



Hennepin County Chemical Dependency Task Force

Final Recommendations for Adult Drug and DWI Offenses

Hennepin County Chemical Dependency Task Force

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Introduction

Alcohol and other drug (AOD) use costs Hennepin County and the state of Minnesota millions of dollars every year¹. AOD use frequently leads to involvement with the criminal justice system through driving while intoxicated (DWI) offenses, drug offenses and juvenile crime. The Minnesota Supreme Court recognized these issues and convened a Chemical Dependency Task Force, which issued an initial report with statewide recommendations in February 2006².

Responding to the statewide examination of how the criminal justice system works with alcohol and other drug offenders, the Hennepin County Joint Committee on Community Corrections (joint board/bench) established the Hennepin County Chemical Dependency Task Force (CDTF) in March 2006. The goal of the task force was to redesign chemical health intervention practices in the Hennepin County criminal justice system so they are better coordinated, based on evidence-based principles, and cost-effective. Hennepin County Fourth Judicial District Chief Judge Lucy Wieland and Fred La Fleur, Director of Hennepin County Community Corrections, co-chaired the task force. The CDTF charter and charters for each of the subcommittees are included in Appendix B.

The CDTF convened three subcommittees – Adult Drug/Drug Court Subcommittee, DWI Subcommittee and Juvenile Alcohol and Other Drug Subcommittee. This report covers the work and recommendations of the adult drug and DWI groups³. Each subcommittee included representatives from the bench, court administration, prosecution, community corrections, public defender and human services. The subcommittees reviewed research and evidence-based practices and then formulated recommendations to improve the functioning of the Hennepin County criminal justice system. A summary of the process and research that led to the recommendations is included in Appendix C.

¹ See Appendix A: Persons with Alcohol and Other Drug Problems in Hennepin County Systems

² Minnesota Supreme Court Chemical Dependency Task Force, Initial Report on Adult and Juvenile Alcohol and Other Drug Offenders. February 3, 2006 ADM-05-8002.

³ Recommendations from the Juvenile Subcommittee will be completed in early 2007.

Recommendations for adult drug offenses and Drug Court

The Hennepin County Drug Court was established in 1996. By 2005, the Drug Court was handling more than 1,700 felony drug offenses annually with more than 4,000 drug court offenders on probation. The Drug Court functioned as a drug court⁴ and also as a case management system handling all felony drug charges in Hennepin County without regard to offender need or risk.

⁴ Drug courts are a problem-solving approach that uses the power of the court to closely monitor the defendant's progress toward sobriety and recovery through ongoing treatment, frequent drug testing, regular court appearances and the use of sanctions and incentives to foster behavior change.

Criminal justice system leaders developed the following principles to guide the recommendations for adult drug offenses and Drug Court.

- Drug court should be post-adjudication – this principle recognizes that offenders should not be required to waive their due process rights to participate in Drug Court.
- Drug court needs to follow the national best practices for drug courts.
- Drug court should not be restricted to people only with drug offenses. Eligibility should be based on offender risk and need so that intensive services are provided to those offenders who most need them.

Drug court recommendations

1. Create a “new” drug court that is much smaller and post-adjudication. Eligibility for the “new” drug court will be limited to individuals who are at high risk to re-offend and diagnosed with chemical dependency. See Appendix D for a complete list of drug court eligibility criteria.
2. The “new” drug court should follow national and state standards including the 10 key components of drug court and be consistent with evidence-based practices⁵.
3. Outcome evaluation will be conducted for drug court participants, looking at recidivism, sobriety and community functioning (housing, education and employment).

⁵ See Defining Drug Courts: The Ten Key components at <http://www.nadcp.org/docs/dkeypdf.pdf>

Case management recommendations for drug offenses

1. The court process for drug offenders should be similar to the process for other felony offenders.
2. Lower level drug offenses (third, fourth and fifth degree) will be heard in a new Property and Drug Calendar (PDC). More serious first and second degree drug offenses will be heard in the Criminal Block Calendar.
3. Develop a tool to assess offender risk and need that can be used to identify appropriate supervision options. This triage tool will be administered at the request of any party during the adjudication process.
4. The supervision options for drug offenders will be based on offender risk and need. See Appendix E.

DWI recommendations

More than 7,500 DWI offenses were charged in Hennepin County in 2005. DWI offenders also command many probation resources with almost 12,000 DWI offenders on probation at the end of 2005.

