EXPERT COMMENTARY

Drug Court Review: Fall 2022
© 2022 NDCRC
DOI:
dcr.ndcrc.org

Treatment of Co-Occurring Disorders in Drug Court Programs

Alexis M. Humenik
Center for Behavioral Medicine, Baylor University

Sara L. Dolan
Department of Psychology and Neuroscience, Baylor University

Abstract

Drug Treatment Court (DTC) programs are specialty treatment courts that aim to provide effective treatment for substance use in lieu of incarceration. DTC programs have been consistently linked to positive outcomes such as decreased recidivism, substance use, and cost to the community. Due to the growing number of participants presenting with co-occurring psychiatric disorders (CODs), DTC programs have been tasked with integrating effective treatment into traditional DTC models. The present commentary provides a summary of previous research regarding the prevalence of CODs in DTC programs, how DTC programs have addressed treatment of CODs and available outcomes, and recommendations for future research with this population. Overall, evidence exists to suggest DTC programs are suited for treating mental health symptoms in addition to substance use.

Keywords: Drug Court Treatment (DTC), mental health, co-occurring disorders, substance use

Correspondence concerning this article should be addressed to Sara L. Dolan, Department of Psychology and Neuroscience, Baylor University, One Bear Place #97334, Waco, TX 76798. Email: Sara_Dolan@Baylor.edu

Drug Treatment Court (DTC) programs were developed to address the need for effective treatment of individuals with substance-related crimes. The DTC model has consistently garnered success in reducing recidivism, substance use, and economic costs (Brown et al., 2010; Drake et al., 2009; Green & Rempel, 2012; Gottfredson & Exum, 2002; Gottfredson et al., 2003; Humenik et al., 2021; Latimer et al., 2006; Lowenkamp et al., 2005; Marlowe, 2010; Shaffer, 2006; Wilson et al., 2006; Wittouck et al., 2013). DTC programs increase the likelihood of engagement in substance use treatment and provide early intervention (Peters et al., 2012). In addition, participants have noted improvements in quality of interpersonal relationships and economic well-being that they associate with participation in DTC programs (Green & Rempel, 2012; Humenik et al., 2021).

DTC programs utilize a deferred adjudication model that provides a structured environment to aid in the treatment of substance use disorders as an alternative to incarceration. Although DTC programs vary across jurisdictions, there are several universal elements that underly effective implementation of DTCs (King & Pasquarella, 2009). To be eligible to participate in DTC programs, defendants usually must be charged with a substance-related offense (e.g., possession, Driving While Intoxicated) or have an established substance-use issue at the time of an arrest for a non-violent offense. DTC programs can be organized according to their legal framework, which generally consists of two types of models: diversion and post-adjudication. In diversion programs, prosecution of eligible defendants' charges is deferred pending participation and successful completion of a DTC program. In contrast, post-adjudication programs are utilized in lieu of sentencing after a defendant has plead guilty to their charges. Successful program completion results in a waived sentence, and in some cases an expungement of the charges while failure to complete the program results in the defendant returning to the court to be sentenced for their charges. The Ten Key Components were developed as a guideline to aid in standardization and effectiveness of DTCs (National Association of Drug Court Professionals, 2004). They include integrating drug and alcohol treatment with judicial case processing, use of a non-adversarial approach, early identification and placement of participants into DTC programs, access to a variety of treatment services, substance use monitoring, graduated rewards and sanctions for participant compliance, ongoing judicial interaction with participants, outcome monitoring of program goals and effectiveness, continued interdisciplinary education, and partnerships between DTC programs and community-based and public organizations.

As previously mentioned, effective DTC programs aim to identify and place participants into appropriate treatment services. Assessment of recidivism risk and severity of substance use is necessary to effectively match participants with treatment services (National Association of Drug Court Professionals, 2018), which is consistent with the Risk-Needs-Responsivity (RNR) model (Bonta & Andrews, 2016; Grounds, 2022; National Association of Drug Court Professionals, 2018). The RNR model posits that likelihood of recidivism will decrease if interventions are individually tailored to participants' needs, risk of recidivism, and specific treatment response. In practice, use of the RNR model matches participants with the highest level of risk with the most intensive treatments, while those with lower levels of risk receive less treatment (Bonta & Andrews, 2016; Grounds, 2022; Mikolajewski et al., 2021; National Association of Drug Court Professionals, 2018). Risk factors of RNR within the context of

