after inpatient treatment to allow the client a safe environment free from drugs and previous contacts;
- life-skills training;
- community service; and
- mandated attendance at AA/NA meetings.

Drug court programs are 18 months to 3 year programs. DUI courts can be fast-track programs (6 months) or can last up to 2 years. Mental health courts tend to not have time limits because of the special needs of the participants, but will not go beyond the original probationary portion of the sentence.

Most of the costs in specialty courts are in the new personnel required for the intensive supervision. Among the specialty courts studied, this included: one or more new probation officer position(s) with a low caseload restriction (20 – 30 clients); treatment court coordinator (this is becoming a requirement of current grants); community service coordinator; transportation allowance for clients who have no other means to get to their assigned locations for treatment, evaluations, testing and meetings; cost of software programs to assist the court in collecting and communicating information among team members; cost of contracting with outside program evaluators (often required by the grant); other miscellaneous costs to the program.

A cost that is not carried by the specialty court or grant is treatment. Treatment of specialty court participants is paid for by Medical Assistance (MA), the Drug and Alcohol Commission, a Mental Health/Mental Retardation (MH/MR) agency, private insurance, or the Veterans' Administration (VA) where applicable. The cost of treatment is universally agreed to be very high and is not usually absorbed by grants or court funds. This circumstance is beginning to change with some newer grants for co-occurring offenders (usually drug abuse and mental health), including the cost of treatment. Until the second quarter of 2010, grants did not cover treatment.

On January 19, 2010, the Department of Justice's

Bureau of Justice Assistance (BJA) and the Substance Abuse and Mental Health Services Administration (SAMHSA)²³ announced the availability of funds for drug court operations and treatment. This funding announcement was in recognition of the need for funding assistance not only for court operations but treatment services necessary for successful outcomes.

Because successful specialty courts have many components, it is difficult, if not impossible, to put a dollar value on costs or savings. Throughout the research, different sources cited different costs and savings. There does not appear to be any consistency in the information on cost savings or benefits of specialty court programs.

A California drug court study that conducted a cost/benefit analysis of specialty courts in 2000 found that outcome benefits varied widely among the nine sites studied. In two separate phases of the study, the results showed a range of about \$3,200 to more than \$15,000 saved per participant. The average net savings reported by the study from positive outcomes (including savings due to less victimization) was \$11,000 per participant (Carey et al., 2005; and Judicial Council of California, 2006). The California study used data over an extended time period – 4 years – and required the ability to track specific individuals.

A more recent study for the state of Maryland looked at the adult drug court in Baltimore over a 10-year period (NPC Research, 2009). The report provided a 10-year follow-up of drug treatment court (DTC) participants who entered the Baltimore program between 1995 and 1998 and compared their outcomes to a group of offenders who had similar criminal histories and demographic backgrounds but who had not participated in any of Baltimore's adult drug treatment court programs.

The report noted that, overall, the DTC program served approximately 4,131 individuals between 1995 and August 2008. It further noted that new admissions to the program had ranged from 132 to 505 per year, with an average of approximately 200 new admissions per year. The study concluded that the DTC program had criminal justice system outcome cost savings of \$2,945 per participant after 10 years. Outcome cost savings, which looked primarily at numbers of re-arrests, subsequent jail-days, and the use of probation and parole services between the two groups, were \$46,207 per graduate after 10 years (NPC Research, 2009).

23. For a complete listing of current funding grants from the Substance Abuse and Mental Health Services Administration, see www.samhsa.gov/grants/.

These types of studies match participants and non-participants over an extended period and look at common factors of costs and benefits to the criminal justice system and other cost factors (such as victim costs).

Of the specialty courts visited by the researchers for this study, most calculated cost savings by jail-days saved. However, neither the specialty courts nor the district attorneys' offices had information on how many eligible offenders chose not to participate in the specialty court.

In a recent report for The Sentencing Project²⁴, a number of studies were compared to help clarify what types of cost savings (cost-benefits) were experienced by drug courts. As expected, the results were varied and far ranging in how costs savings or cost benefits were calculated (King and Pasquarella, 2009).

A study by the Government Accountability Office (GAO) in 2005 calculated recidivism and avoided costs to potential victims and found net benefits of \$1,000 to \$15,000 per court participant (GAO, 2005). Other studies have looked at reduced re-arrests and victimization costs, reduced recidivism, and incarceration and found savings of \$3,500 to \$6,800 per participant (Treatment Research Institute, 2005). Of the studies reviewed, the researchers found the most common and straightforward factors for cost savings to be jail-days saved by reduction of incarceration and reduced probation costs (from lower recidivism) (King and Pasquarella, 2009).

The specialty courts in the counties interviewed for this study primarily used jail-days saved to determine cost benefits to their county.

Measuring the Success of Established Rural County Specialty Courts

The researchers attempted to measure the success of rural county specialty courts in a number of ways.

