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Anchorage Wellness Court: Challenges

Ronald S. Everett

The Anchorage Wellness Court (AWC) deals with one of the most pervasive public health concerns in Alaska: alcohol abuse and driving under its influence. The longstanding need and demonstrated potential for success of the Anchorage Wellness Court confront many barriers that hinder its ability to address the serious and substantial alcohol problem within the community of Anchorage and throughout Alaska. The general issue of alcohol abuse and the specific problem of driving under the influence (DUI) are longstanding problems, and multiple strategies have evolved for dealing with them. Problem-solving drug treatment courts were first introduced in 1989 and alcohol courts are a recent addition.

The terms *specialized courts*, *community courts*, *therapeutic courts*, *drug treatment courts* and *problem-solving courts* are often used interchangeably. This essay will use *problem-solving courts* as the more general term and discuss the Anchorage Wellness Court as a problem-solving drug treatment court.

Problem-Solving Courts

Problem-solving courts have extended

across a broad range of social problems from drug addiction and domestic violence to neighborhood social disorder. Many problem-solving courts, particularly those concerned with drug addiction, adhere to the ideas of therapeutic jurisprudence including providing positive outcomes for victims, offenders, and society; working with groups outside the justice system such as treatment providers; and using screening and assessment to identify individuals appropriate for referral to a problem-solving court. (See "Therapeutic Jurisprudence" on page 10.) Yet a number of problem-solving courts either do not acknowledge or fail to recognize the goals of therapeutic jurisprudence. For example, courts focused on domestic violence may even explicitly reject notions of therapeutic intervention, presenting control, compliance and monitoring as the primary problem-solving goals of the court rather than treatment and positive outcomes for offender, victim and society.

Therapeutic jurisprudence advocates using the law for therapeutic rather than anti-therapeutic purposes. The implications of this transformation for court operation are both practical and theoretical. Clearly it is beyond the scope of this brief essay to

enumerate or discuss in any detail all of these. Nevertheless, an identified central principal of therapeutic jurisprudence requires that the court process move beyond standard notions and practices of adjudication and punishment. To achieve the crucial goal of treatment success, and to guide court action, the court must construct a more complex and meaningful explanation of the problem, taking into account the decision-

Please see Wellness court, page 5

HIGHLIGHTS INSIDE THIS ISSUE

- An examination of Alaska justice system expenditures (page 2).
- An update on the Criminal Justice Working Group (page 3).
- Announcements on Justice Center appointments and forthcoming publications (page 4).
- A description of therapeutic jurisprudence and therapeutic courts in Alaska (page 10).
- A bibliography on therapeutic justice (page 11).

Sanctions for DUIs under Alaska Statutes and Anchorage Municipal Code

Under Alaska Statute Section 28.35.030 and Anchorage Municipal Code 9.28.020, sanctions for misdemeanor Driving Under the Influence (DUI) violations range from mandatory imprisonment of not less than 72 consecutive hours and a fine not less than \$1,500 up to mandatory imprisonment for not less than 360 days and a fine not less than \$7,000, depending on the severity of the offense and the number of DUI convictions within the last 15 years. Sanctions also include "revo[ca]tion of] the person's driver's license, privilege to drive or privilege to obtain a license," and the court may order that "the motor vehicle, aircraft or watercraft that was used in the commission of the offense be forfeited."

Additional sanctions involve "require[ing] the person to use an ignition interlock device after the person regains the privilege, including any limited privilege, to operate a motor vehicle" for specified periods during or throughout the entire period of probation. The court may also order "that the person, while incarcerated or as a condition of probation or parole, take a drug or combination of drugs intended to prevent the consumption of an alcoholic beverage...." And the offender may also be sentenced by the court to a treatment program, community service, and ordered to repay the costs of imprisonment, and costs related to any motor vehicle accident to which the offender contributed.

Justice System Operating Expenditures

Expenditures for the major justice system agencies—the Departments of Corrections, Public Safety, and Law, the Alaska Court System, Public Defender Agency, and Office of Public Advocacy—have comprised about 9 percent of Alaska’s total state agency spending for the past ten years (FY 2000–2010).

Looking at overall state budget figures, for FY 2009, the final Alaska state operating budget for all agencies totals \$6.34 billion which includes \$229 million in stimulus funds under the American Recovery and Reinvestment Act of 2009 (ARRA). The Department of Public Safety including the Alaska State Troopers have applied for a portion of the stimulus funds on behalf of themselves and other entities. Details concerning specific amounts and projects are still in the process of being confirmed.

FY 2009 is the first year the legislature has provided general budget funding for the ongoing role of Anchorage-based Partners for Progress in the operation of Alaska’s therapeutic courts, primarily those dealing with drug and alcohol offenders. (See “Therapeutic Jurisprudence.”) For ten years this nonprofit organization has used year-to-year federal and state grants to fund services that are not within the scope of traditional court system operations. These services include court-ordered therapeutic groups, sober housing and basic living expenses for participants starting the court program, plus training for therapeutic court team members who are not within the Alaska Court System. The \$65,000 budget item will cover about 25 percent of the cost of ongoing therapeutic courts services provided by Partners for Progress. This same amount, \$65,000, has been appropriated for FY 2010.

For FY 2010, the total state operating budget for all agencies for projected expenditures is \$6.14 billion, a decrease of about \$200 million from FY 2009. Total Alaska justice

Table 1. Alaska Justice Agency Budgets as Percentage of Total State Budget, FY 2000 and FY 2010

	FY 2000		FY 2010*	
	Operating budget (actual expenditures)	% of total state budget	Operating budget (projected expenditures)	% of total state budget
Total justice budget	\$336,883,300	9.6 %	\$566,220,700	9.2 %
Department of Corrections	\$153,725,500	4.4	\$224,223,300	3.7
Department of Public Safety	\$85,793,400	2.4	\$147,037,200	2.4
Department of Law	\$29,025,500	0.8	\$63,025,400	1.0
Alaska Court System	\$49,877,400	1.4	\$89,947,200	1.5
Public Defender Agency/Office of Public Advocacy	\$18,461,500	0.5	\$41,987,600	0.7
Other state agencies	\$3,176,499,800	90.4 %	\$5,572,144,600	90.8 %
Total actual operating budget	\$3,513,383,100		\$6,138,365,300	