The following principles guided the development of DWI recommendations:

- Focus greater resources where there is greater risk to to reoffend.
- Create a standardized protocol for dealing with DWIs.
- Assess repeat offenders before sentencing so the judge can sentence to appropriate probation conditions.
- Align education and treatment services with evidence-based practices.
- Ensure alcohol problem assessments meet statutory requirements.

Misdemeanors with a blood alcohol content less than 0.16⁶

All misdemeanor offenders with a blood alcohol content (BAC) less than .16 should be sentenced to attend a standardized Hennepin County one-day program that includes an individual alcohol assessment, victim impact panel and alcohol education. The program will be run by a community-based agency and with probation oversight. The offender will pay a program fee that covers the cost of the program and assessment. After completing the required program, the offender will be placed on administrative probation.

Gross misdemeanors and misdemeanors with a blood alcohol content greater than 0.16⁷

An alcohol problem assessment using a standardized assessment tool will be conducted by a probation officer after a plea has been entered and prior to sentencing. Graduated programming will be available to meet the needs of the offender. Programming options from least to most intensive may include:

1. Attend the Hennepin County one-day program
2. Cognitive behavior therapy groups with different levels of intensity, possibly using the Driving with Care⁸ curriculum
3. CD evaluation, treatment and aftercare

⁶ There were 4,227 DWI misdemeanors in 2005.

⁷ There were 3,168 DWI gross misdemeanors in 2005.

⁸ Wanberg K., Milkman H., Timken S., Driving With Care: Education and Treatment of the Impaired Driving Offender - Strategies for Responsible Living: Sage Publications, 2004.

⁹ Ignition interlock is an electronic device that is attached to the ignition system of the DWI offender's car. It requires the offender to blow into a mouthpiece prior to starting the car. If the offender's BAC is above .03 the car will not start.

¹⁰See National Highway Traffic Safety Administration Strategies for Addressing the DWI Offender: 10 Promising Sentencing Practices March 2005.

¹¹Ibid.

¹²There were 137 DWI felonies in 2005.

4. Intensive DWI supervision that could include:
 - Secure Remote Alcohol Monitoring (SCRAM)
 - Ignition interlock⁹
 - Staggered sentencing¹⁰

5. DWI Court¹¹

Felonies¹²

An alcohol problem assessment will be conducted by a probation officer as part of a full pre-sentence investigation (PSI) after a plea has been entered and prior to sentencing. The probation officer will make a recommendation for programming and probation conditions to the judge prior to sentencing.

If not sentenced to prison then graduated programming will be available to meet the needs of the offender. Programming options may include:

1. Cognitive behavior therapy groups with different levels of intensity, possibly using the Driving with Care curriculum
2. CD treatment and aftercare
3. Intensive DWI supervision that could include:
 - SCRAM
 - Ignition interlock
 - Staggered sentencing
4. DWI Court

DWI Court

The subcommittee supported the establishment of a pilot DWI Court in Minneapolis. The DWI Court will be post-adjudication and follow national best practices for DWI courts. As a pilot program, the DWI Court will serve offenders charged with gross misdemeanor or felony DWI in Minneapolis. The pilot DWI Court is expected to serve 140 offenders annually. Pending the results of the pilot program the DWI Court may be expanded to serve the entire county.

Conclusion

The CD Task Force recommendations for drug court and DWI were approved by the Joint Board/Bench Committee and the Fourth Judicial District Executive Committee in the fall of 2006. Implementation of the recommended changes to the criminal justice system will be completed by June 2007.

Appendix A:

Persons with alcohol and other drug problems in Hennepin County systems

The effect of chemical dependency (CD) on Hennepin County systems is astounding. In addition to the more than \$23 million in public dollars spent on treating residents for CD issues, county systems also commit significant staff resources to the problem.

Key cost drivers include:

- 28,000 individuals booked into the Hennepin County Adult Detention Center in 2003 – representing more than 70 percent of all bookings – had alcohol or drugs in their system; 6,368 were charged with a drug or alcohol-related offense.
- 14,550 individuals were arrested on drug or alcohol-related offenses in 2005.
- 36,022 urinalysis (UA) tests were completed in both Juvenile and Adult Corrections in 2005.
- 11,783 DWI and 3,451 drug offenders were on probation on the last day of 2005.
- 10,656 people from Hennepin County were admitted to 190 different CD treatment programs in 2004. For 2,983 of these individuals admission to treatment was imposed by the court as an alternative to jail or as a condition of probation or parole.
- There were 9,548 admissions to detox in Hennepin County in 2005.
- 2,820 DWI and 824 drug offenders were incarcerated at the Hennepin County Adult Correctional Facility (ACF) in 2005, representing half of all commitments to the ACF that year.
- Of the 1,698 adult felony filings for drug sale or possession in Fourth Judicial District Court in 2005, 1,447 cases were disposed without a trial, 36 were resolved by court trial and five by jury trial.
- At least 1,428 juveniles with at least one drug or alcohol-related charge were supervised by Juvenile Probation in 2005.
- Each year more than 1,500 chemically-dependent individuals released from Minnesota's prison system will return to Hennepin County.
- The number of individuals incarcerated in Minnesota prisons for drug-related offenses grew by more than 1,000 percent – from 173 people in 1989 to 2,178 individuals in 2005.