The judicial survey asked Common Pleas judges to highlight some of the benefits/outcomes they had witnessed from specialty courts in their jurisdictions. The judges were asked to select from a list of benefits, such as decreased substance use, decreased recidivism, drug-free births, increased employment, individuals becoming mentally healthy, and individuals becoming responsible citizens. The judges

24. The Sentencing Project was founded in 1986. It promotes reforms in sentencing law and practice, and alternatives to incarceration. It is involved in research, publications, education and advocacy and is dedicated to changing the way Americans think about crime and punishment. Its website is <http://www.sentencingproject.org/template/index.cfm>.

were also asked to add benefits/outcomes that were not listed. Table 7 includes the outcomes the judges witnessed.

The researchers determined that other measures of success would include the number of active participants in a specialty court, the number of participants that were revoked or terminated from the program, the number of graduates, and the number of re-arrests, as these are the types of information collected by the specialty courts. However, each of these measures had underlying issues that may have affected the reported numbers and complicated the quantitative measure of success.

Revocation from the program

In cases where participants were revoked or terminated from the specialty court program, it may have been that the participant voluntarily terminated his/her involvement because the program was too hard. During interviews with judges, court personnel, and treatment providers, and while listening to specialty court participants speak to the court during status hearings, the researchers found there was agreement that the intensive supervision and resulting life changes required of the participant are hard to accomplish. Probation officers said that many participants indicated that the program and its expectations are harder than doing jail time, probation, and being released at the end of the sentence.

Table 7: Outcomes from the Operation of a Specialty Court

Outcome	Responses (N=24)	Percent*
Decreased substance use	10	42
Decreased recidivism	11	46
Drug free births	7	29
Increased employment	9	38
Increased education	9	38
Mentally healthy	9	38
Responsible citizenship	10	42
Other:		
Completion of court ordered requirements	1	4
Fewer placements	1	4
Prompt hearing	1	4
Reducing cases in criminal court	1	4
Speedy resolution	1	4

*Percentages do not add up to 100% as respondents could have selected multiple responses.

At other times, the court chooses revocation because of a relapse by the participant. Relapse is not uncommon in specialty court, and is, in fact, expected of most participants. Specialty courts build into their protocol sanctions for those who relapse.

In terms of sanctions for relapse, each specialty court is different. A “zero tolerance” court will sanction with time in jail, which could range from one night or a weekend to one week or longer. Other court sanctions include writing assignments, additional community service, electronic monitoring or restricting activities. All of the courts in the study realized that relapse is a reality and differed only in when and how they administered sanctions²⁵.

If jail time were used as a sanction, the judge would review the offense and sanction with the participant at the following status hearing where all attending could hear and see the process. Most specialty courts used this sanction reluctantly and only after other sanctions were unsuccessful.

It should be noted that there is a difference between specialty courts and other judicial sentencing methods such as IP, which is sometimes referred to as Intermediate Punishment Program (IPP), or RIP²⁶, which is sometimes referred to as D&A RIP. With specialty courts, status hearings are held before a judge who is fully aware of the offender and his/her progress in the specialty court program. An offender regularly answers to a judge directly, in addition to his/her treatment providers, counselors and probation officers. The status hearings also are attended by all specialty court participants, who are required to be at the hearing. The number in attendance depends on the size of the program and the phases that participants are in, but the number may range from 10 to 40 at a hearing. Everyone at the hearing, including observers, sees and understands the rewards or sanctions provided.

For counties that use IP or RIP without the use of a specialty court, rewards and sanctions are between the probation officer in charge of the case and the participant.

The availability of information about other participants and their successes and failures in specialty court does not allow for rumors, innuendos, or conve-

nience lying by participants about what is happening with themselves or others in the program.

In addition to sanctions, specialty courts build into their protocols rewards for participants’ who stay clean and comply with the program demands. Recognition of participants’ accomplishments and praise for their achievements have proven to be very strong incentives for them to continue to progress in their programs.

Program graduation

Program graduation numbers are also used as a measurement of a specialty court’s success. To determine the rate of graduation, however, courts must follow the participants from the beginning of the program to the end. Most drug court programs last from 18 to 36 months. Graduation will usually not occur for at least 2 years and may be as long as 3 years or more in some unusual cases. For DUI court, time in the program is usually shorter – usually six months to 1 year with continuing probation for an additional period of time.

Lower recidivism rates

Success for specialty courts also may be measured in lowered recidivism rates. The American Heritage College Dictionary defines recidivism as “a tendency to lapse into a previous pattern of behavior, especially a tendency to return to criminal habits.” It is deceptive, however, to rely on this definition when looking at recidivism rates in specialty court programs. There is no standard definition of recidivism nationally or even statewide. Each county prison in Pennsylvania has its own definition and calculates its rates accordingly. In the same way, each specialty court in Pennsylvania has a different way of seeing recidivism in its graduates.

An interviewee in a probation office of a rural county that operates specialty courts warned about the confusion in the use of recidivism rates stated by different specialty courts. He stated that the federal definition of recidivism is different from Pennsylvania’s definition for state prisoners and each county uses its own definition for its prisoners. For example, in two separate studies, the Pennsylvania DOC used

25. Sanctions include but are not limited to: verbal/written reprimands; increase in mandatory check-ins with a probation officer; earlier curfews; increase in breath, sweat or urine screens for substance abuse; program phase extensions; being moved back to an earlier program phase; additional community service; additional training or evaluation; and jail time.