Source of data: Alaska Legislative Finance Division

Table 2. Alaska Justice Agencies, Operating Budgets, FY 2000 to FY 2010

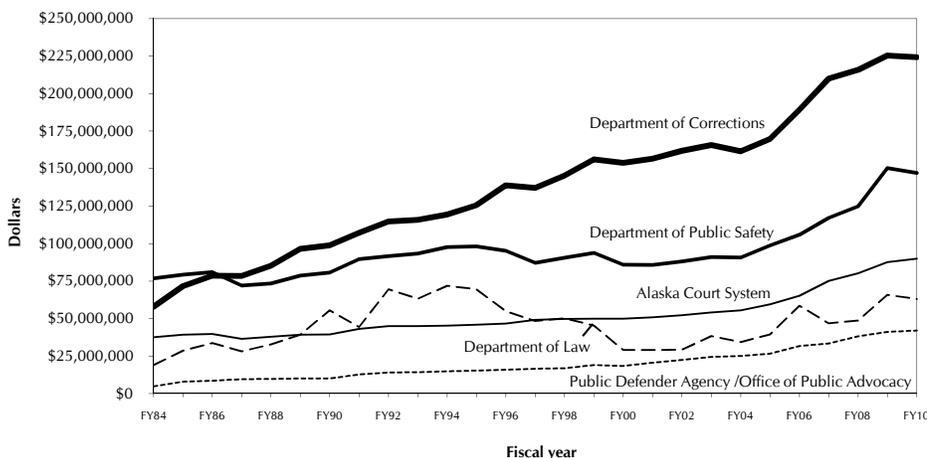
	Department of Corrections	Department of Public Safety	Department of Law	Alaska Court System	Public Defender Agency/Office of Public Advocacy
FY00	\$153,725,500	\$85,793,400	\$29,025,500	\$49,877,400	\$18,461,500
FY01	\$156,562,900	\$85,673,500	\$29,019,800	\$50,755,700	\$20,567,100
FY02	\$161,755,700	\$87,973,400	\$29,247,900	\$52,084,600	\$22,444,600
FY03	\$165,639,600	\$90,927,700	\$38,255,800	\$54,028,400	\$24,404,800
FY04	\$161,528,200	\$90,592,200	\$34,340,600	\$55,388,100	\$25,078,200
FY05	\$169,683,400	\$98,660,200	\$39,406,000	\$59,374,400	\$26,593,500
FY06	\$189,095,000	\$105,787,300	\$58,521,500	\$65,192,900	\$31,635,500
FY07	\$209,794,400	\$117,014,400	\$46,858,700	\$75,103,500	\$33,363,300
FY08	\$215,667,100	\$124,757,000	\$48,613,800	\$80,152,800	\$38,195,600
FY09 ¹	\$225,295,400	\$150,272,600	\$65,813,500	\$87,657,400	\$41,013,000
FY10 ²	\$224,223,300	\$147,037,200	\$63,025,400	\$89,947,200	\$41,987,600

Note: FY00–FY08 figures represent actual expenditures.

1. FY09 figures represent final operating budgets, to which adjustments may still be made, and include FY09 federal stimulus funds.
2. FY10 figures represent projected operating expenditures.

Source of data: Alaska Legislative Finance Division

Figure 1. Alaska Justice Agencies, Operating Budgets, FY 1984 to FY 2010



Note: FY84–FY99 figures represent actual expenditures including statewide items which were included in budget reports at that time. FY00–08 figures represent actual expenditures. FY09 figures represent final operating budgets, to which adjustments may still be made, and include FY09 federal stimulus funds. FY10 figures represent projected operating expenditures.

Source of data: Alaska Legislative Finance Division

system operating expenditures grew by 68 percent from FY 2000 actual expenditures of \$337 million to FY 2010 projections of \$566 million. (See Table 1.) Over the same period, the total state operating budget for all agencies grew 75 percent.

These figures are for state operating expenses only and do not include statewide items such as debt service, fund capitalization, direct appropriations to retirement, and special appropriations. The figures do not include capital expenditures or local costs (such as city police departments), or the costs of those divisions that handle juvenile justice administration, nor do they include federal justice system costs in Alaska. The totals do include all revenue sources: state, federal, and other, but have not been adjusted for inflation.

Within the justice system budget slice, the proportions allocated to the different agencies have changed somewhat over the years. The Department of Corrections portion declined slightly from 46 percent of total justice agency

expenditures in 2000 to a projected 40 percent in 2010, and Public Safety stayed about the same. All other agency portions increased slightly from FY 2000 to FY 2010: the Department of Law went from 9 to 11 percent, the Alaska Court System from 15 to 16 percent, and the Office of Public Advocacy and Public Defender from 5 to 7 percent.

Periodic variances in year-to-year justice agencies' expenditures during FY 2000–2010 have been due in part, for example, to higher costs of inmate care, facilities operations, and offender programs for the Department of

Corrections, and gas pipeline and oil and gas matters at the Department of Law.

Total expenditures for each individual justice system agency have increased at differing rates over the past ten years. From FY 2000 to FY 2010, budget for the Office of Public Advocacy and Public Defender increased by 127 percent, and the Department of Law increased by 117 percent. The Department of Public Safety and Alaska Court System budgets grew by 71 percent and 80 percent respectively, while the budget for the Department of Corrections was up by 46 percent during this same

time period. (See Table 2 and Figure 1.)

Note: Budget figures for FY 2000–2008 represent actual operating expenditures. Figures for FY 2009 are for the final operating budget, and figures for FY 2010 represent the projected operating budget. Figures for justice agency expenditures and total state operating expenditures from FY 2000–2004 contain adjustments to actual expenditure figures that were not available for and were not reflected in earlier *Forum* articles. Budget figures have not been adjusted for inflation.

Criminal Justice Working Group Update

Teresa White Carns

In 2007, the Alaska Legislature funded the Alaska Judicial Council to coordinate and staff a Criminal Justice Working Group (CJWG). Chief Justice Dana Fabe met with commissioners and others during the organizational stages to encourage participation. Lieutenant Governor Sean Parnell and Justice Walter Carpeneti chair the group, which adopted as its mission statement the Alaska Constitution's language about the administration of justice:

[Article 1, Section 2]

Criminal administration shall be based upon the following: the need for protecting the public, community condemnation of the offender, the rights of victims of crimes, restitution from the offender, and the principle of reformation.

Each of the executive branch agencies—Departments of Law, Corrections, Public Safety, Health and Social Services, and Education—is represented by its commissioner, and the courts by their administrative director and deputy directors for the state. The Judicial Council's executive director is a member, along with the Anchorage police chief, and the heads of the Public Defender Agency, the Office of Public Advocacy, the Division of Juvenile Justice, the Division of Behavioral Health, and the Mental Health Trust Authority. Historically, collaborative criminal justice groups have been active in Alaska since the mid-1970s, with the Judicial Council staffing many of them.

Following its first meeting in December 2007, the CJWG identified two main aspects of the criminal justice process as their focus: prevention of crime and reducing recidivism, and efficiencies in the system. Committees were formed to target these issues. The CJWG serves as a forum to discuss inter-agency legislative and budgetary issues, and immediate problems such as courthouse

security, accessibility of incarcerated offenders to their attorneys, and changes of venue for offenders violating their probation conditions that need collaborative solutions. The Judicial Council organizes the CJWG's meetings, provides analysis and resource materials, and coordinates other activities.

As a starting point, the Prevention and Recidivism Committee requested data to establish a baseline for arrest rates and for recidivism, for both adult and juvenile cases. Using data provided by the Departments of Corrections and Public Safety, the Judicial Council created an inter-agency database that can be updated. The Division of Juvenile Justice provided data about re-referrals, and about adjudicated cases that allowed the CJWG to look at information about juveniles in ways comparable to adult defendant data. Both of these data efforts were the first of their kind in Alaska, and were made possible by the close working relationships fostered by the CJWG. The Judicial Council worked with the court system to summarize other data about case disposition times in criminal cases, and with the Department of Corrections and the court to compile data about the timeliness and use of presentence reports statewide.

