

# Applying Systems Theory to Drug Courts: Advancing the Drug Court Research Agenda

**Elizabeth Hartsell**

Sam Houston State University, Department of Criminal Justice and Criminology

*The application of systems theory to criminal justice is not new. However, its explicit application to drug courts is novel. The drug court literature has historically suffered from a lack of theorizing and theory testing. Situating drug courts within the larger criminal justice system can help academics and practitioners understand what is going on outside of drug court, how it has important implications inside drug courts, and ultimately can help us better understand how and why drug courts may work for some participants and not others and why some drug courts may be more successful than others. This paper is a thought exercise that applies Mears (2017) systems theory to drug courts and sets forth directional hypotheses as part of a new drug court research agenda.*

**Key words:** drug court theory, systems theory, drugs, treatment, rehabilitation

## Systems Theory in Criminal Justice.

Bernard (2005) applies general systems theory to criminal justice by articulating nine reasons that it can be called a system. For example, there are inputs and outputs from each part (i.e., police, courts, corrections) which create pressure on other parts (Bernard, 2005). Mears (2017) uses systems theory to propose criminal justice reform that focuses not on individual behavior, but on system monitoring and continuous improvement. He does this by analyzing the criminal justice systems context (“crime, laws and politics, resources, public views, competing policy priorities”), its sub-systems (“police, courts, probation/parole, jails/prisons”), its goals (“public safety, justice, accountability, efficiency”), and its dynamics (“design, stocks and inflows/outflows, inputs/outputs, capacity, causal relationships”) (Mears, 2017 p. 95 for figure). In this model, drug courts can be seen as a sub-system of the court sub-system. Mears (2017) writes that “subsystems warrant attention in their own right” and that “efforts to improve subsystems require description and understanding of these subsystems” (p. 101). This paper answers that call. This thought exercise can help us understand *why* and *how* some programs thrive, and others may struggle. The process may help us get inside of the drug court ‘black box’ problem (Goldkamp et al., 2001a; Logan & Link, 2019; Marlowe et al., 2005). Mears (2017) systems improvement solution (SIS) can help us break through some of the barriers to studying and implementing drug courts.

## What are Drug Courts?

Drug courts were created to address the increase in volume of low-level drug related arrests (Finn & Newlyn, 1993). They operate differently from a traditional courtroom by adhering to key principles of providing mental and physical healthcare, substance use treatment, housing, and job assistance (All Rise, 2023). They also use sanctions and incentives to motivate behavior change and monitor compliance with drug screens and court appearances (All Rise, 2023). Courts proliferated quickly (Ahlin & Douds, 2019) and as of 2022 there are over 4,000 in operation (NTCRC.org, 2022). There are also national best practices that guide their operation (All Rise, 2023) written by All Rise (allrise.org). Best practices include guidance on when and how to sanction, incentivize, and drug test participants, about the use of community support services, and 12-step meeting requirements. Best practices are a guide for operations, so they helped to shape the theoretical application and analysis below.

## Existing Drug Court Theories and Frameworks.

Drug courts originated without a defined theory (Ahlin & Douds, 2019; Fulkerson, 2009, see Goldkamp et al., 2001a) but authors have expanded and/or applied existing theories to include them (e.g., Fulkerson, 2009; Marlowe et al., 2005; Messer et al., 2016). Other scholars have proposed therapeutic jurisprudence (Hora, et al., 1999; Senjo & Leip, 2001) and procedural justice (Atkin-Plunk & Armstrong, 2016; Dollar et al, 2018; Gottfredson et al., 2007; Kaiser & Holtfreter, 2016) as possible mechanisms behind their function. However, because the focus of the literature has primarily been on individuals, not on drug court effectiveness as influenced by the larger criminal justice and treatment systems, we may be missing a broader picture of why some *individuals* and some *courts* are more (or less)

successful (i.e., what is inside the black box, as influenced by what goes on outside the black box). Nearly 25 years ago, Goldkamp (2000) asked how drug courts would “impact the larger criminal caseload and on the court, justice, and health system resources (p. 958).” By applying systems theory to drug courts, we can help address this decades old question.

