

Suffolk County Veterans Court

Policy and Procedure Manual

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Policy and Procedure Manual

“...to care for him who shall have borne the battle...”

ABRAHAM LINCOLN MARCH 4, 1865

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Mission Statement

To identify eligible veterans in the criminal justice system and to foster an environment conducive to their special needs in order to support and assist them by providing treatment and services necessary for them to reach their full potential and successfully transition back into society.

Introduction

As the veteran population in the United States continues to rise, so too does the need for greater understanding of the impact of military service. The estimated United States veteran population was 22,658,000 in September 2010¹. “Since October 2001, approximately 1.64 million U. S. troops have been deployed for Operations Enduring Freedom and Iraqi Freedom . . . in Afghanistan and Iraq.”² Military service can impact the lives of veterans and their families in countless ways. Many returning veterans and their families cope with serious issues such as: alcohol and substance abuse, mental illness, homelessness, unemployment, and strained relationships.

Alcohol and substance abuse exists across all classes, ages, and races of people in the United States. It is a problem that knows no boundaries and impacts nearly everyone’s life in some way. The veteran population is just as susceptible to alcohol and substance abuse as other populations in America. The 2003 National Survey on Drug Use and Health found that 56.6% of veterans had used alcohol, and 7.5% reported heavy alcohol use in the previous month.³ Results of the 2003 survey also indicated a higher use of marijuana by veterans than non-veterans in the past month.⁴ However, of the 256,000 veterans in need of treatment for illicit drug use in the past year, [only] 20 percent had received treatment.⁵

According to *The Annual Homeless Assessment Report to Congress* published in 2009 (“HOMELESS”), 1,212,539 sheltered homeless were veterans.⁷ Veterans are more likely to be represented in the sheltered homeless population than the general population. Of the total number of sheltered adults, veterans represent about 11.1 percent, compared to 5.2 percent of the poverty population and 9.7 percent of the total U.S. adult population.⁸ Many veterans confront the same issues that lead others into homelessness, such as a lack of affordable housing and inadequate income and savings. However, obstacles such as substance abuse and the lingering effects of posttraumatic stress disorder (PTSD) certainly present an additional obstacle for veterans. These are formidable issues among service-men and -women returning from active duty. These issues can make it difficult for veterans to find and maintain gainful employment, which in turn can make it difficult to pay for housing, and further stress family relationships.

As acknowledged in HOMELESS, the reported number of sheltered homeless veterans was minimized by a confluence of factors. HOMELESS found that approximately eleven percent of sheltered homeless adults were veterans, a lower percentage than had been reported in other studies.⁹ However, HOMELESS proffered several possible explanations for this discrepancy. First,

the methodology employed by the study only included sheltered homeless veterans, which are necessarily a substrate of the total homeless veteran population as some homeless veterans are without shelter. Second, some of the residential programs for the homeless that are funded through the U.S. Department of Veterans Affairs did not report data to the U.S. Department of Housing and Urban Development and therefore were not included in the report. Finally, there is anecdotal evidence that homeless veterans sometimes do not divulge their veteran status to homeless program staff.¹⁰ The combination of these factors makes it difficult to state the total number of homeless veterans.

In a separate study published by the U.S. Department of Veterans Affairs in 2009 (“VETAFFAIRS”), the total number of homeless veterans reported from all of the veterans integrated service networks was 106,558.¹¹ Combining the figures from VETAFFAIRS and HOMELESS, there were as many as 1,319,097 sheltered homeless veterans in the United States as of 2009. These figures are even more daunting when the fact that a majority of those whose tours of duty include Iraq and Afghanistan have yet to enter the homeless veteran population.¹²

Equally daunting are the mental health issues that many veterans face upon returning from active duty. There is a statistically significant correlation between combat and PTSD¹³, so naturally the veteran population is particularly susceptible. The exact number of troops with PTSD is disputed; nonetheless, the Pentagon estimates that 30% of veterans from Iraq and Afghanistan will be diagnosed with PTSD.¹⁴ Unfortunately, for many veterans these problems go unaddressed and untreated.