Much of the Prevention and Recidivism Committee's work in 2009 has focused on identifying evidence-based programs in the system that effectively reduce recidivism or prevent crime. Using a model developed by the Washington State Institute of Public Policy (Associate Director Steve Aos and others) and the programs identified in Alaska, the UAA Institute for Social and Economic Research (ISER) reported to the legislature that by spending \$4 million annually on expanding intervention and prevention programs, the State of Alaska might save \$321 million between 2010 and 2030 by incarcerating fewer people and by delaying prison construction costs (*The Cost of Crime*, ISER, January 2009). The committee is now considering the next steps to

take to accomplish its goals. It is also considering other offender issues, including:

- more effective ways to work with chronic offenders and with Title 47 (brief involuntary commitments for drunkenness) alcohol abusers,
- pre-trial issues,
- re-entry resources, and
- other prevention programs such as school resource officers.

During the past year, the Efficiencies Committee worked on projects that could help reduce delays throughout the system in case management. The committee reviewed reports on electronic exchange of discovery, criminal case disposition times, timeliness and use of presentence reports, grand jury transcripts, and the Anchorage felony case management project. Its current work includes:

- design and testing of a shorter presentence report form,
- revision of court rules related to presentence reports, and
- development of the technical requirements for a web-based system to allow electronic exchange of discovery.

The Criminal Justice Working Group includes among its accomplishments improvement of access to attorneys for incarcerated defendants, resolution of courthouse security issues, new methods of handling a variety of court procedures that involve several agencies, and increased interagency communication. As agencies continue to interact regularly, they build on these achievements to respond to short and long-term challenges that benefit from cooperative efforts to resolve problems.

Teri Carns is with the Alaska Judicial Council in Anchorage, with responsibility for research projects, report writing, and aspects of judicial selection and retention.

Justice Center Appointments

Dr. André B. Rosay has been appointed Director of the Justice Center. From 2007 to 2009, Dr. Rosay served as the Interim Director. He is an Associate Professor of Justice and received his doctorate in Criminology and Criminal Justice from the University of Maryland at College Park. He has published numerous articles and made many presentations on domestic violence and sexual assault issues and on juvenile justice issues. Dr. Rosay also serves on a variety of committees including the McLaughlin Youth Center Citizen Advisory Board and the Anchorage Police Department Strategic Planning Committee. He recently received

an Ulu Award from the Alaska Native Justice Center in recognition of his dedication and support to justice research in Alaska.

Dr. Brad Myr Stol has joined the faculty of the Justice Center. He was most recently an Assistant Professor in the Department of Sociology and Criminal Justice at the University of Arkansas, Fayetteville, and also held an appointment as a Research Assistant Professor at the Community and Family Institute of the University of Arkansas. Dr. Myr Stol received his Ph.D. from Indiana University, and his recent research has examined public perceptions of police and other legal actors, homelessness and crimi-

nal justice, and the relationship between substance abuse and crime. He is a former research faculty at the UAA Justice Center where he co-authored a number of studies and articles.

Khristy Parker, B.A., University of Alaska Anchorage and Jennifer McMullen, M.A., Simon Fraser University, have joined the staff as research assistants. Ms. Parker will be working with Dr. Sharon Chamard on aspects of the Anchorage Community Survey and other projects, and Ms. McMullen will be working with Dr. Marny Rivera on the evaluation of the Alaska Meth Education Project.

Dr. Trostle Retires

Dr. Lawrence Trostle, Professor at the Justice Center for eighteen years, is retiring in June of 2009. Dr. Trostle received his Ph.D. in criminal justice from Claremont Graduate School, where he was also Co-director of the Haynes Foundation Law Enforcement Training Grant. One of his major teaching and research areas has been law enforcement, and he is the author and co-author of numerous articles including, "Policing the Arctic: The North Slope in

Alaska," "Police Tasks in Remote Arctic Communities," and "The Alaska Territorial Police." His course, "Cinematic Images of Justice," was a perennial favorite in which he explored crime and justice issues with students in an engaging and interactive way. Dr. Trostle has been able to bring his real world experience in law enforcement to his teaching and research, having served with the Los Angeles County Sheriffs' Department and also with the San Marino,

California Police Department. He is the past president of the Western and Pacific Association of Criminal Justice Educators, and served on many community committees and advisory boards including the Alaska Civic Learning Assessment Project, as well as on a variety of UAA committees. Dr. Trostle's long-time contributions to the Justice Center are many and invaluable, and the entire UAA community appreciates his service and commitment.

Community Indicators Atlas

The *Atlas of Anchorage Community Indicators* is an online collection of maps reflecting survey and census data for the Municipality of Anchorage. The intent of the *Atlas* is to make empirical information about Anchorage neighborhoods widely accessible to many different audiences. Our selection of indicators for presentation in the *Atlas* was inspired by Peter Blau and his interest in measures of heterogeneity (diversity) and inequality and by the work of the Project on Human Development in Chicago Neighborhoods. In these prior works, variables known as Community Indicators were theorized to educate and inform researchers about the cause and context of neighborhoods in the development of criminals. These indicators can be measured in various ways, typically through surveys or by mining existing census data.

By leveraging Geographic Information Systems methods and technology and using survey data, the Justice Center has been able to illustrate the distribution of these variables (by 2000 U.S. Census block group) throughout the Municipality of Anchorage. This will allow the audience to see patterns of distribution, and raises important questions about the spatial distribution of

variables like Concentrated Disadvantage (a measure of relative neighborhood poverty) and Residential Stability (theorized to promote the evolution of common values). Ideally, this information will educate community councils, sociologists, and other stakeholders about the composition of Anchorage neighborhoods and the possible ramifications of that composition, and assist in policy making.

Watch for the release of the *Atlas* at the Justice Center's website <http://justice.uaa.alaska.edu>.

2007 Sourcebook

The *Anchorage Community Survey, 2007: Sourcebook* is the second in a series of surveys of the Anchorage municipality about life in Anchorage neighborhoods, perceptions of local services, and reports of community interactions. The *Sourcebook* contains detailed tables of responses and lists information by community council area. Demographic characteristics of the survey populations are also included.

Watch for the release of the *Sourcebook* online at the Justice Center's website <http://justice.uaa.alaska.edu>.



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Wellness court (continued from page 1)

making context of the individual. By applying a more complex and arguably more complete understanding of the problem, the problem-solving court is better able to implement effective treatment regimes. Individualization of a therapeutic plan based on developing a deep understanding of the problem is a central guiding principle of problem-solving courts.

Anchorage Wellness Court

Drug/Alcohol Treatment Courts

In the 1980s many criminal courts became overwhelmed with drug cases, making routine operation nearly impossible. In some jurisdictions, often those with the highest level of drug cases, many judges expressed frustration with the apparent ineffectiveness of prison and other sanctions to reduce the level of recidivism for drug offenders. Drug Treatment Courts (DTCs) emerged in the late 1980s, at least initially, as an administrative response to improve the efficiency of criminal courts. Over time, DTCs have evolved and expanded, becoming just as likely to promote therapeutic

outcomes as a goal of equal importance to the increased administrative efficiency of the criminal court process. Over the past 20 years Drug Treatment Courts have proliferated throughout the U.S. to address the drug use and treatment concerns of local communities.