All Rise, a non-profit who provides key resources, training, and leads drug court practitioners across the country, does articulate best practices (2025) for drug courts to voluntarily follow. However, these do not necessarily meet the definition of a theory. A theory is a set of logically consistent, parsimonious generalizations that can be tested (Akers, Sellers, & Jennings, 2021). All Rise’s best practice document takes more of a ‘kitchen sink’ approach whereby there are dozens of prescriptive things that courts ‘should’ do which are sometimes cited as having empirical backing. This is not a value judgement on the best practices document, rather, I aim to point out that it is not a testable theory of functioning according to the definition of a criminological theory. Another challenge with using the best practices standards as “theory” is that most courts are not required to adhere to those standards. Florida is currently piloting a system to audit drug courts for meeting best practices (Florida Supreme Court Order No. AOSC23-89), but other states currently have no oversight mechanisms (e.g., Texas). Meaning, in practice, courts may be calling themselves a drug court without adhering to best practices, or at least, adhering to an unknown number of them and with unknown quality. In practice, best practices do not represent a uniform theory of why and how drug courts work, rather, they are a list of helpful ‘to do’s’ for practitioners when they need guidance about how to implement a program or how to respond to certain challenges (e.g., participant non-compliance, medical marijuana use, mental health treatment). Finally, the best practices document is changing rapidly, particularly in 2025 where there have already been several versions released. Some of these changes may represent practice recommendations in response to new peer reviewed research, but other changes may not. For example, the recent removal of all references and practices related to diversity, equity, and inclusion (DEI) and racial disparities in the criminal justice system, per federal directive, is not in line with majority of peer reviewed research. Criminological and program theories do evolve over time whereby researchers may update them in response to new evidence; however, it appears this is not the reason DEI sections were removed in this case.

As noted by Akers, Sellers, and Jennings (2021) there are more criminological theories that try to understand why people engage in crime than theories of the criminal justice system itself. The present focus is on the latter of these two modes of theorizing. I aim to illustrate how systems theory should be incorporated when considering how and why drug courts may or may not work for some individuals and for some jurisdictions. Much of the drug court literature is centered around program evaluation and tries to answer the question of “do drug courts work to reduce drug use and/or recidivism?” However, “if there is no adequate specification of the program impact theory, an impact evaluation may be able to determine whether certain outcomes were produced [in our case determine drug use or recidivism outcomes] ..., but it will be difficult to explain why or – often more important-why not” (Rossi et al., 2019, p. 87). This is why scholars have long indicated drug courts have a black box problem (that is, our lack of understanding about how and why exactly

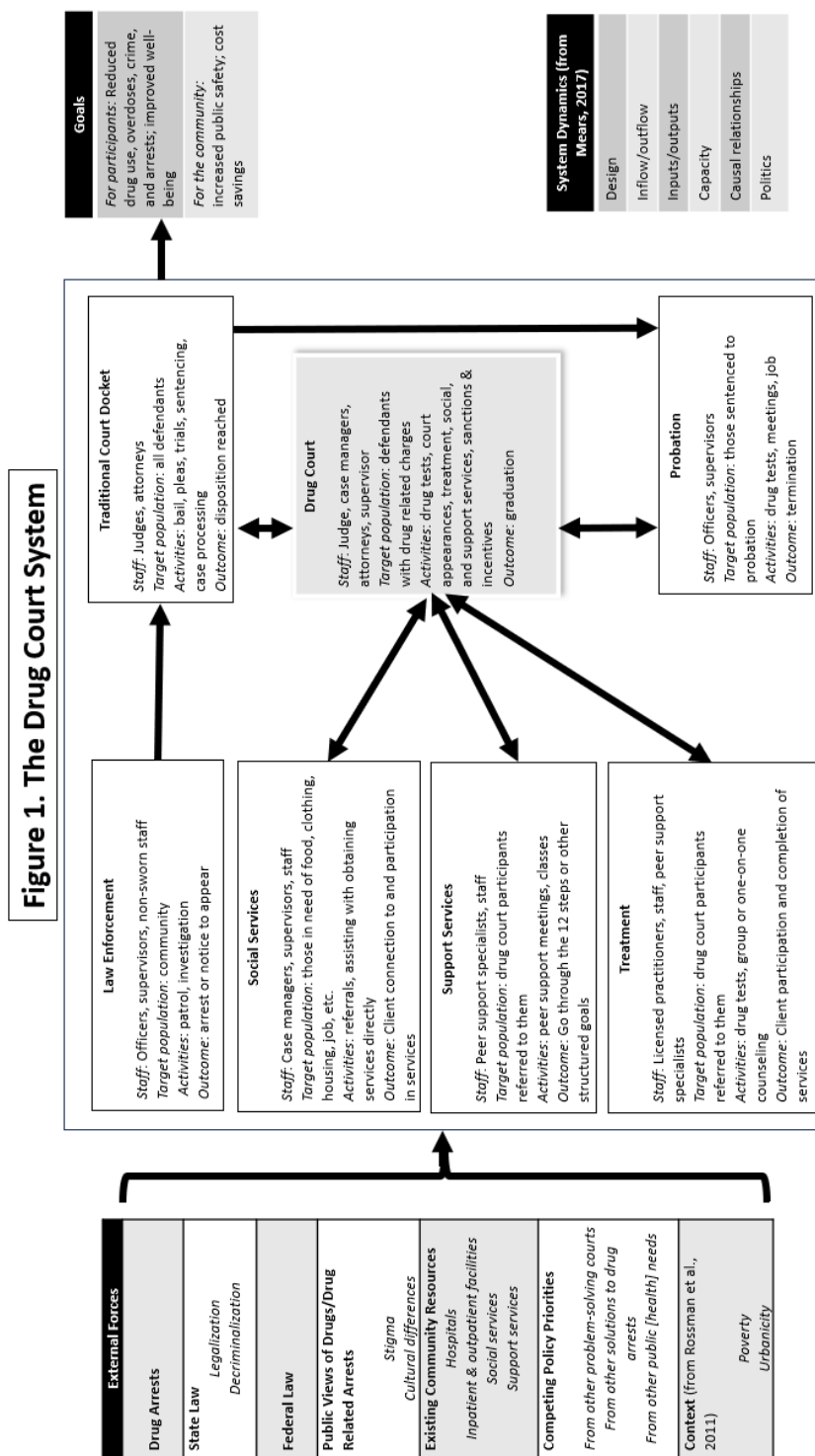
they appear work for some but not others and why some programs are more successful than others) (Goldkamp et al., 2001a; Logan & Link, 2019; Marlowe et al., 2005).