These issues exact a tremendous emotional toll on veterans and can have profound ramifications for their overall well-being. In 2009 at least 334 members of the military services had committed suicide.¹⁵ Furthermore, the total number of suicides in 2009 is likely more than 334 because the suicide statistics for Marine Corps reservists and veterans of Iraq and Afghanistan who have left the service are not included.¹⁶ The Veterans Court allows those veterans whose mental health issues cause their criminal behavior to receive the treatment that is necessary for them to begin the healing process and to learn how to live a productive, law abiding life. The same principle applies when the veteran’s substance abuse issues leads to his criminal behavior, or when a combination of the two lead to criminal behavior.

Considering the substantial obstacles facing some veterans, it is not surprising to learn that a large number of them become entangled in the criminal justice system. According to a special report by the Department of Justice in 2004, approximately 140,000 veterans were held in the Nation’s prisons.¹⁷ For many of these individuals there was not an opportunity to receive the assistance and treatment that the Veterans Court offers. By recognizing these veterans’ need for treatment and guidance, the Veterans Court can divert their case out of traditional courts where they would likely be incarcerated, and give them the opportunity to avoid incarceration through a closely supervised

treatment program. For the veterans who are eligible and willing the Veterans Court gives them the opportunity to regain control of their life while remaining in the community.

Our experience with veterans who have participated in either the Suffolk County Drug Court and/or Mental Health Court have shown that there is a need for greater supervision and support; increased collaboration with law enforcement and the Veterans Administration; speedy identification and referrals of eligible veterans; transferring of cases that traditionally were in either the Drug or Mental Health Courts, to a centralized singular calendar of all eligible veterans; greater focus on veterans' faulty decision-making; and peer to peer, vet to vet mentoring, to help the veterans build and achieve healthy goals. The Veterans Court presents an opportunity to help veterans in trouble with the law. Without the collaboration of the VA Health Care Network, the Veterans Court, The Northport VA, volunteer veteran mentors and a coalition of Community Health Care providers, many would continue to have their illnesses untreated and would suffer the consequences of the traditional criminal justice system of jail or prison. This collaboration of unique partners affords the opportunity for these veterans to regain stability in their lives, to strengthen their families, to house the homeless, to employ the employable, and our society is the beneficiary.

How the Court Works

In recognizing that Suffolk County has the largest veteran population in the state of New York¹⁸, the necessity for creating a specialized Veterans Court was manifest. Following the lead of the first Veterans Treatment Court in the United States, which began operating in Buffalo, New York in 2008, we decided to take the same proactive approach to meet the unique and substantial needs of our veterans. The Suffolk County Veterans Court seeks to divert eligible veteran-defendants with substance dependency and/or mental illness that are typically charged with non-violent misdemeanor or felony criminal offenses, to a specialized criminal court docket. The court substitutes a treatment model for traditional court processing.

Veterans are identified through evidence based screening and assessments. Veterans are evaluated for any other veterans' benefits including VA health care, educational benefits and other VA benefit packages that promote income stability. If they are homeless, they are registered in a Veterans Outreach Center residential program. The veterans voluntarily participate in a judicially supervised treatment plan that a team of court staff, veteran health care professionals from the Northport VA, veteran peer mentors, AOD health care professionals and mental health professionals develop with the veteran. At regular status hearings treatment plans and other conditions are periodically reviewed for appropriateness, incentives are offered to reward adherence to court conditions, and sanctions for non-adherence are administered. Completion of a participant's program is defined according to specific criteria. Many will have their charges reduced upon successful completion and others are assured of a non-incarcerative sentence upon completion.

One element that resonates in the Veterans Court is the emphasis placed on personal accountability and the utilization of learned tools. The court provides a therapeutic environment, coupled with a high level of accountability for the offender, while allowing them to remain in the community. Participants attend regular status hearings, participate in the development of their treatment plans, and engage in community groups. The judge holds the participants accountable for their actions through sanctions and incentives. If necessary, the treatment plan will be modified according to the veteran's behavior through additional assessments. Most of the participants receive treatment through the Northport VA because of the unique care and understanding the facility has for veterans' experiences and needs.