As a type of problem-solving court, the DTC treats an offender's drug addiction through intensive court supervision and a structured treatment program. Although there is substantial variation among Drug Treatment Courts in terms of treatment programs and overall process, most share a common underlying orientation and goals pursued within a non-adversarial therapeutic intervention.

The Anchorage Wellness Court (AWC) is a problem-solving court and conforms to the general model of a DTC or therapeutic court with a primary focus on alcohol-related misdemeanor driving offenses. Until recently, alcohol-specific courts have received less attention than DTCs, which target the needs of offenders whose drug of choice is something other than alcohol. However, with continued support from the National Highway Traffic Safety Administration (NHTSA) and pressure from advocacy groups like Mothers against Drunk Driving (MADD), these alcohol courts have become more common over the past decade. The Anchorage Wellness Court was initiated in 1999 and has since developed into a mature problem-solving court consistent with the tenets of therapeutic jurisprudence.

Treatment Program. The AWC treatment program has evolved over the life span of the court but has retained the core requirement of a substantial 18-month commitment by participants. The essential and unchanged components include abstinence from alcohol, group therapy (Alcoholics Anonymous), individual moral recognition therapy (MRT), employment or active searching for work, and weekly court attendance and monitoring. Since inception the target population of the AWC has changed and expanded and some minor elements of the treatment program have been added, altered, and/or deleted.

AWC Evaluation. A multi-year evaluation of the AWC was completed recently. This evaluation focused on the years 2000–2004, what can be considered the court's early formative period. The evaluation addressed multiple dimensions of the court process and treatment program including assessing individual outcomes and the court's overall effectiveness in reducing alcohol use and associated criminal recidivism. The evaluation also investigated the costs and benefits of the court compared to the standard criminal justice response to DUI

offenders. Finally, an important, although less common, component of the evaluation was designed to gather evidence on transferability of the court process to provide guidance to others when starting a similar problem-solving therapeutic court.

Although the details of the evaluation are not the focus of this essay, a general statement on the court's overall effectiveness offers a useful context when interpreting the following discussion. Recognizing that basic methodological limitations complicate the interpretation of any outcome analyses of a non-experimental intervention, the detailed results of the evaluation will not be discussed. Nevertheless, the core findings document that offenders who choose to enter the AWC and subsequently complete the treatment program have lower recidivism rates compared to similar offenders not participating in the AWC. Keep in mind, and as we know from Table 1, that only a small percentage of all eligible offenders referred to the AWC decide to enroll. (Note: To explore the influence of participant self-selection, the outcome analyses included the estimation of propensity score models to investigate the problem of selection bias and account for the effect of self-selection into the AWC.)

The complete evaluation outcome analysis also includes the results of survival models with follow-up periods of 24, 36, and 48 months. The survival models are used to examine the time to failure or continued desistance, for each participant, and the factors that may influence the process. As a result, the core finding of overall success of the AWC in reducing recidivism is based on (1) a careful and complete analysis, including efforts to assess the influence of selection bias due to the non-random self-selection of participants, and (2) that participants failed (recidivated) at varying points in time during the follow-up period and that some never failed. Although this finding is not without caveat, given the fundamental limitation of a non-experimental research design to demonstrate cause and effect, it is sufficient to justify the central conclusion of the outcome evaluation that the AWC works for those who chose to participate and complete the treatment program.

To achieve a degree of success in proportion to the enormity of the problem of alcohol abuse/addiction, the AWC must do more far more. But the AWC confronts significant barriers to expansion and greater successes. These barriers include individual characteristics, organizational program design, and law/policy issues.

Please see *Wellness court*, page 6

Table 1. Anchorage DUI Arrests and Wellness Court Participants, 1998–2009

Year	Anchorage DUI arrests	Anchorage Wellness Court participants
1998	1,485	0
1999 ¹	1,449	1
2000	1,356	16
2001	1,321	44
2002	1,594	30
2003	1,208	26
2004	1,246	19
2005	1,070	45 ³
2006	1,051	45 ³
2007	1,350	45 ³
2008	1,872	46 ³
2009 ²	2,470 ²	43
Total	17,472²	360

1. 1999 was the first year of the Anchorage Wellness Court.

2. Numbers are extrapolated from the 950 DUI arrests recorded from January 1, 2009 to May 20, 2009 (47.5 arrests per week average). The yearly total of DUI cases adjudicated will be less than the total number of arrests.

3. From 2005 to 2008, these figures represent an average number of participants per year.

Source of data: Anchorage Police Department and Anchorage Wellness Court

Wellness court (continued from page 5)

Impediment to Success

Individual Barriers to Program Participation

Alcohol abuse and addiction are complex problems and often viewed as intractable. All treatment programs or efforts to facilitate desistance are complicated because alcohol use is legal and firmly embedded in our society and culture. The data in Table 1 reveals several critical issues relevant to the AWC. First we can see that arrests for DUI have been a persistent problem during the previous decade, and there appears to be a substantial increase in the past year. Additionally, comparing the number of DUI arrests to the number of alcohol-related misdemeanor offenders entering the AWC clearly indicates that only a small number of those offenders potentially eligible to participate in the AWC are deciding to do so. A nominally eligible DUI offender must request admission to the AWC and then complete a multistep admission protocol. The process begins with an expressed interest in the AWC program by the offender, followed by a review and plea offer by the prosecutor, and a brief observation by the offender of the AWC in operation. A substance abuse assessment and a review by the AWC team are next. Admission to the program is complete when the AWC judge approves the plea; the offender accepts the plea agreement, enters the AWC program, and begins the treatment plan.

This difference between the number of eligible participants and the number actually opting into the program raises important issues. Specifically for the AWC, one critical factor is determining why so few eligible offenders decide to participate. A more general question for the community to address is the decade-long trend in DUI arrests; this trend seems to raise serious doubts about the exclusive reliance on and effectiveness of deterrence-based punishment strategies. Over the past decade criminal justice punishments for DUI, and the negative collateral consequences for insurance and employment, have become more severe.

Unfortunately, we have not witnessed a corresponding decline in the number of DUI arrests over this same period of time. The assumption that there are a just a few “problem drunk drivers” who can be eliminated through increasingly severe sanctions seems to miss both the dimension and complexity of the problem. Who decides to enter the AWC to change their behavior and embrace sobriety is an obvious

yet difficult question to answer. What group of offenders is most amenable and likely to benefit the most from the treatment regime provided? Do the groups overlap or are they completely different? These questions are to some degree addressed through assessment, but significant issues remain for further investigation.

These individual factors should be considered as potential barriers to expansion and success of the AWC. It seems that a deeper understanding of what “readiness for change” means in the context of the AWC is imperative. Participation in the AWC is voluntary and so documenting who chooses to enter and why is essential. Understanding the decision to participate is the necessary first step to demonstrate fully the effectiveness of the AWC absent the inherent benefits of an evaluation based on an experimental research design. The AWC will improve its effectiveness in reducing recidivism and its overall cost benefits by developing a base understanding of offender amenability and refining the target population most likely to benefit from the treatment program offered by the AWC.

