STATE OF MINNESOTA
IN SUPREME COURT
ADM-05-8002

MINNESOTA SUPREME COURT

CHEMICAL DEPENDENCY TASK FORCE

REPORT ON THE OVERALL IMPACT OF ALCOHOL AND OTHER DRUGS ACROSS ALL CASE TYPES

EXECUTIVE SUMMARY

NOVEMBER 17, 2006

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TABLE OF CONTENTS

Page

PART I: INTRODUCTION 4

A. Task Force Members 4
B. Task Force Background and Purpose 5
C. Task Force Process and Report Format, Distribution and Discussion 7

PART II: EXECUTIVE SUMMARY 9

A. Introduction 9
B. Summary of Major Task Force Conclusions and Recommendations 12

PART III*:* CONCLUSION 20

PART IV: ACKNOWLEDGMENTS 21

PART V: APPENDICES

Appendix A: Order Establishing the Minnesota Supreme Court Chemical Dependency Task Force
Amended Order

Appendix B: The Ten Key Components of Drug Courts

Appendix C: Problem-Solving Courts in Minnesota

Appendix D: Mental Health Disorders and Drug Use

Appendix E: Quadrants of Care for Co-Occurring Disorders

\Appendix F: Suggested Requirements for a Trauma-informed System of Care

Appendix G: Promising Models for Female Participants in Drug Court

Appendix H: Practical Ideas of Sanctions for Women in Drug Court

Appendix I: Principles of AOD treatment for Criminal Justice Populations

Appendix J: Research Regarding AOD Treatment for Adolescents in the Juvenile Justice System

Chemical Dependency Task Force
Report on the Impact of Alcohol and Other Drugs Across All Case Types

PART I: INTRODUCTION

A. TASK FORCE MEMBERS

Task Force Chairs: **Honorable Joanne Smith**, District Court Judge, Second Judicial District, Chair
Honorable Gary Schurrer, District Court Judge, Tenth Judicial District, Vice-Chair

Task Force Members:

Jim Backstrom, Dakota County Attorney
Lynda Boudreau, Deputy Commissioner, Minnesota Department of Health
Chris Bray, Assistant Commissioner, Minnesota Department of Corrections[1]
Mary Ellison, Deputy Commissioner, Minnesota Department of Public Safety
Jim Frank, Sheriff, Washington County[2]
John Harrington, Chief, St. Paul Police
Pat Hass, Director, Pine County Health and Human Services
Brian Jones, Assistant District Administrator, First Judicial District
Wes Kooistra, Assistant Commissioner for Chemical and Mental Health Services, Minnesota Department of Human Services[3]
Fred LaFleur, Director, Hennepin County Community Corrections[4]
Honorable Gary Larson, District Court Judge, Fourth Judicial District
Bob Olander, Human Services Area Manager, Hennepin County
Shane Price, Director, African American Men's Project
Honorable Robert Rancourt, District Court Judge, Tenth Judicial District
Senator Jane Ranum, Minnesota Senate
Commissioner Terry Sluss, Crow Wing County
Representative Steve Smith, Minnesota House of Representatives
John Stuart, State Public Defender
Kathy Swanson (retired), Director, Office of Traffic Safety, Minnesota Department of Public Safety
Honorable Paul Widick, District Court Judge, Seventh Judicial District
Associate Justice Helen Meyer, Supreme Court Liaison

Staff:

Dan Griffin, Court Operations Analyst – Chemical Health, Court Services Division, State Court Administration
Pam Marentette (Intern), Hamline University School of Law

[1] Chris Bray became Deputy Director of Washington County Community Corrections in 2006.
[2] Jim Frank retired from Washington County in 2006.
[3] Assistant Commissioner Kooistra joined the Task Force in September 2005 when Lynda Boudreau moved from the Department of Human Services to the Department of Health.
[4] Fred LaFleur withdrew from the Task Force in August, 2005.

B. TASK FORCE BACKGROUND AND PURPOSE

Background

Persons who suffer from alcohol and other drug (AOD) problems represent a pervasive and growing challenge for Minnesota's judicial branch, in particular its criminal courts. The impact of AOD problems is not confined to any one case type; they are common throughout the judicial branch. But in recent years alternative and demonstrably more effective judicial approaches for dealing with AOD-dependent persons, and particularly criminal offenders, have evolved both in Minnesota and in other states. Further, increased resources exist at both the state and national level to support the development of such alternative approaches. There has been growing recognition that Minnesota courts would benefit from a more deliberate and coordinated effort to investigate the extent to which AOD-dependent persons come into the courts, and to assess available strategies for addressing that problem.

In 2000, courts statewide were asked to vote on strategic priorities for the judiciary over the next several years. The top four priorities selected were Access to Justice, Children's Justice, Public Trust and Confidence, and Technology. AOD issues ended up a very close fifth in the vote – demonstrating the clear concern about this topic among those who work in the judiciary. Since that time, methamphetamine production and use has grown at an alarming rate across the country as well as in Minnesota. As with previous such problems, courts are struggling to plan for an effective response to the inevitable resource drain this new problem will cause for the state. At the same time, courts are increasingly recognizing that few, if any, of these offenders are using only meth, and that there is a need to address "poly-drug" use. Defendants addicted to methamphetamine, crack cocaine and marijuana (which remain significant problems in urban areas of Minnesota), DWI defendants, and other chemically dependent recidivists are currently taking up significant amounts of the courts' limited resources.

It is imperative that cost-effective and productive ways of dealing with these issues be identified. Minnesota has faced difficult economic times and state budget deficits in the past several years, so it seems particularly necessary and urgent to address AOD issues in a proactive and cohesive way with criminal justice partners who are facing many of the same challenges.

While there is some historical precedent in Minnesota for a task force or state-level committee focused on related issues (e.g., criminal justice effectiveness, mental health, juvenile justice), there has never been a judicial task force focused specifically on addressing the impact of AOD issues on the courts. On November 30, 2004, the state Conference of Chief Judges unanimously recommended that the Supreme Court establish a task force charged with exploring the problem of chemical dependency and identifying potential approaches and resources for

addressing that problem. A number of other states have also recently established task forces, judicial commissions, or legislatively mandated bodies that are exploring this specific issue or similar issues and initiatives (such as drug courts).

Purpose

The Minnesota Supreme Court established the Task Force on March 16, 2005, to make recommendations as to how the Minnesota Judicial Branch can deal more effectively with persons with AOD problems who come in to the Minnesota courts. (See Appendix A for the order creating the Task Force.) In particular, the Court directed the Task Force to:

1. Conduct background research on specific issues concerning AOD-dependent persons, and particularly AOD-related offenders, including:
   a. The current extent of the problem of AOD-dependent persons, and particularly AOD offenders, in the Minnesota judicial branch;
   b. The cost(s) of the problem and benefit(s) of proposed solutions;
   c. Identification and assessment of current judicial strategies to address the problem of AOD-dependent persons, and particularly AOD offenders, both in Minnesota and other states;
   d. Determination of the current and potential effectiveness of drug courts and other alternative approaches in Minnesota.

2. Conduct an inventory of current multi-agency, state-level AOD efforts in Minnesota as well as in other states, including:
   a. Identification of promising practices;
   b. Identification of gaps and redundancies.

3. Identify and recommend approaches, solutions, and opportunities for collaboration.

The Court directed the Task Force to submit two reports with the results of its research together with its recommendations for optimal development of alternative judicial approaches for dealing with AOD-dependent persons. An initial report focusing specifically on AOD-related criminal and juvenile offenders was to be submitted by January 10, 2006; this deadline was subsequently extended to February 3, 2006. A Final Report focusing on the overall impact of AOD problems across all case types is to be submitted by December 8, 2006.

C. TASK FORCE PROCESS AND REPORT FORMAT, DISTRIBUTION AND DISCUSSION

Process

The full Task Force met monthly beginning in April 2005. Following submission of its initial report in February 2006, the Task Force continued to meet monthly.

