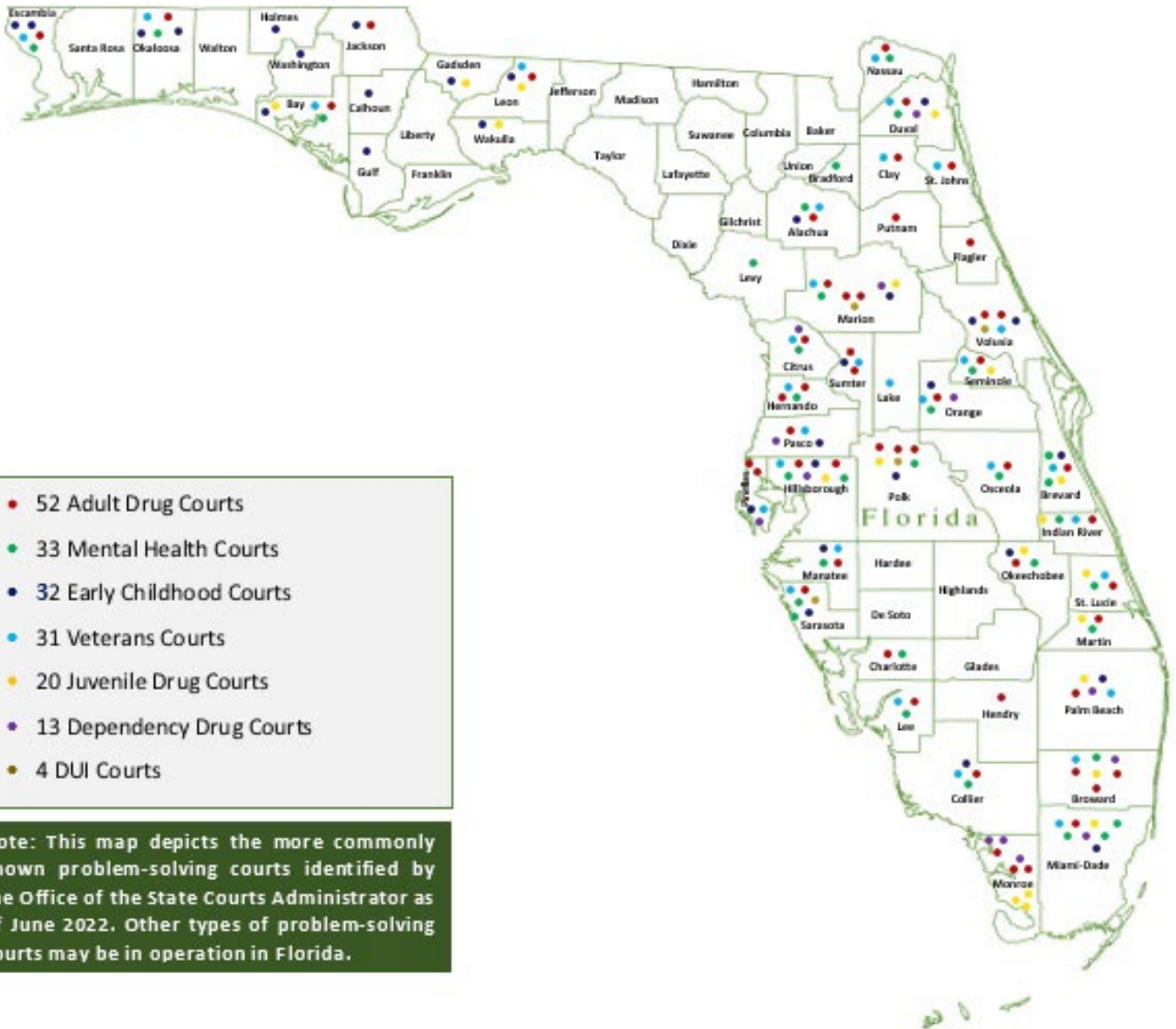


# FLORIDA'S PROBLEM-SOLVING COURTS

Problem-solving courts address the root causes of justice system involvement through specialized dockets, multidisciplinary teams, and a nonadversarial approach. Offering evidence-based treatment, judicial supervision, and accountability, problem-solving courts provide individualized interventions for participants, thereby improving public safety, reducing recidivism, restoring lives, and promoting confidence and satisfaction with the justice system process.