DTC include characteristics that predict poor outcomes, such as early onset of substance use, a history of failed treatment, and antisocial personality disorder (Marlowe, 2009; Mikolajewski et al., 2021). Needs factors refer to dynamic factors (e.g., clinical disorders, skills deficits, functional impairments) that if treated, will decrease recidivism risk. By incorporating principles of the RNR model, DTC programs base provision of services, including psychoeducational groups, group psychotherapy, individual psychotherapy, and case monitoring, on a needs-based framework which allows for effective treatment for a variety of participants (Grounds, 2022; Lowenkamp, 2005; Mikolajewski et al., 2021).

Co-Occurring Disorders

Treatment of individuals with co-occurring psychiatric disorders (CODs) is a particular challenge facing many treatment courts, including DTC programs. CODs[1] are psychiatric disorders (e.g., major depressive disorder, bipolar disorder, posttraumatic stress disorder) that occur in individuals who also have a substance use disorder diagnosis. It is important to note that many individuals with CODs meet diagnostic criteria for multiple mental health diagnoses in addition to a substance use diagnosis (Peters et al., 2017). For individuals with mental health concerns, substance use may serve as a maladaptive coping strategy aimed at decreasing distressing symptoms (Humenik et al., 2021; Peters et al., 2015). CODs are common among justice-involved individuals diagnosed with substance use disorders, with estimates of 70% to 74% of individuals diagnosed with non-substance related disorders also meeting diagnostic criteria for a substance use disorder (Steadman et al. 2013; 2009). However, mental health concerns are frequently left untreated within criminal justice settings (Marks & Turner, 2014; Rice et al., 1991).

Mental Health Needs of DTC Participants

Although treatment of CODs is not the primary aim of DTC programs, a significant and increasing number of participants present to DTCs with mental health concerns (Humenik et al., 2021; Peters et al., 2012; Weitzel et al., 2007). Extant literature suggests that up to 63% of DTC participants experience at least one mental health concern, with prevalence rates varying across studies (Cissner et al., 2013; Green & Rempel, 2012; Humenik et al., 2021; Peters et al., 2012; Weitzel et al. 2007). The most common CODs noted include major depression (16-52%), post-traumatic stress disorder (10%), anxiety disorders (9%), and bipolar disorder (8%) (Cissner et al., 2013; Green & Rempel, 2012; Humenik et al., 2021; Peters et al., 2012; Weitzel et al., 2007).

DTC participants with CODs tend to have worse outcomes (e.g., Evans et al., 2009; Evans et al., 2011; Gray & Saum, 2005; Hickert et al., 2009; Mendoza et al., 2013; Randall-Kosich et al., 2021; Shannon et al., 2016; Wolf et al., 2015), which has raised concerns regarding the ability of DTCs to manage individuals with CODs. In fact, many DTCs have chosen to exclude individuals with CODs from program participation. Specifically, the literature reports that a diagnosis of depression is a significant predictor of program failure (Evans et

1 The term COD will be used to describe an individual who has a mental health diagnosis and simultaneous substance use diagnosis throughout the remainder of this article.

al., 2011; Grounds, 2022; Gray & Saum, 2005; Hickert et al., 2009; Mendoza et al., 2013; Randall-Kosich et al., 2021; Wolf et al., 2015). However, no other diagnoses are reported as significant predictors of program success or failure (Grounds, 2022; Mendoza et al., 2013; Randall-Kosich et al., 2021; Wolf et al., 2015). Notably, several studies found that individuals with CODs who were prescribed psychiatric medications were more likely to graduate from DTC programs (Evans et al., 2011; Grounds, 2022; Gray & Saum, 2005). Further, participation in mental health treatment was associated with decreased substance use and symptoms of anxiety and depression (Baughman et al., 2019; Grounds, 2022). These results suggest that integration of mental health treatment may improve outcomes of CODs on program participation and completion.

