NATIONAL ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

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NACDL PROBLEM-SOLVING COURT TASK FORCE

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TASK FORCE MEETING

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DAY 2

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FRIDAY, JANUARY 23, 2009

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The Task Force convened, at 9:30 a.m., in the offices of the National Association of Criminal Defense Lawyers, 1660 L Street, N.W., Washington, D.C., Rick Jones, Co-Chair, presiding.

MEMBERS PRESENT:

RICK JONES, Co-Chair MARVIN SCHECHTER, Co-Chair ADELE BERNHARD, Member JAY CLARK, Member

ELIZABETH KELLY, Member JOEL SCHUMM, Member GAIL SHIFMAN, Member VICKI YOUNG, Member

		Page 2
C-O-N-T-E-N-T-S		
Opening Remarks Co-Chair Rick Jones	4	
Tim Murray Pretrial Justice Institute	5	
Patrick McGee Director	16	
Maryland Division of Parole and Probation		
Question-and-Answer Period	34	
Michael Finigan	68	
President and Founder NPC Research		
Question-and-Answer Period	86	
Josh Bowers	141	
Professor University of Virginia School of Law		
Question-and-Answer Period	154	
Judge Michael Rankin	199	
Associate Judge D.C. Superior Court		
Judge Craig Iscoe Associate Judge D.C. Superior Court	203	
Question-and-Answer Period	209	

		Page 3
C-O-N-T-E-N-T-S (CONTINUED)		
Drug Court Participant Panel	257	
Jeff Jeffrey Criminal Justice Substance Abuse Counselor MHS North County Center for Change	258	
Rhonda Reagan	262	
Former Drug Court Participant		
Candice Singer	270	
Policy Analyst		
National Council on Alcoholism and		
Drug Dependence, New Jersey		
Question-and-Answer Period	276	
Adjourn		

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1	P-R-O-C-E-E-D-I-N-G-S
2	9:36 a.m.
3	CO-CHAIR JONES: (presiding) All
4	right, good morning, everyone.
5	I thought we were ready. What did
6	we do with Jay?
7	We are going to start sans one of
8	our members, who is coming in now.
9	This is day two of our hearings,
10	our D.C. hearings. We are pleased this
11	morning to have with us Patrick McGee, who is
12	the Director of the Maryland Division of
13	Parole and Probation, and Tim Murray, who is
14	the Executive Director of the Pretrial Justice
15	Institute. I hope I got both of those right.
16	Welcome, and we are pleased to
17	have you here this morning.
18	The way that we conduct these
19	hearings and these panels is that we like to
20	give you five minutes or so to give us the
21	benefit of knowing a little bit about you and
22	who you are, and also the work that you do and
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1 your thoughts about problem-solving courts. 2 Then we have a number of questions 3 that we would like to pose to you and sort of 4 have a general discussion. The way that we 5 handle the questioning is that one of our 6 number normally leads off in asking the 7 questions. For purposes of this panel, that will be Marvin Schechter. 8 9 So let's get right into it. Ι 10 will turn the floor over to you. You can 11 decide amongst yourselves who will go first. 12 The floor is yours. 13 MR. MURRAY: Thank you. Thank you for not only having these hearings, but for 14 15 including me. I am honored to offer my thoughts and my limited experience in this 16 I hope that my conversation with you 17 topic. this morning helps inform your position. 18 19 It is 20 years ago this year that 20 I started the first drug court in Miami, 21 Florida. It might help to think about the context in which the first of these problem-22

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1 solving courts actually started. 2 Most people followed the 3 trajectory of the court starting in Miami. Ι 4 convened the First National Drug Court 5 Conference in Miami before there was funding, 6 before there was federal support. 7 The brother-in-law of our public defender in the project was the Governor of 8 9 Arkansas at the time, who came and watched, 10 showed him around the program. Two years 11 later, the guy is President and I am 12 testifying before the Senate on including the 13 drug court idea as part of the Crime Act. I served as the first Federal Drug 14 15 Court Program Office under the Crime Act for the Justice Department and was a founding 16 member of the National Association of Drug 17 Court Professionals. 18 19 An amazing 20 years, just amazing 20 20 years. Hit very, very few of our 21 objectives. One objective we did not set was, 22

had we any idea of the replication that this 1 2 idea would trigger, we would have franchised it 20 years ago, and I would be calling you in 3 4 from my satellite phone in Barbados. 5 But, as it is, I just want to take 6 my five minutes to talk about the context that 7 gave birth to this idea. Miami in the late 1980s was under the scourge of probably the 8 9 worst drug epidemic anywhere in the country at 10 that time. We were a major point of import 11 We were on the heels of Mariel for cocaine. 12 boatlift. The town was a mess.

13 The criminal courts were being crushed with drug-driven offenses, and the 14 15 possession of any amount of drugs in Florida So in the 1980s you get arrested 16 is a felony. for a felony, drug possession, regardless of 17 the amount. You go to your first appearance. 18 19 You are probably released pending trial. You 20 come back when the State files formal charges. 21 You get credit for time served, even if the 22 time served was a few hours. In most cases,

1 you accept that plea. Off you go. 2 We all go to the window, wave 3 goodbye, and say, "Come back and see us again 4 soon, " and you don't disappoint. You do come 5 back and come back and come back. Treatment was this bizarre notion 6 7 where government would contract with a provider and renew that contract based on the 8 9 success that that provider achieved. So it 10 doesn't take much to figure out providers got 11 very good at turning away people who had There isn't an addict out there who 12 problems. 13 isn't fraught with problems. So courts would order some kind of 14 15 treatment as part of a non-incarcerative They would throw the offender back 16 sanction. to the court for having violated treatment, 17 having been unsuitable for treatment, having 18 19 been unmotivated for treatment, or, worst of all, for using drugs. 20 21 Well, that's what they do; they're

addicts. They don't do what you ask them to

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do. They don't behave in responsible,
 rational ways. They go from one episode of
 drug-taking to another.

4 Out of desperation, the Chief 5 Judge put together a panel that I headed, and 6 we developed an alternative for Miami, not for 7 the country. The key elements of that program 8 were as follows:

9 You have to have a triable case. 10 That was insured by the State Attorney doing 11 a legitimate and appropriate job as the 12 elected prosecutor. The public defender had 13 to review that case to determine whether or 14 not they had a real case against the guy.

15 Entrance and exit to this program 16 were entirely voluntary. The defendant could 17 go in, stay for a year and a half, and say, 18 "I'm done with it" and leave.

We negotiated with all parties
concerned that there would be no harm attached
for having spent a year and a half in the
program. Addicts would not be treated as a

1 class; they would be treated as individuals. 2 There were no canned contracts. 3 Each individual was dealt with depending on 4 the depth of their addiction. That is where 5 the court came in. 6 Because we couldn't get treatment 7 providers to accept people who would probably fail because they were addicts, we started our 8 9 own treatment. Got a couple of double-wide 10 trailers, hired some clinicians, got a bunch of acupuncturists, got some pee machines, and 11 off we went. 12 13 The program was open-ended. Pat might go through it very easily in seven-eight 14 15 months. Tim might take three years. We didn't care. 16 17 There would be sanctions involved, including a day in jail in the most extreme 18 19 cases, but we wouldn't throw people out, nor 20 would we hurt them, if they decided they had 21 enough and walked across the hall. Coercion to this deal that we are 22

Page 11 1 giving you has to be put in the context of my 2 opening, and that is, the norm for felony drug possession process in south Florida at that 3 4 time was credit for time served. 5 I found it remarkable that defendant after defendant would stay in a 6 7 program even when they were told, "We've had 8 enough. Go across the hall, plead out, and go 9 home." Because they are not going to care; 10 they are going to let you go home. 11 I saw a thirst for sobriety, a 12 thirst for help that I had no idea actually 13 existed. We never anticipated a success rate of 30 percent. 14 15 The elected prosecutor at that time was Janet Reno. I remember having the 16 conversation explaining the program to her and 17 asking her for their office's support, and she 18 19 said, "Show me that it takes people longer to 20 come back, having gone through this program, and I'll support you." 21 22 Longer? We're going to save the

Page 12 1 world. What do you mean "longer"? It turns 2 out that is why she gets to be Attorney General and I don't; she's a smart cookie, and 3 4 that was actually a very realistic goal. 5 We targeted problematic 6 individuals. We didn't go after success. We 7 went after individuals who had not had a seat at that table of our society in many cases 8 9 their entire life. 10 Our motivation was very simple: 11 to offer them their seat at that table as 12 productive, sober individuals. 13 Our method for doing so scared a lot of folks. What do you mean we're not 14 15 going to have an adversarial show in this What do you mean the judge is 16 courtroom? going to be the social worker? What do you 17 18 mean the prosecutor wasn't elected to give 19 people a break? What do you mean the public defender or the private defense counsel was 20 21 going to throw his or her client into this morass without any idea of what was going to 22

happen at the other end?

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2 It took about a year's worth of 3 negotiations to ensure among all parties 4 concerned that safeguards would remain in 5 place, that jeopardy associated with the 6 existence of the program would not be felt by 7 the client, and that we would go after individuals who had shown that they failed as 8 9 a result of normal case process and sanction. 10 We based our first drug court on 11 the idea of pretrial diversion. The agreement with the prosecutor was quite simple: 12 13 successful completion. We laid out what completion meant, and it was a length of 14 15 sobriety achieved by each individual would result in a dismissal of the charge, and law 16 permitting in Florida -- Florida law does not 17 permit much -- expungement of the arrest, 18 which is kind of a hollow thing, if you know 19 20 much about fingerprints in the FBI. 21 We didn't throw people out for 22 getting rearrested if they got rearrested for

Page 14 a drug-related offense. We didn't refuse 1 2 readmission for people that started the 3 program, quit, went home, got high, got 4 arrested again, and came back in. 5 Our goal was singular: after the 6 appropriate safeguards were put in place, 7 after the public defender defended and the 8 prosecutor prosecuted and the court oversaw 9 those processes, we then used the tools 10 normally associated with criminal case process 11 -- a courtroom, a judge, a prosecutor, a 12 defender -- as a setting to try to achieve 13 what many people thought was impossible with cocaine- and crack-associated addicts. 14 15 The program, on what I describe as the slowest news day in the history of south 16 Florida, was covered by ABC News. The next 17 18 day I've got people in town wanting to put 19 their family members, their loved ones, 20 themselves into this program. Soon we found 21 ourselves going around the country talking about this idea. 22

Page 15 This is also during the time where 1 2 the very notion that treatment was an 3 appropriate tool in a criminal justice context 4 was a hotly-debated issue. I don't know if 5 you remember that, but it was quite a struggle. You were either for interdiction or 6 7 you were for treatment; you couldn't be for 8 both. 9 The one accomplishment that I 10 think is undeniable that drug courts can take 11 credit is that we have put that debate to bed. 12 The appropriate use of treatment was our 13 primary goal. Candidly, another goal we did not 14 15 make is we had hoped to go out of business. We thought, if we had done our job right, we 16 should have a shelf life of about three years. 17 18 At the end of three years, the rest of the 19 Bench would look at us and say, "Gosh, those 20 guys are so smart. We want to be just like 21 them.", and the Bench, as well as the 22 prosecution and the defense bar, would have an

1 enlightened view of what addiction is, how to
2 successfully manage addiction, and we could go
3 out of business.
4 We never dreamed of a national

5 association or the claims of thousands of 6 programs, let alone the spawn of community 7 courts, teen courts, family drug courts, and the like, which are virtually everywhere you 8 9 go these days. 10 I'll shut up -- I know I've gone way past five minutes -- and turn it over to 11 12 Pat. 13 CO-CHAIR JONES: Thank you very much. 14 Mr. McGee? 15

MR. McGEE: Like Tim, I thank you
for inviting me here.
As you state, I am the Director of

19 the Division of Parole and Probation. I just 20 want to give you a little background.

We are an executive branch agency.
We manage the offenders coming out of the

Division of Corrections and probationers. 1 We 2 have a population, a static population, of about 71,000 people under supervision, 16,000 3 4 of which for drunk driving, the rest for 5 criminal charges. About 10,000 on any given day are releasees from prison. 6 7 I have been with this agency for 8 35 years. So my perspective here will be as a parole and probation agent. That is my 9 10 profession. That is what I do, and that is how I bleed. 11 I wasn't the first. Baltimore's 12 13 former City Drug Treatment Court was one of the first 100. We put our first offender in 14 15 the Drug Treatment Court on March the 1st, 1994. 16 17 The Maryland Drug Court was born and nurtured by the Baltimore Bar Association. 18 19 They funded putting wrong people on a bus or 20 a plane, take them down, I want to say in '90-21 91, to look at Tim's court. We put prison 22 people on it, our DOC folks, down to court.

The whole Division didn't go.

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But the Bar Association involved 2 3 the criminal justice system in Baltimore City, 4 which, if you don't know, has a multi-5 generational serious heroin problem. If we are not leading the country, we are right up 6 7 there with New York and Philadelphia, and I think we are way ahead of LA. 8 9 It is cocaine has come in in the 10 nineties. We have had it, but other drugs

11 generally don't crack it. It is a long-term 12 heroin city. It just is. It is multi-13 generational, sons and daughters and families. 14 That is what happens. It is not too much into 15 D.C., but it is a heroin town.

16 The Bar said -- the courts were 17 clogged with drug crimes, drug charges. It 18 was tough to move cases. Again, I'm not a 19 lawyer. This is how it brought people 20 together.