Organizational and Program Barriers

Beyond some individual level of readiness to change as a prerequisite for success, participants in the AWC confront substantial program costs in time and money. The optimal length for the AWC treatment program should be carefully examined and remain the focus of continued research. The presumption in drug treatment courts has typically been that longer programs are likely better, and much related research on criminal recidivism supports this contention. More recent research has also concluded that in some contexts, brief intense treatment interventions can also be effective. However, recognizing that alcohol abusers are less inclined to make thoughtful, forward-thinking decisions of all kinds, we should concede that a treatment program that seems too long may tip those waffling on the edge of change back into their current behavior. Further complicating the court and treatment process is the inclusion of different types of alcohol offenders—ranging from serious addiction to episodic abuse to occasional alcohol-related flawed decision-making—within the AWC. This may be addressed by adjusting the incentive structure of the court to entice more offenders over the initial barriers and into treatment. Calibrating just the right dose to maximize effectiveness, cost, and participation requires ongoing assessment.

Additionally, program costs to the participant should be nominal—sufficient to induce adequate buy-in, but not so much to discour-

age entry or create stress over time as costs accumulate through the life of the program. To mitigate this issue most of the 14 treatment providers working with the AWC use a sliding scale to calculate participant fees. For most participants the barrier of program costs is more perception than reality, but this can be used to rationalize their decisions to not participate or drop out. Although it is difficult to calculate, and comparisons are inexact, the available data suggest that the direct participant program costs in the AWC are higher than average. Perhaps a treatment cost rebate could be offered and earned by successfully completing the AWC program and maintaining desistance for varying periods of time after graduation from the program.

Theory and Policy Barriers

At this moment in the first decade of the twenty-first century we as a community seem ready for a change in criminal justice policy direction and punishment philosophy. In many areas of criminal justice, from criminal sentencing to operation of the juvenile court, there is a reconsideration of our punishment strategies including an overreliance on prison and an intensifying exploration of intermediate sanctions. In this context it seems the moment may be here for a reappraisal of how we deal with the issue of DUI. This essay is only a beginning, offering a few suggestions to start a conversation that must continue throughout our community and ultimately among our policy makers and political leaders.

It is extremely difficult to separate out and discuss the factors that influence criminal justice policy and appropriate punishments when discussing drunk drivers. In our desire for retribution and social protection, the drunk driver has been characterized as a bad and undeserving person who merits our strongest condemnation and harshest punishment. However, in overemphasizing the drunk driver as a social pariah we have misunderstood the true nature of the problem and ultimately implemented ineffective policies. Even from the very basic data presented in this essay, it seems obvious that in talking about the problem of DUI we are talking about more than a few problem drinkers. The policy choices of the past thirty years make clear that increasing the severity of punishment can produce a measurable marginal deterrence, but it is insufficient alone to extinguish the problem.

Criminal justice policies intended to reduce DUI have implemented different strategies over the past 30 years, including education and media campaigns. The most severe are expanded detection efforts such

as enhanced patrol and checkpoints and increased criminal sanctions including fines and incarceration. Many studies over the years have demonstrated either a modest deterrent impact or no demonstrable level of deterrence and reductions in DUI from these efforts. Additionally, much research indicates these interventions are costly, difficult to maintain and, most importantly, do not appear to address the underlying problem.

Alternative strategies have focused on public awareness of sanctions and also publicized society's contempt for the drunk driver. Advocacy groups like MADD have been persistent in their efforts to increase moral inhibitions and the social stigma of DUI. These strategies remain necessary and have over the past 30 years reduced the level of DUI-related accidents and deaths. Nonetheless, the persistence of the problem suggests that we must continue to search for alternative strategies as these may have reached their limit of effectiveness far short of eliminating the problem. It seems reasonable to assume that the two largest groups of offenders—the chronic alcohol addicted driver and the alcohol drinker flawed decision-maker—are best addressed with very different policies and sanctions.

Necessity of Social Protection

The public's concern about DUI often focuses on social protection and the need to feel safe when driving, an everyday routine activity for most people. The media focus on drunk drivers causing fatal accidents involving innocent others has tended to exaggerate the view of drunk drivers as a threat to public safety. Although this is a real problem to be taken seriously, it also ignores the reality that DUI is not limited to a small group of problem "killer drunk drivers." (See Tables 2 and 3.) We need to address these most serious cases, but we also need to recognize the nature of the problem. The basic descriptive data from Anchorage make it obvious that DUI is not limited to a few chronic drunk drivers, but includes a larger population of casual/social drinkers who drive after drinking, rationalizing it as a convenient necessity or perhaps honestly assessing that they are below the legal limit of blood alcohol concentration (BAC) to drive. These drunk drivers do not recognize themselves in the public images of the "killer drunk" and do not believe their behavior is a threat to public safety. They do not believe they suffer from alcoholism nor do they see themselves as alcoholic. For some, although they could perhaps benefit from the AWC, the admission of having a drinking problem is a barrier to participation.

Table 2. Anchorage Vehicle, Bicycle, Pedestrian, and Motorcycle Accidents, 2002–2007

	2002	2003	2004	2005	2006	2007
Total vehicle accidents	10,860	9,952	8,539	7,998	8,504	8,548
with fatalities involved ¹	34	25	29	15	15	24
with DUI involved ²	391	409	393	342	349	404
with injuries	3,958	2,613	2,451	2,490	2,439	3,337
with non-injury property damage	8,152	7,306	6,031	5,465	6,008	6,179
with hit & run involved	2,696	2,151	1,118	1,285	1,476	1,520
Bicycle accidents	149	179	155	140	132	154
Pedestrian accidents	146	143	133	123	118	124
Motorcycle accidents	71	88	77	84	53	72

Note: A single accident can be in multiple totals.

1. Number of accidents with fatalities, not number of victims.
2. Driving Under the Influence. Replaced DWI and adds drugs as a cause of impairment in addition to alcohol.

Source of data: Anchorage Police Department

Another category of potential AWC participant is the alcohol addicted chronic drunk driver. The alcoholic is by definition irrationally concerned with when and where to drink, and it is unlikely that the threat of sanctions by the criminal justice system is a relevant factor in their day-to-day decision-making. The casual/social drinker confronts the perhaps unanticipated demands of convenient necessity to drive after drinking and in most cases their decision is bolstered by the lessons of experience that they have done this before and not been caught. At best they have imperfect information about their BAC level, the likelihood of apprehension and even the total sanctions if arrested and convicted. It may be that harsh punishment alone is not the most effective sanction against either group of drunk driver if reducing recidivism and the incidence of DUI are the primary goals. In either case the goals and underlying assumptions of our current DUI policies should be clarified.

Are all impaired drivers equal?—Is it just about social protection?

There is no debate that the alcohol-impaired driver is a significant social problem. As a matter of law and policy the only meaningful debate is on how to formulate and implement the most effective response. In this section we examine our responses to DUI within the context of the more general problem of driving while distracted (impaired) in an effort to think clearly not just about what we do, but about the forces and assumptions behind our policy decisions.

