Looking Backward, Looking Forward: How the Evolution of Specialty Courts Can Inform the Courts of Tomorrow

Tatyana Kaplan, Monica K. Miller & Emily F. Wood

LOOKING BACKWARD

The “war on drugs” in the 1980s led to more punitive drug-related legislation and exponential increases in arrest and incarceration rates. In 1980, there were 580,900 drug violation arrests. In 1989, the number of drug-related arrests increased to more than 1.3 million. The substantial increase in arrests, many of which were nonviolent, overburdened courts and resulted in increasingly overcrowded prisons. Laypersons and legal actors became frustrated with the traditional approach to case processing and the “revolving door” of repeat drug-related offenders. In response to burgeoning dockets and prisons and drug-related recidivism, Miami-Dade County, Florida opened the country’s first drug court in 1989.

THE DRUG COURT MODEL

Miami-Dade County’s Drug Court integrated substance use treatment and legal sanctions to divert defendants out of prison and expedite case processes. To this end, the Miami-Dade County Drug Court targeted non-serious, non-violent drug offenders and charged judges with long-term treatment adherence oversight. Judges held frequent hearings with participants and closely monitored their rehabilitation progress. If participants successfully completed (graduated) the program (e.g., series of negative drug test results, no additional arrests), they could have their charges reduced or case dismissed. If participants failed to comply, they faced a variety of sanctions, including incarceration. Participation was voluntary such that arrestees could plead guilty and choose to participate in the program, or they could choose the standard legal proceedings (e.g., plea bargaining or trial).

Miami-Dade County’s Drug Court was considered an innovative alternative to incarceration and the “business as usual” criminal justice approach to drug-related crime. The Drug Court was lauded for its collaborative efforts with drug treatment and social service agencies, and its emphasis on addressing underlying problems associated with criminal activity. Despite this, some considered this early attempt to lack coherence and coordination. Nevertheless, the Miami-Dade County Drug Court served as an exemplar for all future Drug Court models.

Evolving Drug Courts incorporated additional services, such as job placement, public health, education and vocational training. Some jurisdictions also shifted their focus from less serious to more serious offenders. The Drug Court model is now defined by 10 Key Components, which jurisdictions must comply with to receive federal funding. Currently, there are over 1,300 drug courts in operation in the U.S. Although drug courts have evolved, it was the early or “first generation” models that facilitated a more “therapeutic” approach to crime and the advent of numerous distinctive problem-solving courts.

THERAPEUTIC JURISPRUDENCE

Although the Miami-Dade County Drug Court was not specifically modeled within a therapeutic jurisprudence framework, the court’s approach exemplified therapeutic jurisprudence principles. Therapeutic jurisprudence is concerned

Footnotes

1. Drugs and Crime Facts, BUREAU OF JUSTICE STATS. (Feb. 6, 2018), https://www.bjs.gov/content/dcl/enforce.cfm
7. Id.
8. COOPER ET AL., supra note 3, at 7.
with the degree to which legal systems and actors yield therapeutic outcomes for criminal justice participants. The goal of therapeutic jurisprudence is to enable practitioners to enhance aspects of the law to be more therapeutic while comporting with other justice principles, such as due process. Hence, a court program that incorporates therapeutic outcomes for its participants can be considered an example of therapeutic jurisprudence. Judges who visited Miami-Dade County’s first drug court soon implemented similar models within their own jurisdictions, and so began the rise of problem-solving courts.

**SPECIALTY COURTS**

Specialty courts, also called problem-solving courts, seek to address social issues that facilitate criminal behavior and involvement. Although there is no one definition that encompasses all specialty courts, most specialty courts share some common elements. Specialty courts aim to reduce recidivism; produce better outcomes for clients; modify legal responses to crime; reform governmental and legal approaches to crime; incorporate mostly constant (and long-term) judicial monitoring; collaborate with outside agencies to achieve their goals; and promote a less adversarial courtroom dynamic. Generally speaking, specialty courts are known for their collaborative team approach to address recurring crimes and underlying problems facilitating criminal justice involvement.

Inspired by American models, specialty courts have also been established internationally. Iterations of American Drug Courts and Community Courts are operational in England, Ireland, Scotland, Canada, and Australia and a multitude of other countries. There are Domestic Violence Courts in Australia, Scotland, England, and Canada. Australia and Canada also both have Mental Health Courts as well as Aboriginal Courts. Australia has also opened DUI/DWI, Homeless, and Prostitution courts.