This information was prepared by:

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[^] Dependence and abuse definitions are based on criteria included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 1994).

[†] Any illicit drug includes marijuana/ hashish, cocaine (including crack), heroin, hallucinogens, inhalants or any prescription-type psychotherapeutic used non-medically.

[‡] Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days.

An estimated 21.6 million persons, or 9.1 percent of the nation's total population, were classified as having a substance dependence or abuse issue in 2003.[^] That year, there were 1.84 million substance abuse treatment admissions across the nation – an increase of almost 14 percent from 1993.²

In Minnesota in 2003 an estimated 441,000 persons 12 years of age or older (approximately 9 percent of the population) abused or were dependent on[†] alcohol or an illicit drug.³

Many residents in Hennepin County have significant drug or alcohol use issues.

- Approximately 7.5 percent of persons 12 years of age or older (or 70,000) used illicit drugs[†] in the last month.⁴
- Approximately 22 percent of persons 12 years of age or older (more than 200,000) engaged in binge alcohol use[‡] in the last month.⁵

Residents with alcohol or drug (AOD) issues may interact with Hennepin County criminal justice and social service systems. The Minnesota Supreme Court is increasingly focused on persons who suffer from alcohol and other drug problems and come through the court system. Hennepin County is also taking a harder look at the effects AOD problems have on the well-being of residents and on county systems through the formation of a Chemical Dependency Task Force.

AOD offenders in the criminal justice system

A number of respondents to the 2002 Minnesota Crime Survey linked drug use to crime.⁶ One person stated, "I feel that a significant factor to the amount of crime we have is due to drug usage." Offenders with AOD issues interact with Hennepin County's criminal justice system in a number of ways including:

Offenses and arrests

- In 2004 there were 5,739 narcotics arrests in Hennepin County.⁷ The majority of these – 2,700 – were for marijuana. Other significant drug types included 1,892 arrests for cocaine or opium. Eighty-four percent of those arrested were male.
- In 2004 there were 5,737 driving-under-the-influence offenses and 3,074 liquor law offenses. Liquor law offenses include furnishing liquor to a minor. Statewide, 41 percent of those arrested for DWI are repeat offenders.⁸
- Reported narcotic offenses were up 13 percent in Minneapolis in the first two months of 2006. DWI offenses were down 6 percent.⁹

District Court

- In 2005 there were 1,698 adult felony filings for drug sale or possession.¹⁰
- In 2005, 1,447 drug sale or possession cases were disposed without a trial, 36 were resolved by court trial, and five by jury trial.
- In 2005 there were 6,823 DWI cases disposed.
- There were 159 drug-related and 21 alcohol-related offenses committed by juveniles admitted to the Juvenile Detention Center in 2005.

Sheriff's Adult Detention Division (ADD)

- In 2005 there were 2,908 bookings with a drug-related main charge.
- In 2005 there were 3,460 bookings with an alcohol-related main charge.
- In 2003 the National Institute of Justice Arrestee Drug Abuse Monitoring Program (ADAM) measured alcohol and drug use in arrestees in two Hennepin locations, including the Hennepin County ADD.¹¹ They completed 677 interviews, including urine tests on 92 percent of the respondents. Of the respondents:
 - 71.6 percent tested positive for either drugs or alcohol.
 - 66.1 percent tested positive for drugs, including barbiturates, benzodiazepines, cocaine, marijuana, methadone, methamphetamine, opiates, phencyclidine (PCP) or propoxyphene.
 - 48.3 percent tested positive for marijuana; 28.1 percent tested positive for cocaine.
 - 25.5 percent tested positive for multiple types of drugs or alcohol. In 2003 there were approximately 41,000 bookings. Consequently, in more than 10,000 instances the persons booked had multiple types of drugs or alcohol in their system (otherwise known as "poly-drug" use) when entering the jail.
 - 11.5 percent tested positive for alcohol.
 - 33.9 percent were assessed at risk for drug dependence and 30.9 percent were at risk for alcohol dependence.