26. A county intermediate punishment (IP) sentence is a direct sentencing alternative between probation and incarceration. IP sentences are for non-violent offenders and include more intensive probation without jail time (PCCD). Restrictive Intermediate Punishment (RIP) sentences are for non-violent level 3 or 4 offenders, who are drug and/or alcohol dependent. RIP treatment occurs at either residential or non-residential treatment facilities.

two different definitions of recidivism. In a 2006 study, DOC defined recidivism as “a return to custody of a Pennsylvania state correctional institution for any reason.” In a 2008 study, DOC defined recidivism as “re-arrest, reconviction, and re-imprisonment following release from prison.”²⁷ The Federal Bureau of Prisons defined recidivism in one study as a “new arrest or revocation.”²⁸

One county that had a good compilation of information of its programs and shared the information with the researchers simply used the term “re-arrest” but gave no indication of what type of re-arrest. The possibilities are re-arrest on the same type of charge that got the participant to specialty court, re-arrest on a different type of charge, re-arrest for a technical probation violation, or re-arrest where the sentence exceeded a particular threshold. For this particular county, the recidivism rate based on re-arrest of graduates and participants where the re-arrest led to revocation from the program went from a low of 9 percent in one specific year to a high of 19 percent in a different year. These rates of recidivism are very low and impressive as a gauge of success in a program.

Other definitions of recidivism used by specialty courts include: re-arrest of a misdemeanor or felony offense; reconviction of a misdemeanor or felony offense; new charges filed for even a summary offense; and a new DUI offense. Most specialty courts do not use summary offenses as a measure of recidivism. Two DUI courts not only looked at re-arrest for additional DUI offenses but also re-arrest of any misdemeanor or felony whether or not related to the original DUI offense.

Drug-free babies

Another indicator of program success was the number of drug-free babies born in a program. This is not a number that depends on the number of participants or the length of time in a program. An important goal of a drug court or treatment court is to keep pregnant participants from abusing drugs during pregnancy and beyond the birth of the child. A large rural specialty court program that was in existence for a number of years and had high numbers of participants

stated that the number of drug-free babies born in its program was 30. Another smaller and newer drug court program cited the birth of two drug-free babies born during its program.

In a national study that surveyed 34 states and territories, usable data showed that, in a 12-month period, 844 drug-free babies were born to active female drug court clients. Because of the limited window of reporting used by the agency, the report concluded that the number was actually much higher (Bureau of Justice Assistance, 2008).

The significance of drug-free babies can be huge and the costs to society vary. For example, the consequences of non-drug-free births could start at \$25,000 to \$35,000 for low birth-weight babies in neonatal care and reach \$250,000 during the first year²⁹ (Office of Justice Programs, 1997). Care expenses for developmentally impaired children through the age of 18 have been estimated to approach \$750,000³⁰ (Janosky and Kalotra, 2003).

Factors Influencing the Establishment of Rural Specialty Courts

The research found that rural counties with specialty courts had higher populations than counties in the planning stages of establishing a specialty court and counties without a specialty court. However, the researchers wanted to learn if there were specific factors that influenced the establishment or planning of specialty courts.

In the judicial survey and interviews with courtroom personnel, judges and courtroom personnel were asked why a specialty court was established or being considered in the county. According to the survey and interview results, a strong motivating factor was the president judge. Other factors included county prison overcrowding; high target populations; recognition of the high incidences of mentally ill persons being incarcerated; the help of mentors from neighboring counties or federal programs; increases in child placements; and increases in the number of drug-addicted babies being born or drug-addicted females who were pregnant. Some counties cited the problems with homelessness and vagrancy, but found,

27. For a complete database of 99 studies conducted between 1995-2009 in all 50 states and the District of Columbia, see http://sentencingproject.org/doc/publications/inc_StateRecidivismStudies2010.pdf.

28. This study can be found at http://www.bop.gov/news/PDFs/TRIAD/TRIAD_pref.pdf.

29. This calculation is based on 1997 dollar amounts. Based on the annual Statistical Abstracts of the United States, the factor to convert 1997 to 2009 dollars is 1.3309. Using this factor, \$25,000 in 1997 would be \$33,272.63 in 2009, \$35,000 in 1997 would be \$46,581.68 in 2009, and \$250,000 in 1997 would be \$332,726.26 in 2009.

30. This dollar amount is based on 2003 data. Using the factor of 1.164 to reflect inflation, the 2009 amount would be \$872,681.55.

on closer investigation, that drug addiction, including alcoholism and unresolved mental health problems, were more likely the real problems, with unemployment and homelessness the results.

These counties began to look at specialty courts as a way to take a coordinated approach to addressing these issues. A specialty court, through its team approach, requires employment or job training and finds and implements resources to assist the participant to achieve those ends. The team additionally supervises a client to stay clean of drugs, attend treatment, and manage medications. It was believed that the anticipated improved outcomes of the specialty courts' coordinated efforts translated into employed, housed and productive citizens.