Treatment of CODs within DTC Programs

According to Humenik and colleagues (2021), several components of DTC programs are particularly suited to aid in reduction of symptoms of CODs. First, abstinence from substances and treatment of substance use, both components of DTC models, have been associated with general mental health improvements (Green et al., 2015; Humenik et al., 2021; Wilson et al., 2006). Additionally, assessment of symptoms at program entry and monitoring these throughout participation allows for optimal treatment, such that treatment providers can offer integrated mental health and substance use interventions (Humenik et al., 2021; Steadman et al., 2013). Providers who understand the complex relationship between individuals' psychiatric symptoms and their substance use, as well as the potential impact of functional impairments and cognitive deficits on treatment engagement, are better positioned to provide effective interventions.

Interventions that target symptoms of CODs may also increase the likelihood of successful DTC program completion and reduce recidivism and relapse, as participants with CODs may have needs that would not otherwise be addressed and interfere with program participation (Humenik et al., 2021; Peters et al., 2012; Steadman et al., 2013). Another key to increasing the likelihood of success involves adjusting case management services to foster a supportive alliance between DTC treatment providers and participants. Such a collaborative approach includes problem solving around potential barriers to treatment and recovery, including symptoms of CODs (Steadman et al., 2013). Further, expanding collaborations within the community and educating treatment team members about needs of participants with CODs can aid in the provision of effective services.

Steadman and colleagues (2013) also emphasize the utilization of a flexible integrated treatment approach which can be individually tailored to participant needs. This approach is consistent with the RNR model (Bonta & Andrews, 2016) and can be implemented in DTCs through modification of treatment goals, offering a greater variety of services, and tailoring supervision and monitoring to fit specific needs of participants with CODs (Steadman et al., 2013). Although an individualized treatment approach is most appropriate for individuals with CODs, due to the variation in symptom presentation, intensity of COD symptoms and substances used, as well as types of treatment available, evaluations of treatment outcomes and generalizability of results may be limited. For example, the DTC program evaluated in

Humenik et al. (2021) offered standardized treatment services such as scheduled court visits, substance use treatment groups, probation meetings, and 12-step meetings. However, individuals with CODs were commonly referred for individual treatment psychotherapy services which included Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Cognitive Behavior Therapy, Motivational Interviewing, and Seeking Safety. Because participant experiences varied greatly across this program, it is difficult to determine which services were most beneficial in the treatment of substance use and COD symptoms. Smelson and colleagues (2019; 2020) suggest addressing this challenge by systematically integrating a RNR approach to treatment planning, in which evidence-based practices are integrated within DTC procedures and matched to participants' risk factors. One way this has been put into practice is in the development of distinct DTC tracks that emphasize treatment of different risk factors (Marlowe, 2012; Mikolajewski et al., 2021) and utilize specific sets of treatment services. Preliminary findings suggest this framework is beneficial in providing effective treatment to a range of participants of DTC programs (Mikolajewski et al., 2021).

Treatment Outcomes

Few studies have investigated mental health outcomes associated with participation in DTC programs. One large-scale quasi-experimental study of DTC program outcomes suggested improvements in general mental health outcomes for justice-involved individuals (Green & Rempel, 2012). However, the data regarding improvement in specific symptomatology was lacking. Humenik et al. (2021) evaluated differences in mental health functioning pre- and post- participation for graduates of a DTC program. This study utilized the Minnesota Multiphasic Personality Inventory-2, to assess mental health functioning. Findings suggested significant mental health improvements for DTC graduates, in terms of symptoms of depression, anxiety, suspiciousness, manic and hypomanic symptoms, bizarre thought processes, and antisocial behavior. Smelson and colleagues (2019; 2020) developed an intervention specifically for drug court participants with CODs that integrates evidence-based treatments for mental health and substance use symptoms concurrently. This program was associated with improvements in symptoms such as depression, anxiety, psychosis, impulsive and addictive behavior, and trauma symptoms. Notably, positive outcomes remained stable at 12-month follow-up, suggesting participation in DTC programs may be associated with lasting mental health improvements (Smelson et al., 2020).