The Task Force has considered comments made by citizens, lawyers, subject matter experts, judges and other professionals who have attended Task Force meetings and public hearings on October 9, 16 and 17, 2006. Some have provided written materials. The Task Force also solicited input from a variety of individuals, professionals, agencies, and groups having experience and interest in AOD problems and their impact on Minnesota courts.

Report Format, Distribution and Discussion

This report will present the considerations and recommendations of the Task Force in five main sections:

1. Addiction Model;
2. Recommendations concerning Problem-Solving Approaches for Children in Need of Protection or Services Cases;
3. Recommendations concerning Other Case Types including Domestic Violence and Civil Commitment;
4. Recommendations concerning the Statewide Expansion of Problem-Solving Approaches in Minnesota;
5. General Recommendations:
    a. Communities of Color
    b. Co-Occurring Disorders
    c. Trauma
    d. Women and Girls
    e. Criminal Justice Treatment
    f. Fetal Alcohol Spectrum Disorders
    g. The Use of Medications
    h. The Process of Recovery
    i. Screening and Assessment

The Task Force decided to make decisions by consensus, meaning that all members supported the recommendations in order to avoid minority reports, even though some members might have disagreed with individual recommendations. The Summary of Major Task Force recommendations in Part II.A explains the areas of significant change and highlights the issues that generated the most debate by the Task Force and/or significant comment from the public.

A draft of this report was circulated electronically to a wide spectrum of individuals and groups who either have expressed interest or may be interested in the Task Force's work.

PART II: EXECUTIVE SUMMARY

A. INTRODUCTION

The Supreme Court Chemical Dependency Task Force is committed that its reports not merely "sit on a shelf gathering dust." The Task Force is keenly aware that it is not the first body to make recommendations to address the impact of alcohol and other drugs (AOD). However, its work has been infused by a sense that the "stars are in alignment"; and that certain forces have converged to make this the optimal time to address the impact of AOD on the court system and Minnesota communities. In fact, the Judicial Branch *has* taken the initial report and recommendations of this Task Force seriously, as have many other policy and decision makers. Having now completed its work, and after receiving public comment from communities around Minnesota, the Task Force has identified seven critical factors underlying the recommendations in both its first report (February 3, 2006) and its final report (November 17, 2006):

Leadership – The Task Force supports the leadership of the Judicial Branch in implementing problem-solving approaches throughout the state of Minnesota. Implicit in this endorsement is the supposition that all stakeholders will be involved in the planning and implementation of the recommendations. Leadership is not about control or unilateral decision making. It is about bringing others to the table, creating space for all necessary voices to be heard, taking into consideration all points of view, and making effective decisions. While this type of leadership may be more challenging to implement, the Task Force is adamant that a comprehensive effort to develop problem-solving approaches for AOD-related court cases, and systemic change in how the judiciary and its partners deal with AOD (and mental health) issues, cannot succeed without this type of leadership.

Collaboration –The Task Force's research and testimony of the past nineteen months has made clear that government cannot successfully implement, operate, or execute interventions and programs without collaboration. However, true collaboration is not easy to accomplish; it is even more difficult to maintain. It requires individual team members to be open to new perspectives and approaches. It requires open and honest communication. Most importantly, it requires the ability to acknowledge and address conflict openly and respectfully when it arises. Cross-disciplinary collaboration is still relatively new to the judiciary. With the advent of problem-solving approaches across the country, courts are increasingly becoming part of collaborative efforts, without compromising the constitutional mandate of the independence and impartiality of the judicial branch. Courts, judges, and other court system stakeholders are finding that participation in collaborative efforts allows them to improve their relationships with their respective communities, have greater access to information that allows them to make more effective decisions, and administer justice more effectively. To summarize, as one Task Force member stated: "You do not need money to collaborate."

Evaluation and Management Information Systems (MIS) – The Task Force discussed the need for evaluation and MIS in its first report and reiterates the need for both

components in the implementation of problem-solving approaches for AOD cases in the court system. If evaluation and MIS are not adequately funded, and if the plans for implementing, maintaining, and sustaining them are not clearly articulated from the beginning, these efforts will be inherently limited. Program managers and administrators too often treat evaluation and MIS as secondary to implementation—but it has become clear that this does not work. The State Court Administrator's Office should develop and properly fund a comprehensive evaluation and MIS strategy for the implementation of problem-solving approaches.

Funding/Sustainability – Considerable concern has been expressed that the Task Force's recommendations will be "unfunded mandates" that begin with money from the state or federal government in the form of "grants," but ultimately shift the costs onto local entities. Clearly, few of the Task Force's recommended changes can be implemented without substantial state funding to support them. All policy makers, including legislators, must understand that these recommended changes are an investment that will not have an immediate payoff. Additionally, their success is contingent on effective collaboration among the various stakeholders; if funding to support these efforts were to be taken from the base budgets of any of the partners – in essence, "robbing Peter to pay Paul" and thereby creating unnecessary competition or tension between the partners – this would unnecessarily compromise the effort.

The Task Force challenges all interested parties to think about funding differently – not only how programs are funded, but also how funding is viewed by *all* entities that oversee its distribution. It is common for agencies to see funding as "*their*" money. The Task Force would like to challenge this perception and encourage policymakers and agency directors to think of their stewardship of public funding as a privilege – one that requires a willingness to think about how to share funds and work collaboratively to fund the most effective programs, thus allowing innovation to flourish. The Task Force encourages this "collaborative" approach to funding at all levels—local and state. Additionally, the Task Force is convinced, based upon testimony and significant research, that the issue is not always one of finding *new money*, but rather spending current resources more effectively in order to implement new programs. Following the Task Force's first report, the legislature approved funding for a comprehensive study of the funding streams that support drug courts and other problem-solving approaches. This study will provide a snapshot of the current configuration of that funding, the efficiencies and inefficiencies, and will make recommendations on how to better configure the funding. The Task Force hopes this study will provide guidance to county and state government bodies committed to implementing problem-solving approaches and institutionalizing these practices. Ultimately, the burden of funding and supporting problem-solving programs should be borne by both state and local government, as both will benefit from them. Finally, the Task Force is aware that the Department of Human Services, Chemical Health Division has convened a task force of its own to make recommendations for changes to the consolidated chemical dependency treatment fund (CCDTF), and looks forward to the promulgation and implementation of those recommendations.

County and Local Government Issues – Many of the Task Force's recommendations require access to necessary resources and assume the availability of such resources. The Task Force wishes to make clear that it understands that budgets are strained everywhere throughout Minnesota; and with additional cuts coming to federal funding, particularly in the area of child welfare, the fiscal concerns are even greater. However, in such times collaboration is even more crucial (see above). There is clearly an imbalance of wealth between different counties. Many of the Task Force's recommendations could strain beleaguered budgets both in the metropolitan areas and greater Minnesota. Problem-solving approaches are effective when properly implemented; therefore, every community deserves the opportunity to implement these programs. Particularly from the standpoint of the judiciary, the disproportionate distribution and availability of funding and services presents a serious concern regarding equal access to justice. Therefore, due to the obvious cost-benefits of implementing problem-solving approaches, the necessary resources should be made available to all communities, particularly those in greater Minnesota. Further, regarding needed state-level action on the Task Force's recommendations, the Task Force respectfully asks that policymakers always consider the unique needs of greater Minnesota.

Chemical Dependency and Ancillary Services – While all of the Task Force's recommendations are important, none are more critical than those that emphasize the importance of the treatment and supervision services that enable AOD addicted persons to achieve quality, long-term recovery. Implicit in all of the Task Force's recommendations is that treatment providers, as well as mental health providers, must be included in all collaborative efforts. The Task Force also understands the disproportionate impact of the implementation of problem-solving approaches on corrections professionals, and advocates strongly that probation and corrections be given adequate resources to fulfill their essential role, and that all local problem-solving initiatives work closely with their corrections stakeholders. All problem-solving approaches, teams, and appropriate services must be available in *all* communities. Agency heads and policymakers must prioritize the funding of these services while holding providers accountable for providing services that utilize evidence-based practices.