Particular emphasis is placed on behavior modification and the idea of being mindful of the people, places, and things that the participants associate with. Certain people, places, and things can cause a participant to resort back to negative behaviors. Identifying these triggers is helpful for the participants in gaining the self-awareness that is necessary for their completion of the program. Participants are expected to use this self-awareness to make positive choices about what and with whom they associate themselves with. In understanding that family can provide additional support and motivation, the court also encourages family involvement in the lives of these veterans. Upon successful completion of the program, not only are the veterans sober and stable, many also have their charges reduced or dismissed, or receive a commitment of non-incarceration.

Many veterans are known to have a warrior's mentality and often do not address their treatment needs for physical and psychological health care. Often those who are referred to the Veterans Court are in despair as a result of suffering from alcohol or drug addiction, homelessness, and/or serious mental illnesses. When veterans become entangled in the criminal justice system, the Veterans Court team will find them, assess their needs, offer them assistance, and if possible manage their care and help them solve their problems. Without the Veterans Court, many of our proud veterans would continue to have their lives spiral out of control. The Veterans Court provides a tremendous opportunity to these men and women who have already sacrificed so much for our nation, to regain control of their lives and enjoy the freedoms that they fought to protect.

Team Members

Judge

The Presiding Judge of the Veterans Courts heads a collaborative treatment team composed of himself/herself, the project director, the prosecutor, the defense attorney, clinical staff, The Northport VA, and veteran mentors. In this capacity, the Judge regularly reviews progress reports detailing each participant's compliance with the treatment mandate, drug test results, progress toward abstinence and law-abiding behavior, and collaborates with the treatment provider. During court appearances, the Judge administers a system of graduated sanctions and rewards to increase participant accountability and to enhance the likelihood of recovery.

As a result of their frequent interactions during court appearances, the veteran develops a strong rapport with the Judge, who speaks directly to them, asks them about their progress, exhorts them to try harder, and applauds their accomplishments. At the same time, the judge is sure to remind them of their continuing obligation to remain drug-free, often acknowledging improvements in their appearance and treatment compliance resulting from the cessation of drug use. Accordingly, the veteran appreciates the Judge's recognition of their diligent efforts toward recovery.

Project Director

The Project Director manages all aspects of the Veterans Court and is responsible for the oversight of all personnel matters. In addition to coordinating with governmental agencies, criminal justice agencies, and all community-based organizations, he is accountable for preparing and submitting monthly, quarterly, and annual reports, including the preparation and modification of program budgets. Acting as the judge's right hand, the Project Director is intimately familiar with all of the participants and actively assists the judge in determining who is accepted to the program, and appropriate sanctions and awards for participants. The Project Director develops and supervises special projects, technology and program enhancements, which enhance services for special needs populations, including those with mental illness, women and children, veterans, those with health care issues, and lastly, those with vocational/educational needs.

Case Manager

Case managers assess, monitor, and report on all veteran participants to the court. They conduct psycho-social assessments of new cases, prepare treatment plans, coordinate and facilitate each veteran's entry into treatment, intensively monitor participant progress through exhaustive communication with treatment programs, maintain compliance-related information using the Universal Treatment Application, and provide updated clinical information to the Court for each scheduled court appearance. Case managers work with veteran specific issues such as post-traumatic stress, depression and other anxiety disorders that can be contributing to the cause of the veteran's criminal behavior. The case manager will help the veteran with readjustment issues such as anger management, impulse control, conflict resolution skills and other issues that create a difficult re-entry into civilian and family life. The case manager becomes a coach in the recovery process, meeting weekly with the veteran and with the family if needed.