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# PROBLEM-SOLVING COURT CORE COMPONENTS

ADULT DRUG COURT	JUVENILE DRUG COURT	DEPENDENCY DRUG COURT	MENTAL HEALTH COURT	VETERANS COURT	EARLY CHILDHOOD COURT
From Florida Statutes 397.334	Developed by the Florida Supreme Court's Drug Court Task Force and based on the Juvenile Drug Court Strategies in Practice publication by the Bureau of Justice Assistance.	Developed by the Florida Supreme Court's Drug Court Task Force and based on the Juvenile Drug Court Strategies in Practice publication by the Bureau of Justice Assistance.	From <i>Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court</i> , Bureau of Justice Assistance.	From <i>The Ten Key Components of Veterans Treatment Court</i> , Justice for Vets (a division of the National Association of Drug Court Professionals).	From Florida's Early Childhood Court Initiative.
<ul style="list-style-type: none"> <li>➤ Early identification of eligible participants</li> <li>➤ Ongoing judicial interaction</li> <li>➤ Partnerships with stakeholders</li> <li>➤ Interdisciplinary education</li> <li>➤ Nonadversarial approach</li> <li>➤ Integration of alcohol and other drug treatment services into justice system case processing</li> <li>➤ Continuum of services</li> <li>➤ Alcohol and drug testing for abstinence</li> <li>➤ Monitoring and evaluation for program effectiveness</li> <li>➤ Coordinated strategy for responses to participants' compliance</li> </ul>	<ul style="list-style-type: none"> <li>➤ Clearly identified target population and eligibility criteria</li> <li>➤ Judicial involvement and supervision</li> <li>➤ Teamwork</li> <li>➤ Interdisciplinary training</li> <li>➤ Community partnership</li> <li>➤ Collaborative planning</li> <li>➤ Developmentally appropriate services</li> <li>➤ Gender-appropriate services</li> <li>➤ Cultural competency and proficiency</li> <li>➤ Focus on strengths</li> <li>➤ Family engagement</li> <li>➤ Comprehensive treatment planning</li> <li>➤ Education linkages</li> <li>➤ Drug testing</li> <li>➤ Monitoring and evaluation of program</li> <li>➤ Goal-oriented incentives and sanctions</li> <li>➤ Confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>➤ Clearly identified target population and eligibility criteria</li> <li>➤ Judicial involvement and supervision</li> <li>➤ Teamwork</li> <li>➤ Interdisciplinary training</li> <li>➤ Community partnership</li> <li>➤ Collaborative planning</li> <li>➤ Developmentally appropriate services</li> <li>➤ Gender-appropriate services</li> <li>➤ Cultural competency and proficiency</li> <li>➤ Focus on strengths</li> <li>➤ Family engagement</li> <li>➤ Comprehensive treatment planning</li> <li>➤ Education linkages</li> <li>➤ Drug testing</li> <li>➤ Monitoring and evaluation of program</li> <li>➤ Goal-oriented incentives and sanctions</li> <li>➤ Legal rights and advocacy</li> <li>➤ Confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>➤ Target population</li> <li>➤ Planning and administration (led by judge)</li> <li>➤ Court team</li> <li>➤ Informed choice</li> <li>➤ Timely participant identification and linkage to services</li> <li>➤ Treatment supports and services</li> <li>➤ Sustainability</li> <li>➤ Terms of participation</li> <li>➤ Confidentiality</li> <li>➤ Monitoring adherence to court requirements</li> </ul>	<ul style="list-style-type: none"> <li>➤ Early identification of eligible participants</li> <li>➤ Ongoing judicial interaction</li> <li>➤ Partnerships with stakeholders</li> <li>➤ Interdisciplinary education</li> <li>➤ Nonadversarial approach</li> <li>➤ Integration of alcohol, drug treatment, and mental health services into justice system case processing</li> <li>➤ Continuum of services</li> <li>➤ Alcohol and drug testing for abstinence</li> <li>➤ Monitoring and evaluation for program effectiveness</li> <li>➤ Coordinated strategy for responses to participants' compliance</li> </ul>	<ul style="list-style-type: none"> <li>➤ Judicial leadership</li> <li>➤ Collaborative court team</li> <li>➤ Cross-agency training</li> <li>➤ Trauma lens</li> <li>➤ Central role of evidence-based treatment</li> <li>➤ Continuum of behavioral health services</li> <li>➤ Developmental supports for child</li> <li>➤ Parent education</li> <li>➤ Evaluation</li> <li>➤ Funding and sustainability</li> <li>➤ Community coordinator</li> <li>➤ Placement and concurrent planning</li> <li>➤ Monthly family team meetings</li> <li>➤ Parent-child contact</li> <li>➤ Co-parenting</li> </ul>

**Core Components as identified by the Conference of State Court Administrators, in the 2014-2015 policy paper titled *Problem-Solving Courts in the 21<sup>st</sup> Century*:** Specialized Court Docket or Program ◊ Judicial Authority and Ongoing Supervision ◊ Team Collaboration, Community Involvement, and Information Sharing ◊ Individualized Treatment and Responses to Risk and Needs ◊ Therapeutic / Rehabilitative ◊ Specialized Team Expertise