Poverty – One issue that the Task Force feels merits much more attention is that of poverty. Often the people most in need of problem-solving services are poor. When the system effectively handles the problems of poor offenders and other community members the first time, two things tend to happen: (1) their poverty does not increase; and (2) they often do not return to the system. The Task Force's work suggests that the majority of persons participating in drug courts and other problem-solving approaches are from lower socio-economic areas of society. While the Task Force does not wish to imply that only people living in poverty experience AOD problems——that is clearly not the case—it stresses that understanding the role poverty plays in the criminal justice and other court systems is essential to successfully working with and supporting changes in these individuals' lives. Further, understanding the role that addiction plays in perpetuating problems associated with poverty is essential in allowing teams to respond effectively to the needs of the individuals in their programs.

Technology - The Task Force learned that advances in technology have done more than improve efficiency; they have also increased the accessibility of services for populations that have difficulty accessing or affording those resources. The Task Force is convinced that the innovative use of this technology will save money and produce efficiencies in service delivery not previously possible. Technological advances such as ITV (Interactive Television) and Tele-medicine allow people – especially those in widely dispersed greater Minnesota communities – convenient and cost-effective access to services. Rather than a judge and problem-solving team traveling a significant number of miles to a court, particularly in greater Minnesota, technology allows the team to remain in the same location and stay connected to those they are serving. Thus, the Task Force is convinced that new technologies should be made readily available to the communities in greater Minnesota.

B. SUMMARY OF MAJOR TASK FORCE CONCLUSIONS AND RECOMMENDATIONS

I. ***Children in Need of Protection or Services (CHIPS) – Problem-Solving Approaches:***[5] ***The Task Force calls for a broad and fundamental shift in how Minnesota's courts deal with Child in Need of Protection or Services (CHIPs) cases, in coordination with the Judicial Branch's Strategic Plan for both the Children's Justice Initiative and the commitment to problem-solving approaches in general.***

The problematic use of and addiction to AOD by parents who find themselves in juvenile court is of particular concern to the Task Force. The connection between AOD problems and ongoing involvement in the criminal justice system is clear, especially for those young children found to be in need of protection or services. There is a direct link between the Judicial Branch's commitment to the Children's Justice Initiative and the need to focus on AOD concerns within the child protection system. This need is further underlined by the increase in methamphetamine-related cases in the child protection system. It is critical that these cases be given focused attention.

The Task Force suggests that problem-solving approaches for the CHIPs population in the juvenile courts will greatly improve the outcomes for children living in AOD impacted families. They will provide necessary treatment and ancillary services for parents, as well as save significant out of

[5] The Task Force recognizes that all of those who work in the court system are actively involved in problem solving, and it neither wishes nor intends to disparage those efforts. The term "problem-solving" as used here is used by courts across the country to define a specific type of innovative judicial intervention. *See* MINNESOTA SUPREME COURT CHEMICAL DEPENDENCY TASK FORCE, REPORT ON ADULT AND JUVENILE ALCOHOL AND OTHER DRUG OFFENDERS 21, 24-25 (2006), *available at* http://www.mncourts.gov/?page=631.

home placement costs for state and county governments.[6] The Task Force would also like to call special attention to the successes of the Children's Justice Initiative, particularly the Children's Justice Initiative – Alcohol and Other Drug Project (CJI-AOD), for embracing the concept of the "toolkit" and offering counties across the state a menu of interventions that positively impact the occurrence of AOD on CHIPs cases. They ultimately enhance the ability of the courts to safeguard the best interests of children coming from addicted family systems.

Recommendations: The Task Force strongly recommends the development and implementation of a plan for making problem-solving approaches for families in the judicial child protection system more broadly available throughout the state.[7] The essential elements[8] of such approaches include:

1. Holding the parent accountable for his or her conduct and recovery with swift and certain interventions, including a continuum of sanctions together with full consequences for failure while the parent is involved in the problem-solving approach. The immediacy of consequences is fundamental.

2. The use of incentives to acknowledge progress in the program and to provide public support and affirmation for the parent's successes.

3. Agreement between the vital parties—prosecutor, public defender, child protection, guardian ad litem, the tribe (when an American Indian family is involved) and judge—as to eligibility and other program criteria.[9]

4. Evidence-based and culturally-appropriate treatment services.

5. Services targeted toward children who come from addicted families.

6. The availability of ancillary services, such as parent programs, recovery schools, tutors, vocational training, and mentors.

7. A continuum of interventions.

II. ***Domestic Violence, Civil Commitment, and Other Case Types:***

Domestic Violence: Although the precise relationship between AOD use and domestic violence has yet to be determined, the Task Force suggests that finding effective ways to address both problems may reduce family violence and lead to better AOD treatment outcomes. Failure to address issues of violence during AOD treatment can undermine the recovery of both abusers

[6] At the time this report was written there were only two family dependency treatment courts in Minnesota—in Stearns County and Dakota County. Both court programs became operational July, 2006.

[7] The state Judicial Council has identified a comprehensive effort to expand drug courts in Minnesota in its current strategic plan. While the current strategic plan focuses on adult and juvenile offenders (per the first Task Force report), it also fully supports CJI.

[8] For a more detailed discussion of these elements, refer to Appendix B.

[9] At the local level, it is important for county attorneys, public defenders, and judges (along with other members of the problem-solving team) to determine the eligibility criteria for their problem-solving court.

and survivors. Additionally, failure to address abusers' AOD problems within the context of domestic violence treatment can jeopardize abusers' efforts to stop the violence.[10]

Civil Commitment: While the Task Force did not make specific recommendations regarding civil commitment, it recognizes that some civil commitments present opportunities to implement the problem-solving approach. The Task Force hopes that the successful implementation of problem-solving approaches for AOD-addicted individuals across Minnesota will impact the number of people being civilly committed as the state becomes more adept at intervening in addictive disorders.

Other Case Types: The Task Force did not make specific recommendations concerning all other case types. Still, it is clear that AOD has a significant impact across case types. The degree to which the Judicial Branch trains its employees and judges on AOD issues may cause reduction in the number of such cases.

III. ***Statewide Expansion of Problem-Solving Approaches: The Task Force supports the statewide development of problem-solving approaches for cases involving AOD addicted individuals. This includes but is not limited to: adult criminal and juvenile delinquency cases, child protection and family dependency cases, appropriate civil commitments, and domestic violence cases.***

The Minnesota Judicial Branch has reached a crossroads in addressing the impact of AOD problems on its courts. After experiencing initial success with problem-solving approaches and learning from the successes of other states, Minnesota stands poised to expand the problem-solving model. Since the release of the Task Force's first report, the Judicial Council has endorsed an action item regarding problem-solving approaches as part of its overall strategic plan for the next biennium. This strategic plan seeks to integrate a judicial problem-solving approach into court operations for dealing with AOD addicted offenders.

This strategic priority is supported by the following objectives:

- Develop a statewide education program on the philosophy of problem-solving courts
- Establish and implement statewide best practices
- Establish criteria for state court budget support
- Adopt district plans to integrate the goals of the Task Force

[10] CENTER FOR SUBSTANCE ABUSE TREATMENT, U.S. DEP'T OF HEALTH & HUMAN SERVICES, TREATMENT IMPROVEMENT PROTOCOL (TIP) 25, SUBSTANCE ABUSE TREATMENT AND DOMESTIC VIOLENCE, 5 (1997).

- Sustain existing drug courts with potential for targeted expansion to adjoining counties.
- Develop drug court MIS
- Evaluate program outcomes.