Court Mentors

Additional assistance is provided to the court by a team of dedicated volunteer veteran mentors. The pool of veteran mentors includes those who have served in Vietnam, Desert Shield, Operation Enduring Freedom and Operation Iraqi Freedom. While in court, a mentor will meet with a veteran participant, discuss any ongoing problems or issues of interest. Together they work to problem solve

existing issues and bring to the attention of the court any issues the court can assist in resolving. This relationship promotes and fosters a “can do” attitude in the veteran, encouraging the veteran to accomplish their goals in treatment. Equally important, this relationship makes the veterans aware that they are not alone and that the mentors are there for support. Since the creation of the Veterans Court, the volunteer veteran mentors have not wavered in their commitment, time, or dedication, despite the fact they are not monetarily compensated for their time or expertise. Faithfully they are present, ready to serve at every Veterans Court session, without reservation. Their commitment and eagerness to serve are inspirational, appreciated, and necessary to the success of the Veterans Court.

Treatment Providers

Community agencies have signed memorandums of understanding which furnishes the providers with guidelines to facilitate their delivery of professional, appropriate, effective and confidential services to defendants who are referred to them by the court. Agencies provide the court with regular treatment updates. These updates are reviewed by the judge and the treatment team providing a glimpse of the participants progress in treatment so that adjustments can be made when necessary.

Assistant District Attorney

The role of the Assistant District Attorney in Veterans Court is dramatically different than in a traditional adjudication court. Typically, prosecutors and defense attorneys are adversarial. However, in the Veterans Court, all parties share the common goal of helping veterans successfully restore their lives. The prosecutor reviews new cases, determines which are appropriate and creates plea offers, which all include a jail alternative for a defendant’s failure to comply with the parameters of a treatment mandate. As part of a collaborative team with the Judge, defense attorney, and clinical staff, the prosecutor monitors the veteran’s progress and can make recommendations regarding sanctions. Also, if the veteran is re-arrested, the prosecutor investigates the new case and assesses the appropriateness of continued participation.

Defense Attorney

The defense attorney represents and counsels the veterans in all court proceedings. In the Veterans Court, while the protection of all the defendant’s constitutional rights is always the primary concern, the defense attorney is also interested in promoting their health and well-being. Balancing these two intimate concerns the defense attorney protects their client's legal interest, and to serve their clients best interests with regards to their treatment, rehabilitation, and integration back to civilian life.

Veterans Court Ten Key Components

The Suffolk County Veterans Court has adopted, with slight modifications, the essential tenements of the ten key components as described in the U.S. Department of Justice Publication entitled “*Defining Drug Courts: The Key Components*”.¹⁹ Brief descriptions of these modifications are listed in the ten key components that follow this introduction. Although there are differences between drug courts, mental health courts, and the Veterans Court, the *Key Components* provides the foundation in format and content for the *Essential Elements* of each of these courts.

KEY COMPONENT #1: THE VETERANS COURT INTEGRATES ALCOHOL, DRUG TREATMENT, AND MENTAL HEALTH SERVICES WITH JUSTICE SYSTEM CASE PROCESSING

The Suffolk County Veterans Court promotes sobriety, recovery and stability through a coordinated response to veterans’ dependency on alcohol, drugs, and/or management of their mental illness. Realization of these goals requires a team approach. This approach includes the cooperation and collaboration of the traditional partners found in drug treatment courts and mental health treatment courts with the addition of the Veteran Administration Health Care Network, The Northport VA, volunteer veteran mentors, and support organizations for veterans and their families.

KEY COMPONENT #2: USING A NON-ADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS’ DUE PROCESS RIGHTS

To facilitate the veteran’s progress in treatment, the prosecutor and defense counsel shed their traditional adversarial courtroom relationship and work together as a team. Once a veteran is accepted into the treatment court program, the team’s focus is on the veteran’s recovery and law-abiding behavior—not on the merits of the pending case.

KEY COMPONENT #3: ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE VETERANS COURT PROGRAM.

Early identification of veterans entering the criminal justice system is an integral part of the process of placement in the Veterans Court program. Arrest can be a traumatic event in a person’s life. It creates an immediate crisis and can compel recognition of inappropriate behavior into the open, making it difficult for the veteran to deny their need for treatment.