Discussion

Although limited research exists focusing on mental health outcomes of DTC participants, data from existing studies suggests positive associations between participation in DTC programs and improvement in mental health functioning. DTC programs, though originally intended to target substance use disorders and criminality, may be uniquely suited to treating mental health concerns. Available research on treatment outcomes (e.g., Humenik et al., 2021; Smelson et al., 2020) utilized relatively small samples of DTC participants, which limits the generalizability of results. Future studies should attempt to replicate results with larger samples. Further, variability in participant experiences across, as well as within, DTC programs, limits generalizability of results. One way to address this concern would be to

ensure programs quantify the additional services received by participants, or to develop specific treatment tracks based on the RNR model where specific sets of treatment services are matched with participant needs. Further, comparison of different therapeutic modalities (e.g., Cognitive Behavioral vs. Dialectical Behavioral Therapy) may help identify the most effective methods of intervention for this population. Moreover, utilization of a structured, step-based approach based on participant need, such as outlined in Smelson et al. (2020), may aid the generalizability of results.

Overall, the evidence presented may encourage further research and policy change which can increase positive outcomes for individuals with CODs. DTC programs may further improve treatment outcomes for the growing number of participants with CODs by implementing program recommendations outlined in Steadman et al. (2013). The purpose of this commentary was to examine one factor that can improve DTC outcomes, the treatment of CODs. While we recognize that we are only reviewing one element in a multifactorial, dynamic system of predictors of DTC outcomes, we believe that addressing CODs in a more targeted way can have tremendous impact on success for individual participants (e.g., reduced recidivism and substance use, improvement in overall quality of life), and ultimately the economic costs associated with DTC programs.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) did not disclose the receipt of financial support for the research, authorship, and/or publication of this article.

References

Baughman, M., Tossone, K., Singer, M. I., & Flannery, D. J. (2019). Evaluation of treatment and other factors that lead to drug court success, substance use reduction, and mental health symptomatology reduction over time. *International Journal of Offender Therapy and Comparative Criminology, 63*(2), 257–275. https://doi.org/10.1177/0306624X18789832

Bonta, J., & Andrews, D. A. (2016). *The Psychology of Criminal Conduct*. Taylor & Francis.

Brown, R. T. (2010). Systematic review of the impact of adult drug-treatment courts. *Translational Research*, *155*(6), 263–274. https://doi.org/10.1016/j.trsl.2010.03.001

Cissner, A. B., Rempel, M., Franklin, A. W., Roman, J., Bieler, S., Cohen, R. L., & Cadoret, C. R. (2013). *A statewide evaluation of New York's adult drug courts: Identifying which policies work best*. Center for Court Innovation.

Drake, E. K., Aos, S., & Miller, M. G. (2009). Evidence-based public policy options to reduce crime and criminal justice costs: Implications in Washington State. *Victims and Offenders*, *4*(2), 170–196. https://doi.org/10.1080/15564880802612615

Evans, E., Huang, D., & Hser, Y. I. (2011). High-risk offenders participating in court-supervised substance abuse treatment: Characteristics, treatment received, and factors associated with recidivism. *The Journal of Behavioral Health Services & Research, 38*(4), 510–525. https://doi.org/10.1007/s11414-011-9241-3

Evans, E., Li, L., & Hser, Y. I. (2009). Client and program factors associated with dropout from court mandated drug treatment. *Evaluation and Program Planning, 32*(3), 204–212. https://doi.org/10.1016/j.evalprogplan.2008.12.003

Gottfredson, D. C., & Exum, M. L. (2002). The Baltimore City Drug Treatment Court: One-year results from a randomized study. *Journal of Research in Crime and Delinquency*, *39*(3), 337–356. https://doi.org/10.1177/002242780203900304

Gottfredson, D. C., Najaka, S. S., & Kearley, B. (2003). Effectiveness of drug treatment courts: Evidence from a randomized trial. *Criminology & Public Policy*, *2*(2), 171–196. https://doi.org/10.1111/j.1745-9133.2003.tb00117.x

Gray, A. R., & Saum, C. A. (2005). Mental health, gender, and drug court completion. *American Journal of Criminal Justice, 30*(1), 55–69. https://doi.org/10.1007/BF02885881

Green, C. A., Yarborough, M. T., Polen, M. R., Janoff, S. L., & Yarborough, B. J. H. (2015). Dual recovery among people with serious mental illnesses and substance problems: a qualitative analysis. *Journal of Dual Diagnosis*, *11*(1), 33-41. https://doi.org/10.1080/15504263.2014.975004

Green, M., & Rempel, M. (2012). Beyond crime and drug use: Do adult drug courts produce other psychosocial benefits?. *Journal of Drug Issues*, *42*(2), 156-177. https://doi.org/10.1177/0022042612446592

Grounds, Z. K. (2022). *Identifying predictors of success in drug treatment courts: A review* [Unpublished manuscript]. Department of Psychology and Neuroscience, Baylor University, Waco, Texas.