Barriers Experienced in Establishing and Continuing Specialty Courts Funding

Whether a rural county is contemplating starting and implementing a specialty court, has applied for funding and training for a specialty court, or has trained personnel and is operating a specialty court, one overwhelming theme from the judicial surveys, telephone interviews, and courtroom visitations and observations was the availability of appropriate funding.

From the judicial surveys, 25 percent of judges identified funding as a barrier. In all interviews, financial concerns were expressed as a barrier to the establishment, continuance, and expansion of specialty courts. All of the courts in the study relied on grants (local, state, and federal) to fund their initial establishment of a specialty court.

Among those counties with no specialty courts, respondents expressed concerns about their county acquiring initial grants or funding for a court, establishing and operating a court for a few years, and then not having their funding renewed. These counties were also concerned about the participants who would be involved in the specialty court and what would happen to them if the program funding was cut. These counties were reluctant to use the time, effort, personnel, and resources necessary to establish a specialty court because of these concerns.

All of the courts interviewed and visited began their courts with grant funds. In one county, the one-time grant funding was as little as \$5,000. Other counties had secured grants of \$250,000 to \$450,000 over 3 to 4 years, with a possibility of rolling the funds over at the end of that time. A number of the funding sources made it clear that the funding would not continue

after the initial period and it was the responsibility of the county to find other funding or find a way to have the court become self-sustaining.

A number of grant funds required graduated matching funds from another source. For example, a 4-year grant may allow for 100 percent of the grant monies to be used for allowable program expenses in the first year, but require 25 percent matching funds in year two, 50 percent matching funds in year three, and 75 percent in year four. By the fifth year of the court program, the granting agency would no longer be involved in the program and the recipient would be either self-sustaining, have another source of funding, or have some combination of the two. The sources of funding were varied, usually dependent on the type of court to be used.

Weed and Seed grant funding from the commonwealth and administered by the Pennsylvania Commission on Crime and Delinquency (PCC) helped at least one county to fund a specialty court.

The Bryne Justice Assistance Grant (JAG) Program also provides a federal funding stream through the PCCD that has been used for specialty court purposes.

Also, funds made available from the closing of the Mayview Hospital in Pittsburgh have been used by the five affected southwestern Pennsylvania counties for mental health programs.

A private fund that has been actively providing funding for mental health programs, including mental health courts, is the Staunton Farms Foundation. One county interviewed was able to secure a small block grant of \$5,000 to start up a juvenile drug court.

DUI courts most often received at least initial funding from the Pennsylvania Department of Transportation. Drug courts most often received funding from PCCD, the federal BJA and/or the Drug and Alcohol Commission. In 2005, PCCD sponsored the first Treatment Court Symposium in Pennsylvania and provided assistance to drug court practitioners with a number of training and educational opportunities. In 2006, PCCD awarded a grant to AOPC to provide interdisciplinary training to the existing and emerging drug treatment courts in Pennsylvania. Funding for alternative programming, such as Day Reporting Centers at county prisons, comes from PCCD.

Although funding opportunities may seem abundant, rural counties interviewed for the research said funding was difficult to find and grants had short application periods. Respondents also did not expect to be accepted for funding and expected the funding to eventually end and leave their program stranded.

Many counties felt they could not spare the resources to pursue funding even when they were able to find the opportunities.

Grant writing ability

The success or failure of a county to acquire funds for its criminal justice programs often depends on its ability to be current with new and continuing funding opportunities and to be able to effectively write grant proposals within the allotted application period. Since funding is scarce, funding is competitive.

More than one respondent stated that the complexity, short application periods, and need for grant writing expertise were serious and significant barriers to the investigation, training or establishment of a specialty court.

Available funding does not always meet needs

The most recent group of offenders being seen by specialty courts is what is known as the “co-occurring offenders,” which are drug/alcohol dependent offenders with mental health afflictions. As evaluations in prisons and treatment facilities have increased and become more discerning, it has become evident that offenders often cannot be placed into only one category. One study found that three out of four criminal offenders with mental illness had a co-occurring substance abuse disorder (Teplin and Abram, 1991).

More specialty courts are calling themselves treatment courts in recognition of the co-occurring nature of offenders with multiple treatment needs. Until recently, funding availability was designed for single issue courts. However, funding from PCCD has recognized the need to broaden its approach to include co-occurring offenders. In 2010, PCCD administered federal funds that provided certified forensic peer support services to individuals in the criminal justice system who were suffering from mental illness, psychiatric and substance abuse issues.