The Task Force has made significant recommendations encouraging the statewide expansion of problem-solving courts in Minnesota. These recommendations are discussed in detail later in the report; however, several of the recommendations are highlighted below:

Recommendations regarding going to scale:

A. ***All programs should be based on, and adhere to, the key strategies (such as the Ten Key Components)***[11] ***developed for problem-solving courts. However, drug court programs should be allowed flexibility in establishing criteria to meet local needs.***[12]

B. ***A statewide, multi-disciplinary oversight group should be formed to develop or inform statewide policy and guidelines, and provide funding direction.***

C. ***The Judicial, Legislative and Executive Branches of government should collaborate, and then coordinate efforts to fund and support problem-solving court activities.***

D. ***Funding for problem-solving courts should be a combination of state and local funds.***

At the Judicial District level:

A. ***Multi-county approaches are encouraged for the implementation of problem-solving approaches in greater Minnesota.***

B. ***Form a multi-disciplinary district level team to advise on problem-solving court development throughout the district and to support resource commitment.***

IV. ***General Recommendations:*** ***In the course of its work, the Task Force found that there were several recommendations essential to the successful resolution of AOD problems and implementation of problem-solving approaches for AOD-addicted offenders.***

[11] See Appendix B for the Ten Key Components.
[12] At the time of this writing, draft Minnesota standards for drug courts were in the process of being adopted. These standards, once endorsed by the Judicial Council, will guide the implementation of drug courts in Minnesota.

Communities of Color: The Task Force is concerned about Minnesota's current national standing in the rate of incarceration of blacks to whites.[13] Specifically, significant racial disparities exist with regard to drug-related offenses.[14] The Task Force is greatly concerned that while Minnesota develops a more balanced, better financed treatment policy to deal with the growing problem of methamphetamine, it must also reconsider the current criminal justice response to crack cocaine, particularly its impact on African American communities.[15] The Task Force's goal is to move forward with a comprehensive plan that fairly and effectively addresses the impact of AOD problems for all drug types, regardless of the race and ethnicity of the offender. Action to address racial disparities in the criminal justice, juvenile justice, and child protection systems as a whole is warranted, and should be addressed by those in the appropriate executive, legislative, and judicial branch forum(s), such as the Minnesota Judicial Branch's Racial Fairness Committee.

Co-Occurring Disorders: Task Force members learned that when co-occurring disorders go unaddressed, the likelihood of AOD addiction relapse as well as criminal recidivism greatly increase. Research during the last twenty years has definitively demonstrated the correlation between AOD

[13] Presently, Minnesota has the twelfth highest ranking in the incarceration ratio of blacks to whites. BUREAU OF JUSTICE STATISTICS, BULLETIN: PRISON AND JAIL INMATES AT MIDYEAR 2005 (May 2006), *available at* http://www.ojp.usdoj.gov/bjs/pub/pdf/pjim05.pdf (ranking extrapolated from data within source by SCAO Research staff). According to the Department of Corrections, 43 percent of all drug offenders are people of color. "For example, whereas minorities account for 92 percent of crack and 70 percent of cocaine offenders, they comprise 13 percent of inmates incarcerated for methamphetamine and 17 percent of those for amphetamine." MINNESOTA DEPARTMENT OF CORRECTIONS, DOC BACKGROUNDER: DRUG OFFENDERS IN PRISON 1 (Feb. 2006), *available at* http://www.doc.state.mn.us/publications/backgrounders/documents/drugbackgrounder.pdf.

[14] For drug-related offenses, the arrest rate ratio of African Americans to Caucasians was 10 to 1, 4 to 1 for Latinos and Caucasians, and 3 to 1 for American Indians and Caucasians. DEFINING THE DISPARITY – TAKING A CLOSER LOOK: DO DRUG USE PATTERNS EXPLAIN RACIAL/ETHNIC DISPARITIES IN DRUG ARRESTS IN MINNESOTA?1-2 (Minn. Council on Crime & Justice 2002), *available at* http://www.racialdisparity.org/files/Defining%20the%20Disparity%20Taking%20Closer%20Look.pdf In 2004, the imprisonment rate for Caucasian drug offenders was 23.5%, while the rate for African American offenders was 28%, the rate for Latino offenders was 37%, the rate for Asian offenders was 33%, and the rate for American Indian offenders was 23%. *Id.* However, the average prison sentence for Caucasian drug offenders was greater than all other racial/ethnic groups with the exception of Latino offenders. Minnesota Sentencing Guidelines Commission, Race-Related Sentencing Data: Focus on Drug Offenders 13 (2004) (PowerPoint presentation, on file with the Minnesota State Law Library).

[15] According to a recent national survey, support among Caucasian Americans for incarceration rather than treatment for cocaine offenses has declined. Three out of four Caucasian Americans believe that first-time cocaine offenders caught with five grams or less of the drug should go to drug treatment or get probation, not go to prison. These opinions were expressed in a survey of 783 Caucasian Americans. The survey also reported that 51% favored treatment for cocaine offenders, while 26% favored probation. *White Americans Favor Treatment for Cocaine Users*, JOIN TOGETHER, http://www.jointogether.org/news/research/summaries/2006/white-americans-favor.html (for full report, *see* Rosalyn D. Lee & Kenneth A. Rasinski, *Five Grams of Coke: Racism, Moralism, and White Public Opinion on Sanctions for First Time Possession,* 17 INT'L J. DRUG POLICY 183 (2006)).

problems and mental health disorders. Thus, individuals with co-occurring disorders present unique challenges for the court system, with a corresponding need for greater knowledge of evidence-based practices. The Department of Corrections estimates that as many as 25% of male offenders and 40% of female offenders in Minnesota prisons are diagnosed with co-occurring disorders.[16] The success of problem-solving approaches for AOD offenders is contingent on the availability and effective application of appropriate services for the mentally ill.

Trauma: While trauma[17] was not originally in the purview of the Task Force's efforts, it became clear early in the second phase of its work that trauma-informed treatment services are critical to the populations that the courts serve. According to several experts who testified before the Task Force,[18] there is a clear correlation between the onset of problematic use of AOD and trauma. Trauma also plays a clear role in the relapse of many persons in recovery. Experts who spoke in the areas of domestic violence, co-occurring disorders, and gender responsive treatment services all identified trauma as an underlying factor in the onset of addictive disorders and a barrier to the long-term recovery of many people who enter treatment for addictive disorders.

Women and Girls: The Task Force emphasizes the importance of gender-responsive services for all offenders, both men and women. We note that advances for women and girls have been significant over the past three decades, but there is still need for improvement. Therefore, the Task Force unequivocally reinforces the concerns that the Female Offender Task Force expressed in its testimony regarding the need for gender-responsive services.[19] That is, equal treatment does not and should not always mean the same services or the same treatment. The research is clear: when services are

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[16] Email from Chris Bray, Assistant Commissioner of Corrections (Mar. 16, 2005) on file with Minnesota State Law Library..

[17] DSM-IV-TR defines trauma as

> involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. The person's response to the event must involve intense fear, helplessness or horror (or in children, the response must involve disorganized or agitated behavior).

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS DSM-IV-TR 463 (4th ed., Am. Psychiatric Assoc. 2000).

[18] Carol Ackley, Executive Director, River Ridge Treatment Center, Testimony to the Task Force, Women's Issues in Treatment (May 26, 2006); Dr. Larry Anderson, private practitioner/ consultant, Testimony to the Task Force, Introduction to Dual Diagnosis: Understanding the concepts of co-occurring mental health and substance use disorders (April 28, 2006); Dr. Noel Larson, Counselor, Meta Resources, Testimony to the Task Force, Domestic Violence (March 24, 2006).

[19] Justice Esther Tomljanovich, Chair, Female Offender Task Force, Testimony to the Task Force (May 26, 2006).

created that respond to the unique needs of women, women do better. When women do better, children often do better as well.

Criminal Justice Treatment: Based upon significant research and testimony over the past eighteen months, the Task Force is convinced that the Minnesota criminal and juvenile justice systems must do a better job of intervening in the addictions of the offenders coming into Minnesota's courts. The reasons for this are simple: first and foremost is the issue of public safety. When AOD addicted offenders receive the appropriate intervention, including jail or prison, in concert with the appropriate treatment services, all research points to significant decreases in recidivism. For the AOD-addicted offender the likelihood of avoiding recidivism is predicated on their sobriety. Second, the Task Force finds that investing in treatment and holding offenders accountable with the appropriate consequences will save public (and private) dollars by ending the revolving door common to many of these individuals. Finally, the benefit to communities after transforming addicted individuals engaging in criminal behaviors and lifestyles into sober, productive, tax-paying citizens and family members cannot be overstated. The Task Force also believes that application of the concept of recidivism potential (also known as the "risk principle" in corrections research) is essential to the success of problem-solving approaches; it ensures that interventions are utilized for those populations most appropriate for them. Ultimately, the Task Force's vision is to see a continuum of interventions, which provide the most effective programming for individual AOD-involved offenders.