In 2006 the Center for Disease Control reported that 13,407 people died in alcohol-impaired driving crashes,

accounting for just over 30 percent of all traffic related deaths (CDC). A recent, more limited study on driving behavior found that 80 percent of crashes and 65 percent of near-crashes involved driver inattention, and that the most common form of driver inattention or distraction was the use of cell phones. Data reported by the Human Factors and Ergonomics Society estimates that cell phone distraction while driving causes over 2,500 deaths and as many as 330,000 injuries each year. Additional studies have found a substantial decline in a driver's reaction time when talking on a cell phone, whether or not hands-free. Some investigators have found that drivers talking on a cell phone have slower reaction times than drivers with blood alcohol levels exceeding 0.08. The potential future impact of this is enormous

Please see *Wellness court*, page 8

Table 3. Alaska Fatality Analysis Reporting System (FARS) Statistics, 1999–2008

Year	Fatalities	Fatal crashes	Alcohol-related fatal crashes	
			Number	percent of all fatal crashes
1999	79	73	39	53.4 %
2000	106	93	45	48.4
2001	89	80	42	52.5
2002	89	78	34	43.6
2003	98	87	34	39.1
2004	101	96	30	31.3
2005	73	66	32	48.5
2006	74	71	23	32.4
2007	82	75	31	41.3
2008	63 *	56 *	23 *	41.1 *

* Numbers are preliminary and subject to change.

Source of data: Alaska Highway Safety Office

Wellness court

(continued from page 7)

when you consider that cell phone ownership is near universal and multiple surveys estimate that over 70 percent of those with cell phones use their phone while driving.

The point of this discussion is not to quibble over which hazard is greater but to ask why we condemn the drunk driver, but seem to rationalize the behavior of the talking driver. And how does this different perspective influence our policies toward each type of driver? Perhaps our policy focus should be more expansive and DUI could be subsumed under a more general category of "impaired driving." Regardless of these future policy changes, the immediate need should be focused on making the necessary changes to allow the AWC to expand to more effectively address the problem of DUI.

Recommended Changes to Expand Participation in the AWC

Recommendation One. Reorient and/or clarify our policy goals in dealing with drunk drivers. This is a necessary first step. Is it possible to separate the issues of alcohol abuse/addiction from driving safety on a policy level? Our current policies as implemented can be seen as punishing alcohol abusers in the hopes of making them more responsible drivers and/or punishing drivers in the hopes of treating their alcohol abuse. In this sense our current policies are ineffective strategies unlikely to eliminate DUI and improve traffic safety or to reduce alcohol abuse/addiction and improve individual and community health. An essential change that would allow for more focused interventions is the development of timely and comprehensive assessment of all drivers arrested for DUI. The more comprehensive assessment would assess level of alcohol use and individual readiness for change as an indicator of amenability to mandatory treatment. Incorporating the most recent research-based information, one goal would be to distinguish those arrested for DUI who generally drink at low-risk levels from those with drinking patterns that make them at-risk for additional alcohol-related problems. Some of these factors are outlined in the National Institutes of Health 2009 publication "Rethinking Drinking: Alcohol and Your Health."

Assuming the AWC continues with limited resources of funding and staff, a primary first order goal of the assessment is to help select those offenders most likely to benefit from the AWC intervention. There are many factors to consider as a prelude to any therapeutic intervention, but the

Table 4. Trends in Alcohol Use Among Adults, by Gender, Alaska Behavioral Risk Factor Surveillance System (BRFSS)

	2001	2002	2003	2004	2005	U.S. 2005
Female						
% binge alcohol use	11.0 %	10.9 %	11.7 %	8.7 %	9.7 %	7.0 %
% current alcohol use	56.3	55.2	57.0	52.3	52.0	46.0
% heavy alcohol use	5.5	5.2	6.3	4.7	4.2	4.2
Male						
% binge alcohol use	24.8 %	25.2 %	24.7 %	23.4 %	24.9 %	21.9 %
% current alcohol use	66.4	66.8	66.0	62.9	66.8	61.4
% heavy alcohol use	6.1	6.9	7.9	5.5	5.9	6.2

Source: Alaska Department of Health and Social Services, Section of Prevention and Early Intervention

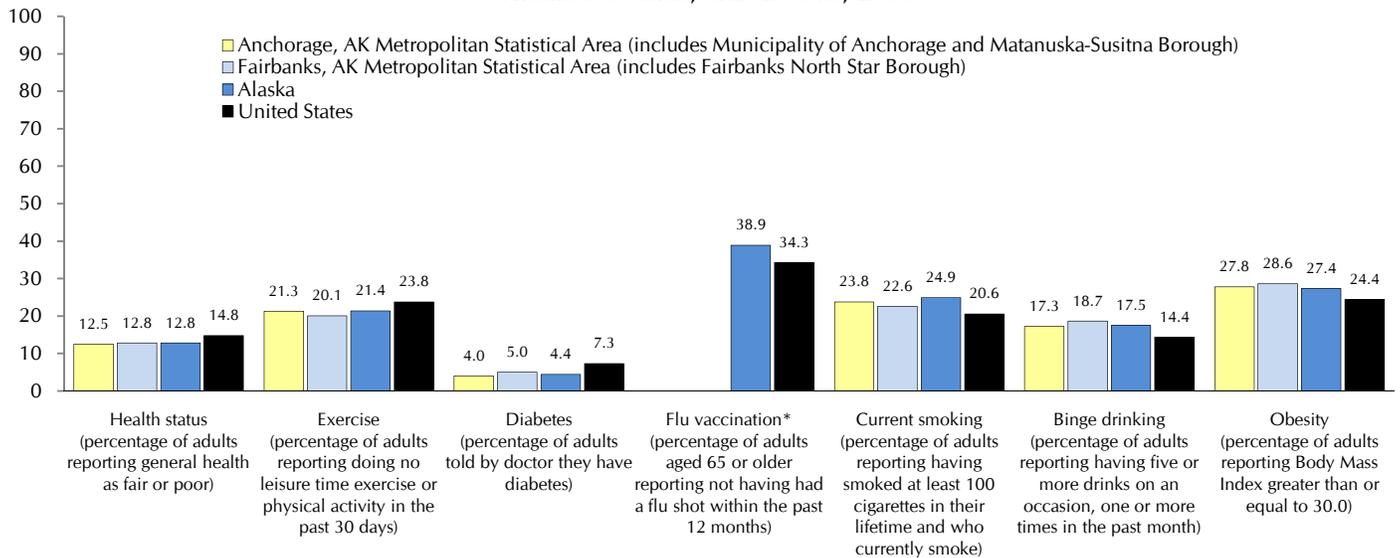
minimum should include: blood alcohol concentration (BAC) at time of arrest, self-reported drinking patterns and consumption levels, some measure of readiness for change/amenability to treatment, and history of other alcohol-related problems. Certainly the AWC already collects and uses this information to inform treatment in some manner, but the suggested process would additionally use the information to help determine who should enter the AWC. Importantly, it would separate DUI offenders who drink at low-risk levels from those who drink at levels making them at-risk of many alcohol-related problems including DUI. National survey data on alcohol use by adults indicates that about 28 percent of drinkers do so at heavy or at-risk levels. State data for Alaska suggests that this level is higher here. (See Table 4 and Figure 1.) In the context of DUI policy this component of the assessment would distinguish two large groups of offenders, those identified with low-risk drinking and those with at-risk or heavy drinking. Related research and the results of the current evaluation of the AWC indicate that the AWC treatment program is most effective for those who drink at heavy or at-risk levels. An alternative treatment program should be developed for those DUI arrestees who drink at low-risk levels that addresses their particular needs.