Hickert, A. O., Boyle, S. W., & Tollefson, D. R. (2009). Factors that predict drug court completion and drop out: Findings from an evaluation of Salt Lake County's adult felony drug court. *Journal of Social Service Research, 35*(2), 149–162. https://doi.org/10.1080/01488370802678926

Humenik, A. M., Shivaji, S., & Dolan, S. L. (2021). Investigating mental health implications for drug court participants. *International Journal of Offender Therapy and Comparative Criminology*, *65*(9), 1077-1096. https://doi.org/10.1177/0306624X20928031

King, R., & Pasquarella, J. (2009). *Drug courts: A review of the evidence*. https://www.sentencingproject.org/publications/drug-courts-a-review-of-the-evidence/

Latimer, J., Morton-Bourgon, K., & Chrétien, J. A. (2006). *A meta-analytic examination of drug treatment courts: Do they reduce recidivism?* Ottawa: Research and Statistics Division, Department of Justice. https://justice.gc.ca/eng/rp-pr/csj-sjc/jsp-sjp/rr06_7/rr06_7.pdf

Lowenkamp, C. T., Holsinger, A. M., & Latessa, E. J. (2005). Are drug courts effective: A meta-analytic review. *Journal of Community Corrections*, *15*(1), 5-11.

Marks, J. S., & Turner, N. (2014). The critical link between health care and jails. *Health Affairs*, *33*(3), 443-447. https://doi.org/10.1377/hlthaff.2013.1350

Marlow, D. B. (2009). Evidence-based sentencing for drug offenders: An analysis of prognostic risks and criminogenic needs. *Chapman Journal of Criminal Justice*, *1*, 167-201.

Marlowe, D. (2010). Research update on adult drug courts. https://www.ndci.org/resources/research-update-on-adult-drug-courts/

Marlowe, D. (2012). Alternative tracks in adult drug courts: matching your program to the needs of your clients (part two of a two part series. *National Drug Court Institute Paper*, 7(2). https://www.ndci.org/sites/default/files/nadcp/AlternativeTracksInAdultDrugCourts.pdf

Mendoza, N. S., Trinidad, J. R., Nochajski, T. H., & Farrell, M. C. (2013). Symptoms of depression and successful drug court completion. Community Mental Health Journal, 49(6), 787–792. https://doi.org/10.1007/s10597-013-9595-5

Mikolajewski, A. J., Allan, N. P., Merrill, L., Carter, M. C., & Manguno-Mire, G. (2021). Employing the Risk-Need-Responsivity (RNR) model and predicting successful completion in an alternative drug court program: Preliminary findings from the Orleans Parish Drug Court. *Journal of Substance Abuse Treatment*, *131*, 108453. https://doi.org/10.1016/j.jsat.2021.108453

National Association of Drug Court Professionals. (1997). *Defining Drug Courts: The Key Components*. US Department of Justice, Office of Justice Programs, Drug Courts Program Office. https://www.ojp.gov/pdffiles1/bja/205621.pdf

National Association of Drug Court Professionals. (2018). *Adult Drug Court Best Practice Standards, Vol 1 & 2.* https://www.nadcp.org/wpcontent/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-I-Text-RevisionDecember-2018-1.pdf

Peters, R. H., Kremling, J., Bekman, N. M., & Caudy, M. S. (2012). Co-occurring disorders in treatment-based courts: Results of a national survey. *Behavioral Sciences & the Law*, *30*(6), 800–820. https://doi.org/10.1002/bsl.2024

Peters, R. H., Wexler, H. K., & Lurigio, A. J. (2015). Co-occurring substance use and mental disorders in the criminal justice system: a new frontier of clinical practice and research. *Psychiatric Rehabilitation Journal, 38*(1), 1–6. https://doi.org/10.1037/prj0000135