Specialty courts were named as such due to their “specialization” or focus of a target population or problem. However, as will be demonstrated, contemporary “hybrid” courts can address a variety of problems. As drug courts proliferated across jurisdictions, specialty court proponents expanded the program-solving approach to other populations and problems.

**EVOLUTION**

Specialty courts have expanded both in number and variation. Most specialty court models utilize a team of attorneys, treatment or social service professionals, and trained court staff; engage in frequent monitoring and judicial supervision; and use a graduated system of incentives and sanctions. Some specialty courts focus on individualized justice and others seek to benefit entire communities. Some specialty courts place greater import on monitoring and compliance, and others are more concerned with rehabilitation. Next is a brief review of common specialty court programs.

**MENTAL HEALTH COURTS**

In 2000, Congress enacted America’s Law Enforcement and Mental Health Project, which funded the development and expansion of Mental Health Courts (MHCs). Like Drug Courts, MHCs promote recovery and reduce recidivism. MHCs vary across jurisdictions but share some common elements. Potential clients are identified through mental health assessments and participation is voluntary. MHC teams (e.g., court actors, mental health professionals) develop a judicially supervised treatment strategy and employ a variety of incentives and sanctions. The first generation of MHC targeted nonviolent offenders charged with misdemeanors. Second generation MHCs are more likely to accept individuals charged with felonies and thus, are more likely to require a guilty plea and use jail as a sanction. Research on MHCs suggests that participation is positively associated with reduced recidivism, however, definitive conclusions are hampered by methodologically weak studies. As of 2012, there were over 300 MHCs.

**DRUG COURTS**

Most first-generation Drug Court models focused on less-
serious offenders and pretrial diversion. In this model, participants who successfully completed the program would have their charges dismissed (pre-plea dispositional model).\textsuperscript{32} As Drug Courts evolved, participation allowed for higher-level offenders who had to enter a guilty plea prior to participation (post-plea model). In some models, a participant who pleads guilty can have the conviction vacated (post-plea/pre-adjudication) or reduce or avoid incarceration or probation (post-adjudication).\textsuperscript{33} Research on Drug Courts indicates that the Drug Court model works best with strict adherence to 10 Key Components and with a high-risk population.\textsuperscript{34} Drug Court participation has been associated with a 12\% reduction in recidivism.\textsuperscript{35} Other specialty court programs have also incorporated the Drug Court model.

**DUI/DWI COURTS**

The first court to specialize in DUI/DWI began in New Mexico in 1995.\textsuperscript{36} Like Drug Courts, DWI/DUI Courts address the root causes of driving under the influence, such as alcohol addiction.\textsuperscript{37} Some DUI/DWI courts target only DUI/DWI arrestees and others accept those with related misdemeanor charges. Research on DUI/DWI courts suggests similar results to Drug Courts except results for DUI/DWI courts were not definitive across all rigorous, randomized assessments.\textsuperscript{38}

**REENTRY COURTS**

Reentry Courts are designed to address problems that might be experienced by parolees transitioning from incarceration to community release. Reentry Drug Courts target transitioning offenders with a history of substance abuse.\textsuperscript{39} Some Reentry Courts accept participants who pose a high risk to public safety, and some accept ex-offenders who are likely to return to jail or prison, typically “low-level drug offenders and the mentally ill.”\textsuperscript{40} Eligibility criteria can vary substantially across jurisdictions. Some Reentry Court clients also receive vocational and housing assistance. Participants who graduate from a Reentry Court program can receive early discharge from supervision.\textsuperscript{41} Research on Reentry Courts indicates that clients were less likely to be rearrested for misdemeanor and drug charges and less likely to be reconvicted. However, participants were also more likely to have parole revoked for technical violations, likely due to enhanced supervision/monitoring.\textsuperscript{42} Evaluation of California Collaborative Reentry Courts suggested that participants are more likely to be rearrested but less likely to have parole revoked.\textsuperscript{43}