Recommendation Two. Develop alternative treatment programs and expand the number of available treatment providers. For either group of DUI offenders and AWC participants, the specific mandatory treatment must expand with resources proportionate to the problem. The AWC currently has an operating capacity of 80 participants but there is an insufficient number of treatment providers in the community for the AWC to reach this goal. This is both a policy and programmatic change. Recognizing that not all DUI offenders are the same, and therefore not all benefit from the same treatment program, requires programmatic change. Ideally, there needs

to be a balance between the capacity of the court and community treatment resources. An imbalance on either side undermines both the treatment effectiveness and cost/benefit efficiency of the court. If the court lacks available space, motivated participants will be turned away. If the community lacks sufficient treatment resources, the court will operate under capacity. In either case the offender, the court, and the community are not well served. The state, local communities, and political leaders have primary responsibility to ensure adequate funding for the court and to develop policies that encourage and support the development of treatment programs within the community.

Recommendation Three. Establish a five year follow-up program with the potential for offenders to have their court record (arrest and conviction) of DUI cleared at some point, coupled with ongoing incentives to maintain desistance. This would require a change in law and a change in the AWC treatment program. Most drug treatment courts do not include alcohol-related offenses such as DUI nor do they typically concentrate on offenders whose primary drug of choice is alcohol. Historically, some drug courts operated on a pre-adjudication model such that when the participant successfully completed the treatment program, their arrest was erased and as a result there was no record of a conviction or plea. The underlying rationale for this drug court model was that by diverting the offender from the standard criminal justice sanction, the stigma of arrest and collateral negative consequences of the criminal justice process were mitigated, the offender's underlying problem could be addressed, and costs were reduced. Currently the vast majority of DTCs require the participant to enter a plea agreement and admit guilt as a condition of entry—although in many states completion of a treatment program, rather than incarceration, is the mandatory sanction for many drug offenses. Additionally, many

Figure 1. Percentage of Adults Reporting Selected Health Risks in Anchorage and Mat-Su, Fairbanks, Alaska Statewide, and the U.S., 2005



* No figures available for flu vaccination for Anchorage or Fairbanks Metropolitan Statistical Areas.

Source of data: Selected Metropolitan/Micropolitan Area Risk Trends from the Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, <http://www.cdc.gov/brfss/>

states provide a mechanism through which the criminal record of the participant is eliminated if they successfully complete the treatment program. It seems clear that many participants in the standard DTC are motivated by these incentives. The AWC is not able to offer the benefit of a clean record and fresh start as an incentive to increase participation and support continued desistance. The AWC treatment program lasts at least 18 months, absent any false starts or relapse that may extend the program length. If the participant maintains desistance from alcohol or at a minimum is not arrested for another alcohol-related offense during the 24–36 months following completion of the program, some type of positive response seems reasonable. The response could range from expunging their court record to a resetting of sanctions to a first offense for any subsequent convictions. Some type of contact would occur every four to six months throughout the follow-up period.

Recommendation Four. Develop proactive policies of prevention to confront the problem of alcohol-impaired driving and the underlying problem of alcohol abuse and addiction. No matter how many treatment resources are provided and how effectively and efficiently they are implemented, these policies and programs are primarily reactive and as such can never solve the problem. Ultimately, when the community of Anchorage and the State of Alaska commit to a comprehensive policy of prevention

infused across the spectrum of private and public institutions, there will be less demand for treatment programs like the AWC and the sanctions of the criminal justice system. The greater need for the coercive powers of the criminal justice system reflects a degree of failure throughout the basic institutions of a community and society.

Conclusion

Problem-solving courts created to process drug offenses and enhance the administrative efficiency of criminal courts have become an essential mechanism to reduce recidivism rates and address the needs of drug offenders. Drug treatment courts have operated for nearly 20 years and many evaluations of their operation have been completed on the local, state and national level. In this span of time researchers, criminal justice professionals and treatment providers have learned much to increase the effectiveness and efficiency of drug treatment courts, but significant issues remain unresolved. Perhaps the most significant issue concerns the ability of the drug court model, employing the tenets of therapeutic jurisprudence, to include a larger percentage of drug-involved offenders. As mentioned in the previous discussion, most DTCs including the AWC enroll only a small percentage of eligible offenders. In many traditional drug courts, otherwise eligible offenders are intentionally excluded because of specific offense histories, most often violent offenses. The AWC

has eligibility guidelines, but this is not the primary factor hindering enrollment. For various reasons, and most remain unclear, only a small percentage of eligible offenders decide to participate. Capitalizing on the research evidence documenting that coerced treatment can be as effective as voluntary treatment, the AWC could easily expand through a screening process weighted more on amenability assessment than voluntary self-selection.

The AWC has achieved a degree of success over the past decade and is a well established therapeutic court within Anchorage and Alaska. The continued success of the AWC is uncertain and will be determined to some degree by how well it is able to address the issues presented in this essay.

Ronald S. Everett is an Associate Professor with the Justice Center, and assisted with the research for the Urban Institute Justice Policy Center report, "Impact and Cost-Benefit Analysis of the Anchorage Wellness Court" published in 2008.

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Therapeutic Jurisprudence

The creation of the term, “therapeutic jurisprudence” in the late 1980s has been attributed to University of Arizona law professor David Wexler. The concept was further developed with his colleague, University of Miami School of Law professor Bruce Winick, through their work in mental health law. Professor Wexler in a 1999 lecture at a disabilities law symposium stated that therapeutic jurisprudence “focuses on the law’s impact on emotional life and on psychological well-being.” Wexler and Winick wanted to concentrate on the capacity of the law to both help, as well as hinder, positive outcomes for defendants, and on the need to carefully look at the possible results of a legal decision. Many courts have adopted the perspective of therapeutic jurisprudence in dealing with particular types of cases, especially drug, alcohol, mental health, and family issues, and the concept of therapeutic courts has grown out of this approach.

The National Center for State Courts has noted that therapeutic courts, like all courts, look at the seriousness of the crime and appropriate sanctions, but in addition therapeutic courts look closely at treatment options, likelihood of rehabilitation, willingness of the offender to participate in treatment, and ways to create positive outcomes for the offender and society. Therapeutic courts strive to balance the letter of the law and the spirit of the law in addressing issues of fairness to offenders and to victims and communities. Policymakers are interested in therapeutic courts because of their demonstrated ability to reduce recidivism and incarceration, and because they may help with growing caseloads

Courts that operate under the umbrella of therapeutic jurisprudence are also sometimes called “wellness courts” or “problem-solving courts.” The term “wellness” has been related to Native American views on healing and peacemaking. The first Alaska court dealing with alcohol abuse offenders in this new way was co-founded in Anchorage in 1999 by District Court Judge James Wanamaker and Janet McCabe of Partners for Progress, and the term “Wellness Court” was purposely selected because of its link to the Native view of justice. The Center for Court Innovation has reported that “problem solving emerged first in policing in the early 1980s but by the end of the decade had been adapted by prosecutors’ offices, probation departments, and state courts.” The terms therapeutic court, wellness court, and problem-solving court are now often used interchangeably. In 2008, the National Drug Court Institute found there were over 2,500 problem-solving courts in the United States.