We have two tracks in BaltimoreCity, a Circuit Court, which is our felony

Page 19 1 court, and a District Court. Then-Secretary 2 of Public Safety Bishop Robinson, who had been the former Police Commissioner, said, "This 3 4 looks like a good idea. We'll back it." 5 We pulled BJA money, which was 6 then under a correctional options grant, which 7 was focused at low-risk, drug-involved people exiting the system. We got "burn money", 8 9 which was we could justify using it for low-10 risk, drug-involved offenders. Put it 11 together under the executive branch and formed 12 the Baltimore City Drug Treatment Court. 13 So we then, and still now, although we haven't been thoroughly funded 14 15 since '97, it is all executive funding. My agency grants money to the Office of the 16 Public Defender, the State's Attorney Office, 17 to, as Tim pointed out, bring these folks to 18 19 court to keep it going on. 20 It is a large, it is probably one 21 of the largest drug courts in the country. 22 The static population on a given day is 700 to

800 offenders, most of which are in the 1 2 Circuit Court on felony drug charges. I can give you information about 3 4 it. Although I'm more than a couple of steps 5 away from it, I've worked and managed that drug court, the grants, the State money. 6 We 7 initially funded the addiction assessors. We funded treatment; we still do. We funded the 8 9 court, other than the judiciary, and still do, 10 the Division of Parole and Probation. It is 11 now paid out of our State general funds. 12 I want to again give you a parole 13 and probation community corrections perspective on drug courts. I agree with 14 15 everything that Tim says. I've been with NADCP, I think since 1995, as an individual 16 and as an organization. I have spoken at some 17 of their conferences and generally have had a 18 19 good time. I don't go anymore, but I send my 20 employees. 21 My observations of drug courts, as 22 Tim said, it didn't go off. It has grown. In

1 Maryland, we have mental health courts, we 2 have DUI courts. We have a group looking at 3 a prostitution court. There are juvenile and 4 drug courts. 5 There was a Drug Court Commission formed by the judiciary. Now it is a Problem-6 7 Solving Court Commission, more generic, subcommittees. I guess we would say it is 8 9 alive and well in Maryland. 10 My question is -- we have learned 11 a lot of valuable lessons from drug courts. I think maybe my concern is that those lessons 12 13 have not been applied to the non-drug courts, which has the bulk of the population in 14 15 Baltimore City. Baltimore, we have 19,000 16 offenders under our supervision, most of which 17 are on probation and most of which are drug-18 19 involved. Yet, only 800 in the drug court. 20 We do have funnels into treatment. 21 If you are placed under supervision in 22 Baltimore, not in a drug court, but on

Page 22 1 probation, if you go to an intake office, you 2 see an addiction counselor and you get an 3 appointment for a drug program in the 4 treatment system in Baltimore City. 5 It is just the lessons learned in 6 drug court have not been applied to the rest. 7 I think that is the next challenge for problem-solving. 8 9 They are hitting a target 10 population in Baltimore. Public safety -- I'm 11 an agency with the Department of Public Safety and Correctional Services. We are at the 12 13 table because that court does use, does hit a Circuit Court felony population that probably 14 -- and we have had studies done by the 15 University of Maryland -- would wind up in our 16 prison system if they were not in that drug 17 court being held accountable for their drug 18 19 use and pushed, constantly kept in that 20 treatment, in that kind of balance between 21 control your use, get treatment, get clean 22 that drug court uses. They use graduated

sanctions.

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2 Those lessons, I keep saying this, are not being effectively applied to the non-3 4 drug core population. 5 The other outcome that I have seen over the years with the judges -- our District 6 7 Court Judge is married now. It is Ginny She was on the first Board of 8 Weissman. 9 Directors, if I remember right. 10 So we have a group of very 11 activist judges involved in this. There's 12 lessons that they have learned which are vast 13 over the 15 years we have been involved in it; have not really been picked up. So there is 14 15 still a lot of diagnosing going from the bench, which is a concern for us, is that a 16 judge without training, not in drugs, 17 diagnoses from the bench. 18 19 The lessons learned around you 20 need a good addiction assessment to see who 21 you have when you sentence and apply the right sentence and conditions, be it incarceration, 22

don't seem to be applied in all the courts in
 Maryland.

3 Drug court, as I think Tim said 4 rather well, is a work-around around the 5 existing system. So, actually, now I can say 6 we have a whole other layer of courts, and a 7 work-around I think should go away and you should adjust your system to address what you 8 9 have learned as a result of the work-around. 10 It funnels populations off, and 11 much of it -- and these are not criticisms. 12 Believe me, I have an immense amount of 13 respect for the judiciary. I have worked with them for 35 years. I have a lot of respect, 14 15 but never want to be a judge. It's a very difficult job. 16 17 But much of it is still, although there is a lot of evidence on what to do and 18 19 how to do it, a lot of it is still 20 personality-driven. Again, this is my 21 perspective of it. What we have learned in the field 22

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of community corrections is that an addiction 1 2 assessment is critical, but a risk assessment 3 is just as critical. That is not generally 4 understood in our drug courts. The treatment 5 system does not understand valid risk items that should identify the person who is likely 6 7 to recidivate and impact your population and your communities, and how do you develop a 8 9 case plan to manage them? 10 We are very good, and drug courts 11 are good, at assessing the level of addiction, 12 the severity of addiction, here's proper 13 treatment modalities, but the risk items that are identified -- everybody in community 14 15 corrections around the country uses risk They are valid tools. 16 assessments. They are state-of-the-art. It is constantly moving. 17 18 They generally are not used. 19 In Baltimore we use the 20 psychopathy. We had a PhD looking at the 21 psychopathy of an offender. This court system 22 had two hired in psychopathy. They were not

1 placed in that. We have kind of drifted away 2 from that. 3 Because there is ownership to the 4 drug court, we've got to keep the drug court 5 in, so we've got to get a population in. 6 My issue with drug courts and non-7 drug courts is we need to have, when you sentence someone, a good idea of their risk to 8 9 recidivate. It is not hard to do. 10 They generally look at the current 11 offense, and they look at the criminal 12 history. The other significant risk factors 13 in a person that can be identified should be applied to tell them whether they are going to 14 15 be successful in the community or commit another crime. They're not absolute, but 16 there are actuarial risk assessments that can 17 I think that is something that needs 18 be used. 19 to be some next steps. 20 The Drug Court Institute supports 21 the use of evidence-based practices. I think that is something that needs to be emphasized 22

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in drug courts. I know I am giving you a
little bit of a speech, but I think this is a
message I want to do.

4 How to effectively manage somebody 5 in the community? You can get someone -well, this sounds trite, but if you can get an 6 7 addicted criminal clean, you still have a criminal. You need to be able to manage that 8 9 person. So you need to have a balanced 10 approach. You need to have an effective case 11 plan to do that.

12 That's not necessarily everybody 13 go to treatment, everybody give urine, and on. 14 It should not be just one issue in management 15 of the offender population.

16 Again, from my perspective and the 17 perspective of community corrections, the whole issue is population, population, 18 19 population. Who are you going to put into a 20 drug court? What's the goal of the drug 21 What are you trying to do? court? 22 The Baltimore Drug Court was to

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divert the non-violent, chronically substance-1 2 involved offender out of prison, out of jail. Get them in treatment. Get them served. 3 Get 4 them into a pro-social lifestyle. I think it 5 has been very effective doing that. 6 I am not here to knock it. I have 7 a lot of ownership with that. 8 Our struggle, as it has rolled out 9 from Baltimore City and other courts have 10 looked at it in our District Courts and 11 Circuit Courts, it is not so much of, are we diverting? What have we identified? 12 There 13 has been a net-widening effect and there's been a net-fixing effect. 14 15 I appreciate the judiciary's perspective on this when they say -- and our 16 issues are a little bit different than in 17 Florida, but many of the judiciary say the 18 19 current process just doesn't work. It takes 20 too long to get them in treatment. These guys 21 keep failing. 22 Well, if I had a drug court, which

1 costs much more money, is much more labor-2 intensive, and now they use grant money to fund state attorneys and public defenders, and 3 4 the judiciary to some extent, to bring retired 5 judges back, to fix the net, bring this 6 population in, close the gaps in doing it, 7 which is effective for a very small population, but there is not a good enough 8 9 Some of that population might have system. 10 done well without that drug court. We tend to avoid that kind of 11 12 analysis because ownership occurs pretty 13 quickly. These are natural tendencies. I am not really saying them as criticism. 14 15 Data collection and management -again, this is just mine; I keep owning this 16 -- is not a strong suit for the judiciary. 17 So an analysis of populations, trends, an 18 19 evaluation, ongoing fixing processes and assessments -- maybe other states and 20 21 jurisdictions have that perspective, but it is

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just not what the judiciary tends to do.

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They

are not structured that way. They generally
 don't think that way.

I don't mean this as a criticism, 3 4 but they are generally good lawyers and they 5 know the law. Great. But how to manage a 6 population, how to come back and hold a mirror 7 up to itself and review its performance 8 measures and outcomes/outputs is not generally 9 what the judiciary works. 10 They deal in episodes. Ι 11 understand that. They sentence people. In 12 probation they only see historically if they 13 fail. In a drug court they develop relationships, which, in my opinion, there is 14 15 no change without a relationship. So I see that as another challenge 16 17 for drug courts or certainly a challenge for the whole criminal justice system. 18 19 What we are seeing now -- and 20 Maryland is certainly not dissimilar from the 21 rest of the country -- when budgets get tight, and this is the second time, and this is 22

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severe. They can go, but there is a fierce
 turf. We own, judges own this drug court;
 you've got to save it.

4 When my budget is threatened, 5 which seems to be every day, I triage based on 6 risk. I don't triage based on drug court. 7 Mine is on the worst offenders, the people who 8 are picking up guns and shooting people; that 9 is who I am after. The next ones are those 10 people who, based on a risk assessment, are more likely. 11

12 So there is this struggle, and it 13 is a good struggle. It is an American 14 struggle between the judiciary and executive 15 branches that, "Hey, but I've got a drug court 16 here. You need to put dedicated agents over 17 here." So there is always a mission.

I don't want to keep going on. I am an advocate of drug courts, but I am also am an advocate of let's not sit back. We need to be a dynamic. We need to look at, really apply our lessons learned.

1 We have done some of that, you 2 know, closing gaps between treatment. The 3 ability or the inability -- and other 4 jurisdictions can do this, my colleagues 5 around the country, depending on how their 6 systems are set up. 7 We are not law enforcement in 8 Maryland. I have 700 probation agents. Only 9 40 are armed and have the ability to serve 10 warrants, and they are only parole warrants. So the other 600-and-some-odd do not have 11 12 arrest authority, don't carry weapons. I 13 think it is a very good thing. They wear ballistic vests. 14 15 But my point is that, how do we take next steps? How do we manage better? 16 How do we manage that population so that 17 multiple goals -- and I think that's what drug 18 19 courts are, and what attracted Janet Reno and attracted certainly in Maryland, too; it was 20 21 everybody was winning in this. Our population was being diverted 22

Page 33 1 from prison. In those days, Maryland had 2 26,000 inmates when we started drug courts. It is 21,000 now, but you always have a 3 4 overpopulation problem in prisons. 5 Baltimore was, still is, has a 6 significant -- all, quote/unquote, "our gang 7 problems" are related to heroin distribution. Nobody will come and argue with that. 8 9 Our violence rate, although we 10 have some impact in the last year, is all 11 druq-driven. It is that and there is a 12 culture of "I solve all of my disputes by 13 guns", but some of that is very tied to drug use and drug involvement. 14 15 So I am going to end my speech I am very interested in any questions 16 there. 17 that you have. CO-CHAIR JONES: Yes, sir. 18 Thank 19 you. 20 Before Marvin begins his 21 questioning, I just want to recognize that we are joined this morning by John Wesley Hall, 22

who is sitting in the back back there. He is 1 the current President of the National 2 Association of Criminal Defense Lawyers, and 3 4 we are certainly happy to have him here this 5 morning. Marvin? 6 7 CO-CHAIR SCHECHTER: Mr. McGee, 8 good morning. Let me start with you. 9 MR. McGEE: Sure. 10 CO-CHAIR SCHECHTER: If tomorrow 11 morning we did away with the drug court in Baltimore and Maryland, just destroyed it, 12 13 ended it, could your agency take over and do what they do? 14 15 MR. McGEE: Everyone in the 16 Baltimore City Drug Court is under our supervision in what we would call reduced 17 caseload. So those agents have 50 apiece. 18 19 Other than provide the sanctions 20 that the court can do, shock incarceration, 21 pull out, give someone two weeks in jail, give them -- the Baltimore City Detention Center 22

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1 has an acupuncture program, do that, and we 2 don't have that authority. We could pick up 3 those other pieces because we provide the 4 other pieces. 5 CO-CHAIR SCHECHTER: You could 6 supervise the way the drug court supervises? 7 MR. McGEE: Correct. CO-CHAIR SCHECHTER: 8 Let me ask 9 you this: would it require you to retrain any 10 of your population, your agents, or they could 11 do what the drug counselors and the staff 12 people are doing at the drug court? 13 MR. McGEE: Well, yes, but I think I need to be clear. In the Baltimore City 14 15 Drug Court, if you are adjudicated and you plead into it, you come to us; you see our 16 addiction folks. The addiction counselors 17 that are on our staff, the Division of Parole 18 19 and Probation, have already done an 20 assessment, and you are placed in a treatment 21 that we fund. 22 So, in your scenario, if the

judiciary was pulled out of it, those funnels
 would still be there. That funding is still
 there.

Am I answering your question?
CO-CHAIR SCHECHTER: No. What I
am really after is the actual operation. See,
here's what we are trying to get at:

We have read literature that says 8 9 to us there are two structures now handling 10 this population. There's the probation 11 structure, which has always been in existence 12 as long as there's been the law, and then 13 along came the drug courts. We will get to context in a minute because I think that is 14 15 really important.

The issue is, in an era of dwindling resources, which seems to be infinite and always, even in good times, why should drug courts continue to exist? Why can't you do this in the Department of Probation?

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In other words, just have a

1 staffing meeting at 10:00 a.m. in the morning. 2 The judge will be there. The prosecutor will 3 be there. The defense attorney will be there. 4 Probation we will be there. And we do away 5 with the whole drug court structure. Why 6 can't we do that in your State? Or can we? MR. McGEE: You could do that, 7 8 other than, again, we don't have -- well, in 9 Baltimore the drama, the authority of the 10 court is the authority of the court. That is 11 what the court adds. 12 CO-CHAIR SCHECHTER: Right. 13 MR. McGEE: You know, the repeated document from the court explaining behavior, 14 15 the positive or negative feedback, for lack of a better term, is what that court provides. 16 All the rest is funneled by the executive 17 branch, be it Baltimore City, and there's 18 19 municipal or State funding carved out. 20 I have tried to make that point, 21 that the Department of Public Safety funds all the other pieces of it. 22

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		Page
1	CO-CHAIR SCHECHTER: Let me just	
2	go back to a piece of language you used about	
3	risk assessment.	
4	MR. McGEE: Uh-hum.	
5	CO-CHAIR SCHECHTER: You say the	
6	drug courts are good at the addiction	
7	assessment, but not great at risk assessment.	
8	When you use the term "risk assessment", what	
9	exactly do you mean? Risk or repeat violence?	
10	MR. McGEE: Risk for recidivism.	
11	CO-CHAIR SCHECHTER: And	
12	committing crimes?	
13	MR. McGEE: Correct.	
14	CO-CHAIR SCHECHTER: And you don't	
15	think the drug courts do that at all?	
16	MR. McGEE: No.	
17	CO-CHAIR SCHECHTER: Or it's not	
18	their chief concern?	
19	MR. McGEE: It's not their chief	
20	concern, I don't think. It is something that	
21	the whole system you said there were two	
22	structures or three.	