KEY COMPONENT #4: THE VETERANS COURT PROVIDES ACCESS TO A CONTINUUM OF ALCOHOL, DRUG, MENTAL HEALTH AND OTHER RELATED TREATMENT AND REHABILITATION SERVICES

While primarily concerned with criminal activity, AOD use, and mental illness, the Veterans Court team also consider co-occurring problems such as primary medical problems, transmittable diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and

family troubles—especially domestic violence—and the ongoing effects of war time trauma. Veteran peer mentors are essential to the Veterans Court team. Ongoing veteran peer mentor interaction with the Veterans Court participants is essential. Their active, supportive relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

KEY COMPONENT #5: ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING

Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress.

KEY COMPONENT #6: A COORDINATED STRATEGY GOVERNS THE VETERANS COURT'S RESPONSE TO PARTICIPANTS' COMPLIANCE

A veteran's progress through the treatment court experience is measured by his or her compliance with the treatment regimen. The Veterans Court rewards cooperation and responds to noncompliance. The Veterans Court establishes a coordinated strategy, including a continuum of graduated responses, to continuing drug use and other noncompliant behavior.

KEY COMPONENT #7: ONGOING JUDICIAL INTERACTION WITH EACH VETERAN IS ESSENTIAL

The judge is the leader of the Veterans Court team. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to veterans that someone in authority cares about them and is closely watching what they do.

KEY COMPONENT #8: MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS

Careful management and close monitoring systems provide timely and accurate information about the program's progress. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify the program.

KEY COMPONENT #9: CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE VETERANS COURT PLANNING, IMPLEMENTATION, AND OPERATIONS

All Veterans Court staff should be involved in education and training. Interdisciplinary education exposes criminal justice officials to veteran treatment issues, and Veteran Administration, veteran volunteer mentors, and treatment staff to criminal justice issues. It also develops shared

understandings of the values, goals, and operating procedures of both the Veteran Administration treatment and the justice system components. Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice, Veteran Administration, veteran volunteer mentors, and treatment personnel, and promote a spirit of commitment and collaboration.

KEY COMPONENT #10: FORGING PARTNERSHIPS AMONG THE VETERANS COURT, VETERANS ADMINISTRATION, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS GENERATE LOCAL SUPPORT AND ENHANCE THE VETERAN COURT'S EFFECTIVENESS

Because of its unique position in the criminal justice system, the Veterans Court is well suited to develop coalitions among private community-based organizations, public criminal justice agencies, the Veteran Administration, veterans and veterans families support organizations, and AOD and mental health treatment delivery systems. Forming such coalitions expands the continuum of services available to Veterans Court participants and informs the community about the Veterans Court concepts. The Veterans Court fosters system wide involvement through its commitment to shared responsibility and participation of program partners.

Conclusion

The Veterans Court is unique even among the other treatment courts. It represents a commitment by Suffolk County to the veterans who return from serving our nation damaged in some way. This commitment recognizes the great sacrifices these men and woman have made for their country and the price we all pay for enjoying our freedom. To be clear, the Veterans Court does not downplay the fact that the individuals who come before it have broken the law and that some form of punishment is necessary. What the Veterans Court does do is substitute closely supervised treatment for incarceration to provide these individuals with an opportunity to address and treat the underlying causes of their criminal actions and at the same time to repay their debt to society.