The Bureau of Justice Assistance Center for Program Evaluation and Performance Measurement has identified common elements of all problem-solving courts:

1. Focus on outcomes—providing positive outcomes for the offender, victim and society.
2. System change—promoting reform in how government responds to problems such as alcohol and drug abuse and mental illness.
3. Judicial involvement—engaging judges in a more hands-on approach to addressing problems and changing behavior.
4. Collaboration—working with groups outside the justice system, e.g., treatment providers.
5. Non-traditional roles—taking less common approaches, such as being less adversarial.
6. Screening and assessment—using these tools to identify which individuals are appropriate to refer to problem-solving courts.
7. Early identification of potential candidates—using screening and assessment tools early in the process of the defendant’s involvement in the criminal justice system.

Therapeutic jurisprudence is also a topic of international interest. The webpage for the International Network on Therapeutic Jurisprudence on the University of Arizona Law School website promotes international dialogue on this issue and reports on therapeutic jurisprudence courts and law school courses outside the U.S., including Canada, Australia, and Brazil.

In Alaska, the therapeutic jurisprudence approach has resulted in the creation of a number of therapeutic courts. The sentence for an offender is dependent on his or her willingness to participate in these courts. Most states have a preponderance of drug courts; however, in Alaska, alcohol courts are the primary type of problem-solving court. Problem-solving courts seek to involve collaboration with the court, the prosecution and defense attorneys, as well as other agencies and community partners; provide connections with treatment/service providers; increase motivation for compliance by the offender; and maintain on-going judicial supervision.

What follows is a list of the current courts with a brief descriptive title of the issues each addresses. Details of the court procedures and process vary for each type of court, but all seek to incorporate the elements common to problem-solving courts.

Addictions Courts (Alcohol and Drug)

- Anchorage Wellness Courts
- Anchorage Felony DUI Court
- Anchorage Felony Drug Court
- Anchorage Municipal Wellness Court (alcohol-related misdemeanors)
- Anchorage State Wellness Court (alcohol-related misdemeanors)
- Bethel Therapeutic Court (drug and alcohol-related misdemeanors and felonies)
- Fairbanks Wellness Court (felony DUI)
- Juneau Therapeutic Court (felony and misdemeanor DUIs and alcohol-related misdemeanors)
- Ketchikan Therapeutic Court (misdemeanor and felony DUIs)

Mental Health Courts

- Anchorage Coordinated Resources Project (misdemeanors)
- Fairbanks Juvenile Treatment Court (excluding violent and sexual offenses)
- Palmer Coordinated Resources Project (misdemeanors)

Other Courts

- Alaska Veterans Court (Anchorage—misdemeanors—assists with connecting with Veterans Administration services as needed)
- Family CARE Court (Anchorage—Child-In-Need-of-Aid (CINA) cases—parents who have addiction issues and face losing custody)

In addition to these courts, other programs have been established to address particular issues:

Barrow Misdemeanors Resources Project: This program has one staff person who assists self-represented clients identified as probably having Fetal Alcohol Spectrum Disorder (FASD), other cognitive impairments, substance abuse issues, and/or mental health issues. If the offender pleads out and enters the program, the coordinator facilitates getting an alcohol or mental health assessment, and then works with the offender to ensure compliance with any court orders, e.g., treatment, payment of fines, community service, etc. The coordinator also works with families of cognitively impaired individuals and offers information on alternatives to incarceration, on benefits for which the individuals may be eligible, and on guardianship and conservatorship of adults.

In a separate program, there is also inter-agency cooperation with the probation officer to provide additional assistance for

probationers with mental health issues.

Anchorage and Juneau Petition to Revoke Probation Adjudication/Disposition Projects (PTRP): These programs deal with misdemeanor cases and offenders who are not compliant with

terms of probation, most often with regard to Alcohol Safety Action Program (ASAP) participation and Community Work Service (CWS). The PTRPs provide real-time compliance reports to the court, defense and prosecution, and have streamlined caseload

and increased compliance.

Anchorage Operators without Licenses (OWL)—suspended motor vehicle license offenses: This program works with offend-

Please see *Therapeutic*, page 12

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Therapeutic (continued from page 11)

ers to determine what is required to reinstate their driver's license, e.g., payment of fines, re-taking of a test, payment of accident damages, etc. The Department of Motor Vehicles provides a checklist to the court and the prosecution and defense attorneys outlining what is required. The court provides ongoing judicial supervision to motivate participants to obtain license reinstatement.

A 2008 report by the National Drug Court Institute noted that problem-solving courts continue to grow, and their focus in the United States now includes the following types of courts: offender reentry, gun, community, mental health, domestic violence, prostitution, parole violation, homeless, truancy, child support, integrated treatment, and gambling. The number of Alaska's problem-solving courts and projects also continues to grow, and additional analysis of data will assist in gauging the efficacy of these programs.

Community Justice Centers

Community Justice Centers or community courts have evolved as another form of

problem-solving court. As the name indicates, these centers are located in neighborhoods or communities and are designed to meet the specific needs of residents. Extensive input by residents is critical to the development of these programs. The focus is generally on community-based consequences for wrongdoing. Panels of trained volunteers operate the courts, and consult with legal experts as needed. These courts work in cooperation with law enforcement, state courts, and social service agencies.

Other types of community justice centers actually provide legal representation in state and tribal courts for community members.

Mountain View Community Justice and Family Service Center: This center is awaiting funding while in the final stages of development, and is a project of Anchorage United for Youth. The Mountain View Center will focus on family and youth, particularly on non-violent low-level offenses by youth. The Center will be an alternative to Youth Court and the state juvenile justice system. Referrals to the Center will be evaluated on a case-by-case basis. A trained panel of community volunteers will focus on community-based consequences for youth and connecting youth and their families to

social and educational services. Community engagement is a critical goal for the project and will include multilingual focus groups, interviews, surveys for adults and youth, and a Photovoice project for youth to determine the needs and ideas of the community. After the needs assessment/community engagement process, plans include hiring multilingual case managers and training panel volunteers.

Sitka Family Justice Center: This justice center has been in operation since 2006 and is funded by the U.S. Department of Justice Office on Violence Against Women. The Center provides civil legal representation in both state and tribal court, and works closely with shelter advocates, law enforcement, and the district attorney. Their work is focused on support for victims of domestic violence, and assistance extends to civil legal cases that may arise from a domestic violence incident. Common issues are custody, divorce, and long-term protective orders. The program is expanding to include assistance with bankruptcy filings in 2009. The Center has a full-time civil attorney and a full-time legal assistant. The program is administered by the Sitka Tribe of Alaska; however, services are available to all members of the Sitka community.