Mental Health and Mental Retardation agencies are becoming more involved in funding both mental health courts and treatment courts where co-occurring offenders are admitted. In some cases, the funds available may come from income realized by the closing of mental health hospitals and other large mental health facilities. An important source of funding of treatment courts with co-occurring offenders in Allegheny County and the surrounding four counties,

which include the rural counties of Greene, Lawrence and Washington, is the monies made available for mental health/mental retardation from the closing of Mayview State Mental Hospital at the end of 2008. These funds have helped support the implementation and continuation of both treatment courts and mental health courts in the affected counties.³¹

Size matters

A number of respondents from counties with and without specialty courts stated that, because their county is small in population, their needs are smaller; however, their needs were just as important as those in larger counties. While large grants, ranging from \$250,000 to \$450,000, may be too much for these counties, the availability of smaller grant awards would help to establish or maintain specialty courts.

Struggle for sustainability

Another barrier discussed was the rural economy. Many respondents described their local rural economy as depressed. The economic condition of many rural Pennsylvania counties, with continuing high unemployment and underemployment rates, make self-sufficiency of the programs unlikely.

Many respondents said that most specialty court participants were poor, underemployed, unemployed, unemployable, or, in many cases, never employed. For counties with few employment opportunities, the jobs available are often low paying – below a living wage – and not rewarding for an employee. Many participants begin their specialty court program with no job, no job skills and on public assistance. That means that they have no way to pay “user fees” (fines and costs) to the court to help the court sustain itself.

Specialty courts require community service as part of the sentence obligations. Once the required community service is completed, participants in some counties are encouraged to continue with community service as a means to pay up to 50 percent of their fines and costs owed to the court. In all cases, participants are responsible for paying part of their fines and costs even when they can use community service hours for part of the fee/fine structure.³² It is difficult for a court to account for moneys used for treatment, urinalysis and other costs by shifting “savings” from community service performed by participants over to the court side that needs cash to pay the costs of the program.

31. Mayview Regional Service Area Plan, <http://www.mayview-sap.org/html/DPWPressRelease.htm>.

32. Not all counties with specialty courts have this policy. Only one county with two specialty courts said it did this.

Transportation

Transportation was another frequently cited barrier. Many of the study participants have low populations scattered across large geographic areas. Others have one, two or three cities with concentrated population with the rest of their population scattered in remote and isolated areas.

Transportation responsibilities fall on participants involved in specialty courts. They are responsible for their transportation to and from court hearings, treatment meetings, probation meetings, counseling, and Alcoholics Anonymous and Narcotics Anonymous meetings, which are typical requirements for specialty courts. All specialty courts strongly encourage employment, and transportation is an important factor in finding and keeping a job.

In the study counties, if public transportation were available, it was typically bus service in the cities with limited peripheral service to nearby areas. Some specialty court programs in those locations included the expected cost of transit passes for court participants into their grant or funding sources. For example, one county wrote \$20,000 into its grant for participant transportation needs. These measures work well in counties with regularly scheduled service, as long as the places that participants need to go are within the service locations and fit into the transit service time schedule. Any need to go outside the service areas is a problem. In some cases, the court had sufficient funding to allow for taxi vouchers for participants.

All rural counties struggled with transportation shortcomings, which resulted in creativity by both the court and the participants. Court personnel interviewed were proud of their participants' abilities to find friends, family and employers who were willing to help out with transportation, and, in many cases, participants used their own scarce funds to pay for a taxi to get them to appointments. DUI court participants were particularly vulnerable to transportation problems since the loss of driving privileges for an extended period of time was part of their sentence.

One judicial district, consisting of Snyder and Union counties, was using bicycles to help get their participants to treatment and meetings. The police department donated unclaimed bicycles to the program, a local bicycle shop repaired and tuned the bicycles, and the local hospital donated 10 bicycle helmets for DUI court participants. The bicycles were loaned to participants until other transportation solutions could be found and were returned to the program when no

longer needed. This works well for local travel but not more distant travel needs.

Housing

A barrier not consistently included in interviews but which appeared as a consistent problem through observations at court hearings was housing. In most cases, specialty court participants, especially those in a drug court, had served jail time, been in intensive inpatient treatment, and/or lived at a half-way house for extended periods. When these participants went back into the community, they often had nowhere to go except where they lived before or to family or friends. Many times, these options are not viable as they may be reintroduced to the situations that contributed to their previous behavior and that undermine their recovery.

Participants also may re-enter the community with no resources, including a job and money. However, they have court responsibilities that typically last for a few years. The court must approve and oversee their residence, but the court does not make housing available to them. Participants may find themselves homeless or in housing situations that undermine their recovery.

The researchers found, in one case, that a county drug and alcohol commission was able to help a drug court participant make a security deposit and some initial rent. The commission found a landlord that was willing to work with the court, the team and the participant in securing housing. A significant reason that the landlord stepped forward to help was that funding was available at the beginning to make sure that the rent was paid. In addition, the participant's probation officer worked with both the landlord and the participant to make sure that it was a successful experience for the landlord.

In addition to using grant funds to assist with securing and maintaining housing, in some cases, community action programs were able to fit a participant into lifestyle programs to assist monetarily with housing, financial budgeting classes, assistance with employment searches, and assistance with planning lifestyle changes. These agencies have very limited funding capabilities and serve other community members with employment and housing. The funding from these agencies can sometimes be used for returning drug court participants because of the potential for homelessness among that population.