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38

Page 39 1 CO-CHAIR SCHECHTER: Right. My editorial is a lot 2 MR. McGEE: 3 of folks are placed on probation that don't 4 need to be on probation because they are low-5 risk offenders and they should be diverted out 6 into other things. 7 If you are going to give someone 8 supervision, then they should need it in order 9 to have a goal, and that goal should be to 10 reduce recidivism. You are assigned to us. 11 We will do a risk assessment, and we will, as we look for funding, do the stated risk 12 13 assessments and see, how do we mitigate the criminogenic risk factors of that individual 14 15 so they will not recidivate and be better integrated into the community? 16 17 That piece -- there is a lot of literature; there is a lot of -- that is a 18 19 science out there. It is not as strongly done 20 in drug courts. It is not as strongly done 21 everywhere, but I think that is something that 22 could enhance drug courts. It could enhance

Page 40 the whole criminal justice system, to have 1 2 that done in a pretrial status. That is what I would advocate. 3 4 CO-CHAIR SCHECHTER: One last 5 area --6 MR. McGEE: Yes, sir. 7 CO-CHAIR SCHECHTER: -- that you 8 raised: when somebody graduates from drug 9 court successfully, their conviction is either 10 set aside or they get probation instead of the 11 incarceration sentence that hung over their 12 head, and then they are off, right? 13 MR. McGEE: That's correct. CO-CHAIR SCHECHTER: 14 Your 15 criticism, constructive as it is, is that 16 there ought to be a component such as you have in probation that manages that individual on 17 18 their re-entry into the community? I think, 19 if I heard you right, you said that person is 20 still a criminal. 21 MR. McGEE: Well, I said that you 22 need to understand the criminogenic risk

1 factors of every individual that is assigned 2 to you.

3 CO-CHAIR SCHECHTER: Right. 4 MR. McGEE: In Baltimore, again, 5 our biggest effort and our oldest effort is 6 they are placed on probation. When they have 7 completed the drug court, the court and the State's Attorney say, "This person is done." 8 9 Eighteen months, two years later, they are 10 then taken off the supervision. 11 Hopefully, his sobriety or her 12 sobriety and the abstinence has mitigated the 13 criminogenic factors. Hopefully, the large one -- and substance abuse is a huge 14 criminogenic factor -- has been addressed and 15 they won't go out. 16 I don't know how well we are in 17 following those people over time, but I would 18 19 feel more comfortable saying that if we knew 20 everybody's criminogenic factors, because a 21 lot of them are relationships; they are If you don't address those, the 22 families.

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Page 42 likelihood of relapse and new crime is very 1 2 high. Their associates, their family, their relationships, et cetera, if you don't to 3 4 address those, we have learned the probability 5 of recidivism is significant. 6 I will say, also, the opposite is 7 If you overtreat and overmanage a lowtrue. risk offender who is on for marijuana, and 8 9 they are not in a high level of addiction, no 10 criminality, you have a statistically-11 significant risk of creating recidivism. 12 CO-CHAIR SCHECHTER: All right. 13 Got you. MR. MURRAY: I want his questions. 14 15 (Laughter.) 16 CO-CHAIR SCHECHTER: Well, actually, I'm going to ask you similar 17 questions. 18 19 MR. MURRAY: Okay. 20 CO-CHAIR SCHECHTER: I see you're 21 over there ready to go. 22 Just by way of disclosing, Mr.

1 Murray, you should know that this panel began 2 its hearings two years ago --MR. MURRAY: I understand. 3 CO-CHAIR SCHECHTER: 4 -- bv 5 starting in Miami. 6 MR. MURRAY: Yes. 7 CO-CHAIR SCHECHTER: And we spent quite a bit of time there in those courts. 8 9 MR. MURRAY: For the record, Mr. 10 Schechter, I should have prefaced my remarks 11 with I am in no way associated any longer with 12 the National Association of Drug Court 13 Professionals nor in a position to talk for anybody other than myself. 14 15 CO-CHAIR SCHECHTER: Okay. My first question is what you 16 17 addressed, which was context. When you began the drug court idea 20 years ago, why didn't 18 19 you go to Probation in Florida and say, "Look, 20 we have this great idea. Why don't you guys 21 do this, and we'll show you how to do it?" 22 MR. MURRAY: For the reasons of

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Page 44 unpredictability. What kind of stands Miami 1 2 apart from some maybe several hundred drug courts that I have seen around the country is 3 4 we saw the dysfunction, the systemic 5 dysfunction, associated with human 6 dysfunction. 7 So I say to Pat, "Pat, I'm sentencing Marvin to probation with 8 9 treatment," and when Pat gets you, he has you 10 sign a contract that says, "Listen, you pee 11 dirty once, I'm going to slap you on the hand. 12 Pee dirty twice, I'm going to take you back to 13 the judge." The judge doesn't want to see you 14 15 aqain. When they drag you back to the judge, he goes, "How dare you? I gave you treatment, 16 17 and you didn't appreciate that. So now I'm going to punish you for being addicted." And 18 19 that is the status quo. 20 So to try to deviate -- not try to 21 deviate -- to try to achieve some levels of 22 success, we thought using the art of authority

that is associated with the bench would get
 the system, more than get the defendant, get
 the system to behave properly.

4 Because the system consists of 5 these component parts that operate very rigidly, or it doesn't, other than issues of 6 7 law and the strictures that any member of the 8 bench, of course, honors and respects, but the 9 court in the eighties in Miami was the last 10 vestige of authority in the community. People 11 still respected the bench.

We said, "Geez, if we get the 12 13 judge to kind of throw some of these around," people being on probation and treatment and 14 15 these other things, "maybe we could get them to wake up and understand that the marijuana 16 smoker who gets arrested on a Friday night 17 maybe could be managed quite successfully by 18 19 saying, `Pee dirty once and I'll be angry. 20 Pee dirty twice and I'll lock you up.'" 21 It is quite a different story when I am dealing with a 30-year heroin addict. 22 My

1 expectations have to be adjusted.

2 So there was a safe harbor for 3 resting those expectations with a judicial 4 officer rather than with the system.

5 As I traveled around the country 6 the first few years of this stuff, yes, I 7 remember getting into this horrendous public debate with Harry Connick, Sr., who at the 8 9 time was the prosecutor in New Orleans Parish. 10 And he said what you just said. He said, "Oh, 11 you're talking about taking individuals, 12 assessing their drug involvement, prescribing 13 a treatment regimen, and then supervising them. Mr. Murray, we have that. We call it 14 15 probation."

16 So I'm sorry, my response is the 17 same today as it was then: how's that working 18 out for you?

19They are violation notes. There20are mindless, routinized violation notes. So21to step back and say, "Who needs this level of22supervision? Not very many of you. Let's

push you guys to the side. Pick up trash.
 Paint a homeless shelter. We have stuff for
 you."

4 The people we're after are the 5 That was the population we encouragers. 6 targeted. Not to speak for Pat, but one of 7 the lessons we learned, and something that he mentioned, is a crack-addicted car thief 8 9 sometimes becomes a sober car thief. We 10 understood that. That was the reality of the 11 undertaking.

We knew some people would continue to commit crime, clean or not, and that was a risk we were willing to take because we had a belief that, based on the measured rate of recidivism in south Florida at that time, that we couldn't make it any worse.

18 So we had a goal of trying to 19 reduce drug-related crime by focusing on the 20 addiction once all matters related to the case 21 had been resolved to everyone's satisfaction. 22 CO-CHAIR SCHECHTER: Given the

1 success of the drug courts --2 MR. MURRAY: Well --3 CO-CHAIR SCHECHTER: -- some 4 success, right? 5 MR. MURRAY: Well, correct. 6 CO-CHAIR SCHECHTER: Giving the 7 broadest --MR. MURRAY: Yes, I don't know I'd 8 9 call it success. I think we become what we 10 seek to reform in that. CO-CHAIR SCHECHTER: Given what it 11 12 has done, have you changed your opinion about 13 probation as a department or an agency in different states, that having seen what you 14 15 have done, that it can now absorb the drug court function and do what the drug courts do? 16 17 MR. MURRAY: They had that function. It is not a new function. So when 18 19 I was at the Justice Department, everybody 20 would come up and say, "We want a drug court. So we need money for a prosecutor and a 21 22 defender and a judge."

Page 49 1 What are you doing with these 2 cases now? You've already got a prosecutor 3 and a defender and a judge. 4 The federal government should be 5 able to assist you with providing treatment and services and things you don't have. 6 7 Because when we go away, you all will process these hordes of humanity, just fine with us, 8 9 and achieve some very predictable outcomes. 10 To actually respond to your 11 question, I don't think there is such a thing 12 as a universal model of drug court nor a 13 universal model of probation. Both groups aspire to similar principles. Both groups use 14 15 mechanics from a relatively short list of tools to achieve those goals, but the 16 probation department in Michigan is quite a 17 bit different than the probation department in 18 19 Maryland. 20 So I can't answer the question in 21 this country of ours: can probation absorb I think that this work was being 22 this work?

1 done by folks prior to the implementation of 2 drug courts. The drug court didn't create a new class of criminal cases. It just is a 3 4 different way of dealing with that. 5 MEMBER KELLY: This is a question 6 first directed at Mr. Murray, and, Mr. McGee, 7 I would like to hear from you as well. During your remarks, you said that 8 9 20 years ago, when you were formulating your 10 drug court, you initially had a difficult time 11 of getting judges and prosecutors and defense 12 attorneys to abandon their traditional roles, 13 but eventually they came onboard. Are you then saying that, other 14 15 than having the presence of a judge serving as an authority figure, drug courts bear no 16 resemblance to the traditional adversary 17 18 system? 19 I think of drug MR. MURRAY: 20 courts as something that happens after you all 21 do your business, not in lieu of the business 22 that you do.

Page 51 1 MEMBER KELLY: Meaning after an 2 entry of a guilty plea or? MR. MURRAY: Well, in Miami we 3 4 didn't get guilty pleas. It was a pre-plea --5 MEMBER KELLY: Okay. 6 MR. MURRAY: We didn't have 7 defendants stipulate to the facts. We didn't do any of this hocus-pocus that various 8 9 jurisdictions have to hammer out in order to 10 get consensus at the table. 11 You know, we were in sad shape in 12 Miami. Maybe they still are; I don't know. 13 But, I mean, it was really a hurt. That is a community that lives and dies on terrorism, 14 15 and it was getting very, very scary. 16 So, out of desperation, we got 17 folks to agree to stuff that I understand not many other communities would agree to. So you 18 have now a whole lot of drug courts that are 19 20 post-plea courts. You have most drug courts 21 that exclude people who probably are in most in need of these services. 22

1 To go to my point to Mr. 2 Schechter, you become what you seek to reform. If what we sought to reform was this 3 4 ridiculous system where the drug treatment 5 industry only accepted individuals who had a high probability of success, I worry about 6 7 that drug courts had become just that. 8 And I bear some responsibility for 9 that because I gave away the first couple of 10 years of federal money, and Congress said not 11 for violent offenders. I said, "Well, aren't 12 those the guys that scare you the most? 13 Aren't those the guys we want sober?" They said not for violent offenders; this is soft 14 kiss-hug kind of stuff. 15 16 So then we went to Congress, idiots, and said, "Well, what's a violent 17 offense?" And then the Draconian definition 18 19 that was attached to those federal dollars, 20 unfortunately, has become embedded in all of 21 the programming that is now in place. 22 So I worry about a couple of

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1 things. One is you take the softball cases, 2 and when you take softball cases, you've got to deal with issues of race, flat out, folks. 3 4 I've been to drug courts where I have seen not 5 one client of color. 6 I remember saying to the court 7 administrator, "Congratulations. You've completely eradicated substance abuse in your 8 9 communities of color. That's cool. How did 10 you do that?" 11 (Laughter.) 12 He goes, "Aw, Tim, you've got to 13 understand, the people who come here -- people of color don't qualify because they had 14 15 trouble when they were two. So by the time they hit 18, they were in an adult drug 16 17 court." But the same is true for a 18 19 juvenile drug court. They don't talk. So 20 what scares me is then you get populations in 21 drug courts that look an awful lot like me, and that's scary. This stuff has become 22

institutionalized.

1

2	You get the oversupervision of
3	people who should be simply slapped on the
4	hand, told to restore the harm they have done
5	somehow, someway, and you're sucking up all
6	the resources that the community has to deal
7	with this very thorny issue of addiction, and
8	you're using it on cream puffs. So you can
9	have this artificially-inflated success rates.
10	The other thing I see in drug
11	court after drug court after drug court, that
12	when you ask them, "What was going on before
13	you guys started," they say, "Aw, it was
14	terrible." I say, "So you quantified it,
15	right?" How do you know if you're causing
16	harm or implementing repair unless you have
17	some kind of solid, dispassionate measure of
18	how you were doing in the traditional case
19	process?
20	Unfortunately, one of the aspects
21	of drug court, undeniably, is the element of
22	theater. It's a big part. We didn't realize

it when we started, but the drug courts are
 great theater. I'm sure you have seen it.
 I'm sure you have wept at graduations. I have
 wept at graduations.

5 At one time, I attended every drug 6 court graduation in this country, and I cried 7 at every single one of them. There's a lot of There's a lot of human experience 8 drama. 9 right laid bare in front of all of us. When 10 you see someone who looks and sounds better 11 than when they started, that's profound stuff. 12 I'm not going to apologize for that. That's 13 really profound stuff.

14Now I look at drug courts and I15see, to go to your line of questions, Mr.16Schechter, I see drug courts where you get a17contract, regardless of who you are. The18contract says, "I, Tim, vow" -- this is what19you do, and if you don't do it, this is your20punishment.