**VETERANS COURTS**

In response to the growing number of veterans appearing in court for substance abuse and/or mental health issues, jurisdictions institutionalized Veterans Courts. The Veteran Treatment Court in Buffalo, opened in 2008, typically accepts non-violent offenders diagnosed with serious mental health illness(es) or substance dependency, making a hybrid of Mental Health and Drug Court models.\textsuperscript{44} The court also employs peer-to-peer mentoring.\textsuperscript{45} Veterans Courts work closely with a multitude of veteran's organizations and provide a variety of resources other than treatment, including financial assistance, housing, and employment training.\textsuperscript{46} We could not locate evaluations of Veteran Treatment Courts. In 2014, there were 220 Veterans Courts.\textsuperscript{47}

**DOMESTIC VIOLENCE COURTS**

Domestic Violence Courts (DVCs) were facilitated by the Violence Against Women Act, which sought to empower domestic violence victims and hold domestic violence perpetrators more accountable.\textsuperscript{48} Brooklyn, New York established one of the early DVCs in 1996. The “Brooklyn Model” provided resources for victims (e.g., victim advocacy, job training, counseling, housing) and closely monitored defendants to ensure court order compliance. Considering the focus on victim safety, monitoring is perhaps more crucial for DVCs than other types of problem-solving courts.\textsuperscript{49} Some DVCs focus solely on civil restraining orders, and others adjudicate crimi-

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33. Id.
34. Id. at 14, 17.
38. Mitchell et al., supra note 35.
39. Huddleston & Marlowe, supra note 10, at 44
41. Id. at 3.
42. Zachary Hamilton et al., CTR. FOR CT. INNOVATION, DO REENTRY COURTS REDUCE RECIDIVISM?: RESULTS FROM THE HARLEM PAROLE REENTRY COURT (2010).
45. Id. at 131.
46. Id.
nal, divorce, and custody cases. There are also hybrid Domestic Violence/Mental Health Courts. Research on DVCs shows mixed results for recidivism; however, a focus on deterrence, accountability, monitoring, and victim safety promotes better recidivism-related outcomes. Moreover, DVC participation positively associated with conviction and incarceration for male defendants. There are approximately 300 DVCs in the U.S.

COMMUNITY COURTS

Community Courts are “neighborhood-focused” courts that incorporate collaborative problem-solving principles to address issues in the local community. The Midtown Community Court in New York opened in 1993 to address “quality-of-life” crimes (e.g., disorderly conduct, graffiti, shoplifting, public intoxication, prostitution, and minor drug possession). The Red Hook Community Justice Center in New York, which opened in 2000, also handles low-level crimes, including landlord and tenant disputes and juvenile delinquency cases. Some Community Courts also focus on mental health. The most common services offered or mandated by Community Courts include treatment readiness classes, individual counseling, job skills, anger management, and substance abuse treatment. Community Courts are especially focused on community engagement and impact. An evaluation of the Red Hook Community Justice Center suggests an estimated taxpayer saving of $4,756 per defendant and 10% reduction in adult recidivism. As of 2008, there were almost 40 domestic and 33 international Community Courts in existence.

HOMELESS COURTS

The first Homeless Court originated in San Diego, California in 1989. The purpose of the court is to resolve outstanding misdemeanor citations by offering progressive plea bargaining and alternative sentencing (e.g., participation in lieu of custody). Clients, many of whom are veterans, participate in mental health treatment, vocational training, life-skills education, and substance use treatment. Twenty-five jurisdictions currently operate at least one Homeless Court (or specialized court session). The nation’s first Fathering Court originated in Jackson County, Missouri in 1997. The target population included individuals ordered to appear in court for child support non-payment. As such, the program promoted “participation as an alternative to incarceration.” Other Fathering Courts have since opened in other states, and many states have noncourt-based problem-solving programs (e.g., Texas and Alabama). The District of Columbia opened the first hybrid Fathering Reentry Court, which focuses on child support cases that include a noncustodial parent transitioning out of incarceration. Fathering and Fathering Reentry courts place considerable emphasis on employment services, vocational training, and education programs, which can be essential for reentry and noncustodial parent populations. Fathering Court (designated and hybrid) programs can also include curriculum to engage noncustodial parents in responsible co-parenting (e.g., parental engagement, money-management) in addition to substance-use and mental-health treatment options. Few evaluations have been conducted of Fathering Courts. Initial assessments indicate an overall improvement in child-support payments.