Other nonprofit agencies may be able to assist with housing costs to a very limited degree. In many com-

munities, organizations such as the Salvation Army can provide limited (\$150), one-time assistance to help keep a person housed.

Funds in both instances went directly to the landlord to secure and maintain stable housing. In the case of the community action program, the agency handled the rent payments. All contributions from the participant from employment went into a dedicated account with the agency from which the rent was paid. This assured the landlord that he/she would be paid.

Respondents also noted that, in some counties, the availability of affordable housing was a problem, and costs associated with housing, such as utilities, were burdensome.

Community service availability and coordination

All specialty courts used community service as an important part of their program. Counties with well coordinated community service opportunities found that many specialty court participants voluntarily continued their community service. In those cases, participants found the activities to be personally rewarding.

For community service to have meaning for any specialty court participant, it should be something of real value to both the community and the participant. All counties have community service as part of their probationary programs, and the need for viable community service opportunities increases as specialty courts continue to be established.

The specialty courts deal with the need for community service coordination in diverse ways. Some assigned a probation officer to coordinate the involvement of participants with available community service opportunities. This could include determining which community service opportunities were suitable, working with community service representatives to schedule and oversee the work of the participant, and keeping an account of the participant's work hours.

Some specialty court interviewees said that finding community service opportunities was a problem because of the stigma attached to the specialty court program and its participants. They stated that there was a general perception that the participants were "bad" people, could be violent, lazy, or might not be suitable volunteer representatives of their organization.

However, many courts reported that, once their program participants began working on particular community service projects and made positive contributions, the word would spread and more opportunities would begin to arise.

Respondents also stated that being able to fund a community service coordinator as part of a specialty court program created a win-win situation for both the specialty court program and the community. Meaningful community service was important within the program: for the participants' self-esteem and for them to feel they were giving back to the community in a meaningful way; for the court because it created a positive public image for the program; and for the community, not only in terms of cost savings but also for the positive image it generated.

The initial premise is that participants in specialty court programs are local residents in the community. They broke the law and they are paying for it, but they will return to the community. The positive attitude that community service generates is important for both the community and participants who see how they fit into the community's welfare.

Public perception of the specialty court

In the judicial surveys, 7 percent of the Common Pleas judges said that public perception of specialty courts was a barrier.

The interviews with court personnel and court team members also indicated that public perception played a role in whether or not a specialty court is established. Generally, the court personnel interviewed believed that the public did not view criminals as being a part of the community. These personnel believed that the public generally denied the reality that, with few exceptions, incarcerated individuals eventually returned to the community.

A second pervasive public perception cited by the court personnel was that specialty courts were "soft on crime." Court personnel said that it was commonly seen as a political danger to encourage and work for the implementation of a drug court, DUI court or mental health court.

Many established courts included various forms of public relations in their programs to stress the new life and new opportunities that specialty courts offer to their participants. While failures in the specialty courts were not ignored, the courts tried to emphasize successes.

With smart promotion, specialty courts can be seen as being "smart on crime" and not "soft on crime."

Court personnel's perception of specialty courts

A significant factor in the initial decision-making process used to establish a specialty court is court personnel. About 7 percent of judicial survey respon-

dents said that the perceptions of court personnel were a barrier to establishing a specialty court.

The president judge, a presiding judge, the district attorney, the public defender and the chief probation officer/director of probation are important ingredients in not just the initial decision making process but also as consenting parties to the specialty court agreement. All must be “on board” for a specialty court to happen. The same “soft on crime” perception is as true for court personnel as it is for the public.

All contacts with counties with specialty courts, counties with no specialty courts but planning to institute one, and counties with no expectation of initiating a specialty court had the same response: the perception of the specialty court by court personnel were initially negative.

In cases where that perception changed, some specific event happened to change that perception. The event could be as simple as a change in court personnel, such as the president judge, a change from a district attorney who did not want to be soft on crime to one who saw positive potential in a specialty court, or a change in the chief probation officer from one who saw no advantage to a specialty court to one who wanted to return productive citizens back to the community and saw the specialty court as a viable way of doing so.

Court and probation office caseloads

A persistent barrier noted in the judicial surveys involved the already heavy caseloads of the courts and probation officers. The respondents noted that establishing a specialty court was perceived as adding to the caseloads of probation offices and court personnel who were already at the breaking point.

Grant funding for specialty courts can include funding for new positions, such as a dedicated probation officer with a limited caseload for just the specialty court, a case manager (often from a local Drug and Alcohol Commission facility), and, more recently, a treatment court coordinator and community service coordinator. These positions can help with caseloads, but they do not solve the problem entirely.

It was evident to the researchers from observations of the court teams that many court members and treatment providers dedicate many hours to and sacrifice much of their personal time for these specialty courts. For many presiding judges and other court personnel, the time and personal commitment increased with the addition of one or more specialty

courts in a county. Anticipation of this extra burden was a serious factor in the decision of establishing a specialty court.