21 Then I go to your question, what 22 do I need a judge for? It's got to be boring

her to death to sit there and look at case 1 2 after case and say, "John, contract? No? 3 Okay, well, the sanction is in the contract." 4 So the sanction is applied. They invoke no judicial discretion. 5 6 Without the power of judicial 7 discretion, then I say you don't need the drug You don't have a drug court. 8 court. 9 MEMBER KELLY: So I take it that 10 the answer to my question would be that drug 11 court is, in effect, a misnomer; that the work 12 of a drug court begins after the traditional 13 adversarial process, and once the drug court begins, there is no place for the adversary 14 15 system? There is no place for 16 MR. MURRAY: 17 the adversarial system unless and until the 18 program operates inappropriately. I still 19 carry my constitutional rights with me when I 20 go through the drug court door, but I am no 21 longer in the wrestling match associated with

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the merits of the case that brought me there.

22

1 I am afforded some protections 2 because these courts have sanctions that they 3 mete out. So somebody has got to be there to 4 say, "You've got a sanction here." Someone 5 has got to be there to demand a sanction is, in fact, imposed, and somebody's got to be 6 7 there to guard the guards, right, and to monitor and police the integrity and the 8 9 accurate, honest implementation of what the 10 defendant agreed to go into, if, in fact, it 11 was a voluntary program. MEMBER KELLY: And the defense 12 13 attorney can swear his or her traditional role without being a team player? 14 15 MR. MURRAY: Yes. 16 MEMBER KELLY: Can you give an 17 example of how? 18 MR. MURRAY: Sure. I mean you 19 never want to ask me, because I have thousands 20 of --21 MEMBER KELLY: Just one. 22 MR. MURRAY: No, no, I can't do

that.

1

2 (Laughter.) MEMBER KELLY: Your favorite one. 3 4 MR. MURRAY: You entered into the 5 program, and I miss a treatment, and you're 6 representing me. Pat reports I missed a 7 treatment appointment, and the judge sits up there and says, "Hey, the contract says, if 8 9 you miss treatment, you get a week in jail," 10 whatever the ridiculous sentence is they put 11 in place for missing a day of treatment. 12 You're there to say, "Judge, the 13 guy was at the hospital. His wife was having a baby. I verify. I think he has fully 14 15 complied to the best of his ability, and as a result, should be immune from having the 16 17 contract-stipulated sanction imposed." I get arrested again, and they 18 19 say, "Throw him out of the program." You're 20 there to make the case not on the merits of 21 the instant offense or of the subsequent 22 offense, but you are there to advocate for my

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Page 59 best interest in remaining in the program. 1 Ιt 2 is not case-related. So I am in full agreement that the 3 4 case process has, in fact, done its work 5 before I go through the door of drug courts in 6 most of the drug courts I have seen. 7 MEMBER KELLY: Do you have any 8 response to my initial question? 9 No, I wish I could MR. McGEE: 10 speak as well as Tim. 11 MEMBER BERNHARD: So do we all. 12 (Laughter.) 13 MR. McGEE: I agree with most of his points. I think your original question 14 15 is, what's different with the drug court? Ι think what I learned, and I hope we have 16 17 learned in all of our experiences, they have put in place -- the same events occur. 18 They are in a different sequence and they are more 19 powerful. 20 21 So to get into Baltimore City Drug 22 Court, you have to have an assessment before

1 you plea. You plead in. So it is all post-2 adjudication. They are all on probation. 3 So, wow, would I like every judge 4 to have a good addiction assessment before 5 they sentence anyone that they believe or perceive to have a drug problem? Absolutely. 6 7 That is a challenge for the whole system. What did we learn from that? 8 Ι 9 was on the first team, have good relationships 10 with all the people that started the Baltimore 11 Drug Court and sat at tables, and like any 12 community corrections professional, would 13 often verbalize my disdain for lawyers, too. It was a lot of fun. 14 15 (Laughter.) 16 But they were good people, and they are still friends of mine. 17 But to see their value in a drug 18 19 court, where it is often very personality-20 driven, to see them say -- you know, we would 21 joke and say, "Now the Constitution keeps 22 getting in the way." We needed the lawyers

there to say, "Whoa," just incident after 1 incident, "You can't do that." 2 3 We tried, when we first started, 4 we tried to divert people from trial and tried 5 to use stats. It became problematic. Rights 6 were getting stepped on. 7 I think that is valuable for a 8 drug court, is to try something, see it's not 9 working, start other ways, go on another path. 10 How can we, still keeping your eye on the 11 prize, get the right population in? I am concerned that some of the 12 13 older drug courts kind of don't change, and maybe to use Tim's, they become what he tried 14 15 to reform. There needs to be, if we are going to use them as places where we learn, which I 16 think we should, to some extent, the pot needs 17 to be stirred regularly. 18 19 Again, my biggest concern is I 20 have been on a lot of initiatives. I just 21 want to touch base on the violent offender 22 issue. That is not different than anything

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1 that a system tries to start with. You don't 2 put violent, you don't put sex offenders in 3 it, although they are the people who wreak 4 havoc in it. If you do, that baby might not 5 get born. All it takes is one bad media, one 6 violent offense, that can kill a very 7 scientific, effective program because the public won't tolerate. 8

9 You know, when home detention 10 started, similar, the electronic monitoring 11 programs are generally, certainly in Maryland, some statutes say, "You will not put these 12 13 people in," although now we are coming around and saying, "Boy, you want sex offenders on 14 our home detention." It is still in the 15 statute; sex offenders don't go in it. Well, 16 that's counterintuitive. 17

18 Violent offenders can't go into 19 home detection. Well, why? We know where 20 they are. It's fear. We call it jumping off 21 the cliff.

22

The drug court, when we started

1 the drug court, everybody had to hold hands 2 and jump off the cliff together because it was 3 a political risk. That was good for the 4 court. It was good for the process. 5 Some of your question, and I'm just going to end with this, is around the 6 7 The present judiciaries can make judiciary. 8 decisions. In probation systems around the 9 country -- and that's why I made the point 10 that we are not law enforcement. Many 11 probation officers are law enforcement. Some 12 probationers, not many, but certainly parolees 13 are in custody. In Maryland they are not in So liberty rights come into play. 14 custody. 15 So when you are in Maryland and 16 you are released from parole, you are at liberty in the community. That means you have 17 18 a whole lot of due process issues, you know, 19 probable cause for warrants. We can't search 20 We can't go in your home without it. you. It's different. 21 22 That is a significant issue when

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1 you want to manage -- if you were saying, 2 well, do away with drug court, folks who are in custody now -- if you go up to 3 4 Pennsylvania, if you are on parole in 5 Pennsylvania, you're in custody. That means 6 -- I've toyed with them -- if you want to do 7 a supervised reprimand, you put somebody in cuffs and legs and you've got their attention. 8 9 There is significant drama, which we kind of 10 touched on. Not that we should put everybody 11 in handcuffs, but there is a difference around, okay, I can apply the sanction now. 12 13 That is what the judge can do. I can reward you now and I can 14 15 provide the sanction now. In traditional community corrections, with people not in 16 custody, you can't do it. 17 All of the science says, and your 18 19 parenting experience says, you have a behavior 20 that is non-compliant; you need to sanction it 21 right away. You can't get a probable cause

hearing, set it up in a docket a month later,

22

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1 bring the person in and see him. He peed 2 dirty 60 days. This one is gone. 3 There is resentment. The person 4 doesn't understand. It just doesn't work that It is not as effective. 5 way. I'm not here to advocate for 6 7 I am just saying there's difference custody. and that needs to be considered. 8 9 We have tried models of it. This 10 is, again, from a parole and probation 11 perspective. Decisionmakers, be they parole 12 commissioners or judiciaries, don't like to 13 give up that authority. I respect that, but they just don't. They make the decisions on 14 15 it, and anything that is perceived about delegating sanctioning, even at low levels, 16 that affects liberty, they don't give that up. 17 They don't delegate. 18 19 CO-CHAIR JONES: We are out of 20 time. 21 MR. McGEE: Oh, I'm sorry. 22 CO-CHAIR JONES: That's okay.

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Page 66 1 MR. MURRAY: I have more to say. 2 (Laughter.) 3 CO-CHAIR JONES: Thank you both 4 for a very useful discussion. It is much 5 appreciated. 6 MR. MURRAY: And I'm not kidding; 7 I had more to say. Can I have one second? CO-CHAIR JONES: Take it. 8 9 (Laughter.) 10 MR. MURRAY: One second. 11 I know you all will conjure up 12 some position or recommendations. Norman and 13 I both sit as advisors to the ABA Task Force on Problem-Solving Courts. I applaud, again, 14 15 your efforts to help with that very, very difficult process. 16 I would offer two or three ideas 17 18 for you to chew on, as possible ways to 19 improve the current state of play. 20 One is communities have to know 21 the results of traditional case process in order to know whether or not drug courts are 22

1 making it better or worse.

2	Success has to be an improvement
3	over status quo. Success is not 90 percent.
4	A program that has 90 percent success is going
5	after soft cases and it is wasting a lot of
6	money and supervising a lot of people. If
7	traditional case process has a success rate of
8	30 percent, if I come in with 37, all hail.
9	The other is you can't let
10	communities invest all of their addiction
11	resources into one program. You can't ignore
12	the people who don't get into drug court who
13	are drug- and alcohol-involved. They have the
14	same needs, the same rights, impose the same
15	dangers as everyone else.
16	And that's it. Thank you.
17	CO-CHAIR JONES: Great. Thank you
18	so much, very much.
19	I believe our next speaker is
20	here. Is that right? Great.
21	DR. FINIGAN: Good morning.
22	CO-CHAIR JONES: Good morning.

1 Let me just say, for the record 2 and the audience, that our next speaker is Michael Finigan, who is the President and 3 Founder of NPC Research. 4 5 We are pleased and honored to have you here this morning. If you don't know, 6 7 I'll tell you: the way that we operate these 8 panels, and you are clearly a panel of one --9 (laughter) -- is to give you an opportunity, 10 five or ten minutes, to give us the benefit of 11 your thoughts on the topic, tell us a little 12 bit about yourself, if you would like. 13 Then we have a bunch of questions that we have for you. We would like to engage 14 15 you in a conversation. Those discussions are generally led by one of our number. 16 In this case, this discussion will be led by Vicki 17 18 Young. 19 So I have said enough. The floor 20 is yours. Welcome. 21 DR. FINIGAN: And that is exactly 22 what I'm prepared to do. I brought material

1 that I am going to talk just for a few minutes 2 about who we are and what we have done, and 3 why we might be relevant to you, I guess. 4 Then I will suggest some topic areas that I 5 might have some data on, but, also, just then 6 let it be open to you.

7 I am Mike Finigan. About, gosh,
8 it is almost 20 years ago, I founded NPC
9 Research. I taught at the university level
10 for many years, and then I did public policy
11 research on the side, and then finally decided
12 to found my company.

We have 31 employees now. We are actually a national firm. We do contracts all over the country, which I will talk about in a second. I have seven PhDs on my staff. So it worked out. It is one of these things that started in my home.

But, anyway, why might we be relevant to you? I did among the earliest studies of drug court research. I am one of the early researchers in the area. Not

surprisingly, since I come from Portland,
 Oregon, that we did the Portland, Oregon, Drug
 Court, which was one of the very earliest in
 the western courts.

5 By the way, one study we just 6 recently submitted to NIJ -- it was NIJ funded 7 -- was we looked at the Portland court again 8 over 14 years of operation. No one had ever 9 looked at a single drug court over that long 10 a time. We took the whole population who 11 would have been eligible for drug court, not 12 just those that were selected. So that was a 13 very interesting look, and I bring that data to bear, too. 14

15 We have either completed or are in the middle of completing evaluations that now 16 exceed 100 drug courts. Over those -- well, 17 18 it wasn't totally 20 years, but let's say 10 19 years -- eight to 10 years on drug court work 20 that we have done, we have done I think more 21 drug court research in terms of individual 22 local courts than maybe anybody else, which

1	might be why I was asked to come here.
2	The reason why there is so many is
3	because we have primarily been funded by
4	national funders, NIJ, in particular,
5	National Institute of Justice, the Bureau of
б	Justice Assistance, OJP, OJJDP, SAMHSA. I
7	guess, our primary federal funders have been
8	either in Justice or in Substance Abuse.
9	Then we have also done a lot of
10	contracts that's where the numbers get up
11	with the states. We have been hired by
12	state offices to do evaluations of a number of
13	drug courts within each state. We have
14	completed, or are in the middle of completing,
15	contracts with the State of Maryland,
16	Missouri, Michigan. For a long time, it just
17	seemed like they were all "M" states. Oregon,
18	California, Indiana, New York, Nevada, Oregon
19	of course, and Guam. So that's how you get up
20	to 100, you know, is you do all that.
21	We adopted, a while ago, I would
22	say about six years ago, we adopted a

1 methodology to approach drug court evaluation 2 that emphasized not only the process, which we really feel is critical -- you know, I never 3 4 understand research that just has an outcome 5 research and doesn't have a process part of 6 it. Because how do you know what any of that 7 data means unless you understand how that drug 8 court operates?

9 So we start with a very strong 10 process, a component that understands how that 11 court is operating, its specific procedures 12 and processes. We then also follow it through 13 outcome research, particularly recidivism 14 issues.

15 Then what we are most known for is 16 we add to that a cost component. All of that 17 is integrated together. So we are dealing 18 with our question of cost when we go in and do 19 a process piece. We are trying to understand 20 what components to look for where you've got 21 price.