Fetal Alcohol Spectrum Disorders: Fetal alcohol exposure is likely one of the most significant unrecognized factors that face our courts as they address the impact of AOD problems. While the impact of the prenatal exposure of all other drugs, including methamphetamine and cocaine, is still not clear, the research regarding prenatal alcohol exposure is conclusive. During the past 30 years over 20,000 scientific animal and human research studies have found that prenatal alcohol exposure is "the most serious problem by far, whether it is judged by its frequency or by its capacity to injure the fetus."[20]

Medication and AOD Treatment: Some advocates of the traditional behavioral approach to AOD treatment have not embraced the use of medications in treatment.[21] Studies have shown that chemical dependency affects brain processes responsible for motivation, decision making, pleasure, inhibition, and learning.[22] Based on this knowledge, researchers have been

[20] INSTITUTE OF MEDICINE, FETAL ALCOHOL SYNDROME: DIAGNOSIS, EPIDEMIOLOGY, PREVENTION, AND TREATMENT, FREE EXECUTIVE SUMMARY 22 (1996), http://newton.nap.edu/execsumm_pdf/4991.pdf.
[21] Benoit Denizet-Lewis, *An Anti-Addiction Pill*, N.Y. TIMES, June 25, 2006, at 48.
[22] For the past two decades, neuroscientists and others exploring the physiological basis of dependency have focused on the brain chemical dopamine. Dopamine sends signals between cells in the brain affecting a variety of critical functions, including memory, movement, emotional response, and feelings of pleasure or pain. AOD use causes an increase in the amount of dopamine secreted, leading to feelings of pleasure or euphoria. With repeated and increased AOD use, the brain responds by reducing, or down-regulating, the

searching for medications and vaccines that alter these brain processes to assist in treatment and recovery.[23] Much like the medical treatment for asthma or diabetes, treatment of AOD dependency requires behavioral and lifestyle changes in addition to the use of appropriate medications. The research is clear: medication, when clinically indicated, combined with behavioral treatment provides the best chance for recovery.[24]

The Process of Recovery: The Task Force recognizes that our attitudes and public policies are shaped by the way in which we think about, research and describe critical issues. When it comes to addiction, the ability of people to achieve and sustain long-term recovery has been overlooked because of the emphasis on the experiences and costs of untreated addiction. The reality of long-term recovery and the many pathways to achieve it suggest that recovery-oriented systems of care need to look beyond AOD treatment to incorporate the processes that make it possible for people to improve their health, get jobs and housing, and restore their lives.

Screening and Assessment: Screening and assessment are the lynchpins in determining appropriate offender interventions. Currently, national researchers are developing assessment tools specifically for drug courts.[25] At the same time, the criminal justice system has the opportunity to create screening and assessment tools that will properly assess and place offenders within a continuum of interventions. These will significantly enhance the effectiveness of the criminal justice, juvenile justice, and CHIPs system responses to AOD problems.

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production of dopamine and the number of dopamine receptors. As a result, the brain's "reward system" is less likely to respond to everyday experiences that produce a normal dopamine surge, such as romance, music, or a good meal. Over time, the brain becomes dependent on increased doses of alcohol or other drugs to feel rewarded. The brain also responds by associating alcohol or other drug use with this reward, leading to overwhelming cravings. Pharmacology researchers study how different types of chemicals interact in the brain in order to design medications to interfere with negative effects to reduce or stop cravings. *Id.*

[23] There are over 200 medications in development for the treatment of addictions. While there is much promise in the future use of these medications, there are only a few medications where there is sufficient medical research and data to recommend their current use. *Id.*

[24] *Id.*; Dr. Gavin Bart, Director of Division of Addiction Medicine, Hennepin County Medical Center, Testimony to the Task Force, Pharmacotherapy for Addictions: Following the Evidence (April 28, 2006).

[25] *See, e.g.*, Doug Marlowe, *Integrating Substance Abuse and Criminal Justice Supervision*, SCIENCE & PRACTICE PERSP., Aug. 2003, at 11.

PART III: CONCLUSION

For the past nineteen months, the Task Force has intensively explored one of the most challenging issues facing the Minnesota Judicial Branch. Its work has yielded recognition that AOD addicted individuals present Minnesota courts with a significant and growing challenge, but also with an extraordinary opportunity. Minnesota courts are in a unique position to draw upon the existing resources in the state, including Minnesota's legacy as a national leader in the chemical dependency field, together with the lessons learned from development of problem-solving courts in other states, in order to take the lead in creating a more effective judicial response. To be effective, Minnesota's response will require successful, ongoing collaboration and cooperation between the courts and all other participant groups at both the state and local level.

PART IV: ACKNOWLEDGMENTS

The members of the Minnesota Supreme Court Chemical Dependency Task Force wish to thank everyone who has assisted in the second phase of The Task Force's work. The Task Force wishes to express special gratitude to:

Those individuals who made presentations to the Task Force, including:

- Joyce Holl, Executive Director, Minnesota Organization of Fetal Alcohol Syndrome
- Erin Sullivan-Sutton, Director, Child Safety and Permanency, Department of Human Services
- Ann Ahlstrom**,** Staff Attorney/ CJI Project Manager, State Court Administrator's Office
- Brigid Murphy, Problem-Solving Court Coordinator, Stearns County
- Honorable Jon Maturi, Itasca County District Judge/ CJI Lead Judge
- Dr. Noel Larson, Counselor, Meta Resources
- Barbara Rogers, Women's Resource Coordinator, Sojourner House
- Kim Bingham, Ramsey County Prosecutor
- Deb Dailey, Manager, Research and Evaluation, State Court Administrator's Office
- Sarah Welter, Research Analyst, State Court Administrator's Office
- Dr. Larry Anderson, private practitioner/ consultant
- Debra Davis-Moody, Chemical Health Division, Department of Human Services
- Dr. S. W. Kim, Professor of Psychiatry, University of Minnesota Medical School
- Dr. Gavin Bart, Hennepin County Medical Center/ University of Minnesota
- Justice Esther Tomljanovich, Chair, Minnesota Female Offender Task Force
- Carol Ackley, Executive Director, River Ridge Treatment Center
- Joel Alter, Office of the Legislative Auditor
- Chris Bray, Assistant Commissioner of Corrections, Minnesota Department of Corrections
- Gary Johnson, Housing Specialist, Minnesota Department of Corrections
- Patricia Orud, Director of Mental Health, Minnesota Department of Corrections
- The Honorable Arthur L. Burnett, Sr**.,** National Executive Director, National African-American Drug Policy Coalition, Inc.
- Dr. Susan Wells, Gamble-Skogmo Professor of Child Welfare and Youth Policy, University of Minnesota
- Deb Moses, Operations Manager, Chemical Health Division, Department of Human Services
- Freddie Davis-English, Division Director, Hennepin County Corrections

- John Poupart, Director, American Indian Policy Center
- Judge Korey Wahwassuck, Chief Judge, Leech Lake Tribal Court
- Jerry Guevara, Director, Hispanos en Minnesota
- Mustafa Ali, Counselor, My Home, Inc.
- Farris Glover, Director, My Home, Inc.
- Sam Simmons, Licensed Alcohol and Drug Counselor, My Home, Inc.
- Mao Xiong, Licensed Alcohol and Drug Counselor, Hennepin Faculty Associates
- Pat Taylor, Executive Director, Faces and Voices of Recovery
- Rodney Dewberry, person in recovery
- Joel H., person in recovery
- John N., person in recovery

Those Non-Task Force members who attended meetings and contributed greatly to the work of the Task Force, including:

- Jeff Hunsberger, Chemical Health Division, Minnesota Department of Human Services
- Jean Ryan, Office of Traffic Safety, Department of Public Safety
- Kristin Lail, Office of Justice Programs, Department of Public Safety

The many professionals from a variety of disciplines who currently participate in judicial problem-solving approaches in Minnesota such as adult, juvenile, family dependency and DWI drug courts, mental health courts, restorative justice, staggered sentencing, and DWI Intensive Supervision Programs. Their work in pioneering these innovative approaches in the state over the past ten years has laid the groundwork for transforming how Minnesota's courts deal with AOD-addicted offenders.