Hennepin County Community Corrections

- In 2005 there were 2,820 DWI and 824 drug offenders incarcerated at the ACF. This represents almost 50 percent of all commitments (approximately 7,500) to the ACF in 2005.
- In 2005 a total of 36,022 urine analysis (UA) tests were done in both Juvenile and Adult Corrections, at a cost \$179,485.
- On the last day of 2005 there were 11,783 DWI offenders and 3,451 drug offenders on probation, including those on supervised and conditional release.
- In 2005 Juvenile Probation supervised at least 1,428 juveniles with at least one drug or alcohol charge.

Minnesota Department of Corrections

- In 1989 there were 173 drug offenders in state prison. In 2005, there were 2,178, or 25 percent of the total state prison population of 8,708.¹²
- The number of adult drug offenders incarcerated in state prisons has increased 18 percent per year since 1989.
- 52 percent of all drug offenders were committed on a methamphetamine-related (meth) charge; 21 percent on a crack-related charge.
- 71 percent of the meth offenders have a non-metro county of commitment. Two-thirds of the crack offenders have a metro area county of commitment.
- Crack offenders have the highest rate of previous incarceration at 40 percent.
- 90 percent of the offender population abuses or is dependent on drugs or alcohol; 25 percent of the male population and 40 percent of the female population is on psychiatric medication.¹³
- In 2005 there were 7,126 releases^o from the state prison system.¹⁴ Hennepin is the county of commitment for 25 percent of all offenders going to the state Department of Corrections (DOC). Given that 90 percent of offenders committed to the state DOC abuse or are dependent on drugs or alcohol, each year more than 1,500 chemically-dependent ex-offenders return to the county from state prisons.

^o This figure includes releases from prison, as well as releases from community programs (i.e., work release) to supervised release. Because offenders can be released from either prison or a community program more than once in a given year, the above figure measures the total number of transitions to a release status, not the total number of individual offenders who exit a prison facility.

Referrals to and characteristics of clients in treatment

Criminal justice and social service systems are a major source of referrals to treatment programs. Nationally in 2003, 36 percent of referrals for treatment came from criminal justice agencies.¹⁵ The characteristics of clients admitted to treatment in Minnesota are tracked by the Drug and Alcohol Abuse Normative Evaluation System (DAANES). Findings include:

- In 2004, 10,656 people from Hennepin County were admitted to 190 different CD treatment programs.¹⁶ This was 27 percent of the state total of 39,369 in that same year.
- Sources of referrals to treatment for Hennepin clients included self-referrals (42 percent), county social services/CD services (23.8 percent), court/court services (19.8 percent), and corrections (5.2 percent), in addition to other sources.
- For 28 percent of Hennepin clients (2,983), admission to treatment was imposed instead of a jail sentence or as a condition of probation or parole.
- Characteristics of clients in CD treatment in Hennepin County include:
 - 69.9 percent were male.
 - 6.8 percent were under the age of 18; 14 percent were between the ages of 18 and 24.
 - 5.4 were married or cohabitating.
 - 57.1 percent were white.
 - 60.2 percent were single.
 - 27.8 percent had not finished high school.
 - 26.9 percent were employed full or part-time.
 - 9.3 percent were homeless.
 - 14 percent had three or more lifetime detox admissions.
 - 30.8 percent had three or more CD treatment admissions.

Hennepin County also contracts with two detox programs. There were 9,548 detox admissions in 2005. The average length of stay was 2.4 days.

Costs

High public costs are associated with persons who have AOD problems. Some of these include:

- Total detox cost to the county in 2005 was approximately \$4 million.
- It costs approximately \$30,000 per person, per year to incarcerate addicted AOD offenders. The cost of incarcerating drug offenders in prison, not including local costs, was estimated to be \$45 million in 2004.¹⁷
- The 2006 Hennepin County Public Safety budget is \$219 million. The 2006 Human Services and Public Health budget is \$512 million. Given that 9 percent of the general population and a majority of offenders suffer from AOD abuse or dependency, many of the dollars spent could be tied back to persons with AOD problems.