### **Relevance to Researchers and Practitioners.**

Because prior drug court theory does not take a systems approach, the field may be overlooking important context. I do not propose we dismiss or discount other theories, rather we work to incorporate a systems perspective into drug court theory development and practice. This will allow us to consider how context- e.g., neighborhoods, the economy, political structures- can impact courts. Theory and research tell us that higher levels of aggregation matter (Sampson, Raudenbush, & Earls, 1997; Shaw & McKay, 1942) and systems theory is a way to integrate the individual level with the larger context that individuals and programs operate in. As Logan and Link (2019) indicate, more drug court theory development is needed because it will help us to, “establish a clearer and more nuanced model that can explain why the intervention works for some people in some places and under some conditions (p. 292)” which would be helpful for practitioners who are looking to implement new programs or expand existing ones. Theory can allow researchers and practitioners to create more sound program plans and structures and allow for more rigorous evaluations and testing of effectiveness (see Akers, Sellers & Jennings, 2021). Particularly relevant for practitioners who have limited financial and time resources, if we can better determine what are ‘key’ drug court ingredients and what are ‘cherries on top’, strained resources can be allocated to target essential elements with evidenced based support. Using a systems theory approach can also allow practitioners to increase program fidelity by adhering to ‘what works’ via implementation of a systems improvement solution (Mears, 2017) through improved data collection, increased oversight, required training, and implementation of evidence-based practices.



Figure 1. The Drug Court System



Note: This figure is modeled after Mears (2017) figure depicting the entire criminal justice system.

## Application of Systems Theory to Drug Courts

First, I establish how drug courts are a system and elaborate on external factors that may impact them. Next, I assess sub-systems, their dynamics, and goals. Finally, I discuss how Mear's systems improvement solution (SIS) may be a fruitful direction for research and practice. Figure 1 is a simplification of the drug court system (DCS) because various courts operate differently (Logan & Link, 2019). However, because there is a unifying format (see ADCBPS Vol. 2, 2018; All Rise, 2023), generalizations can be made. Figures 2-4 indicate hypotheses.

### Drug courts are themselves a system.

They contain the four parts of a system, have specific goals, and their own structure with multiple sub-systems (All Rise, 2023; Bouffard & Taxman, 2004; Mears, 2017; Taxman & Bouffard, 2002). External forces that Mears (2017) describes as impacting the justice system broadly, also impact the DCS and they must also reckon with broader system dynamics. Each of these is discussed further below and illustrated in Figures 1-4. I do not propose that this is all relationships that may exist, but that this is a start to push theory and research forward. This exercise does not hypothesize about why people engage in crime (see Kraska, 2006). It is focused on how systems and sub-systems operate and the external forces and system dynamics that impact their function.