# **Problem-Solving Courts**

## **KEY FINDINGS FROM NATIONAL RESEARCH**

### **Adult Drug Courts**

- **Drug courts have been shown to reduce both drug use and other forms of criminal behaviors in adult participants who complete the program** (Mitchell et al., 2012). **Well-conducted drug courts have been shown to reduce recidivism by 35-80%** (Carey et al., 2012; Lowenkamp et al., 2005; Shaffer, 2006). **Methodologically rigorous studies have shown that the effects of drug courts on recidivism can last three years or more** (Gottfredson et al., 2005, 2006; Mitchell et al., 2012; Turner et al., 1999).
- **Participants who received more services reported fewer crimes and less drug use** (Multi-Site Adult Drug Court Evaluation Vol. 4; Rossman et al., 2011).
- **Adult drug courts resulted in an average return on investment of \$2-\$4 on every \$1 spent** (Bhati et al., 2008; Downey & Roman, 2010; Drake, 2012; Drake et al., 2009; Lee et al. 2012; Mayfield et al., 2013; Rossman et al., 2011). **This represents an approximate \$3,000-\$22,000 savings to the community per participant.**

### **Juvenile Drug Courts**

- **Juvenile drug courts have been shown to modestly reduce recidivism (non-drug related offenses) by approximately 8% among participants who complete the program** (Mitchell et al., 2012). **A national evaluation found that many (up to 77%) were not implementing the programmatic model faithfully** (Latessa, et al., 2013), **likely impacting court effectiveness.**

### **Dependency Drug Courts**

- **Dependency drug courts increase the rate of successful completion of drug treatment, reduce out-of-home placements for children, and increase rates of family reunification. Parents in these courts were 25-35% more likely to successfully complete drug treatment. Children spent 3-6 months fewer in out-of-home placement than non-drug court participants. 15-40% of participating families were eventually reunified** (Green et al., 2009; Lloyd, 2015).
- **Preliminary evidence exists to suggest that dependency drug courts reduce future criminal arrests among participants** (Carey et al., 2010).
- **Cost savings associated with these courts have been estimated to be between \$5,000 and \$15,000 per family, due primarily to a reduction in out-of-home placement** (Zeller et al., 2007; Roche, 2005; Carey et al., 2010; Burrus et al. 2011).

### **Mental Health Courts**

- **Significant reductions in recidivism have been found for participants with serious mental illness** (Cross, 2011; Sarteschi et al., 2011; Lee et al., 2012).
- **Participants have also been shown to have lower rearrest rates and less time spent in custody** (Steadman et al. 2011).
- **For every \$1.00 invested in mental health courts, there is a cost savings of \$6.96** (Lee et al., 2012). **Other studies have reached conclusions that contradict the above findings of cost savings, suggesting it takes several years to recoup the increased costs of mental health courts' operation, with some never reaching a point of cost savings** (Lindberg, 2009; Ridgely et al., 2007; Steadman et al., 2014).

### **Veterans Courts**

- **While little evaluation research exists for this type of problem-solving court, some studies show promising results for veterans courts including improvements in psychiatric health and reductions in substance abuse** (Knudsen & Wingenfeld, 2016), **as well as reductions in rates of rearrest** (Commaroto et al., 2011).

### **Early Childhood Courts (Safe Babies Court Teams Project)**

- **Florida's early childhood court is modeled after the national Safe Babies Court Teams Project, which has a scientific rating of "3" (promising research evidence) and a "high" child welfare system relevance level on the California Evidence-Based Clearinghouse for Child Welfare. It shows potential for: promoting greater collaboration among the courts, the child welfare system, and community providers to meet the needs of very young children; realizing positive safety, permanency, and well-being outcomes, and preserving family connections, and applying the science of early childhood development to the court process.**
- **97% of the identified service needs were met. The children achieved timely permanency. There was increased parent-child contact. More than two-thirds remained in 1 or 2 placements. 99.05% of these children were protected from further maltreatment** (James Bell and Associates; Hafford, McDonnell, Kass, DeSantis, & Dong, 2009).
- **The Safe Babies Court Teams Project data show that the project yielded a range of \$8,500 to \$18,000 of in-kind costs per child (one grant dollar generated another dollar of in-kind support).**
- **Children exit foster care significantly faster than the comparison group. Savings generated from their earlier exits are estimated at an average of \$7,300 per child. Children are more likely to remain with biological family members** (Foster, E.M., McCombs-Thornton, K.L., 2012, Investing in Our Most Vulnerable: A Cost Analysis of the ZERO TO THREE Safe Babies Court Teams Initiative. Birmingham, AL: Economics for the Public Good, LLC.)