Treatment costs for many AOD-dependent persons are paid by the Consolidated CD Fund. According to the Minnesota Department of Human Services, the total amount of claims in 2005 under this fund for Hennepin County residents was \$23,194,918. Of that amount, the county's share, or \$8,085,125, was paid through property taxes.¹⁸

Conclusion

A large number of persons with AOD issues enter county criminal justice and social service systems each year. In addition, AOD offenders are becoming a higher percentage of the prison population over time. If you include the costs associated with arrest, jail, corrections and social services, persons with AOD are costing county taxpayers millions of dollars each year. It is time to examine our approach to working with this population to identify opportunities to improve the efficiency and outcomes of the county's work with individuals with AOD issues.

Endnotes

¹ Substance Abuse and Mental Health Services Administration (2004). *Results from the 2003 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-25, DHHS Publication No. SMA 04-3964). Rockville, MD.

² Substance Abuse and Mental Health Services Administration (2004). *The Dasis Report, Trends in Substance Abuse Treatment Admissions: 1993 and 2003*. Retrieved April 4, 2006 from <http://oas.samhsa.gov/2k6/TXtrends/TXtrends.htm>

³ *2003 State Estimates of Substance Use* [Data file] Rockville, MD. Substance Abuse and Mental Health Services Administration.

⁴ *Any Illicit Drug Use in Past Month, Any Illicit Drug Use Other than Marijuana in Past Month, and Cocaine Use in Past Year in Minnesota among Persons Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 1999, 2000, and 2001 NSDUHs* [Data file] Rockville, MD. Substance Abuse and Mental Health Services Administration.

- ⁵ *Alcohol Use in Past Month, Binge Alcohol Use in Past Month, and Perceptions of Great Risk of Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week in Minnesota among Persons Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 1999, 2000, and 2001 NSDUHs*. [Data file] Rockville, MD. Substance Abuse and Mental Health Services Administration.
- ⁶ Minnesota Department of Public Safety, Office of Justice Programs (2003). *Safe at Home: 2002 Minnesota Crime Survey*. St. Paul, MN. Prepared by Gail Carlson.
- ⁷ State of Minnesota Department of Public Safety, *Minnesota Crime Information 2004*. Retrieved April 4, 2006 from <http://www.dps.state.mn.us/bca/cjis/documents/crime2004/mci2004.pdf>
- ⁸ Hazelden Foundation, Butler Center for Research. (December 2005). *Drug Abuse Trends, Minneapolis/St. Paul*. Center City, MN: Falkowski, C. L.
- ⁹ Minneapolis Police Department. Uniform Crime Report Summary (February 2006). Retrieved April 4, 2006 from <http://www.ci.minneapolis.mn.us/police/crime-statistics/ucr/2006/2006-02-28-February-UCR.pdf>
- ¹⁰ *Criminal Statistics, End of the Year 2005*. (2006). [Data File]. Minneapolis MN: Hennepin County District Court Research Division.
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- ¹² Minnesota Department of Corrections. *DOC Background, Drug Offenders in Prison*. (February 2006). Retrieved April 4, 2006 from <http://www.corr.state.mn.us/publications/documents/drugbackgrounder.pdf>
- ¹³ Minnesota Department of Corrections. *Minnesota DOC Overview (Powerpoint)*. (January 2005). Retrieved April 5, 2006 from <http://www.doc.state.mn.us/publications/legislativereports/pdf/DOC%20Overview%20%201-19-05%20FINAL%20.ppt>
- ¹⁴ Minnesota Department of Corrections. Adult Inmate Profile as of 1/1/2006. Retrieved on April 5, 2006 from http://www.corr.state.mn.us/aboutdoc/stats/documents/January2006ProfileCard_final.pdf
- ¹⁵ *Substance Abuse and Mental Health Services Administration (2004). The Dasis Report, Trends in Substance Abuse Treatment Admissions: 1993 and 2003*. Retrieved April 4, 2006 from <http://oas.samhsa.gov/2k6/TXtrends/TXtrends.htm>
- ¹⁶ *DAANES Client Intake Summary, 1/1/2004 – 12/31/2004*. (April 5, 2006). St. Paul, Minnesota. Minnesota Department of Human Services, PM & QI Division.
- ¹⁷ Minnesota State Court Administrator's Office, Court Services Division. *Minnesota Supreme Court Chemical Dependency Task Force Initial Report (Draft)*. (February 2006). St. Paul, MN.
- ¹⁸ Minnesota Department of Human Services. (April 2006). E-mail message to Peg Murphy, Hennepin County HSPHD and Jerry Driessen, CJCC.