### External forces impact courts.

Different jurisdictions vary with respect to *what* external forces impact a DCS and the relative *strength* of those forces (Figure 2). The impetus for drug court creation was the increased volume of low-level drug arrests (Finn & Newlyn, 1993) and arrests will continue to impact the DCS in this manner (Figure 2 hypothesis 1). However, more recent research has indicated the opposite directional relationship between arrests and drug courts, such that, when drug courts are created, more drug arrests follow (Lilley, 2017, see hypothesis 1a). More research is needed to understand which direction(s) the relationship is operating in and what feedback loops may exist, but clearly external forces (e.g., police inputs) are impacting the DCS. Prior research also indicates that drug arrests are not evenly distributed across the population (Mitchell & Caudy, 2015; Tiger, 2018) and drug use rates themselves can change over time (Miech et al., 2023). These variations should be considered in longitudinal systems analysis (see Goldkamp et al., 2001b; hypothesis 1b). I also hypothesize that existing community resources will play a major role as an external force on the DCS (hypothesis 1c). Drug courts rely heavily on community treatment and social services as key resources (see All Rise, 2023 Best Practice Standards V & VI). Prior research indicates that the capacity, capabilities, and relationships with local hospitals, in-and-out-patient treatment facilities, social services, and support services are critical to drug court success (Bouffard & Taxman, 2004; Rossman et al., 2011b; Taxman & Bouffard, 2002; Taxman & Bouffard, 2005), thus these resources are a key feature of the systems model. This prior research also acknowledges that there is a wide variety of the types of community-based treatment provided to participants (Bouffard & Taxman, 2004) which may also contribute to heterogeneity in drug court outcomes (see

Taxman & Bouffard, 2005). For example, rural and urban drug courts may have varying degrees of access to hospitals and treatment providers because of their location (Browne et al., 2016; Warner & Leukefeld, 2001) which could impact the program, positively or negatively, through no fault of their own. Hypothesis 1c indicates that upon initial creation of drug courts in a community, these services will experience increased demand, leading to a temporary under resourcing problem but that over time, services will be expanded to meet the increased need.

### *Figure 2. External Factors and the DCS Dynamics*

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1. More drug arrests = more reliance on the DCS and more robust DCS<sup>1</sup>.
    - a. Alternatively, the presence of drug courts = increased drug arrests (Lilley, 2017) (net-widening, Gross, 2010; Tiger, 2018)
    - b. Relationships between drug use, arrests, and the DCS change over time (Goldkamp et al., 2001b).
    - c. In places where there are more drug arrests, treatment, support, and social services are overwhelmed and under resourced initially, then are expanded due to increased need.
  2. In states with more punitive drug laws, the rationale for using the DCS is social control (see Tiger, 2018). In states that have more lenient drug laws, their rationale is rehabilitation. Irregardless of rationale, the DCS can meet its goals.
    - a. Alternatively, goals may not be reached if legitimacy is decreased and procedural justice declines (see Walters & Bolger, 2019).
  3. Increased stigma = more arrests and increased DCS reliance (indirect effect) (see Kennedy-Hendricks et al., 2017; Sylvester et al., 2022).
    - a. Decreased stigma could also lead to more DCS participation because more defendants may be willing to admit they have a drug problem and get help via the DCS (see Kennedy-Hendricks et al., 2017; Sylvester et al., 2022).
      - i. There could be a tipping point with stigma, where these indirect effects do not happen until a tipping point of stigmatization is reached.
    - b. Alternatively, increased stigma = more arrests but not more DCS participation if the jurisdiction has a more punitive approach.
  4. More competing policy priorities = less reliance on the DCS (Mears, 2017).
  5. Urban jurisdictions have more transportation, treatment, support, and social services = increased DCS use (see Bouffard & Smith, 2005).
    - a. In jurisdictions with more poverty, the DCS will struggle to meet evidence-based practices related to providing services.
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State and federal law are also important external forces because depending on the jurisdiction, these may conflict. Federal law classifies all illicit drug use as a crime (DEA, 2018) but some states allow medical and/or recreational use of marijuana (NCSL.org) and Oregon decriminalized possession of some other drugs (oregon.gov). This interplay of federal, state, and local jurisdictional conflict (or consensus) will impact the DCS because different motives may underly its use (hypothesis 2). Some jurisdictions may use the DCS as social control/

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<sup>1</sup> That is, a drug court who meets most evidence-based practices. Including, but not limited to, having strong partnerships to community resources, treatment providers, and social services, a non-adversarial nature, a well-trained and active team structure, and who appropriately administers sanctions and incentives.

punishment for the most marginalized communities (O’Hear, 2011; Kohler-Hausmann, 2018; Tiger, 2013) and other jurisdictions could use the DCS as rehabilitation/therapy (Hora et al., 1999; Senjo & Leip, 2001) (Figure 2 hypothesis 2). If more people are participating in drug courts, regardless of the motivation for their creation, drug courts will be more likely to meet their goals. However, because research also indicates that if legitimacy and procedural justice perceptions decline then law-breaking behavior and deviance may increase (Walters & Bolger, 2019), there could be a criminogenic effect of intervention if courts are not careful to maintain procedural justice and fairness. Individual systems analyses should occur to test these hypotheses which will allow us to understand why and how motivations may impact procedural justice, legitimacy, and ultimately participant outcomes.