The Task Force would like to give special thanks and recognition to Kathy Swanson, Office of Traffic Safety, Department of Public Safety for her commitment to the work not only of the Task Force but also for all she has done to make Minnesota communities safer.

APPENDIX A

Order Establishing the Minnesota Supreme Court Chemical Dependency Task Force

Amended Order

STATE OF MINNESOTA

IN SUPREME COURT

ADM-05-8002

ORDER ESTABLISHING THE MINNESOTA SUPREME COURT CHEMICAL DEPENDENCY TASK FORCE

WHEREAS, persons who suffer from alcohol and other drug (AOD) addiction and dependency represent a pervasive and growing challenge for Minnesota's judicial branch, and in particular its criminal justice system;

WHEREAS, the problem and impact of AOD dependency is not confined to any one case type or group of case types, but pervades all case types in the judicial branch;

WHEREAS, in recent years alternative and demonstrably more effective judicial approaches for dealing with AOD-dependent persons, particularly criminal offenders, have evolved both in Minnesota and other states;

WHEREAS, increasing resources exist at both the state and national level to support the development of such alternative approaches;

WHEREAS, Minnesota courts would benefit from a more deliberate and coordinated effort to investigate the current extent of the problem of AOD-dependent

persons who come into the courts, and to assess available strategies and approaches for addressing that problem;

WHEREAS, on November 30, 2004, the Conference of Chief Judges unanimously voted to recommend that this Court establish a task force charged with exploring the problem of chemical dependency and identifying potential approaches and resources for addressing that problem.

NOW, THEREFORE, IT IS HEREBY ORDERED that the Minnesota Supreme Court Chemical Dependency Task Force is established.

IT IS FURTHER ORDERED that the Task Force shall**:**

1. Conduct background research on specific issues concerning AOD-dependent persons, and particularly AOD-related offenders, including:

    a. The current extent of the problem of AOD-dependent persons, and particularly AOD offenders, in the Minnesota judicial branch;
    b. The cost(s) of the problem and benefit(s) of proposed solutions;
    c. Identification and assessment of current judicial strategies to address the problem of AOD-dependent persons, and particularly AOD offenders, both in Minnesota and other states;
    d. Determination of the current and potential effectiveness of drug courts and other alternative approaches in Minnesota.

2. Conduct an inventory of current multi-agency, state-level AOD efforts in Minnesota as well as in other states, including:

    a. Identification of promising practices;
    b. Identification of gaps and redundancies.

3. Identify and recommend approaches, solutions, and opportunities for collaboration.

IT IS FURTHER ORDERED that the Task Force shall submit two (2) reports to the Supreme Court, which will include the results of its research and its recommendations

for optimal development of alternative judicial approaches for dealing with AOD-dependent persons who come in to the Minnesota judicial branch. An initial report focusing specifically on AOD-related criminal and juvenile offenders shall be submitted by January 1, 2006; and a Final Report focusing on the overall impact of AOD dependency across all case types shall be submitted by September 30, 2006.

IT IS FURTHER ORDERED that the Honorable Joanne Smith is appointed Task Force Chair; and the Honorable Gary Schurrer is appointed Task Force Vice Chair.

IT IS FURTHER ORDERED that the following persons are appointed as members of the Task Force:

Honorable Joanne Smith, Ramsey County, Chair
Honorable Gary Schurrer, Washington County, Vice-Chair
Jim Backstrom, Dakota County Attorney
Lynda Boudreau, Deputy Commissioner, Minnesota Department of Human Services
Chris Bray, Assistant Commissioner, Minnesota Department of Corrections
Mary Ellison, Deputy Commissioner, Minnesota Department of Public Safety
Jim Frank, Sheriff, Washington County
John Harrington, Chief, St. Paul Police
Pat Hass, Director, Pine County Health and Human Services
Brian Jones, Assistant District Administrator, First Judicial District
Fred LaFleur, Director, Hennepin County Community Corrections
Honorable Gary Larson, Hennepin County
Bob Olander, Human Services Area Manager, Hennepin County
Shane Price, Director, African American Men's Project
Honorable Robert Rancourt, Chisago County
Senator Jane Ranum, Minnesota Senate
Commissioner Terry Sluss, Crow Wing County
Representative Steve Smith, Minnesota House of Representatives
John Stuart, State Public Defender
Kathy Swanson, Director, Office of Traffic Safety, Minnesota Dept. of Public Safety
Honorable Paul Widick, Stearns County

Associate Justice Helen Meyer (Supreme Court Liaison)

IT IS FURTHER ORDERED that Task Force vacancies shall be filled by Order of this Court.

IT IS FURTHER ORDERED that staff for the Task Force shall be provided by the Court Services Division of the State Court Administrator's Office.

DATE: March 16, 2005

BY THE COURT:

/S/
Kathleen A. Blatz
Chief Justice

STATE OF MINNESOTA

IN SUPREME COURT

ADM-05-8002

AMENDED ORDER ESTABLISHING THE MINNESOTA SUPREME COURT CHEMICAL DEPENDENCY TASK FORCE

On March 16, 2005 this Court issued an Order establishing the Minnesota Supreme Court Chemical Dependency Task Force to:

1. Conduct background research on specific issues concerning Alcohol and Other Drug (AOD)-dependent persons, and particularly AOD-related offenders, including:
   a. The current extent of the problem of AOD-dependent persons, and particularly AOD offenders, in the Minnesota judicial branch;
   b. The cost(s) of the problem and benefit(s) of proposed solutions;
   c. Identification and assessment of current judicial strategies to address the problem of AOD-dependent persons, and particularly AOD offenders, both in Minnesota and other states;
   d. Determination of the current and potential effectiveness of drug courts and other alternative approaches in Minnesota.

2. Conduct an inventory of current multi-agency, state-level AOD efforts in Minnesota as well as in other states, including:
   a. Identification of promising practices;
   b. Identification of gaps and redundancies.

3. Identify and recommend approaches, solutions, and opportunities for collaboration.

NOW, IT IS HEREBY ORDERED that:

1. The membership of the Chemical Dependency Task Force is amended to include Wes Kooistra, Assistant Commissioner for Chemical and Mental Health Services, Minnesota Department of Human Services.

2. The membership of the Chemical Dependency Task Force is amended to provide that Lynda Boudreau continue on the Task Force in her new capacity as Deputy Commissioner of the Minnesota Department of Health.

3. The membership of the Chemical Dependency Task Force is amended to remove Fred LaFleur, Director of Hennepin County Community Corrections, pursuant to his request to withdraw from the Task Force.

4. The Task Force reporting schedule and reporting structure are amended to provide that the Task Force shall submit two (2) reports to both the Supreme Court and the Judicial Council, which will include the results of its research and its recommendations for optimal development of alternative judicial approaches for dealing with AOD-dependent persons who come in to the Minnesota judicial branch. An initial report focusing specifically on AOD-related criminal and juvenile offenders shall be submitted by February 3, 2006; and a Final Report focusing on the overall impact of AOD dependency across all case types shall be submitted by September 30, 2006.

DATED: December 13, 2005

BY THE COURT:

/S/_____
Kathleen A. Blatz

Chief Justice

STATE OF MINNESOTA
IN SUPREME COURT

ADM-05-8002

AMENDED ORDER

In Re The Minnesota Supreme Court
Chemical Dependency Task Force

IT IS HEREBY ORDERED THAT:

1. The membership of the Chemical Dependency Task Force is amended to identify Jim Frank as retired Sheriff of Washington County and Chris Bray as Deputy Director of Washington County Community Corrections; and

2. The Task Force reporting schedule and reporting structure are amended to provide that a Final Report focusing on the overall impact of AOD dependency across all case types shall be submitted by November 17, 2006.