ANIMAL COURTS

Animal Courts were established in response to the low priority that animal cruelty cases receive in the criminal justice system and to prevent and reduce animal abuse and neglect. There are currently three animal courts in the U.S. The first, "Specialty courts have shifted the focus from punishment to rehabilitation and prevention"
Second, participation in specialty courts might result in increased employment rates and decreases in other social problems (e.g., homelessness). Fourth, reduced recidivism, as a result of treating underlying problems, can also help reduce prison overcrowding and judicial caseloads. Fifth, reductions in recidivism rates might decrease costs over time. Finally, specialty court judges might experience greater job satisfaction and less burnout.

In sum, there are many potential advantages to specialty courts, including benefits to offenders, judges, the courts, and communities.

DISADVANTAGES OF SPECIALTY COURTS

Although potential advantages of specialty courts make developing and maintaining specialty courts appealing, possible disadvantages also must be considered. First, specialty courts do not follow an adversarial model and, thus, certain protections afforded to defendants, such as due-process rights and the right to legal representation, might not be maintained. Second, participation in specialty courts might result in harsher punishments than offenders would have received in traditional courts. Third, offenders are often told that their cases will be dismissed upon successful completion of specialty-court-mandated requirements. A choice between sentencing in traditional courts or treatment and dropped charges in specialty courts can be perceived as coercive. Fourth, there is also the possibility that judges will experience increased burnout and vicarious trauma. Specialty court judges are experts in specific areas (e.g., drugs, domestic violence). This expertise might result in more therapeutic outcomes for offenders because the judge has a better understanding of both the laws related to that area and of the challenges that offenders face (e.g., addiction). Specialty courts might reduce recidivism by treating underlying social and psychological issues that contribute to criminal behavior. Third, addressing psychological and social problems is also good for offenders’ well-being, offenders’ families, and the community, as addressing these problems might result in increased employment rates and decreases in other social problems (e.g., homelessness). Social Science and Legal Perspectives 239, 242 (Brank & Haby, eds. 2013).

For example, individuals arrested for a drug-related crime might serve more jail time for relapsing during Drug Court participation than they might have if they had been sentenced in traditional court.


91. Nolan, supra note 18.

92. Vicarious trauma can be experienced by individuals whose profession involves working with individuals that experience trauma; see Jared Chamberlain & Monica K. Miller, Evidence of Secondary Traumatic Stress, Safety Concerns, and Burnout among a Homogeneous Group of Judges in a Single Jurisdiction, 37 J. AM. ACAD. OF PSYCHIATRY AND L. ONLINE 214-224 (2009).
judges hear the same types of cases and interact with similar offenders repeatedly, which could result in burnout.\textsuperscript{93} Moreover, presiding over certain topics, like domestic violence, might result in judges experiencing vicarious trauma.\textsuperscript{94} Finally, specialty courts might be costly (e.g., start-up costs, client services, staff and judicial training). The advantages and disadvantages associated with specialty courts should be considered in specialty court evaluations.

**EVALUATION**

According to Wolf,\textsuperscript{95} there are six principles of problem-solving justice that specialty courts must adhere to to be effective: (1) enhanced information, (2) community engagement, (3) collaboration, (4) individualized justice, (5) accountability, and (6) outcomes (data collection and analysis). Ongoing data collection and assessment is especially important to improve future specialty courts and to increase the odds of sustainability. However, many evaluations focus only on some outcomes (e.g., recidivism, treatment adherence) and other considerations, like community engagement, might not be assessed at all or are poorly assessed.\textsuperscript{96}

To make informed decisions about whether specialty courts should be maintained, expanded, or discontinued, evaluations of specialty courts are necessary. Generally, evaluations and anecdotal evidence from various types of specialty courts (e.g., juvenile courts, drug courts, mental health courts) suggest that specialty courts are effective and successful.\textsuperscript{97} However, many evaluations measure “effectiveness” as short-term recidivism rates and do not measure other outcomes (e.g., judicial satisfaction, positive outcomes for families and the community). Success is difficult to define in the context of specialty courts. Success for the courts might mean mean reduced costs, reduced caseloads, and reduced crowding in prisons. Success for the community might mean a decrease in social issues such as homelessness. Success for offenders and their families might mean gaining employment, not using drugs, and keeping families together. Thus, many outcomes should be considered when conducting evaluations to determine if specialty courts are effective and worthwhile to implement and maintain.