Next, public perception and stigma surrounding drug use will impact the DCS (hypothesis 3). There is a stigma associated with drug use (Kulesza et al., 2013) which can impact public policy opinions (Kennedy-Hendricks et al., 2017; Sylvester et al., 2022). For example, those with more stigmatized perceptions of opioid use disorder favored punitive policies (i.e., use of the CJS) over rehabilitation-oriented policies (i.e., healthcare responses) (Kennedy-Hendricks et al., 2017). Public opinion/stigma of substance use will impact the DCS because policymakers/advocates with low stigma towards substance use disorder will continue push for their creation and financial support. Alternatively, high stigma towards drug use could be so pervasive that it reduces use of the DCS, with policymakers favoring more punitive solutions (Kennedy-Hendricks et al., 2017; Sylvester et al., 2022). We also know that stigma attached to drug use and treatment is not universal; it can vary based on political affiliation, race and racial attitudes, and relationships (or lack of) with someone who uses illicit substances (Sylvester et al., 2022). Based on prior research, I hypothesize that individual DCS’s will be impacted not only by the larger cultural context and stigma surrounding substance use disorder, but also by more specific, and possibly localized or individualized contexts, as some stakeholders may be more (or less) willing to embrace treatment based on their backgrounds and perceptions (Sylvester et al., 2022).

Competing policy priorities will also impact the DCS (hypothesis 4). A recent nationally representative Pew report indicates that drug use made the list of top concerns for Americans (Pew, 2023). However, drug courts are not the only policy solution to drug use, for example, there are community-based treatment and prevention programs in workplaces and schools (NIDA, 2023). These non-criminal justice solutions may compete with the DCS for buy-in and funding. There could also be competition within the problem-solving court space (Mears, 2010). For example, Veterans Treatment Courts may be easier to create public and policymaker support for due to the perceived worthiness of rehabilitation and specialized case processing for Veterans (Rowen, 2020) possibly leading to the support and creation of VTC’s, but not drug courts.

Finally, the make-up of a jurisdiction matters, including poverty, urbanicity, and race (hypothesis 5). The considerations of poverty and urbanicity were incorporated from Rossman’s drug court et al., (2011a) framework. These factors can impact transportation, availability and access to healthcare, treatment, social, and support services, jobs, housing, and involvement with the criminal justice system (see Duncan et al., 2017; Gustafson, 2009)

which are all important to the DCS reaching its goals (All Rise, 2023). If participants cannot get to appointments, cannot afford appointments, and/or do not have health insurance, compliance with drug court rules will be much more difficult. Race also matters. We know that poverty and criminal justice system involvement are not equally distributed in the US (Herring, Yarbrough, & Marie Alatorre, 2020; Kurlychek & Johnson, 2019). Black Americans are more likely to experience poverty and interact with all aspects of the criminal justice system (Baker, 2022; Mitchell & Caudy, 2015). There is also some evidence of race differences in drug court treatment such that Black participants are less likely to succeed (Gallagher, 2013; Shah et al., 2015; Shannon et al., 2016).

### **The DCS has multiple sub-systems.**

The DCS includes police, traditional courts, treatment, support, and social services, and probation. Jurisdictional organization varies in the U.S. (Gest, 2018) and based on the external forces, target populations, activities, and goals, sub-system members could vary in local jurisdictions. Law enforcement provides inputs for court dockets but the process to become a drug court participant varies by jurisdiction. Participation is encouraged to be voluntary (All Rise, 2023) and is in most cases (Cooper, 2002) but acceptance to a program depends on the current charge type, criminal history, and typically requires having a substance use disorder and/or admitting use (All Rise, 2023; Cooper, 2002). This voluntary nature and admittance based on charge type and criminal history leads to inherent self-selection and removal those applicants with more serious charges and criminal histories. All Rise best practices and evidence-based practices at large highlight the need to focus on high-risk high-need participants (All Rise, 2023). However, because state statutes commonly limit participation to the lowest level possession offenses, the goal to reduce crime rates at the community level could be negatively impacted because individuals with more serious charges, and possibly more acute drug use, are not allowed in the program. Drug court staff mirror traditional court staff with the inclusion of judges and attorneys but are expanded to include case managers and supervisors. Court activities can vary but the core activities include, drug tests, substance use treatment, social and support service referrals, sanctions, and incentives (All Rise, 2023) leading to graduation.