Appendix B:

Chemical Dependency Task Force and Subcommittee charters

Joint Board/Bench Chemical Dependency Task Force Task Force Charter

Mission/purpose

Increase public safety by providing effective responses to people with alcohol and other drug (AOD) involvement in the criminal justice system by redesigning chemical health intervention practices in Hennepin County so they are:

- Based on effective evidence-based principles
- Better coordinated
- Cost-effective

Project goal

Examine court and county role in dealing with alcohol and drug offenses throughout the criminal justice system in Hennepin County.

In particular, develop effective practices for AOD offenders, including when and how to use a corrections response and ensure that when a corrections response is used, it is an effective intervention consistent with evidence-based practices.

Specific objectives

1. Develop and agree upon successful outcome indicators.
2. Adopt principles for effective intervention (consistent with evidence-based practices), including process for assessing risk levels and targeting interventions to specific risks.
3. Evaluate effectiveness of current programming.
4. Identify re-engineering opportunities.
5. Endorse recommendations for systems reform to go to the Joint Board/Bench Committee

Time frame

Workplan and milestones

- For DWI and adult drug completed by July 1, 2006
- For juveniles completed by September 1, 2006

Draft recommendations

- For adult drug completed by October 1, 2006
- For DWI completed by November 1, 2006
- For juveniles completed by February 1, 2007

Final recommendations

- For adults completed by January 1, 2007
- For juveniles by March 1, 2007

Decision-making authority

Make recommendations to the Joint Board/Bench Committee.

Boundaries

Recommendations should:

- Be consistent with evidence-based practices (risk-focused).
- Be aligned with the findings of the state Supreme Court Chemical Dependency Task Force.
- Consider how resources from community partners can contribute to the desired outcomes.

Sponsors

Fourth Judicial District Chief Judge Lucy Wieland and Fred La Fleur, director of Hennepin County Department of Community Corrections

Reporting/communication expectations

The following information will be posted to the CD Task Force internet site at www.hennplace.com/cdtaskforce.

- Meeting minutes
- Workplan and milestones posted
- Meeting dates and agendas

The CD Task Force will report to board/bench quarterly.

Members/consultants

Co-chairs

Chief Judge Lucy Wieland
Gothriel La Fleur, director, Hennepin County Community Corrections

Members

Commissioner Linda Koblick
Judge Gary Larson
Judge Tanya Bransford
Judge John Holahan
Leonardo Castro, Public Defender
Peter Cahill, County Attorney's Office
Dana Banwer, City Attorney's Office
Robert Olander, Human Services and Public Health Department
Robert Roeglin, Community Corrections
Marcy Podkopacz, District Court
Peg Murphy, Human Services and Public Health Department
Chris Owens, Corrections
Gwen Carlson, Human Services and Public Health Department

Resources

Coordinator three days/week – Jennifer Schuster Jaeger
Drug Court assessment done by Ed Latessa
Project resources available as needed for things like process mapping, data work, etc.
Evidence-based practices manual from NIC

Adult Drug Subcommittee of the CD Task Force Work Group Charter

Mission/purpose

Increase public safety by providing effective responses to people with AOD involvement in the criminal justice system. Redesign intervention practices in Hennepin County so they are:

- Based on effective evidence-based principles
- Better coordinated
- Cost-effective

Project goal

Examine court and county role in dealing with adults with felony drug offenses throughout the criminal justice system in Hennepin County and create recommendations to improve the system for CD Task Force action.

Specific objectives

1. Develop and agree upon successful outcome indicators for the drug court system related to recidivism.
2. Adopt principles for effective intervention consistent with evidence-based practices, including process for assessing risk levels and targeting interventions to specific risks, including individuals with dual diagnosis (mental illness and chemical dependency).
3. Map out current reality – processes, people, flow through the system, recidivism data.
4. Evaluate effectiveness of current drug court system (use results of Latessa drug court assessment). Assess effectiveness of Drug Court programming using evidence-based practices.
5. With respect to Drug Court – create recommendations for clear criteria and protocols for who is in Drug Court, length of stay in Drug Court, graduation from Drug Court, and criteria to evaluate success and failure.
6. Develop picture of preferred future.
7. Identify re-engineering opportunities.
8. Create recommendations for CD Task Force action/decision.

Time frame

- Outcome indicators selected by July 1, 2006.
- Current reality picture completed by July 1, 2006.
- Recommendations to CD task force by September 1, 2006.

Decision-making authority

Make recommendations related to adults with drug offenses to the CD task force.

Boundaries

Recommendations should:

- Be consistent with evidence-based practices (risk-focused).
- Be aligned with the findings of the state Supreme Court Chemical Dependency Task Force.
- Consider how resources from non-governmental/community partners can contribute to the desired outcomes.
- Consider system modifications for operated and purchased services.