Additionally, many evaluations do not use methodically rigorous research methods; thus, the results should be interpreted with caution. Many evaluations do not use an adequate control group\textsuperscript{98} when comparing outcomes from specialty courts and traditional courts.\textsuperscript{99} If offenders who participate in specialty courts differ significantly from a comparison group of offenders in traditional courts, the results might not be reliable. Ideally, experiments\textsuperscript{100} would be conducted in which offenders would be randomly assigned to either a specialty court or a traditional court and outcomes between groups are compared. However, random assignment is not always possible because of ethical concerns. If random assignment is not possible, the two groups should be compared before going through the court process (specialty court or traditional court) to determine the extent to which the two groups differ. More evaluations that use methodically rigorous research methods are necessary to determine if specialty courts should be implemented and maintained.

**LOOKING FORWARD**

The expansion and evolution of specialty courts reflects a transformation in the ways in which the criminal justice system approaches and responds to crime. Specialty courts might also shape and be shaped by the criminal justice system in the future. Problem-solving court programs might be taken to scale, whereby specialty court programs are applied to mainstream courts. In contrast, specialty court programs might be diluted and integrated with more conventional methods. Specialty court programs might also inspire states to place greater emphasis on diversion and decriminalizing legislation (e.g., marijuana use and possession). Problem-solving courts might also continue to develop across jurisdictions.

**FUTURE TRENDS**

The continued proliferation of problem-solving courts is perhaps an indicator that a problem-solving approach is perceived to be, at the very least, better than traditional approaches. After several decades, problem-solving programs are likely no longer considered tentative demonstration projects. The challenge then is to determine whether courts should continue to specialize in certain populations or crimes, whether problem-solving principles should be applied on a...
“Whether or not a problem-solving court should be established or maintained can be determined with a needs assessment and a cost-benefit analysis.”

Moreover, some specialty court variants have not established evidence-based “best practices.” Scaling up ineffective portions of a program might hinder progress and add unnecessary costs. Hence, a broader specialty court program application might be challenging, infeasible, or ineffectual. New York has taken Drug Courts to scale by implementing Drug Courts in every county. In California, problem-solving courts are referred to as Collaborative Justice Courts and, like New York, California has expanded the use of problem-solving courts statewide. California’s court planners have also continuously investigated ways in which to disseminate problem-solving practices into mainstream courts. Future evaluations should be conducted to document challenges and triumphs associated with going-to-scale projects. It is also possible that specialty court programs will be modified for a broader application.

INTEGRATING CONVENTIONAL COURT PRACTICES

As of 2008, there were at least 1,600 counties that did not have a Drug Court. According to surveyed judges, the top reasons for limited Drug Court capacity are insufficient funding (state and federal) and limited treatment availability. Consequently, Drug Courts and other specialty courts might not be viable in all jurisdictions. To circumvent these limitations, some jurisdictions might modify problem-solving models to integrate them with mainstream court practices. However, this tactic should be approached cautiously for several reasons. First, research on Drug Courts has shown that “watered-down” versions are not as effective as those that strictly adhere to the 10 Key Components. Second, a lack of rigorous and methodologically sound research makes it difficult to identify those components of a model that might be crucial for success. Lacking this information might lead to poor integration decision making. Therefore, modification and integration might reduce benefits associated with some problem-solving court models.

INCREASED DIVERSION

Specialty courts, including Drug Courts, are not without their critics. Some opponents believe that Drug Courts facilitate a more punitive approach to addiction. Participants who relapse are penalized, and some might be incarcerated for a longer period of time than if they had gone the more conventional route. The goal of the Drug Policy Alliance is to facilitate a more health-oriented response to drug use and eliminate incarceration altogether for petty drug use. Over the last decade, several states have shifted to legislation that decriminalizes small-scale marijuana use. Considering this shift in community sentiment, decriminalization and pre-plea diversion methods might be realistic approaches in the future.

ESTABLISHING OR MAINTAINING A SPECIALTY COURT

Judges and court administrators planning for the future might consider establishing a problem-solving court or determining whether a preexisting problem-solving court should be maintained or modified. Whether or not a problem-solving court should be established or maintained can be determined with a needs assessment and a cost-benefit analysis, which provide judges with information to determine whether there is a demand for a specialty court and whether the problem-solving court program is cost-effective. Finally, if judges decide to adopt a specialty court internationally (and locally), they might face several challenges.