#### *Figure 3. Sub-System Dynamics*

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6. Output from police = input for courts
  7. Output from courts = input for the DCS
  8. Removal from the DCS = input for courts
    - a. This could become probation input
  9. Reciprocal relationships and interaction effects exist between the drug court and treatment, support, and social services because participants move between these systems (All Rise 2023).
    - a. Likely also a dose effect of drug court, treatment, support, and social services (see Festinger et al., 2002; Mears, 2010; Peters et al., 2001; Rossman et al., 2011c; Tiger, 2018).
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Social service, support service, and substance use treatment sub-systems are more like each other than they are compared to the police, court, or drug court sub-systems.

Required support services could include peer support programs such as AA or NA, other 12-step programs, or non-12 step peer support groups whose staff regularly communicate with the court (All Rise, 2023). The type of treatment participants may receive can vary widely even within the same DCS because of the individualized nature of the program (All Rise, 2023; see also DeMatteo et al., 2006). Based on prior research, there are likely dose effects of the treatment received in the DCS (Festinger et al., 2002; Mears, 2010; Peters et al., 2001; Rossman et al., 2011c).

Finally, probation is a sub-system. Goldkamp writes that it was “consciously excluded” from most courts (2000) when they began. However, today some states allow drug court to be a condition of probation (Florida Statute 397.334) and some programs use probation officers as case managers (e.g., Minnesota Supreme Court, 2006). It appears probation’s role in the DCS has increased since Goldkamp’s observation in 2000. System dynamics will impact the relationships between these sub-systems to each other, to external forces, and DCS goals (see Figure 4).

### **Drug court goals.**

At the individual level, goals include abstinence from drug use (and related overdoses and arrests) and improved well-being (Hora, 2002; Wiseman, 2005). Drug courts are unique from other CJS case processing because their goals go beyond desistance from crime and into more personal life choices, for example, getting a job, family relationships, and going to school (Tiger, 2018). Drug courts also strive to increase public safety (Wiseman, 2005) and save money (Rossman et al., 2011c; Wiseman, 2005) (see Figure 2). Some of these goals are proximal (i.e., reduced drug use, improved well-being during the program) and others are distal (i.e., continued abstinence and no arrests). Based on prior research, I hypothesize that proximal goals are much more likely to be achieved (hypothesis 11; see All Rise, 2023 for further discussion of proximal and distal goals; see also Rossman et al., 2011c and Kearley & Gottfredson, 2019 for evidence of sustained success). Additionally, as hypothesis 12 indicates, individual level goals are more likely to be achieved than community level goals. Relatively few people participate in the DCS. That is, they have not gone “to scale” (Fox & Berman, 2002), so increased participation and a system expansion would be needed to reach the tipping point to ensure community level outcomes (Mears, 2010). Finally, participants who are in more robust drug courts (i.e., drug courts that are adhering to evidence-based principles) will have a higher likelihood of success compared to participants who are in a poorly ran program that is practicing “correctional quackery” (see All Rise, 2023, Latessa & Reitler, 2014, Mears, 2022).

Figure 4. Dynamics Between the DCS and Goals

10. For high-risk participants: more services, attention, and a longer time in the DCS = goals met (Festinger et al., 2002; Mears, 2010; Peters et al., 2001; Rossman et al., 2011c). However, for low-risk participants, increased dosage may cause harm (Logan & Link, 2019; DeMatteo et al., 2006).
  - a. May also be a threshold even for high-risk participants, such that positive effects deteriorate if too much intervention is given.
11. Proximal goals are more likely to be achieved compared to distal goals (see All Rise, 2023 for further discussion of proximal and distal goals; see also Rossman et al., 2011c and Kearley & Gottfredson, 2019 for evidence of sustained success).
12. DCS goals directed at individuals are more likely to be achieved than community level goals.
13. Participants in robust DCS's will have a higher likelihood of positive outcomes (see All Rise, 2023; Latessa & Reitler, 2014) while participation in a poor DCS may have no impact or be criminogenic (i.e., "correctional quackery" (Mears, 2022)).

### Application of the Systems Improvement Solution to Drug Courts.

The steps of Mears (2017) systems Improvement Solution (SIS) can be used to push forward drug court theory, practice, research, and policy.