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- ¹ OFFICE OF THE ACTUARY, DEP'T OF VETERANS AFFAIRS, VETERAN POPULATION PROJECTIONS MODEL, VA BENEFITS AND HEALTH CARE UTILIZATION Table 5L (2010), *available at* <http://www.va.gov/vetdata/docs/quickfacts/Population-slideshow.pdf>.
- ² RAND CTR. FOR MILITARY HEALTH POLICY RESEARCH, INVISIBLE WOUNDS OF WAR: PSYCHOLOGICAL AND COGNITIVE INJURIES, THEIR CONSEQUENCES, AND SERVICES TO ASSIST RECOVERY iii (Terri Tanielian & Lisa H. Jaycox eds., 2008).
- ³ OFFICE OF APPLIED STUDIES, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMIN., THE NATIONAL SURVEY ON DRUG USE AND HEALTH REPORT: ALCOHOL USE AND ALCOHOL-RELATED BEHAVIORS AMONG VETERANS 1-2 (2005), *available at* <http://www.oas.samhsa.gov/2k5/vetsAlc/vetsAlc.pdf>.
- ⁴ *Id.*
- ⁵ *Id.*
- ⁷ U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, THE ANNUAL HOMELESS ASSESSMENT REPORT TO CONGRESS 174 (2009), *available at* <http://www.huduser.org/publications/pdf/5thHomelessAssessmentReport.pdf>.
- ⁸ *Id.* at 37.
- ⁹ *Compare id.* (stating that 11 percent of the homeless population were veterans), *with* NATIONAL COALITION FOR HOMELESS VETERANS, BACKGROUND AND STATISTICS: MOST OFTEN ASKED QUESTIONS CONCERNING HOMELESS VETERANS, <http://www.nchv.org/background.cfm> (last visited July 13, 2011) (stating that 23 percent of the homeless population were veterans).
- ¹⁰ U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, *supra* note 7, at 28.
- ¹¹ COMMUNITY HOMELESSNESS ASSESSMENT, LOCAL EDUCATION AND NETWORKING GROUP FOR VETERANS, SERVICES FOR HOMELESS VETERANS ASSESSMENT AND COORDINATION, THE SIXTEENTH ANNUAL PROGRESS REPORT, ESTIMATED NUMBER OF HOMELESS VETERANS AND INFORMATION SOURCES BY VISN AND VA - POC SITE ASSESSMENT, 138 (Dep't of Veterans Affairs 2010) *available at* http://www.va.gov/HOMELESS/docs/chaleng/chaleng_sixteenth_annual_report.pdf.
- ¹² Interviews with homeless assistance providers conducted for HOMELESS suggest that veterans of the Iraq and Afghanistan conflicts have not yet become homeless in great numbers, perhaps because it takes some years for the mental disabilities associated with war to become acute. U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, *supra* note 7, at 48.
- ¹³ Jessica L. Hamblen, *PTSD 101: What is PTSD?*, NATIONAL CENTER FOR PTSD (JULY 13, 2011, 10:04 AM), <http://www.ptsd.va.gov/professional/ptsd101/flash-files/ptsd/player.html>.
- ¹⁴ *PTSD and Veterans*, NATIONAL PAIN FOUNDATION (JULY 13, 2011, 12:15 AM), <http://www.nationalpainfoundation.org/articles/305/ptsd-and-veterans>.
- ¹⁵ John Donnelly, *Rising Military Suicides*, CONGRESS.ORG (JULY 13, 2011, 1:25 AM) http://origin-www.congress.org/news/2009/11/25/rising_military_suicides.
- ¹⁶ *Id.*
- ¹⁷ MARGARET E. NOONAN & CHRISTOPHER J. MUMOLA, U.S. DEP'T OF JUSTICE, VETERANS IN STATE AND FEDERAL PRISON, (2007) *available at* <http://bjs.ojp.usdoj.gov/content/pub/pdf/vsfp04.pdf>.
- ¹⁸ OFFICE OF THE ACTUARY, DEP'T OF VETERANS AFFAIRS, VETERAN POPULATION PROJECTIONS MODEL (VETPOP), 2007: V.A. POPULATION TABLES, LIVING VETERANS BY COUNTY (2010) *available at* http://www1.va.gov/VETDATA/docs/Demographics/VP2007County_Living_State_Web.xls.
- ¹⁹ THE NAT'L ASS'N OF DRUG COURT PROF'LS, U.S. DEP'T OF JUSTICE, DEFINING DRUG COURTS: THE KEY COMPONENTS (photo. reprint 2004) (1997), *available at* <https://www.ncjrs.gov/pdffiles1/bja/205621.pdf>.