NEEDS ASSESSMENT

When considering whether to adopt a specialty court, judges and court administrators should first conduct an assessment to determine whether such a court is necessary. While anecdotal evidence and personal experience are useful, scientific “needs assessments” allow for thorough, unbiased assessment. Jurisdictions could hire professors and graduate students from local colleges, a research firm, or an intern to conduct the assessment. Alternately, a judge or court employee could learn to do the assessment. While professional assessments are ideal, informal assessments can be conducted simply and inexpensively. The Appendix contains some resources that describe needs assessments in more detail.

WHAT IS A NEEDS ASSESSMENT?

A needs assessment identifies problems and then suggests how to improve or develop programs, services, or infrastructure to address these problems. The assessment uses established research methodologies to answer the questions “is

101. FAROLE, supra note 24, at 2.
102. HUDDLESTON & MARLOWE, supra note 10, at 17.
103. FAROLE, supra note 24, at 1-2.
104. WOLF, supra note 25, at 3.
105. Id. at 4.
106. HUDDLESTON & MARLOWE, supra note 10, at 27.
107. Id.
108. HUDDLESTON & MARLOWE, supra note 10, at 14.

110. DRUG POLICY ALLIANCE, supra note 89, at 14.
111. Id.
there a problem?” and “is there a need for this service/program to address the problem?” The assessment determines the likely costs to the community and the legal system if the problem is addressed or if the problem remains unaddressed. For instance, will the number of people experiencing drug problems increase if there are no specialty drug courts? Will prison populations be reduced if drug courts are adopted? The assessment will determine whether the community will be able to meet the needs of this population. For instance, the assessment can determine whether the community has the psychological resources to have a mental health court. Finally, an assessment weighs the competing needs of the community. Any community has many needs at any given time, and thus is a specialty court one of the most pressing needs that demands urgent attention? An assessment can help determine the community’s priorities and possible solutions; it then leads determine how best to allocate resources such as money and people.

**HOW IS A NEEDS ASSESSMENT CONDUCTED?**

Data acquired during a needs assessment can come from many sources. Interviews, focus groups, and community meetings are common, and these methods typically involve open-ended questions, which provide in-depth answers. Data can also be acquired through mail, online, or in-person surveys. Surveys allow researchers to ask more questions and have more participants compared to the other techniques, but generally produce more shallow answers. Researchers can use these techniques to acquire information from the population to be addressed by the court. For instance, a researcher could ask veterans for their perceptions about factors (e.g., brain trauma, Post-Traumatic Stress, employment problems) that contribute to them committing crime. Researchers can ask defendants in the traditional court system if they would participate in a specialty court program if it existed. Researchers can also use these techniques to acquire information from the community and stakeholders (e.g., policymakers, service providers, judges).

A needs assessment can include interviews with key informants. Because some populations (e.g., homeless or prostitutes) are hard to find and study, often researchers interview those with the most knowledge about this group, such as therapists, advocates, or volunteers. For instance, advocates for victims of sex trafficking would be well-suited to know how many victims there are in the community and if this number has increased; they would know the needs of this group and whether the courts are the proper avenue to address these needs. Informants would also know whether the community has resources the courts could use or whether the courts would have to develop their own resources. Informants would also understand the minimum resources that would be needed to help people who often have numerous, intertwined problems. For instance, prostitutes are often abused, addicted, and emotionally attached to their handlers. They often have little or no education, housing, money management skills, family or social support, employment history, or adequate clothing. Informants would know what would be required to address all these problems.

Needs assessments often rely on secondary data that is regularly collected by the criminal justice system or other entities. Anecdotes and opinions are useful, but tend to be speculative and not representative of the complete scope of the problem. Data from court records can determine the quantity of repeat offenders and whether a proportion of a certain group (e.g., veterans) in prison exceeds the proportion of the general population that is not incarcerated.

Even if the assessment is done informally, the results can still help researchers and courts determine how to use this information. It is likely that a community has a number of related needs—and that any population will have many needs. The assessment can determine which needs are the most critical, addressable, and cost-effective. The costs and benefits of programs (including specialty courts) can prompt another type of assessment: a cost-benefit analysis.