*Step 1: data collection.* The first step is to "conduct systems research (Mears, 2017 p. 138)". Regular monitoring and evaluation are already widely recognized as essential for drug courts (All Rise, 2018). However, the majority of drug court research is not multi-site or longitudinal, although there are exceptions to this (Rossman et al., 2011a; Kearley & Gottfredson, 2020). Drug courts are in a unique position to embrace this first step because of the existing national organization, All Rise (allrise.org), could be the national 'captain', as Mears refers to the leader, of a nationwide drug court database. All local DCS captains could report to the national captain. Some states already use data management software across all problem-solving courts in the state (e.g., Florida, see <https://www.flcourts.gov/Resources-Services/Office-of-Problem-Solving-Courts/Florida-Drug-Court-Case-Management-System-FDCCMS>). However, not all states do this (e.g., Texas). A recent publication by the National Treatment Court Resource Center indicates that only 59.6% of court survey respondents have a statewide data management system (DeVall, Lanier, & Baker, 2022). Best practices (All Rise, 2018) suggest specific data points for courts to keep (e.g., recidivism, time at risk, sobriety) which could serve as a jumping off point for what a database should include. However, because adherence to best practices is voluntary, many jurisdictions are likely operating without strict compliance to these data point recommendations. Training staff and implementing a nationwide database would not be easy or cheap. But nationwide databases do exist for other criminological issues (i.e., the UCR and NIBRS) and are possible to accomplish if there is stakeholder buy in. A nationwide database of participant characteristics and outcomes would allow researchers to do the research required fulfill the first step of the SIS.

*Step 2: oversight and training.* Mears (2017) second step of the SIS is already encouraged by All Rise (2003; ADCBPS Vol. 2, 2018) and documented by researchers (e.g., Carey et al., 2012; Rossman et al., 2011c). He indicates there should be an institutionalized captaining

agency and involve stakeholders at the highest level of government. This could be All Rise. However, participating in All Rise training on best practices is currently largely voluntary. Meaning there is still vast variation in practices (see Mears, 2010) and a general lack of coordination. Jurisdictional DCS's could benefit from a national DCS that ensures consistency through required monitoring, technical assistance, and training.

*Step 3: implementation.* The third step is to ensure evidenced based practices are implemented (Mears, 2017). Most research has focused on individual drug courts (e.g., process and outcome evaluations (DeVall & Lanier, 2012; Gill, 2016; Roman et al., 2020), even meta-analyses (e.g., Mitchell et al., 2012; Sevigny et al., 2013; Shaffer, 2011)) but not courts impact and integration into the larger CJS. Examination at this larger level of aggregation is the way forward. Some states are working to have state-level oversight to ensure proper court implementation. For example, Florida is piloting a certification program to monitor compliance with evidence-based practices (Florida Supreme Court Order No. AOSC23-89 see <https://www.flcourts.gov/Resources-Services/Office-of-Problem-Solving-Courts/Florida-Problem-Solving-Court-Certification-Program>). Ensuring step three is possible, step two must also occur. Mears (2017) emphasizes that steps 1-3 are a continuous process (p. 185). This is an important for drug courts as they can change over time as stakeholders, treatment and service providers, and participant needs change (Goldkamp et al., 2001b).

## Discussion and Future Directions

Mears (2017) proposes a systems theory of the CJS which is broader than the DCS proposed here, but the DCS fits back into the CJS. Drug court literature suffers from underutilizing theory. By applying systems theory, we have a framework for future research and application. Specifically, through an SIS we could obtain uniform data via a national database, have oversight, and provide monitoring for courts by expanding All Rise, and ensure implementation of evidence-based practices. This will help us better understand *why* and *how* some programs struggle, and others thrive. Future research should work to test the proposed hypotheses in Figures 2-4 to understand which may apply, or not, to various jurisdictions. Additionally, individual jurisdictions should map their own DCS' which will allow them to better understand and address system problems. Stakeholders can perform systems analysis when planning for new programs as part of a needs assessment (Finlay, 2019; Logan et al., 2001; Rossi et al., 2019). This will allow for identification of relevant external forces and dynamics, an understanding of how those may impact the DCS. This can also set programs up for success because they will anticipate (and can pre-emptively act on) barriers that may stand in their way. Once established, systems analysis can be used to find pain points and assist with remedying them (Finlay et al., 2019), improve communication (Finlay et al., 2019), and ensure evidence-based practices are used (DeVall et al., 2012). By examining the DCS with a systems perspective, we can better understand the black box encourage better practices through implementation of an SIS.