Sponsors

Judge Lucy Wieland and Fred La Fleur, director, Hennepin County Community Corrections

Reporting/communication expectations

The following information will be posted to www.hennplace.com/cdtaskforce site:

- Meeting minutes
- Workplan and milestones posted
- Meeting dates and agendas
- Final recommendations

Members/consultants

Chairs

Judge Gary Larson, Peg Murphy, Human Services and Public Health

Members

- Pete Cahill (County Attorney)
- Rene Clemenson (Public Defender)
- Keri Zehm (Court)
- Dennis Miller (Community Corrections)
- Roy Peterson (Community Corrections)
- Dana Banwer (City Attorney)
- Judge Lucy Wieland
- New Drug Court coordinator
- Fred La Fleur (Community Corrections)
- Bob Olander (Human Services and Public Health)
- Nancy Skilling (Community Corrections)
- Chris Renz (Suburban Prosecutor Association)

Resources

Drug court assessment from Ed Latessa

Evidence-based practices manual from National Institute of Corrections

DWI Subcommittee of the CD Task Work Group Charter

Mission/purpose

Increase public safety by providing effective responses to people with AOD involvement in the criminal justice system. Redesign intervention practices in Hennepin County so they are:

- Based on effective evidence-based principles
- Better coordinated
- Cost-effective

Project goal

Examine court and county role in dealing with adults with DWI offenses throughout the criminal justice system in Hennepin County and create recommendations to improve the system for CD Task Force action.

Specific objectives

1. Develop and agree upon successful outcome indicators related to recidivism.
2. Conduct literature search on evidence-based practices for the DWI population.
3. Adopt principles for effective intervention (should be consistent with evidence-based practices) including process for assessing risk levels and targeting interventions to specific risks.
4. Map out current reality – processes, people, flow through the system, recidivism data.
5. Assess effectiveness and create inventory of current programs and processes.
6. Assess pros and cons of creating a problem-solving alcohol court.
7. Develop picture of preferred future.
8. Identify re-engineering opportunities.
9. Create recommendations for CD Task Force action/decision.

Time Frame

- Outcome indicators selected by July 1, 2006.
- Current reality picture completed by July 1, 2006.
- Recommendations to CD Task Force by October 1, 2006.

Decision-making authority

Make recommendations related to DWI offenders to the CD Task Force.

Boundaries

Recommendations should:

- Be consistent with evidence-based practices (risk-focused).
- Be aligned with the findings of the State Supreme Court Chemical Dependency Task Force.
- Consider how resources from non-governmental/community partners can contribute to the desired outcomes.
- Consider the National Highway Traffic Safety Administration (NHTSA) 10 promising practices for DWI offenders.
- Ensure recommendations address needed changes for contracted services as well as operated services.

Sponsors

Judge Lucy Wieland and Fred La Fleur, director, Hennepin County Community Corrections

Reporting/communication expectations

The following information will be posted to www.hennplace.com/cdtaskforce site:

- Meeting minutes
- Workplan and milestones posted
- Meeting dates and agendas
- Final recommendations

Members/consultants

Chairs: Judge John Holahan, Bob Roeglin (Community Corrections)

Members

- Leonardo Castro (Public Defender)
- Tom Merkel (Hennepin County Sheriff's Office)
- Deb Eckberg (Court)
- Janice Blackmon (Community Corrections)
- Dana Banwer (Minneapolis City Attorney)
- Nancy Skilling (Community Corrections)
- Kevin McTigue (Human Services and Public Health Department)
- Judge Wieland
- Fred La Fleur (Community Corrections)
- Kate Fogarty (Court)
- Dennis Gilbertson (Community Corrections)
- Jody Oscarson (Minnesota Department of Public Safety)
- Tom Turner (Human Services and Public Health Department)

Resources

- Evidence-based practices from NIC
- NHTSA promising practices for DWI

Appendix C:

Summary of research process for Adult Drug Offenses/Drug Court Subcommittee

Research

The subcommittee created a process map of the current drug court process to better understand the flow of people charged with felony drug offenses through the criminal justice system.

The group reviewed literature from the National Association of Drug Court Professionals, including the 10 key drug court components and other literature about drug court best practices¹. The subcommittee also reviewed and considered the recommendations from the Minnesota Supreme Court Chemical Dependency Task Force to ensure that county practices were aligned with statewide recommendations.