DATED: November 15, 2006

BY THE COURT:

_____

Russell A. Anderson
Chief Justice

APPENDIX B

The Ten Key Components of Drug Courts[26]

DEFINING DRUG COURTS: THE KEY COMPONENTS

Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.

Key Component #4: Drug courts provide access to a continuum of alcohol, other drug and related treatment and rehabilitation services.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.

Key Component #6: A coordinated strategy governs drug court responses to participants' compliance.

Key Component #7: Ongoing judicial interaction with each drug court participant is essential.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

[26] DRUG CT. PROGRAM OFFICE, U.S. DEP'T OF JUSTICE, DEFINING DRUG COURTS: THE KEY COMPONENTS (Jan. 1997), *available at* http://www.nadcp.org/docs/dkeypdf.pdf.

APPENDIX C

Problem-Solving Courts in Minnesota

PROBLEM-SOLVING COURTS IN MINNESOTA

There are currently twenty-one drug courts (twelve adult, four juvenile, two DWI, two family dependency, and one multi-county) operating in seventeen counties in Minnesota:

- Blue Earth (1 – Adult)
- Chisago (1 – Juvenile)
- Dakota (2 – Juvenile and Family)
- Watonwan (1 – Adult)
- Crow Wing (1 – Adult)
- Cass County (1 – DWI/Wellness)
- Aitkin (1 – Adult)
- St. Louis-North (1 – Adult)
- Dodge (2 – Adult and Juvenile)
- Hennepin (1 – Adult)
- Koochiching (1-Adult DWI Hybrid)
- Ramsey (3 – Juvenile, Adult and DWI)
- St. Louis (1 – Adult)
- Stearns (2 – Adult and Family)
- Wabasha (1 – Adult)
- Faribault, Martin, Jackson (1 - Multi-County)

Many additional courts in Minnesota have expressed interest in drug courts as a result of the leadership of the Office of Justice Programs (OJP) in the Department of Public Safety, the State Court Administrator's Office (SCAO), and drug court team members across the state. The following counties are planning drug courts:

- Itasca (Adult)
- Kandiyohi (Adult)
- Hennepin (Adult DWI)
- Beltrami (DWI)
- Morrison (Adult)
- Clay County (Adult)
- Lake of the Woods (Adult DWI)
- Koochiching (Family)
- Brown, Nicollet, Watonwan (Multi-County)
- Becker County (Adult)
- Otter Tail County (Adult)

In addition to drug courts there are also truancy courts, mental health courts, and community courts in Minnesota that embrace the problem-solving approach. These counties are:

- Ramsey (mental health court, community court)
- Hennepin (mental health court, community court)
- Blue Earth (truancy court)

APPENDIX D

Mental Health Disorders and Drug Use

Individuals with certain mental health disorders may be more likely to use certain types of drugs. The following table summarizes the research findings in this area:[27]

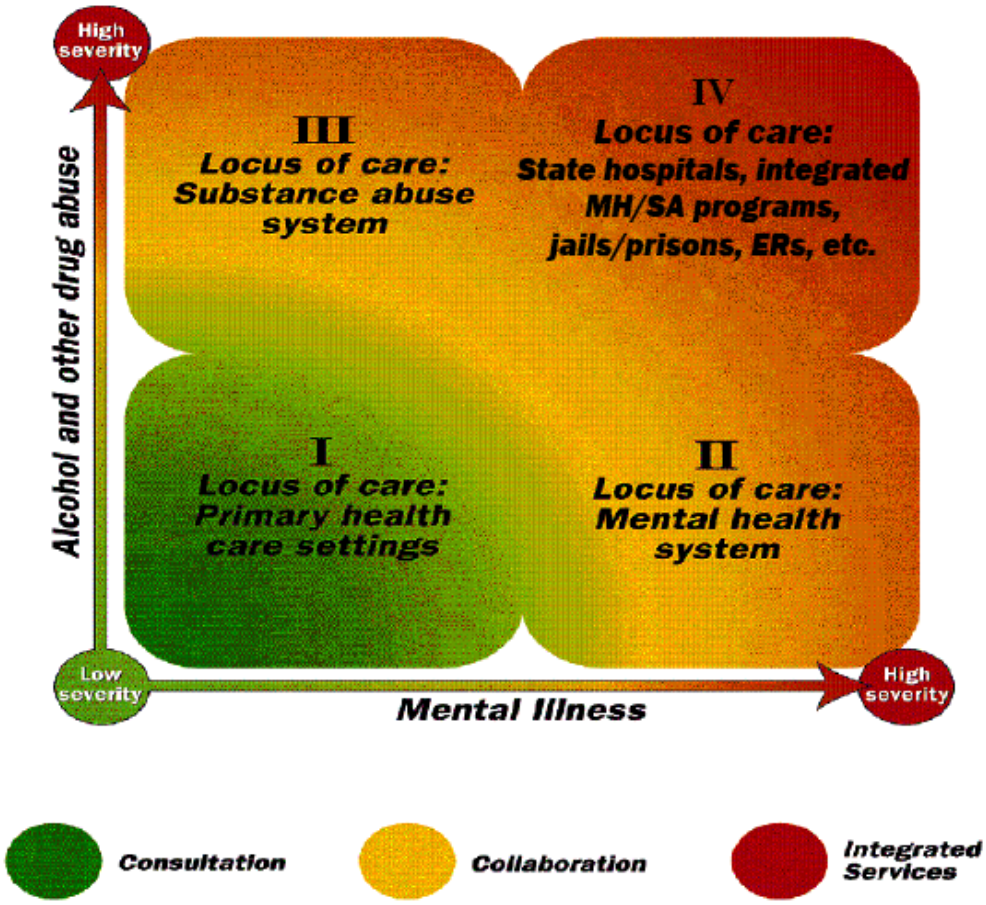
MENTAL DISORDER	TYPE OF MENTAL DISORDERS	SUBSTANCE OF USE
Schizophrenia	Catatonic; Disorganized; Paranoid; Undifferentiated; Residual	Poly-substance use; Alcohol and marijuana most common; rarely abuse opiates and sedative-hypnotics
Delusional Disorder	Erotomanic; Grandiose; Jealous; Persecutory; Somatic	Excessive use is rare
Mood Disorders	Bipolar (Mixed, Manic, Depressed); Cyclothymia; Major Depression (single and recurrent); Dysthymia	Poly-substance use; Alcohol and stimulants for Mania; Heavy use of alcohol and depressant drugs for Depressed.
Anxiety Disorder	Panic disorder; Social phobia; Obsessive Compulsive disorder; Generalized Anxiety disorder; Post-Traumatic Stress Disorder	Some preference for alcohol and other sedative-hypnotics; may use cocaine
Adjustment Disorder	With anxious mood; with depressed mood; with disturbance of conduct; mixed; with physical complaints; with withdrawal; with work (academic) inhibition	Preference for alcohol and prescriptive drugs
Personality Disorders	Antisocial; Borderline: Passive Aggressive; Paranoid; Schizoid; Schizotypal; Histrionic; Narcissistic; Obsessive Compulsive; Avoidant; Dependent	Antisocial: all and any type of drugs; Borderline: variety of drugs and prescriptive medications, sedatives and antidepressants; Passive Aggressive: alcohol and sedative/hypnotics

[27] Dr. Larry Anderson, Psychologist, Testimony to the Task Force, Dual Diagnosis Issues: Understanding the Concept (April 28, 2006).

APPENDIX E

Quadrants of Care for Co-Occurring Disorders

The Quadrants of Care, below, was developed by AOD treatment experts to help conceptualize COD treatment and encourage more integration in delivery of services.