As with any proposal, there are limitations. Primarily several relationships proposed here are untested within drug courts. These were built based on prior research, as cited above and in figures 2-4, but future research should aim to test these in a variety of DCS's to allow

for comparisons. However, there are many challenges with testing certain hypotheses when an SIS has not been implemented. For example, we have access to arrest data and information on laws over time. But, understanding local folkways in implementation is not something widely documented, and we know that the difference between law on the books and law in action is critical for understanding how courts are used by a community (Halperin, 2011; Pound, 1910). This in-depth understanding would take researchers going into communities to document relationships between local, state, and federal policies and politics, community agencies, and the CJS in a unified way to allow for comparisons-- a rather ambitious project. Another data related issue is associated with measuring stigma of local politicians and key actors (e.g., county commissioners, sheriffs, police chiefs, judges, prosecutors, public defenders). These data do not exist in a comprehensive, accessible manner. One can imagine that surveying all local actors could be one possibility that comes with its own challenges (primarily non-response). A possible alternative could be to analyze these actors 'on the record' statements about substance use, the CJS, and rehabilitation. For example, comments made to news sources, documents/transcripts from city council meetings, and campaign materials. Analyzing these for each actor in a jurisdiction and multiplying that by the number of jurisdictions needed to reach a critical mass to form conclusions is a large undertaking and would likely also suffer from a lack of public, readily accessible, materials to analyze for some actors and still only give a limited view of their true opinions. Getting a local insider(s) in each jurisdiction could assist with data collection to test stigma related and 'law in action' related hypotheses. However, relying on one, or even several, local insiders may come with its own limitations. Primarily the possible introduction of these insiders' own bias, potentially limited knowledge about certain actors, and their willingness to be transparent to an outside researcher.

Documentation of the resources that courts rely on is currently very limited. Ideally, researchers would want to know about funding sources, costs for services, waitlists, and accessibility. For example, physical accessibility could be analyzed by mapping provider locations relative to public transportation, but future research would need to consider if they are accessible in other ways, such as having non-English speaking staff. Logging these various elements for all providers a court uses, or could use, in a community is important work and currently does not exist in a comprehensive manner. Another data related challenge is documenting competing policy priorities. Pew gives us a good idea of these at the aggregate level, but at the local level, interviews with residents, examination of local news and social media posts, could give researchers additional insight into what is happening that could influence local policy. Researchers could also use census information on poverty and urbanicity but would need to spend time in the local courts to understand *how* these impact court function.

Fully testing these hypotheses cross sectionally or longitudinally, is a data, time, and money intensive proposition that would need to be done at a large scale to allow nationwide conclusions. I hope in the future, we can move towards a major system test such as this. A more proximal possibility is for a sample of courts within one state to conduct systems analyses of their DCS and submit them to researchers for analysis. Then, we could begin drawing cross-court comparisons within one state. The individual analyses would include

information on local stakeholder support and stigma, treatment and service providers, court eligibility and participation requirements, and an understanding of the courts ability to meet evidence-based practices. It would also need to analyze competing policy priorities, report on county level crime and arrest data, and participant level risk assessment and proximal and distal outcomes. By comparing information across courts, we could better examine hypotheses proposed in figures 2-4 and understand the contextual nuances that matter for DCS operation. Much of this information could be provided via survey with follow up interviews and focus groups with court staff. This approach may still seem daunting. However, NPC research regularly works with problem solving courts to conduct process and outcome evaluations using similar methods (see [npcresearch.com/reports-publications/](http://npcresearch.com/reports-publications/)); when in receipt of grant funds, BJA technical assistance also operates similarly; that is, by examining court provided information about the program followed by a virtual or in person site visit for observation of team meetings, court hearings, and interviews and/or focus groups with staff. Starting with one state will allow for preliminary systems contextualization and for state specific recommendations to policy makers. Then, the process can be refined and spread to other states to later allow for cross-state comparisons.

Finally, some may also accuse the DCS proposed here as too broad/general. On the other hand, some may accuse the DCS proposed here is too specific when Mears (2017) explains the CJS at large. Because drug court literature is not conclusive about the theory behind drug court function, there is lesser consideration of how drug courts fit into the broader CJS, and research rarely considers anything beyond individual level measurement, systems theory application is a valuable exercise and contribution to the way we think about the CJS.

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## Author

**ELIZABETH HARTSELL, PhD** is an Assistant Professor in the Department of Criminal Justice and Criminology. She earned her Ph.D. (2022) and M.A. (2019) degrees in Criminology, Law, and Society from the University of Florida and B.A. (2016) in Psychology from North Carolina State University. Elizabeth joined the faculty in 2022 and her research interests include courts, problem-solving courts, substance use & mental health services in the criminal justice system, mixed methods and evaluation research, and instrumentation.