**COST-BENEFIT ANALYSIS**

The future of any program can be highly dependent on program sustainability. An important consideration in determining whether to develop or maintain specialty courts is how the monetary costs will be defrayed. Thus, an economic assessment is essential in planning for future courts. Specialty courts can be funded through taxes, government grants, and/or fines paid by defendants who use the courts. There are other costs, too, such as the extra caseload of offenders seeking mental health services, which can overburden mental health service providers. Additionally, courts must consider the benefits of such courts. Specialty courts can benefit the defendants, the legal system, and society in general. They can ultimately save money, if they have outcomes such as preventing recidivism, promoting good health, and educating offenders. Such weighing of costs and benefits is aptly called a cost-benefit analysis (CBA). As described above with regard to needs assessments, such analyses do not have to be expensive, and can be conducted by a hired researcher or someone employed by the court. They are somewhat more complicated, however, and often do demand help from professionals. The Appendix contains some resources that describe needs assessments in more detail.

**WHAT IS A COST-BENEFIT ANALYSIS?** A CBA identifies all the costs (e.g., money, time) and benefits (e.g., reduction in recidivism or number of prisoners) to establish whether a program produces a net gain to society. If the benefits outweigh the costs, then generally the program or policy is worth-

113. Id.

“All specialty courts should have a clear mission statement and delineated benchmarks.”

While CBAs are routine in crime policy analysis, although there are many variations of CBAs that range from very broad to very narrow and from very technical to very general. Jurisdictions that are considering whether to adopt or continue with specialty courts should conduct a CBA. Considerations should be given to all stakeholders, which could include the defendants, the court system, the prison system, probation and parole systems, the service providers in the community, and society as a whole.

HOW IS A COST-BENEFIT ANALYSIS CONDUCTED? A CBA is designed to inform decision makers (e.g., policymakers) as to the best course of action by calculating the relative costs and benefits to all stakeholders. The list provided above is only a partial list of potential costs and benefits that would have to be assessed. Often these are monetary expenses (e.g., the cost to incarcerate a prisoner), but often the costs or benefits cannot easily be quantified. For instance, how does one put a dollar value on a reduction in crime or on having one fewer person addicted to drugs? Dominguez and Raphael review a variety of ways to estimate the dollar value of the cost to society; other non-monetary costs would also have to be quantified as well.

Some CBAs focus on a specific cost, for instance, the costs of putting children in foster care due to the parent's offending, while others focus on a variety of costs and benefits (e.g., increased earnings and ability to pay child support; mental health services). Some CBAs use secondary data to investigate the costs and benefits at a single point in time, without comparison to other alternatives, while others use quasi-experimental designs, comparing the costs and benefits of individuals in specialty courts versus traditional courts or individuals not in specialty courts. Ultimately, the results of a CBA would advise decision makers whether to continue, discontinue, or alter specialty courts.

As this review illustrates, a formal CBA is quite complex, and would require someone with specific training. However, a CBA could be much less formal if a jurisdiction did not have the funds or personnel to conduct a more rigorous (and likely accurate) analysis. If specialty courts are requesting funding, they should build in the cost to have a professional CBA conducted. Such analyses can help ensure that the courts' efforts are maximally productive.

While a needs assessment can determine whether there is a demand for a specialty court and CBA can provide (sometimes estimated) dollar figures representing costs and benefits, interpretation is often subjective and a decision is inherently complex. The current political climate and justice philosophy can also influence whether money is spent on programs and policies that are retributive, are rehabilitative, or reach other justice goals. Thus, the pure dollar amount and economic assessments are helpful, but not definitive, as are the perceived needs of the community. Ultimately it is the decision of the individual judges and court administrators whether a specialty court is needed and cost-effective for their jurisdiction.