(National Association of State Mental Health Program Directors [NASMHPD] and National Association of State Alcohol and Drug Abuse Directors [NASADAD] 1999)

APPENDIX F

Suggested requirements for a trauma-informed system of care[28]

1. Administrative commitment to change. Leaders must make a commitment to integrate knowledge about violence and abuse into the service delivery practices of the organization(s).
2. Universal screening. Asking about violence in an initial interaction with a participant/client begins the process of institutionalizing trauma awareness within an organization.
3. Training and education. A trauma survivor may interact with dozens of staff members before sitting down with a clinician who is trained to provide trauma-specific services. Therefore, even a brief general training for all staff is a first step toward providing a less frightening atmosphere for participants/clients who have been traumatized.
4. Hiring practices. When hiring new staff, organizations should ideally focus on candidates that already have an understanding of trauma and the trauma-informed approach.
5. Review of policies and procedures. Some traditional policies or sanctions may be hurtful to trauma survivors.

[28] Maxine Harris & Roger D. Fallot, *Envisioning a Trauma-Informed Service System: A Vital Paradigm Shift, in* USING TRAUMA THEORY TO DESIGN SERVICE SYSTEMS 3, 5-9 (Maxine Harris & Roger D. Fallot eds., Jossey-Bass 2001).

APPENDIX G

Promising models for female participants in drug court

The drug courts in Kalamazoo, Michigan and Santa Clara County, California responded to the unique needs of female participants by creating separate courts for men and women. The courts have observed that its female participants are more comfortable in an all-female setting. For example, they are more inclined to offer personal thoughts and feelings in the courtroom, allowing the judge to use this information to help the women succeed. Further, the separate courts have fostered positive relationships between the female participants.[29]

The Brooklyn Treatment Court modified its intake process by hiring a psychiatric nurse to better identify women with mental health problems. Brooklyn also placed as many services as possible at the courthouse, including employment services, legal services, medical treatment (there is actually an on-site health clinic), and psychiatric evaluations. This "one-stop-shop" approach reduces delays for participants in accessing needed services, which has been shown to facilitate recovery. Because the chance at reunification with participants' children can play a crucial role in the later stages of the recovery process, case managers help to coordinate the requirements of drug court and child welfare. This service has aided mothers who would otherwise face conflicts between child visitation schedules and mandatory court appearances in two separate systems.[30, 31]

[29] Laura D'Angelo, *Women and Addiction: Challenges for Drug Court Practitioners*, 23 JUST. SYS. J. 385, 386 (2002).
[30] For further information see the section of this report on the child protection system.
[31] D'Angelo, *supra* note 226, at 392-397.

APPENDIX H

Practical Ideas of Sanctions for Women in Drug Courts

- Depending on criminal record, they could volunteer in their child(ren)'s school, otherwise volunteer somewhere that relates to their lives.
- Attend family therapy.
- Attend parenting classes.
- Volunteer with Habitat for Humanity.
- Work with an adult mentoring program - connect with agencies that can provide mentorship.
- Work with GED or other education/job program.
- Short, constructive community service jobs like 16 hours working at the library where they can bring their children.
- Verbal warnings and admonishments by the court.
- Reassessment for level of treatment care.
- Written papers targeting specific violations.
- Relapse workbook assignments.
- Increased community support group attendance.
- Housing change.
- Increased supervision.
- Increase number of required court appearances.
- Specific service projects – knitting/crocheting for women's advocates.
- Return to earlier program phase requirements.
- Geographic restrictions.
- Restorative (or Social) Justice Projects.
- Electronic monitoring.
- Correctional halfway house placement.
- Small monetary sanctions.
- Incremental jail sentences (1, 3, 5 days).
- Community service at local churches – these places usually have childcare options.
- Try lecture/speaking requirements in other local programs, teen groups.
- Use writing – having a woman put her perspective of the violation down and present her plan for resolution helps make both concrete.
- Use psychological assignments and reports to the court (e.g., Act "As If…" a woman addresses a problem in her life by acting as if she were the opposite. Instead of being told to be sober, she could be encouraged to act as if she didn't have a drug problem for a short period of time and then report to the court what that experience was like).
- Use community service vehicle for accessing services and creating a relationship for the woman.
- Chemical dependency treatment must always be considered, but sober housing should also be considered along with treatment.

APPENDIX I

Principles of AOD treatment for Criminal Justice Populations

Effective treatment interventions for offenders with AOD problems include the following elements in common:

- Treatment in the community.
- Opportunity to avoid a criminal record or incarceration.
- Close supervision.
- Certain and immediate consequences.[32]

Principles of AOD treatment for Criminal Justice Populations, based on a review of the scientific literature on AOD treatment and criminal behavior by the National Institute on Drug Abuse (NIDA):[33]

1. AOD dependence is a brain disease that affects behavior.
2. Recovery from AOD problems requires effective treatment, followed by management of the problem over time.
3. Treatment must last long enough to produce stable behavioral changes.
4. Assessment is the first step in treatment.
5. Tailoring services to fit the needs of the individual is an important part of effective AOD treatment for criminal justice populations.
6. Alcohol or other drug use during treatment should be closely monitored.
7. Treatment should target factors that are associated with criminal behavior.
8. Criminal justice supervision should incorporate treatment planning for offenders with AOD problems, and treatment providers should be aware of correctional supervision requirements.
9. Continuity of care is essential for offenders with AOD problems who are re-entering the community.
10. A balance of rewards and sanctions encourages prosocial behavior and treatment participation.
11. Offenders with co-occurring AOD and mental health problems often require an integrated treatment approach.
12. Medications are an important part of treatment for many offenders with AOD dependency.
13. Treatment planning for offenders with AOD problems who are re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis.

[32] Marlowe, *supra* note 171, at 8.

[33] NAT'L INST. ON DRUG ABUSE, U.S. DEP'T OF HEALTH & HUMAN SERVICES, PRINCIPLES OF DRUG ABUSE TREATMENT FOR CRIMINAL JUSTICE POPULATIONS: A RESEARCH BASED GUIDE 2-5 (2006).

APPENDIX J

RESEARCH REGARDING AOD TREATMENT FOR ADOLESCENTS IN THE JUVENILE JUSTICE SYSTEM

There has been substantial research examining young people in the juvenile justice system and exploring appropriate treatment interventions. The following are the key elements that researchers have identified as necessary for positive outcomes working with youth offenders.[34]

1. Using treatment models that have been found to be effective for juvenile offenders based on research and evaluation. Review of extensive research has shown the effectiveness of cognitive behavioral approaches which focus on problem-solving, anger control, communication, moral reasoning, restructuring criminal thinking, developing conflict resolution strategies, and coping with drug cravings. Further, programming should provide comprehensive services that address all related factors that influence an adolescent's AOD use and criminal activity.
2. Screening via a comprehensive assessment that evaluates the youth's risks, needs, strengths, and motivation, and which matches the youth to appropriate treatment.
3. Developing an individualized treatment plan based on the youth's needs, including age, culture, and gender.
4. Providing overarching case management across systems and over time.
5. Involving family in all aspects of the youth's treatment.
6. Structuring a system of care that encompasses a youth's transformation from institutions to community, and that offers a range of AOD services from prevention to intervention to treatment to continuing care.
7. Building support for treatment efforts in institutions, and in communities.
8. Developing interagency collaboration that involves the community, creates partnerships between the juvenile justice and treatment providers, and builds coalitions with diverse constituencies.
9. Providing interdisciplinary cross-training to staff.
10. Taking special care with the recruitment, selection, evaluation, and retention of staff, and ensuring that programs have diverse, certified, and licensed staff.
11. Building evaluation into the program design, conducting ongoing evaluation, measuring outcomes, and disseminating information.
12. Implementing a Management Information System that can be used to share information.
13. Using resources effectively, including conducting cost-benefit analyses of treatment programs, identifying resources for piloting new programs, and institutionalizing proven programs.

[34] CENTER FOR SUBSTANCE ABUSE TREATMENT, U.S. DEP'T OF HEALTH & HUMAN SERVICES, STRATEGIES FOR INTEGRATING SUBSTANCE ABUSE TREATMENT AND THE JUVENILE JUSTICE SYSTEM: A PRACTICE GUIDE 6, 14 (1999).

14. Incorporating strategic planning at all points of program development and implementation.