Limited staff availability

Limited staff availability was also named as a barrier in the judicial survey. In many instances, judges are unable to take on additional duties and the additional time burden of a specialty court may not be manageable. For counties that were interviewed that had one judge managing a specialty court in the county, a second specialty court may be perceived as needed and wanted, but there were no other judges willing to take on the extra commitment. Specialty courts work best when the team members are all committed to the success of the participants.

Small size of the county

The judicial survey responses also listed the small size of the county as a barrier to implementing a specialty court. Low population per square mile meant that people committing crimes in the county were well known to police, magisterial district judges, Common Pleas judges, district attorneys, public defenders and other defense attorneys, probation officers, and members of the community. In these counties, many in the criminal justice community felt that the personal identification between persons committing crimes and those administering the criminal justice system had a similar effect to that of a specialty court: that is, more intensive supervision and accountability to the criminal justice personnel, including the judges. Further, if a specialty court were to be established, it was perceived that there would not be a large enough target population to justify the extra resources to operate a separate court.

Cost and availability of treatment

A persistent barrier cited by all counties with specialty courts was not being able to institute Medical Assistance (MA) as quickly as needed for program participants leaving jail and transitioning into the community.

Since participants are not covered by MA while they are incarcerated, they must reapply for MA when they are released. According to the survey responses, there is a significant time period when participants are not covered by MA and not able to afford prescription medication. That time period could range from about two weeks to two months.

Many affected participants went without these prescribed medications until MA was reinstated.

Long delays in getting MA qualification were frequently cited and were particularly critical among mental health court participants.

Specialty court teams were also more aggressively pursuing veterans' benefits from the Veterans Administration (VA) where appropriate.

Availability of technology

There was a distinct difference in the technology that counties had for intensive probationary supervision. Some had very sophisticated technology and were aware of and able to acquire the latest. This included GPS tracking and computers placed into an offender's home. In other counties, the geography of the county (mountainous) prevented such technology from working consistently and effectively.

One isolated rural county mentioned the addition of video conferencing technology it had acquired through an AOPC grant to address distance and transportation issues. Because of the court's geographic location, it could take hours to transport prisoners to and from a hearing. In some cases, the trip could take a full day. The use of video-conferencing for many court hearings helped to alleviate that problem considerably.

In some cases, an interviewee from a county with no specialty court would mention that the president judge did not believe in the technology most often used, such as the Ignition Interlock system or breathalyzer computer programs in the home for DUI and drug courts. Electronic monitoring (EM) devices, SCRAM[®] and GPS tracking systems were viewed suspiciously by a number of judges. Their concern was that the devices could be circumvented and participants who circumvented the devices would create a negative perception as to the effectiveness of the specialty court.

Inadequate networking opportunities

During the study, personnel from smaller counties informed the researchers that information networking was limited from county to county. Particularly for rural counties with no specialty courts, the researchers learned that opportunities to learn what other counties were doing or how well specialty courts or alternatives may be working were limited.

Many personnel stated that they worked with PCCD regularly, which helped keep them informed

of specialty court activities in other counties. Personal contacts with other county personnel also made them aware of what their neighbors were doing.

However, there appeared to be limited organized networking opportunities among many rural county personnel to obtain information about specialty courts.

Conclusions and Considerations

More and more states are investigating and implementing specialty courts for problem solving and rehabilitation with some offenders. Pennsylvania is following the trend and seeing increasing implementation and use of specialty courts in the short time that the first such court appeared in Philadelphia County in 1997.

In Pennsylvania, a higher proportion of urban counties than rural counties have taken advantage of this alternative to traditional sentencing.

According to the survey and interview results of this research, a strong motivating factor to implement specialty courts was the president judge. Other factors included county prison overcrowding; high target populations; recognition of the high incidences of mentally ill persons being incarcerated; the help of mentors from neighboring counties or federal programs; increases in child placements; and increases in the number of drug-addicted babies being born or drug-addicted females who were pregnant. Some counties cited the problems with homelessness and vagrancy, but found, on closer investigation, that drug addiction, including alcoholism and unresolved mental health problems, were more likely the real problems, with unemployment and homelessness the results.

Although cost savings and benefits from specialty courts were difficult to quantify, all counties interviewed in the study cited savings from the use of specialty courts. Most frequently, these were from jail-days saved, lower recidivism rates and lower future victim costs. All counties had success stories that cited previous criminal offenders who transformed into employed citizens with intact and stable families and drug-free babies born during the program.

Funding was cited as the most pressing barrier to establishing and sustaining specialty courts. Other barriers included the lack of grant writing expertise among court personnel, the lack of transportation and inability to secure housing for court participants, and

the small populations, geographic isolation, and lack of resources in rural counties.

Increasing the use of specialty courts in addition to and in conjunction with other criminal justice programs is a reality of the modern world. The challenge for states and municipalities is to balance resources with needs to realize optimum outcomes. As rural counties face more than their share of these challenges, it is important to create opportunities for funding as well as networking and mentoring.

To encourage rural counties to investigate and implement alternatives to incarceration that work best for them, the researchers provided several considerations for state and county governments as follows.