CHALLENGES FACING INTERNATIONAL COURTS ADOPTING U.S. MODELS

Specialty courts might also proliferate internationally. Adopting preexisting American specialty court models could impede the success of future international specialty courts and prove challenging for international judges seeking to integrate American specialty court models in their country. For example, many specialty court models are likely modified to adapt to the local political, legal, and social climate. In England, probation officers and departments play a greater role in drug and domestic violence matters (e.g., drug testing and follow-up) than they do in American courts. As such, judges might be less involved in judicial supervision and review, which is considered a prominent component of American problem-solving courts. American problem-solving court models are also sometimes modified to account for cultural differences. In comparison to other countries, American specialty court dynamics might be viewed as especially emotionally expressive (e.g., hugging, applause). Judges in Scotland, England, and Ireland have expressed that more understated and less ceremonious interactions with clients are more appropriate in their countries. To a lesser extent, judges in Canada and Australia have conveyed a similar sentiment. There are also differences in treatment approaches. For example, England is much more likely than the U.S. to incorporate methadone maintenance


118. See generally Jody Brook et al., Family Drug Treatment Courts as Comprehensive Service Models: Cost Considerations, 67 JUN. AND FAM. CT. J. 23-43 (2016); T. K. Logan et al., Economic Evaluation of Drug Court: Methodology, Results, and Policy Implications, 227
treatment protocols rather than group programs like Alcoholics Anonymous. Finally, some Domestic Violence Court practitioners in Canada consider violence to be more of a learned behavior than an illness and promote domestic violence education rather than treatment, which is more likely in U.S. specialty courts. Of course, structural and cultural constraints can impact a host of American districts as well. In sum, future iterations of international (and domestic) specialty courts are likely to be molded by salient social and cultural factors.

**RECOMMENDATIONS AND CONCLUSION**

Problem-solving courts are a likely prominent fixture in the American, and perhaps international, landscape, at least for the time being. Specialty courts began with a single Drug Court in Miami and have grown exponentially. They have evolved considerably in the types of crimes and problems they address and the population(s) they target. Lessons learned from the past and present allow us to offer recommendations for their future.

Judges looking to adopt a specialty court should first conduct a needs assessment and consider starting with a small-scale pilot program that is adequately equipped with short- and long-term data-collection protocols and performance measures to identify strengths and weaknesses. All specialty courts should have a clear mission statement and delineated benchmarks. Specialty courts need to be adequately structured to effectively assess and identify appropriate participants and to quickly link them with suitable treatment or social service providers. Similarly, specialty courts need to make sure that adequate quantities of resources exist (e.g., treatment providers, affordable housing, employment opportunities) and that courts offer more than one type of service. Moreover, specialty courts need to have clear and effectual (e.g., evidence-based) protocols in place for noncompliance or reoffending. Finally, interpreting needs assessments and CBAs is a subjective endeavor. If 65% of the community is in favor of a specialty court, or if 1,000 people will benefit, does that mean it is “needed?” If the costs are $5,000 a year more than the benefits, does that automatically mean the program is not worth it? Policymakers, judges, and court administrators have to decide whether a program or policy, even if it is costly, should be adopted or maintained.

Specialty courts certainly have the potential to positively impact clients, the criminal justice system, and society as a whole. However, it is not worthwhile to move forward without considering what we have learned from the past. Perhaps most importantly, specialty courts practitioners need to take steps to document and assess current practices to further research and inform future iterations (i.e., establish best practices) so that favorable outcomes can be achieved for all those involved.

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**APPENDIX**

**FURTHER READING ABOUT NEEDS ASSESSMENTS**


Conducting a Needs Assessment: https://cyfar.org/ilrn_1_9


**FURTHER READING ABOUT COST-BENEFIT ANALYSES**


INTRODUCTION TO STARTING NEW SPECIALTY COURTS

SCHOLARLY ARTICLES AND BOOKS


SPECIALTY COURT STARTING-POINT WEBSITES

http://www.macoe.org/about/what-specialty-court

http://www.ncsc.org/Topics/Problem-Solving-Courts/Problem-Solving-Courts/ResourceGuide.aspx

http://www.mass.gov/courts/programs/specialty-courts/

http://www.nij.gov/topics/courts/pages/specialized-courts.aspx

OTHER SPECIALTY COURT GENERAL INFORMATION


National Drug Court Institute: http://www.nadcp.org/sites/default/files/2014/Painting%20the%20Current%20Picture%202016.pdf

America’s Problem Solving Courts: https://www.nacdl.org/criminaldefense.aspx?id=20191&libID=20161


DWI Courts: http://cdm16501.contentdm.oclc.org/cdm/ref/collection/traffic/id/44