22

What it comes up with in the end

1 is not only a process and outcome study, but 2 a cost analysis from the point of view of the 3 taxpayer. We have taken that point of view. 4 In other words, we don't try to look at cost from a broader societal cost 5 point of view. You sometimes get, you know, 6 7 overall lifespan, that kind of stuff. So that is how you get up to those big numbers, you 8 9 know, is because you do that. 10 But what we decided is that nobody 11 was believing those big numbers anyway. So 12 what we tried to do, and we try to do, is 13 ground it in the local jurisdiction. So the costs we come up with are costs for that court 14 15 in that setting. That is, again, why the process piece, but also pricing, you see. 16 17 So it is very relevant to county 18 commissioners, state legislators, because what 19 we are saying is that this is the cost of the 20 court and the savings of the court, if there 21 are such savings, priced really for the 22 taxpayer, not in any other way, just money the

1 taxpayer would have spent, and for that 2 particular community. So that is, I think, one of the 3 reasons we have gotten a lot of work, 4 5 particularly with the state and also with the feds, is because they like that approach. 6 7 That seems more policy-relevant to them. The other advantage of our having 8 9 adopted a kind of methodology in terms of 10 evaluation is that now, up to these 100 11 evaluations that we have done, we have 12 actually done them with a consistent 13 methodology. If you know research, you do meta-analyses of various prior research, they 14 15 are often apples and oranges. You know, you are comparing -- there are six studies, but, 16 actually, their methodologies were all 17 different. You know, their comparison groups 18 19 were different. So you are kind of blending something that in itself may not be blended 20 21 very well. 22 But if you do something with the

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1 same methodology, we would find it to some 2 extent as time went by, but if you do 3 something with the same methodology on 50-60 4 courts, let's say, you have a critical mass to 5 begin to say something about the 6 effectiveness, or lack of effectiveness, of 7 the court, and also what works within the court. Again, that is the advantage of that 8 9 process piece, is that you now know this court 10 does these things, and are they associated 11 with more successful courts than these things? 12 So we are starting, also, to have 13 the advantage of looking inside the so-called black box of the drug court and saying, under 14 15 what conditions do drug courts work? Then also start by, you know, 16 everybody talks about, do drug courts work or 17 do not work? My take on it is different than 18 19 perhaps other people. 20 My take, given all the research we 21 have done in these reports, is, under some 22 conditions, they work very well; under other

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1 conditions, they don't work as well, and on 2 some conditions, they don't work at all. 3 And wouldn't you expect that out 4 of up to 100 evaluations now? One thing I 5 think you have already learned is that drug courts are not the same animal from court to 6 7 court to court. In fact, that is one of the issues that I think they have to deal with, is 8 9 that it just grew and grew without much 10 standardization, without much development of 11 professional standards, which I think the 12 professional organizations are trying, NADCP 13 is trying to address right now. That is my understanding. 14 15 But I can testify, having done all these, or my staff having done all these 16 different courts, that we used to say no two 17 18 drug courts are alike. That was our

19 experience. Now you need to take that with a 20 grain of salt because I am about to give you 21 some data that doesn't entirely say that. 22 But what we really meant by that

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1 is that you couldn't assume a standard model 2 was being implemented; that local judges --3 and these are judges -- they want to do things 4 their way, and they have often very -- you 5 know, I don't mean to diminish them. They are 6 very hard-working and often very dedicated 7 people, but they have their ideas about what They don't often talk to us 8 works. 9 researchers about that. They don't need to. 10 They know what works. You know what I mean? 11 Well, the problem is then you 12 don't have any standards and you don't have 13 any standards based on research. I also have to mention, too, that 14 15 I am not in any way -- well, I shouldn't say I obviously talk to people at NADCP and 16 that. I know Doug Marlowe very well, and all that 17 kind of stuff. 18 19 There was a faculty group of 20 researchers that got together from NADCP and

21 NDCI that I was part of. Almost every drug 22 court researcher that was out there became

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1 part of that group.

2 So I guess the more important point to you is that I don't get money from 3 4 NADCP. In fact, in thinking about that, I 5 realize they haven't paid me a penny. They 6 have paid for my hotel room a couple of times 7 at a conference, and that's about it. All that I've spoken to them, you would think they 8 9 would have paid something. 10 (Laughter.) 11 Anyway, all of our funding comes 12 from state contracts, federal contracts, some 13 foundation. RWJ has funded us. So, anyway, I just wanted there to be a disclosure that I 14 15 don't have a vested interest in the drug court profession, but I do in drug court research. 16 17 Okay? Well, I did want to say that one 18 19 of the things that we have done -- let me just 20 outline some of the research you might want to 21 ask questions about. Okay? 22 We were approached by the National

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1 Institute of Justice two years ago, or two and 2 a half years ago, something like that. They were interested in funding us to give them all 3 4 the studies that we had done up to that point, 5 to look at all of that together and try to 6 understand two main things. 7 One is, are drug courts 8 standardized in any way? Are they following the 10 key components that they are supposed 9 10 to be following or not? 11 Then, secondly, because we were 12 going to do outcome and cost research, what 13 aspects of a drug court seem to be more associated with effectiveness and what don't? 14 15 You see why they might be interested in that question. 16 17 Now, at the time we were funded 18 for that -- we have completed and returned 19 that report in. I would be happy to send that 20 to anyone or make it available to you. 21 But we had only 18 courts that we 22 had done the whole thing up through the cost

on at that time. Obviously, we have done a lot more now. In fact, we really want to go back -- we probably have 40 to 50 courts now -- and have NIJ fund those, too. But you know how these things go.

So we have that look though. 6 It 7 is only 18 courts, and that was at that time 8 all we could do. So it was limited by number. 9 But, nonetheless, it was an interesting look 10 at standardization at that time and at the 11 question of, are there parts of the drug court 12 -- or are drug courts that do certain things 13 more associated with positive outcomes than drug courts who do these other things? 14 There's a lot of different results 15 I will just try to do a quick one 16 on that. because I know I really should respond to your 17 questions. 18 19 But one of the things that that

20 study seemed to show is that -- we, first, by 21 the way, had to operationalize the 10 key 22 components. Nobody had done that really. I

mean you can't just say them. They have to be
 operationalized. We did.

3 But we found, surprisingly, a 4 large number of components and elements of 5 components that were common. Our criteria was 6 75 percent or higher. That was just an 7 arbitrary criteria that made intuitive sense, 8 anyway. So 75 percent of the courts or better 9 did that common component of one of the key 10 10 components. So there was, surprisingly, more 11 uniformity than our kind of anecdotal 12 experience had been.

13 On the other hand, there were a large number of courts, fortunately for our 14 15 study, where there was variation, where they just did not do -- you know, they would do one 16 thing or they would do another. They were 17 around issues like single-treatment provider 18 19 or multiple-treatment provider. They were 20 around issues of how often drug testing would occur, how frequent is the drug testing. 21 They were around issues about how 22

1 involved and relevant to you folks is, say, 2 the public defender's office in the court, variation there. How often do various team 3 4 members, both attorneys and, of course, 5 treatment and probation, attend the meetings? There is considerable variation on that. 6 7 There is variation on how often jail is used in sentencing, a number of things. Okay? 8 9 So I don't want you think that we 10 invalidated the notion there were differences 11 among drug courts, but we were for ourselves 12 a little surprised. You know, the 10 key 13 components were starting to resonate at least at the drug court level. 14 So I would have those results to 15

16 talk about, I brought some of my stuff with 17 me. I maybe shouldn't talk too long because 18 I think your questions are more important to 19 hear.

20 But another study, looking at a 21 single court over a 14-year period in 22 Portland, that is interesting maybe to you

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because, for one thing, it is the whole 1 2 population of people; it wasn't a sample. Also, it kind of shows, it demonstrates things 3 4 like how important is the judge and how 5 important is the judge's experience, and how 6 important is it to have a single judge for a 7 long period of time and not roll over. We could look at that because we 8

9 were looking over time, you see. There were 10 changes in the judges over time that we could 11 look at. That was also an issue in the 18, 12 the role of a judge, was an issue in the 18-13 court analysis.

14 Of course, we have the results of 15 many of the individual studies. They are all 16 on our website. So I will give you all of 17 that information, so you can look at it in 18 more detail if you want.

We just did a look at what is
called Proposition 36. It is the California
law which mandated treatment. That is
probably not as relevant, but it may be of

1 interest to you.

2	Relative to drug courts, well, we
3	have a number. We did the cross-site family
4	drug court study for SAMHSA looking at family
5	drug courts. There hasn't been much
6	literature on family drug courts.
7	We have done a number of juvenile
8	drug courts, but that is a little more of a
9	mixed picture, to be honest with you.
10	So, anyway, these are specialty
11	courts.
12	I guess before I turn it over to
13	your questions, I guess going back to the
14	bottom-line question, the drug courts effect,
15	as I said, when we look across all the studies
16	that we have done, what we find is that under
17	certain conditions, which I think the 18-court
18	analysis identified some of those conditions,
19	drug courts can work marvelously well. They
20	can be cost-effective. They can produce very
21	effective results.
22	Yet, there is a subset, of course,

1 that we have analyzed that failed miserably.
2 I mean there was one -- I can say who it is
3 because they allowed me to say it -- in
4 Monterey, California, where our cost analysis
5 basically said the taxpayer would be better
6 served if you closed drug court.

7 Yet, having said that there are 8 those, and there are others, too, in our data, 9 you could look at those, look at Monterey, and 10 you see how they were operationalizing drug 11 court and it sort of dawns on you why this 12 bombed so badly.

13 They were rotating judges every 14 six months through the drug court system. You 15 know, the drug court usually takes more like 16 12 to 18 months for an average graduate. That 17 would mean they would have two or three judges 18 in the time period.

19 So you begin to see some of the 20 problems, that they had not really thought 21 through what they were doing. But let's be 22 honest. With any model that you will adopt,

1 or that anyone would adopt, any program, how 2 you implement it is critical. I mean fidelity 3 to the model is an important issue in any 4 research.

5 So to say, you know, well, some 6 drug courts work, some of them don't, so I 7 don't know what to make of that, we perfectly know what to make of it. If it is true, as we 8 9 think, that drug courts well-implemented work 10 and drug courts badly-implemented don't work, 11 which I think is true, then it behooves the 12 profession, or whoever, to try to work on 13 research-based ways to look at the drug court. That is certainly at the bottom of it. 14 15 I'll shut up. 16 CO-CHAIR JONES: Thank you. Thank 17 you. Vicki? 18 19 MEMBER YOUNG: One thing that 20 caught my eye in looking over the website --21 DR. FINIGAN: Yes. 22 MEMBER YOUNG: -- is that it

Page 87 1 speaks or the website states that you have 2 done many hundreds -- I am not sure what the number is -- of focus groups analyzing 3 different issues. 4 5 DR. FINIGAN: Right. Yes. 6 MEMBER YOUNG: As you heard or can 7 tell, we have gotten input from a lot of the stakeholders involved in drug courts, but, 8 9 actually, other than anecdotally one drug 10 court participant, let's say --11 DR. FINIGAN: Yes. 12 MEMBER YOUNG: -- in Tucson and 13 somewhere else, we don't have as much input from the actual clients in drug court. 14 15 I was wondering if you could, first, give us an idea how you do the focus 16 17 groups, and is there anywhere that input appears? Is it just a single part of one 18 19 report or have you done a separate report that 20 talks about, let's say, drug court 21 participants' views of what works or doesn't 22 work?

1 DR. FINIGAN: Yes. Well, I will 2 answer the last one first, which is no one -to be honest with you, we have to go with who 3 4 funds us. I mean this is the way life is. 5 But no one has asked us to do that, to take 6 and pull it together. 7 Now you had clued me into this 8 question, so I came prepared to talk about 9 I looked through our reports. that. I have 10 some information for you. But we haven't 11 systematically done that in a report, which I 12 think would be good to do. 13 Let me go back to the first part, which is how to do it. Part of this technique 14 15 that we use is, as I said, it is a full 16 process analysis. We send usually a couple of 17 people to the local drug court sites. They 18 gather other data than focus groups, of 19 course, with interviews, and they look at records and they look at different manuals, 20 21 and look at all that good stuff. 22 But part of it, and a substantial

part of it, is a series of focus groups that we conduct with staff, with clients, and with juvenile courts, with the parents as well. What is important with the staff is pretty obvious. We try to have as much staff input as we possibly can.

7 With the clients, which I guess you are more interested in, one of the things 8 9 that we try to do as hard as we can possibly 10 do is not simply talk to graduates. In fact, 11 most of the people we talk to are neither 12 graduates or terminated. They are sort of in 13 the middle of things, and that is the vast bulk of people that are in these focus groups. 14 15 We shy away from graduates. Well, we have some that have had graduates, but I 16 mean graduates are the best premium. 17 I mean you are getting the people that were 18 19 successful in drug courts. So you are not getting a very good picture with that. 20 21 The terminated folks are very 22 interesting, and we do get some of those folks

1 where we track them down. They have been 2 terminated from drug court, and we try to find 3 them and put them in. They are hard to 4 manage, you might imagine. Especially if they 5 have left the drug court six months ago, it is hard to find them. 6 They are probably not even 7 in that location anymore. We are not so 8 committed that we are going to wander around 9 a state looking for them. But we do have some 10 that have been.

But most of the people in these focus groups are sort of in the middle. They are in drug court. They may graduate; they may terminate.

15 I think the reason for doing that 16 is so you don't just get, "Oh, drug courts are so wonderful, " and everything is great. 17 Because that is what we are interested in, 18 19 I mean we are not negative on drug too. 20 Don't get me wrong at all. It is courts. 21 just that, how are you going to understand how 22 to improve a court unless you begin to ask

what's going on?

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2	So we ask not only what has been
3	good about it, but what has not been very
4	helpful, and "How did you get in the drug
5	court, and did people inform you of what you
6	were getting into?" I think that is important
7	to you folks. One of the questions is, "What
8	could they have told you before joining drug
9	court that would have helped you make a better
10	informed decision?"
11	So, anyway, we are doing it. It's
12	a fairly lengthy focus group process. One
13	thing about focus groups, of course, they are
14	back and forth and in and out, and so we've
15	got some good people that are really pretty
16	well-trained to do focus groups and not try to
17	lead. That is one of the dangers of focus
18	groups; you can get them off. Either you lead
19	them in a certain way or they go off and take
20	it on their own somewhere. But my focus
21	groups are good.
22	Let me quickly, I can read some,

if you wanted to, but I just want to
 particularly summarize some of the things that
 might be the most interesting to you.

4 In terms of things that have been 5 helpful to clients, and these, again, are not necessarily clients that are always positive, 6 7 but things they say are helpful. What is most 8 interesting and a very common theme is that 9 they find the structure is useful. When it 10 has been useful, it is the structure. They 11 would often say, "I came in and, boy, I did 12 not like this. I did not like having to show 13 up and do these tests, " and do all of this kind of stuff. 14

15 There were several comments that the probation officer wasn't anywhere near as 16 watchful, I guess is the word, as the drug 17 court was. And, you know, they did resist it, 18 but a number of them also said that this was 19 20 also what made it useful, on the one hand; that structure in their life turned out to be 21 22 something that was a positive thing.