In addition, the courts contracted with Dr. Edward Latessa from the University of Cincinnati to evaluate the Drug Court against his evidence-based correctional program checklist. The final report from Dr. Latessa indicated that program funding was not adequate for the current model and suggested either increasing funding or implementing more stringent criteria for entry into Drug Court. “In sum, while the program has the capability of delivering evidence-based practices via capable leadership and staff, the actual content of the program, including assessment and treatment practices, needs to be modified.”²

Finally, a preeminent drug court researcher, Dr. Douglas Marlowe from the University of Pennsylvania and the Treatment Research Institute (TRI), presented evidence-based practices for drug offenders to the full task force and worked with criminal justice system leaders to identify how the Hennepin County Drug Court could be modified to align with evidence-based practices and work within resource constraints.

Summary of research process for DWI Subcommittee

Research

The subcommittee decided that the indicator of success would be a reduction in drunken driving recidivism. This goal kept committee attention focused on drinking and driving.

Professor Steve Simon from the University of Minnesota presented the research on best practices for reducing drunk driving through the criminal justice system. His research recommended that counties focus resources on the second-time offender with accurate assessment, any needed treatment programs and close probation monitoring.

Representatives from the Department of Public Safety shared their data on Hennepin County recidivism rates. The committee also relied on the 2004 Minnesota Impaired Driving Facts Report published by the Minnesota Department of Public Safety for their excellent summary of Minnesota

¹ These can be found at the National Association of Drug Court Professionals website at www.nadcp.org

² Final report, July 2006, page 25

DWI law and extensive DWI recidivism data. Task force members visited neighboring Anoka and Ramsey counties to learn about their responses to DWI offenders. They found that both counties had developed more standardized approaches to DWI offenders, with the county having a quality assurance role.

Simultaneously, a group headed by Judge John Holahan explored the possibility of starting a pilot DWI court in Hennepin County.

The subcommittee reviewed current practices with Hennepin County DWI offenders. The subcommittee found:

- Variation in the probation requirements for a sample of 275 DWI offenders in 2005.
- Many offenders were ordered to attend alcohol education classes offered by community vendors. There was a wide variety in the content of programming and limited quality assurance provided by probation.
- Non-standardized practices for completing the alcohol problem assessment, whether they were completed by probation officers or private assessors. New statutory requirements for the alcohol problem assessment were instituted in 2005 and it is unclear that those requirements were being met.

Appendix D:

Hennepin County Drug Court eligibility

Hennepin County residents who are charged with felony crimes may be eligible to voluntarily participate in the Drug Court.

A defendant's eligibility will be determined by assessment of the defendant's risk/need status. Eligible offenders will have:

1. Been identified as drug addicted or dependent.
AND
2. Had a criminogenic assessment showing high risk to re-offend.

The defendant's race, gender, religious affiliation, creed, color, sexual orientation and national origin will not be considered when determining his or her eligibility.

Disqualification

Defendants are disqualified from Drug Court in the following cases.

1. The defendant has current charges or is on felony probation for:
 - Homicide
 - Robbery
 - Manslaughter
 - Kidnapping
 - Arson
 - Felony assault
 - Vehicular homicide
 - Felony sexual offense
 - Felony stalking
 - Felony domestic abuse
2. A gun was used in commission of the present offense.
3. The defendant is actively working as a police informant.
4. The defendant is on Department of Corrections supervised release.
5. The defendant has been deemed incompetent.

The following situations will be evaluated on a case-by-case basis. Defendants may be disqualified if:

6. The defendant suffers from mental incapacity that prohibits his/her ability to participate in treatment or the Drug Court program.
7. The defendant has a history of trafficking or selling controlled substances indicating profiteering.
8. The defendant has a history of absconding from probation or community supervision, of failures to appear in court, or of previous noncompliance with supervision.

Appendix E: Hennepin County risk/need grid

³ Based on work by Doug Marlowe JD, Ph.D. presentation 9-26-06

Evidence-based practices for Drug Court³

A pointer screen will be developed to screen an offender for their level of criminogenic risk and their level of need related to chemical dependency. The pointer screen will categorize offenders into four different quadrants based on their risk and need.

Hennepin County Services based on risk/need

		CRIMINOGENIC RISK	
		High-risk	Low-risk
CHEMICAL DEPENDENCY NEED	High-need	Drug Court Accountability and treatment for addicted criminals	Traditional probation Treatment for addicts and substance abusers
	Low-need	Intensive neighborhood probation Accountability for non-addicted criminals	Contracted and community supervision Prevention and education for the low-risk / low-need offender