Support and conduct long term cost/benefit analyses of and impact evaluations on all programs used as alternatives to incarceration

There are many aspects that should be considered in cost/benefit analyses. Not only should the costs and benefits to the criminal justice system, including court costs, jail time/beds saved, supervision costs, treatment costs and recidivism, be considered, but also the social costs and savings, such as welfare, Medical Assistance, child and youth services, and subsidized housing. Specialty courts focus not only on decreasing substance use and increasing mental stability, but also on quality of life issues.

Impact evaluations should also be conducted to find if specialty courts are meeting their established goals. As stated previously, most specialty courts have a goal of decreasing substance abuse and increasing mental stability. While it is important that these goals are met during the participants' time in the specialty court, it is also important that the participants continue to be substance free and mentally stable after graduating.

Another frequently stated goal of specialty courts is reduced recidivism. Thus, recidivism analysis should be conducted with equivalent comparison groups or with random assignment into an experimental group (specialty court) and a traditional sentencing control group.

Standardize reporting categories and refine reporting activities

A drawback to measuring the success of alternatives to incarceration is the lack of common definitions for commonly used terms. Throughout the study, the researchers found different definitions for "recidivism" used by the federal and state govern-

ment and county specialty courts. Since reduction in the rate of recidivism is often used to compare successful outcomes, it will be necessary to determine a consistent definition of the term.

Because of the recent emergence of specialty courts in Pennsylvania, reports made to state agencies do not fully reflect the activities, personnel and outcomes of these newly formed courts. The first reports on their activities appeared in 2007, even though they have been steadily increasing in both urban and rural counties since 1997. Information on offenders who would be potentially eligible for alternative programs, such as non-violent offenders, are not routinely differentiated within a county's reporting categories. It is important to local jurisdictions and state reporting agencies that distinctions between offenders be determined at the earliest stage so that the most effective placements can be made. The most effective placement of an offender is an important cost-effective decision for a jurisdiction, and presently, the researchers found no coordinated effort to make these distinctions.

Provide funding and support for mentoring, grant writing, personnel and program sustainability

As noted, jurisdictions rely on mentors from other jurisdictions when considering the implementation of specialty courts. Funding would allow for more mentoring to occur between jurisdictions.

Rural counties who are struggling to submit successful grant applications could also benefit from technical support for grant writing. Many respondents voiced frustration and defeat over the grant writing process.

As probation and parole are the predominant community corrections programs, it is personnel from the county's probation and parole office that must supervise offenders who participate in programs that are non-residential alternatives to incarceration. As this research indicated, county caseloads are overwhelming. In some cases, only minimal supervision of parolees is possible. Therefore, more funding for personnel to support local public safety is important.

As the research noted, alternative sentencing programs in rural jurisdictions are in a sustainability crisis. Respondents repeatedly cited successful programs that were implemented by either their county or a neighboring county that were discontinued because of a lack of continued funding. Rural counties with small, scattered populations, high unemployment and low tax bases often cannot

find ways to sustain a successful program that was originally funded by a public grant. Also, many rural jurisdictions would benefit from programs that offer smaller grant amounts that would help sustain or start a specialty court. Grant amounts that are tailored or flexible to meet the needs of individual jurisdictions based on size would reduce the “one size fits all” approach that often does not address the needs of some smaller, rural counties.

Sort offenders by risk to public safety

An important aspect of using specialty courts along with other programs that are alternatives to incarceration is the need and ability to accurately identify and separate those who are more likely to cause great harm and those who will cause relatively little harm into appropriate programs or incarceration.

A new generation of risk assessment tools is available to help agencies more accurately predict not only the likelihood of a person re-offending but also whether that offense will be a real threat to public safety.

Additionally, studies are beginning to show that different types and levels of offenders do better in different types of programs. There is no one solution but multiple approaches to what works.

Further modify Pennsylvania’s sentencing guidelines

Most drug treatment courts, which focus on a specific level of offender, call for the following potential

sanctions: total confinement in a state facility, total confinement in a state facility with participation in a state motivational boot camp, state intermediate punishment, total confinement in a county facility under a state or county sentence, partial confinement in a county facility, and county intermediate punishment. Sentencing guidelines do not specifically mention the use of specialty courts as a potential sanction for these offenders. Sentencing guidelines should be modified to incorporate specialty courts as potential sanctions, as motivational boot camps are currently.

Address Medical Assistance coverage gaps for those between release from incarceration and transition into the community

Mental health courts, in particular, found the gap in MA coverage to be a persistent and dangerous situation. When dealing with mental illness as an underlying factor, maintenance of mental and emotional stability is critical. Evaluation and assessment is becoming more commonly performed as part of intake to identify underlying mental illness as a cause of socially unacceptable behavior that may escalate into criminal behavior.

Once an offender with mental illness is medically stabilized, it is imperative to maintain that status.

State and county governments should cooperate fully to identify the means and measures necessary to assist participants in attaining MA or other appropriate health care benefits so that gaps in coverage are minimized.

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