Now that doesn't mean -- they 1 2 could still say in there, you know, "I screwed up here." or "I didn't get to this 3 4 appointment." And they'll complain, you know, 5 about, "I was supposed to make this 6 appointment, but (a) I had this other thing 7 that I had to have done or had to go and the judge wasn't lenient." But they're going to 8 9 say that and they do complain sometimes that 10 the judge needs to be more sympathetic to 11 them. 12 But they are, by and large, in 13 terms of helpfulness, they think that structure is a very important part of why they 14 15 do that. Of course, it is somewhat biased by the fact that not all the terminators are in 16 here, and that probably the majority of these 17 are far enough along in the system, in the 18 19 drug court, so that they have had months and 20 months and months, so they have kind of gotten 21 through that early phase where they don't really come onto it. 22

Page 94 1 In terms of things that aren't 2 helpful, they talk about lack of 3 transportation. Maybe you are not as 4 interested in those sorts of things. But they 5 say, "I'm supposed to go to this appointment" 6 or "I'm supposed to go to AA"; "I'm supposed 7 to go to the treatment provider"; "I'm supposed to go to a job interview, and I don't 8 9 have a car." 10 Again, from the point of view of 11 the drug court, I know that is probably not 12 what you are interested in right now, but it 13 is saying put some money into transportation That is going to help, and that is 14 issues. 15 part of what we are doing, is trying to identify for courts specific things that they 16 17 could do. They do talk about in terms of 18 19 when they entered the drug court and when they 20 made the decision, the decision to stay. They

defender, but their defense attorney about

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22

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do talk about talking to their often public

1 these issues. So you guys are mentioned 2 there --3 MEMBER BERNHARD: Peripherally. 4 (Laughter.) 5 DR. FINIGAN: But, you know, that 6 is just the way they said it, but they didn't 7 mention you constantly through the focus groups, and we weren't specifically projecting 8 9 questions about the public defender's office 10 and the defense attorney issue. We are not 11 attorneys. We are researchers. So we are not 12 doing that. 13 Mostly, they said they were given adequate information to make the decision. 14 15 That is probably the most relevant thing for 16 you. There are a handful of people that 17 said sort of the same thing. "You didn't tell 18 19 me it was going to be so hard." That is 20 probably the most common thing. 21 MEMBER SHIFMAN: That the lawyer didn't tell them or? 22

1 DR. FINIGAN: Yes. Well, it is 2 hard to tell who they are talking about here at this point. It is either the -- well, it 3 4 is probably, though, it has to be, to some 5 extent, their defense attorney because there 6 are these conversations about should you go to 7 drug court or you not go to drug court. Often, that is who makes the decision. 8 9 By the way, peripherally, but 10 sometimes we have used that as a means of 11 developing a comparison group. Because there 12 are some attorneys, defense attorneys, that 13 don't like drug court at all and won't send anybody to drug court, and others that will 14 send a lot. 15 So, in lieu of random assignment, 16 we are looking for a comparison group. 17 The notion that an attorney might never send their 18 19 clients to drug court, it may not be that 20 biased. Do you see what I mean? It is not random certainly, but it is the attorney's 21 22 bias toward a drug court, but it doesn't have

to do so much with a client's motivation. 1 2 But that discussion, I think, is 3 particularly relevant at the beginning: 4 should you go to drug court or should you not 5 go to drug court? 6 Oddly enough, in some ways it 7 makes me want to rethink about answering some more questions here, but, oddly enough, as the 8 9 drug court proceeds, they are talking with 10 their defense attorney, their public 11 defenders; it doesn't come up as much. These, 12 of course, are voluntary. Focus groups, you 13 know, they come up with what they want to say. We ask questions. 14 15 Now in talking about that, it 16 also, however, connects to something in the 18-site study that we found. One of the 17 variations is whether usually the public 18 19 defender's office is represented on the drug 20 court team. So you have some courts where 21 that happens. You know, it is just kind of a 22 requirement that everybody -- this is a team

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effort. The district attorney is there, and so forth, or not the district attorney, but some representative of their office is. But some don't.

5 Well, from a research point of 6 view, that is a good variation for us to be 7 able to say, well, is one associated with more 8 outcome success than another? These are right 9 now, of course, this is not -- you would have 10 to do a random assignment to really firmly 11 decide this correlation or anything else.

12 We do note that when the public 13 defender, when the defense attorney, is 14 present at the drug court team meetings, it is 15 vastly more associated with positive results. 16 Again, I don't mean to say it is just them, but really what that is probably an indicator 17 of is a team effort, that the team is well-18 19 represented, that the client is represented, 20 and that those are more associated -- I think 21 it is something like eight times more likely, 22 given the small number we had with the current

Page 99 1 result, to be a successful outcome. So it is 2 not a small thing. 3 Again, I don't mean to point just 4 to the defense attorney. It really is all 5 correlated, and it really is probably an indicator that the team is working together 6 7 and the team is well-represented in the drug 8 court. Where that is true, the drug court 9 works well. Where that isn't true, the drug 10 court doesn't work the same. MEMBER YOUNG: Is there discussion 11 12 of -- certainly, there is a decision to go 13 into drug court that they talk about. DR. FINIGAN: 14 Yes. 15 MEMBER YOUNG: And is there any indication it is because "That is the only way 16 I could avoid jail"; "I really need 17 treatment"? Which are the more important 18 19 considerations? "My lawyer said it was a good 20 idea", "Didn't say it was a good idea"? 21 What --22 DR. FINIGAN: Yes. I mean the

Page 100 1 attorney saying it is a good idea or not is a 2 critical thing. But, I mean, to be honest 3 with you, the vast, overwhelming response to 4 that is "or go to jail". 5 Particularly the initial reason to go in is that "I did not want to go to jail." 6 7 So this was a choice. It was a no-brainer. That's all I'm going to say because they 8 9 didn't want to go to jail. 10 Now there are a number of people, 11 in retrospect, who say, "Given the use in court, particularly the court jail sanction, 12 13 that I may have spent more time in jail than I would have if I had not." That is an issue. 14 15 Not all judges use jail as a sanction. 16 Usually, they use it for one or two days, that sort of thing. 17 18 But, over time, one or two 19 days -- you know, it is sort of a relative 20 thing. If you had a court system where jail 21 is not too likely an outcome for -- or maybe 22 I should say another thing: a short jail

1 session is the most likely outcome for the 2 offense they have committed, and then you team 3 it with a judge that loves to use jail as a 4 sanction, you can have situations -- and we 5 have seen them -- where, in fact, we can 6 record those people actually served more time 7 in jail than -- well, you know, one caveat is we don't know exactly how they would have been 8 9 sentenced. Do you understand? But our 10 estimation is that they may have served more time in jail by the drug court. 11 See, but those are more anomalies. 12 13 I wouldn't say that is the rule across drug 14 courts. 15 One of the things that has monkeyed with the whole question of comparison 16 for drug courts is that a lot of jurisdictions 17 have gone to, particularly for drug crimes, 18 19 relatively little or no jail time. So that is 20 an issue in terms of what's the drug court 21 alternative. But a lot of people said, "Avoid jail." 22

1 MEMBER YOUNG: You said you also 2 do focus groups with a team. 3 DR. FINIGAN: Yes. 4 MEMBER YOUNG: But you are saying 5 that's a focus group as a team? You don't have separate focus groups of only public 6 7 defenders or --That would be more 8 DR. FINIGAN: 9 than we could probably use. 10 MEMBER YOUNG: So you haven't had 11 that? 12 DR. FINIGAN: No. I mean, well, 13 we do interviews with individuals. So there's individual interviews. 14 15 The focus groups, the staff focus 16 groups, are not always everybody on the team. 17 There's a whole bunch of complicated things that go on in terms of just the balance we do, 18 19 and for practical purposes, we can only send our people to the site usually just one time 20 21 for a week maybe. We are there a long time, but we have to sort of take what we can get 22

sometimes in terms of staff participation. 1 2 But, usually, we will have had a 3 -- well, almost always we have had a personal 4 interview kind of thing. We've talked to them 5 individually as a person, either by phone or 6 in person. Well, not necessarily. 7 The staff focus groups are interesting, but it is the client ones that we 8 9 are most interested in because that is a part 10 of it that we wouldn't get any other way. 11 MEMBER YOUNG: What do you think you have learned the most from the client 12 13 focus groups in terms of directing what can be improved about the drug court process? 14 15 DR. FINIGAN: Well, as I mentioned, the issue of transportation does 16 come up over and over again. Essentially, the 17 18 court is mandating these people to go to 19 certain not only treatment, but all sorts of 20 NA, AA, employment, and the question comes up, how are they going to get there? 21 22 Now there's public transportation

sometimes, and some courts will have bus
 passes. They are not saying the drug courts
 are totally oblivious to this.

And you have to take it with a 4 5 grain of salt, too. These are client focus group interviews, and they are essentially 6 7 saying, "Well, I couldn't get to that interview because I didn't have 8 9 transportation." That may well be true. You 10 don't know. You have to take everything with 11 a little bit of a grain of salt here, but I 12 think transportation is a significant problem. 13 I take that seriously. I think it comes up too often. 14

15 In terms of processes, I think there was some feeling that things are not 16 always clear in court, of what the 17 expectations are. Now that varies. 18 Some 19 people, some courts said, "Oh, they're very clear," and all this kind of stuff. 20 21 You know, there were other courts 22 where the client said, "I didn't quite

1 understand that I was supposed to come this often" or that kind of stuff. There's like a 2 3 lot of complaining going on about how often 4 they have to appear before the judge, and how 5 closely they're being monitored, and all that 6 sort of stuff, which I suppose is to be 7 expected. There was something I was going to 8 9 mention about that. I'll keep trying to 10 think. 11 MEMBER YOUNG: Well, one thing is 12 you're saying they're complaining about how 13 often they have to do it, and this, that, and the other, but then I also thought I heard you 14 15 say that they thought what helped them the most was the structure. So they're both 16 17 saying -- is that right? DR. FINIGAN: Uh-hum. 18 19 MEMBER YOUNG: It is sort of both good and bad? 20 21 DR. FINIGAN: Yes. I mean these 22 could be different people, too.

1 MEMBER YOUNG: Right, right, but 2 I'm just saying --3 DR. FINIGAN: I don't have individual names here. 4 5 MEMBER YOUNG: -- as themes, 6 you've got one --7 DR. FINIGAN: Yes. Yes, I think 8 that is fair to say, that either there are two 9 separate people or they could be the same 10 person saying, "I really chafed at this." 11 But, on the other hand, "When I 12 think back on what we are doing, I think that 13 structure is helping me." So, again, you have to sort of 14 15 take everything a little bit with a grain of But, yes, I mean I don't think that is 16 salt. necessarily inconsistent because what clearly 17 comes through is a sense that, "Boy, this is 18 a lot of structure. This is more than I" --19 20 they've said a lot of times, "This is more 21 than I bargained for here. I mean probation, you know, I hardly see" --22

1 MEMBER YOUNG: "I know how to game 2 that one."? 3 DR. FINIGAN: Yes, yes. Right. That is exactly right. "I know how to game 4 5 that one, and this one was a new -- something 6 I had to really think." 7 Now they also say sometimes that 8 they learned how to game it, too. That does 9 come across, but these are smart people. 10 MEMBER YOUNG: What have you 11 learned from whatever number that you have 12 been able to find, the people that were 13 terminated --DR. FINIGAN: 14 Yes. MEMBER YOUNG: -- that didn't make 15 16 it? Is there any theme from that population? 17 DR. FINIGAN: Well, also, they 18 chafed at all they were required to do. They 19 had all sorts of reasons for why they were --20 I mean they were often terminated because they 21 were either missing appointments all over the 22 place, they weren't going to any treatment, or

mostly they had UA results.

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2 By the way, yes, it did say that 3 the courts varied dramatically over where they 4 draw the line on the UA results. Some are 5 kind of, no, zero tolerance sort of thing and 6 others are, you know, they will do better next 7 So you do get variation on that. time. But they didn't like having to do 8 9 They didn't like the fact that it was that. 10 harder and harder to game that part of it, I 11 mean the UAs. 12 So a lot of it was a complaining 13 about there was too much direction, sort of the reverse of the whole structure thing. 14 Ιt was too much direction, "too much that I had 15 They were asking too much of me," 16 to do. "always kind of chaotic," and "I can't do 17 those sorts of things." That may be just the 18 true nature of their lives at that time. 19 They 20 just couldn't do it. 21 MEMBER SHIFMAN: Let me ask you a 22 followup.