Peters, R. H., Young, M. S., Rojas, E. C., & Gorey, C. M. (2017). Evidence-based treatment and supervision practices for co-occurring mental and substance use disorders in the criminal justice system. *The American Journal of Drug and Alcohol Abuse*, *43*(4), 475-488. https://doi.org/10.1080/00952990.2017.1303838

Randall-Kosich, O., Whitaker, D. J., Guastaferro, W. P., & Rivers, D. (2021). Predicting drug court graduation: Examining the role of individual and programmatic characteristics. *Journal of Substance Abuse Treatment, 135,* 108654. https://doi.org/10.1016/j.jsat.2021.108654

Rice, M. E., Quinsey, V. L., & Harris, G. T. (1991). Sexual recidivism among child molesters released from a maximum security psychiatric institution. *Journal of Consulting and Clinical Psychology*, *59*(3), 381. https://doi.org/10.1037/0022-006X.59.3.381

Shaffer, D. K. (2006). *Reconsidering Drug Court Effectiveness: A Meta-Analytic Review*. University of Cincinnati.

Smelson, D., Farquhar, I., Fisher, W., Pressman, K., Pinals, D. A., Samek, B., Samek, B., & Sawh, L. (2019). Integrating a co-occurring disorders intervention in drug courts: An open pilot trial. *Community Mental Health Journal*, *55*(2), 222-231. https://doi.org/10.1007/s10597-018-0255-7

Smelson, D., Shaffer, P. M., Rodriguez, C. P., Gaba, A., Harter, J., Pinals, D. A., & Casey, S. C. (2020). A co-occurring disorders intervention for drug treatment court: 12-month pilot study outcomes. *Advances in Dual Diagnosis*. https://doi.org/10.1108/ADD-08-2020-0016.

Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services*, *60*(6), 761-765. https://doi.org/10.1176/ps.2009.60.6.761

Steadman, J., Peters, R. H., Carpenter, C., Mueser, K. T., Jaeger, N. D., Gordon, R. B., Fisler, C., Goss, S., Olson, E., Osher, F., Noether, C. D., & Hardin, C. (2013). Six steps to improve your drug court outcomes for adults with co-occurring disorders. National Drug Court Institute Fact Sheet. https://www.ndci.org/wp-content/uploads/2018/09/C-O-FactSheet.pdf

Weitzel, J. A., Nochajski, T. H., Coffey, S. F., & Farrell, M. G. (2007). Mental health among suburban drug court participants. *The American Journal of Drug and Alcohol Abuse*, *33*(3), 475-481. https://doi.org/10.1080/00952990701315459

Wilson, D. B., Mitchell, O., & MacKenzie, D. L. (2006). A systematic review of drug court effects on recidivism. *Journal of Experimental Criminology*, *2*(4), 459-487. https://doi.org/10.1007/s11292-006-9019-4

Wittouck, C., Dekkers, A., De Ruyver, B., Vanderplasschen, W., & Vander Laenen, F. (2013). The impact of drug treatment courts on recovery: a systematic review. *The Scientific World Journal*, *2013*. https://doi.org/10.1155/2013/493679

Wolf, M. R., Nochajski, T. H., & Farrell, Hon. M. G. (2015). The effects of childhood sexual abuse and other trauma on drug court participants. *Journal of Social Work Practice in the Addictions, 15*(1), 44–65. https://doi.org/10.1080/1533256X.2014.996228

Authors

ALEXIS HUMENIK is a Staff Psychologist and Certified Forensic Examiner at the Center for Behavioral Medicine. She received her doctorate in clinical psychology from Baylor University, and completed her clinical internship and postdoctoral fellowship at the Center for Behavioral Medicine. Her research and clinical work have primarily focused on assessment and treatment of justice-involved populations.

SARA L. DOLAN is a Professor of Psychology and Neuroscience and the Associate Dean for Professional Development at Baylor University. She completed her Ph.D. in clinical psychology at the University of Iowa, her clinical internship in the Division of Substance Abuse at Yale University, and her postdoctoral fellowship at Brown University. Her research primarily focuses on neurocognitive function in substance use disorders, posttraumatic stress disorder (PTSD), and traumatic brain injury (TBI). She has been working with the McLennan County DWI/Drug Court since 2009.