1	DR. FINIGAN: Sure. Sure.
2	MEMBER SHIFMAN: It is slightly
3	different than the focus group sort of
4	situation.
5	Has your outfit, your
б	organization, been able to sort of research
7	and provide any data about just what you
8	described, which is in this sort of
9	therapeutic model where they are required to
10	have an overwhelming schedule of meetings,
11	appointments, probation officers, court
12	visits, et cetera, and maintain their lives
13	DR. FINIGAN: Right.
14	MEMBER SHIFMAN: versus the
15	kind of structure that is provided on a normal
16	probation that they might successfully be able
17	to get through?
18	DR. FINIGAN: I have to say it
19	this way: we have never been funded to do a
20	comparison of probation and drug court, but
21	that would certainly be a very I mean,
22	well, in a sense, we have. Because oftentimes

1 our comparison was people on probation, but we 2 haven't often looked at those issues, you 3 know, the degree to which the probation 4 requires you to do something versus the degree 5 to which the drug court requires you to do 6 something. 7 Part of it, in all honesty -- and, 8 again, with probation, you have to also 9 realize, and the same with the drug court, 10 that it varied from --11 MEMBER SHIFMAN: Right. DR. FINIGAN: -- from location to 12 13 location. There's certain standards that have to be done, but caseload is a big issue here. 14 15 My guess would be that probation, overwhelmed by large populations under their 16 supervision, it's harder and harder for them 17 to maintain that kind of --18 19 MEMBER SHIFMAN: Structure? 20 DR. FINIGAN: -- structure, yes. 21 The thing about drug courts that 22 people have said I guess is sort of unfair is

1 that drug court, by its very nature, is a very 2 controlled environment. You start off weekly 3 having hearings. So you are there before your 4 judge -- the judge, you know; it is not a PO; 5 it is a judge. That is more structure. There is more that can happen in that context. 6 7 So I mean I think probation you'll 8 find a little unfair. Do you see what I'm 9 saying? They don't have the resources that 10 are often put into drug court. They have 11 often said, well, if we had the resources, we 12 could do the same thing. Whether it is true 13 or not, I don't have research on. MEMBER SHIFMAN: Do you have more? 14 15 MEMBER YOUNG: Oh, no. Go ahead. 16 MEMBER SHIFMAN: So you talked earlier about you found in your studies of the 17 40 to 50 drug courts --18 19 DR. FINIGAN: But we only did one 20 comparison of 18, and then I'm talking more 21 generally, looking at our individual ones. We 22 did a systematic study of the first 18 that we

1	had all this data completed on.
2	MEMBER SHIFMAN: Okay.
3	DR. FINIGAN: Then I am just
4	talking about some of the others that we have
5	done individual
6	MEMBER SHIFMAN: All right. And
7	you came up with a series of decisions that
8	some courts, drug courts, were successful and
9	had common elements that made them a success.
10	Can you tell us, from your research, what
11	those common elements were?
12	DR. FINIGAN: Okay.
13	MEMBER SHIFMAN: And is this from
14	18 drug courts or from
15	DR. FINIGAN: Well, it is from
16	both. I mean the 18 drug courts is most
17	systematic, where we really said, what's the
18	relationship between having a particular
19	process or a programmatic element, or
20	whatever, and the outcomes? So we were able
21	to relate all those together. Sometimes the
22	analysis was down to 10. So, you know, that's
1	

1 just how these go. 2 MEMBER SHIFMAN: Okay. 3 DR. FINIGAN: But then I am also 4 adding to that our knowledge. For instance, 5 we looked at nine of the California sites in 6 fair detail. In fact, over a broad number of 7 sites now, maybe 40 or 50 might be more relevant to the cost of analysis that we would 8 9 do. 10 MEMBER SHIFMAN: And the 11 California sites are the Prop. 36 courts? 12 DR. FINIGAN: No, they were 13 actually before Prop. 36. MEMBER SHIFMAN: 14 Okay. 15 DR. FINIGAN: They were drug courts and one of the first ones where we did 16 this methodology. What we would come up with, 17 as we would come up with a bottom line, you 18 19 know, cost-benefit estimate, and then it 20 suddenly struck us that there were some that 21 were doing very, very well and some that were -- and Monterey was the first of the ones that 22

Page 114 1 just totally bombed, you know. MEMBER SHIFMAN: It's a nice place 2 3 to visit, though. 4 DR. FINIGAN: Yes, a nice place to 5 visit. You know, my staff that went there 6 enjoyed that part of it. 7 MEMBER SHIFMAN: Yes. DR. FINIGAN: But then what we 8 9 were doing, almost retrospectively, is saying, 10 well, what do we know from the process piece 11 in Monterey that might have accounted for 12 their really abysmal lack of success? 13 MEMBER BERNHARD: Why do you say that it is "abysmal"? 14 15 DR. FINIGAN: Well, I'm sorry. I'm being too --16 17 MEMBER BERNHARD: Well, that's 18 okay. No, I don't mean -- I'm not using the 19 word one way or the other, but what information led you to the conclusion that 20 this was a failure? I'm just now trying to 21 want to know, well, if something is good, what 22

Page 115 is it that makes it good, and when you say it 1 2 failed, what is it that makes this fail? 3 DR. FINIGAN: Well, let me go back 4 to what I was saying before. I mean we do 5 this integrated approach, this technique where 6 we do the process, this very in-depth process: 7 what are they doing, and our focus groups, all that kind of stuff. 8 9 Right, right, MEMBER BERNHARD: 10 right. 11 DR. FINIGAN: Then we look at 12 outcome data, often recidivism, rearrest, 13 reconviction, jail, prison. Then we do a cost -- we price all 14 15 this stuff. So we do a cost analysis. Here's what it cost to put on the drug court. 16 Here's what it cost for the comparison group; that 17 was often standard probation. 18 19 So that is an interesting thing in 20 itself --21 MEMBER BERNHARD: Yes. 22 DR. FINIGAN: -- comparing those

two things.

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2 Then, what are the outcome costs? 3 I mean, you know, the recidivism down the road 4 as compared to, say, standard supervision, 5 which is often the comparison group, or 6 whatever the comparison group is. 7 So you come up with what is essentially a cost-benefit ratio, if you want 8 9 to say it like that. 10 MEMBER BERNHARD: Okay. 11 DR. FINIGAN: Economics. So that 12 is kind of your -- that and recidivism is kind 13 of your outcome measures. So now you are going back and 14 15 saying, well, what characteristics of a court are associated with very good cost-benefit 16 outcomes and good recidivism outcomes, and 17 what are associated with abysmal ones? Or I'm 18 19 sorry I'm using the word "abysmal". 20 Usually, you can make the 21 statement that the cost of the court compared with its benefits is on the positive side. 22 Do

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you know what I mean? Sometimes that just
 means a small amount, you know.

But we did have some that it is the other way around, which is why I said it was essentially saying, from the taxpayer point of view, it was more costly to have a person tracked to drug court than it was for standard probation or the other route. So that is what I mean by that.

10 MEMBER BERNHARD: But does that 11 mean that maybe, you know, the rent or 12 something was too high in Monterey, and if you 13 did it in Baltimore, where it doesn't cost you 14 anything because the buildings are all empty, 15 that it might be more successful because it 16 costs us less?

17DR. FINIGAN: Well, I mean the18thing is, I mean, that accounts for the19differences in numbers you get in terms of20dollar amounts.21MEMBER BERNHARD: Right.22DR. FINIGAN: The environments are

1 locally different. But, remember, that we are 2 pricing both the comparison group and the drug 3 court group in that same cost environment. We 4 are pricing the investment and the outcome 5 costs in the same cost environment. 6 So it is relatively speaking 7 that --8 MEMBER BERNHARD: Okay. 9 DR. FINIGAN: Really, again, the 10 method, too, what we like about our methodology to a policymaker, we are saying to 11 12 the policymaker, "Do you want to have a drug 13 court or not?" I mean that is a policy question. And we are saying, "Well, you put 14 15 them this way, it will cost you this, and if you put them this way, it will cost you this." 16 17 So that is kind of what we are coming down to. Okay. So what 18 MEMBER BERNHARD: 19 went wrong in Monterey? DR. FINIGAN: Well, as I was 20 21 saying, the judges were rotating. It was the 22 standard. Everybody had that calendar. They

1 had to put that on there. So it wasn't 2 voluntarily judges. Every judge had to serve 3 six months, something, as a drug court judge, 4 which was probably bad for the clients because 5 they didn't get consistency, and it probably 6 wasn't exciting for the judge. I mean they 7 were doing something that they weren't -- many of them liked it -- good at, or weren't 8 9 interested in. 10 There were a few other things, 11 too, where the court was disorganized. They 12 didn't have a very good structure for 13 themselves. One of the things our study found 14 15 was, you know, there's all these issues about is all the team involved, or do you have 16 17 regular and routine drug testing, or do you require specific numbers of attendance at 18 19 treatment sessions, you know, those kinds of 20 things. 21 There are positive relationships 22 there, but what they all point to is actually,

sometimes this is true, is that if a court is 1 2 well-organized, if they've got their act 3 together, if they've got some structure to 4 themselves that is consistent, they do better. 5 That is really probably a reflection of the 6 organization level of that court. The 7 Monterey court was not, and probably that was because they rotated judges so much, that the 8 9 judges really didn't have a chance to organize 10 it very well.

11 By the way, another rather quick 12 thing that we found on the longer study on the 13 county, one of the things that was a serendipitous finding, but it was that judges 14 15 in their first year never did very well at the In other words, it took them at least 16 court. a year to kind of get -- and there's one judge 17 in this sample in Portland that is one of the 18 19 premiere drug court judges, well-known, but he 20 in his first year didn't do that well really. 21 But you learn as you go.

22

A judge, the role of the drug

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Page 120

Page 121 1 court judge is different than a role of 2 another judge, their calendar. So you have to learn how to do that, and some judges do that 3 4 more effectively than others. 5 We had judges in the Portland 6 study that came back. They served an early 7 term, and they came back later and served 8 another term. When they came back, they 9 almost universally did much better. 10 MEMBER KELLY: What do you mean by "did well" and "did much better"? 11 12 DR. FINIGAN: Well, again, I am 13 going back to -- again, this is a consistent analysis, where we are always having these, 14 15 quote, "recidivism" data and cost data. So do 16 well in these. The drug court people had lower rearrest/reconviction, and therefore, 17 18 the cost factor to the taxpayer, what drives 19 the cost-benefit to the taxpayer, was better. 20 MEMBER SHIFMAN: I just want to 21 get back to the question that I asked. 22 DR. FINIGAN: Sure.

Page 122 1 MEMBER SHIFMAN: You have sort of 2 hinted at it. So I am going to try to --3 DR. FINIGAN: Sure. 4 MEMBER SHIFMAN: -- direct you to 5 it. What you are telling us is that the 6 research indicated that sort of a personality-7 driven judge who wants to be in that court, and stays for a long time, is effective? You 8 found that across the --9 10 DR. FINIGAN: Well, in 11 particularly the one study where we looked at 12 the whole 14 years of judges and they rotated 13 through there, the ones that were the most effective by the way I defined it --14 15 MEMBER SHIFMAN: Right. DR. FINIGAN: -- were the ones 16 17 that loved it, learned how to do it well. Ιt took them a while sometimes. 18 19 There was a period of time where 20 they had a lot of fill-ins, people who were 21 just filling in because they didn't have a --22 and they just didn't do well, and it just may

be a learning curve issue, too.

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But I wouldn't want to conclude from that that only judges that loved drug court can do well. Certainly, over all the studies we have done, we have had judges that have love for drug court, and some of them seem to do fine.

8 I think it is a learning curve 9 issue. That is what we are saying. It is not 10 something you walk into and the first day you 11 know exactly how to do it. It is a different 12 environment.

13 To be honest with you, the judge often finds in a traditional court their 14 15 interactions are with the attorneys and not as much with the client. In a drug court the 16 interactions are with the client, as you all 17 know, much more. That is a different sort of 18 19 dynamic, and it takes a person willing to do 20 that.

21 But I'm not sure that everybody is 22 cut out to be a drug court judge. I would say

1 that's probably true.

2	MEMBER SHIFMAN: And the other
3	factors that you found common to a successful
4	drug court as you have defined it are what?
5	DR. FINIGAN: Well, again, the
6	organizational structure I think was
7	overarching. You kind of get a sense that the
8	court has got its act together. They have
9	defined how many drug tests they want. They
10	have defined the number of sessions you have
11	to go to. They have defined their phases
12	clearly. The judge is a very active judge.
13	I mean there's all these sorts of things.
14	MEMBER CLARK: In other words,
15	standards?
16	DR. FINIGAN: In other words,
17	standards. Really, what I'm, to be honest
18	with you, arguing here, and I think the data
19	does argue, is that we need to have more
20	standardization.
21	I mean you want to have some
22	variety. There is no doubt about that. You

Page 125 want to be able to be innovative with any 1 program. For the program to be effective, it 2 needs to be --3 4 MEMBER CLARK: So the way you are 5 defining a successful program is with the 6 cost-benefit? 7 DR. FINIGAN: Yes. MEMBER CLARK: And the ones that 8 9 are the most successful under your definition 10 were the ones that had the most standards in 11 place? 12 DR. FINIGAN: That is fairly true. 13 I think there's some specific things I want to get to, too, but, yes. I mean I am just 14 15 saying, when you put all the specific things together, they tend to point to a drug court 16 17 that's got its act together. MEMBER CLARK: All right. So what 18 19 are the specifics that Gail was asking you 20 about? 21 DR. FINIGAN: Yes, sure. 22 Specifically, there are things like how often

1 you do -- I'm going to have to get the 2 national data to talk about what the frequency 3 is, but doing drug testing in a very 4 standardized way fairly often is connected 5 with that.

6 Somewhat surprisingly, we found 7 that single-treatment providers versus 8 multiple, that was one of the variations; 9 that, with some exceptions, single-treatment 10 providers were more associated with positive 11 results.

I think the caveat I would have to 12 13 that is I think the single providers were often ones that were providing, that were 14 15 large enough to provide multiplicity of potential services. Do you see what I mean? 16 Because they were just a single provider, that 17 with some -- you know, that wasn't what was 18 19 happening. What was happening is that the 20 court had a local provider that really could 21 do all these things. They found working with 22 that local provider, because the provider, in

order to keep the contract, would be coming to 1 2 the sessions and doing all this kind of close work with the court, that that was associated 3 4 with better outcomes. 5 I mean there were multiple 6 providers. I don't want to suggest that 7 multiple providers never is any good, but there were a number of instances where the 8 9 drug court, by necessity, was just out with 10 contracts to all these places. It is a little 11 bit hard to manage them. It was hard to get 12 input from them. 13 MEMBER CLARK: Can you have standards and have 10 providers and your 14 15 standards are in place --DR. FINIGAN: 16 Sure. 17 MEMBER CLARK: -- that you had a 18 liaison, so to speak? 19 DR. FINIGAN: Sure. 20 MEMBER CLARK: "This is what you 21 are required as provider for our drug court. 22 If you don't meet these standards, you're not

1 a provider anymore.? 2 DR. FINIGAN: That's right. 3 That's certainly workable, and I would be very 4 supportive of that. 5 In a situation, say in an urban 6 situation where there are multiple providers 7 that are competing for drug court resources, 8 but you also have to realize that many drug courts are out in the rural areas. There are 9 10 limited -- they have to take every resource available to them in order to do it. 11 12 So it works in some contexts, and 13 it sounds great on paper, I think, but, in reality, in the rural courts it may be 14 difficult. 15 The issue about training, we found 16 17 that people who had gone through standardized training on how to do their role in drug court 18 did better than those who did not receive 19 20 standardized training. That's kind of a nobrainer. 21 22 MEMBER CLARK: I am going to ask

1 you about the roles in drug court --2 DR. FINIGAN: Sure. 3 MEMBER CLARK: -- because I am 4 looking at the report that you all did for the 5 Baltimore City Drug Court. 6 DR. FINIGAN: Okay. 7 MEMBER CLARK: In it, you've got the role of the Assistant Public Defender. 8 9 Apparently, there's two. It says, "The role 10 of the Assistant Public Defender is to try to 11 maintain a voice with regard to decisions." 12 Okay? But there is nowhere in the report that 13 talks about (a) the role for the private bar or (b) the role for a defense attorney who is 14 15 not on the team, who wants to be an advocate because that's what his client wants him to 16 17 do. How does that fit into the success 18 19 of these programs? 20 DR. FINIGAN: Yes. Well, largely, when we talk about the defense attorney role, 21 22 it is usually in most cases the public

defender's office, and they have someone whose job it is to work with the drug court to do that. Okay?

More private defense attorneys
here and there show up in the system, and you
do have some, and it really varies by court,
obviously, but you do have some that are more
active with their client and that aren't.

9 I don't know of very many situations where a private defense attorney 10 11 has been attending the team meetings. But the 12 notion of attending the team meetings is 13 really -- I mean one of the interesting things about drug courts is that it is this 14 15 combination of all these diverse groups trying to work together. 16

17 So the public defender's office 18 has to commit somebody to going, often weekly, 19 to this meeting, these sets of meetings. That 20 is a burden. We cost that, by the way. It is 21 a burden on the public defender's office, and 22 that is in our cost literature. We can

actually break down how much it costs the public defender locally to put this drug court on.

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2

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4 MEMBER CLARK: How do you factor 5 the burden put on the defendant who wants to 6 hire an attorney and doesn't want a public 7 defender or doesn't qualify for public defender representation, to have a public 8 9 defender, in effect, forced on them to 10 represent them as a team player, not as an 11 advocate?

12 DR. FINIGAN: We have not done 13 I mean part of the reason for the cost that. way is that we have only focused, as I said 14 15 before, on the cost to the taxpayer. Those are the limits of the costs we do. We don't 16 17 look at the cost to the client, and it is not that it is an irrelevancy to what you are 18 19 It is just a way of managing our cost doing. 20 analysis so it is clear and not so open-ended. 21 MEMBER CLARK: Based on the 22 research that you have, for the courts that

1 don't have standards, should they be 2 abolished?

DR. FINIGAN: Well, I think that 3 is a loaded question. I would say it a 4 5 different way. I would say that courts where 6 we had demonstrated that they are not 7 effective, either they're ineffective or go 8 negatively, or they are positive results that 9 we've got -- there is always a certain random 10 chance to some of this stuff. These are so 11 small, the effect sizes are so small, that 12 even if you could come up with some dollar 13 figures, it is kind of meaningless. Do you know what I'm saying? 14

I guess I would say it more this way: those are either candidates for renewal -- that is, that they need to develop standards; they need to use good researchbased practices, that sort of thing, or they should disappear.

In Maryland, we were hired by the
State of Maryland to do -- that is one of the

earliest things that we ever did in Maryland.
 But we are, currently, continuing to do some
 analysis for the State of Maryland.

4 We were a year into it, I think, 5 at that point in time for that, and we already 6 came to the office and said, "You are asking 7 us to evaluate this court. This court is a joke." We didn't probably use that language. 8 9 There would be no sense to use that language. 10 This court is not being 11 implemented in a very effective way that we 12 could see. We'll go ahead and do an outcome 13 study and all. Pay us; we'll do it, I guess, but we are just warning you, you might be 14 15 wasting your money here because this court really, we just don't think this court is 16 going to get off the ground unless you go 17 ahead and change it. 18

19 So the court, what they acceded is 20 that they went in and really started to spend 21 resources trying to work with that drug court. 22 We haven't gone back to that court yet. We

are scheduled to do that. So we don't know if 1 2 those changes made any difference. 3 But you can abolish them, but I 4 think there are ways -- what we are hoping to 5 do in our research is identify for everybody, 6 I guess, those things that work well and those 7 processes that work well, that have the research behind them, and try to get people to 8 9 implement them that way, to try to have some 10 standardization. 11 I mean professions do. They do 12 have standardization. I think that would be, 13 I am just suggesting that would be very useful. 14 CO-CHAIR JONES: 15 Adele? MEMBER CLARK: I have another 16 17 question. I don't know if I missed this, and if I did, I apologize. 18 19 With all the research you have 20 done, have you done any research that compares 21 basically a control group from the same 22 geographic location, city, county, state,

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Page 134

1 whatever, that goes to drug court and goes 2 through traditional probation and the results that they get in terms of the cost-benefit of 3 4 somebody on probation who stays clean and 5 doesn't go out and recidivate, or somebody who is in drug court? 6 7 DR. FINIGAN: If I am 8 misunderstanding your question, correct me 9 But in a certain sense, all of them are here. 10 that way. I mean what we do is we go into the 11 local -- even if we are hired by the state, 12 most of the time, not all the time, most of 13 the time what we do is we will go in and identify a local comparison group, that is, 14 15 people who would have been eligible usually for drug court but, for a variety of reasons, 16 and we have to look at those reasons, are not 17 But it is local. It is locally-based. 18 going. 19 Often, it is they got standard 20 probation or they chose standard probation, or 21 whatever. So they are offered that. Now there have been times where it 22

Page 136 1 would have been impossible to have done that. 2 In other words, what I am saying is that 3 sometimes in some courts there's just nobody 4 available, you know, and so we have to go some 5 other way. 6 CO-CHAIR JONES: Last question. 7 MEMBER BERNHARD: So when you are 8 doing those comparison groups --9 DR. FINIGAN: Yes. 10 MEMBER BERNHARD: -- we have heard 11 from other people that sometimes there's a 12 racial impact of this. 13 DR. FINIGAN: Uh-hum. 14 MEMBER BERNHARD: Have you seen that, so that the people who are in the drug 15 16 court, for one reason or another, are a 17 different category or a different background 18 or a different race than the comparison group 19 who isn't getting into the drug court? Are 20 you seeing that? 21 DR. FINIGAN: No. I mean we are 22 not seeing that methodologically because we

1 match the comparison group. What we try to do 2 is we identify a pool --MEMBER BERNHARD: So you screen 3 out for that? 4 5 DR. FINIGAN: We are matching to 6 the treatment group. So that would be 7 screened out because we are trying to have 8 something as close of a match to the treatment 9 group as possible. That would be a 10 methodological issue if we weren't doing that. 11 MEMBER BERNHARD: Yes. But in the 12 large groups from which you are screening out 13 the people, from which you are drawing the people in order to make the comparisons, are 14 15 you seeing differences in the pools? DR. FINIGAN: Well, let me address 16 17 that, I think, in a more general way, which is 18 to say that we have certainly seen courts 19 where there is a mixed, a racially-mixed 20 population. For instance, in California they are often Hispanic, but also African-American, 21 22 too --

1 MEMBER BERNHARD: Uh-hum. 2 DR. FINIGAN: -- and other 3 communities, where the court is just not 4 serving that population. 5 I mean, in other words, what is 6 really happening is the eligible population of 7 that racial or ethnic background isn't really being served by drug court. Drug courts are 8 9 just taking those people, for a variety of 10 reasons. 11 But we also have courts where that 12 isn't true. Well, they have courts where the 13 African-American population of the drug court is 90 percent because it is 90 percent of the 14 15 general population. 16 MEMBER BERNHARD: Of the 17 population? DR. FINIGAN: Population, right. 18 19 So it is representative. 20 We have courts that are very well-21 represented in California of Hispanics. So it is a little of a mix, but, 22

Page 139 1 if you say, "Have you seen courts where there 2 is that?", yes, we have. I think there's a need in the research literature to address why 3 4 that is true. 5 MEMBER BERNHARD: Okay. Thank 6 you. 7 CO-CHAIR JONES: To the extent, 8 Dr. Finigan, that we don't have some of your studies --9 10 DR. FINIGAN: Sure. 11 CO-CHAIR JONES: -- can we reach 12 out to you, and you'll make those available to 13 us? DR. FINIGAN: Absolutely, you can 14 15 do one of two things. One is you can, if I could have your email addresses, or whatever, 16 17 I could send you things, given the conversations we had, that might be relevant 18 19 to you. 20 MEMBER BERNHARD: Uh-hum, that 21 would be great. DR. FINIGAN: Then the other thing 22

Page 140 is that our website, which some of you have 1 2 looked at, npcresearch.com, has listed a lot 3 of the studies. I don't think everything is 4 on there yet because some stuff is still being 5 reviewed and all of that kind of stuff. So if you want me, my email 6 7 address is my last name, Finigan, 8 F-I-N-I-G-A-N, @npcresearch.com. So if you 9 have specific questions of me --10 CO-CHAIR JONES: Great. 11 DR. FINIGAN: -- or things you 12 want me to send you, I will be glad to. If 13 the group as a whole wants me to send them some things, I would be glad to do that, too. 14 CO-CHAIR JONES: 15 Great. Great. 16 Thank you so much for your time --17 Thank you very much. DR. FINIGAN: CO-CHAIR JONES: -- and the 18 conversation. We'll be in touch. 19 20 We are going to take a short 21 break, so that I can blow my nose. 22 (Laughter.)

Page 141 Then we will resume at noon. 1 2 (Whereupon, the foregoing matter went off the record at 11:49 a.m. and went 3 4 back on the record at 12:04 p.m.) 5 CO-CHAIR JONES: All right, let's 6 begin. Let's start. 7 Professor Bowers? How are you? 8 MR. BOWERS: Very well. 9 CO-CHAIR JONES: Good. Good. 10 Listen, welcome. We are excited to have you. 11 MR. BOWERS: Thank you. 12 CO-CHAIR JONES: Excited to engage 13 in this discussion. We have looked at a lot of the 14 15 literature that you have helped to produce. So the way that we operate is to 16 17 give you an opportunity to give us the benefit of your thoughts, to take five or 10 minutes 18 19 or so to do that. 20 Then we have a number of questions that we would like to pose to you and just 21 22 sort of engage in a general conversation.

Page 142 1 The questioning for you, and the 2 way that we run all of our panels, is to have one of our number lead in the questioning. 3 4 For this panel, and in questioning and 5 conversation we are going to have with you, 6 Gail Shifman is going to lead in that 7 discussion. So the floor is yours. Like I 8 said, we are happy to have you. 9 10 MR. BOWERS: Well, thank you. Ι 11 am really happy to be here. Thanks for having 12 me. 13 Let me just open with a couple of caveats, and they are that my piece 14 "Contraindicated Drug Courts," which appeared 15 in UCLA Law Review last year, has been 16 17 circulated around. Some of you guys may have read it. It's somewhat critical of drug 18 19 courts. 20 But caveat No. 1 is that I'm not 21 against drug courts because I do very much 22 believe that the mantra is true, that what we

were doing before wasn't working, and that we
 needed to do something different.

To the extent the drug courts are at least somewhat different, I think that is a move in the right direction. But I don't want to enter into our analysis of drug courts with blinders on, as it were.

I think that there is a penchant 8 9 for people, because drug courts are the 10 products of grand political compromise, we had a status quo that was, to some degree, 11 unsustainable. Even hard-core drug warriors, 12 13 they may have wanted from a normative standpoint to keep doing what we were doing, 14 15 but they felt that, for efficiency sake, it simply wasn't feasible. 16 Then there's people on the other 17 side of the coin, from the therapeutic 18

19 community, who definitely felt like we needed

20 to do something to interrupt the cycle of

21 addiction and incarceration.

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We've got all these different

factions coming together and seeing something 1 2 in drug courts that they like. I think there is a penchant, when that is the case, to turn 3 4 a blind eye to the potential drawbacks or 5 tradeoffs. That is really what I try to 6 highlight in my piece. 7 I was thinking about it this 8 morning. the way in which drug courts are all 9 things to all people. You know, I am as happy 10 as the next person about the recent 11 inauguration of Obama, but I heard someone use 12 the same language to describe his 13 inauguration. He is something of a vessel through which we see our hopes and dreams, 14 15 even if those hopes and dreams may be different for different people. I think drug 16 courts, there is something of a parallel 17 there. 18 19 The second caveat is that my 20 experience with drug courts directly is only 21 in New York, specifically Bronx Treatment 22 Court.

1 That said, I tried to use my 2 experience from Bronx Treatment Court as a 3 lens in my piece to examine what I thought 4 were potential paths to avoid. These paths 5 may not be generalizable across the board. 6 Now I am going to talk really 7 briefly about the potential problems that I see with drug courts. The problem that I 8 9 principally focus on in my piece is what I call a contraindication problem, whereby drug 10 11 courts may serve worse the very people that 12 they are intended most to help. 13 So the most likely drug court graduate is the unaddicted or only 14 15 lightly-addicted drug user or drug seller who may strategically game their time in drug 16 17 court in order to get a -- it is not so much that they need or want treatment; it is that 18 19 they are trying to avoid the alternative, 20 which is conventional punishment. 21 I actually sympathize with that 22 quite a bit because, as I indicated, the

conventional status quo is not something that
 I think is wise either from an efficiency
 standpoint or from a justice standpoint.

4 But if we are going to provide 5 opportunities, alternatives to incarceration 6 for, say, first-time, unaddicted individuals 7 who are charged with drug crimes, let's do that directly; let's not use the second-order 8 9 mechanisms that are drug courts. Let's 10 actually have legislative restructuring of our 11 mandatory minimum legislative laws rather than 12 trying to end-run it on the back-end.

13 Okay, so that's the most likely drug court graduate. The most likely drug 14 court failure is the acute addict, the more 15 compulsive individual, and also members of 16 historically-disadvantaged groups, the very 17 18 people that drug courts were intended most to 19 help, the very people who face the high stakes 20 of incarceration and the longest sentences 21 under the conventional war on drugs. 22 We said, okay, drug courts are an

alternative to that one-dimensional focus on 1 2 incarceration, but when these people or these 3 groups have the highest rates of failure and 4 when they fail, in certain courts, and Bronx 5 Treatment Court was one of them, they end up 6 receiving alternative termination sentences 7 that often swamp, outstrip by two-, three-, even fourfold, conventional plea prices. 8

9 Now the reason that second caveat, 10 that where I practiced was the Bronx and where 11 my direct observations were was the Bronx, is because, if a court can avoid that pitfall of 12 13 punishing people for failure out of drug treatment court by providing them with an 14 15 exponentially higher alternative for many of these sentences, I think that we cure a lot of 16 the worst problems that I see. 17

I am currently in Charlottesville. I recently spoke to someone who practices in the drug court down there, and she swore to me up and down that, if someone fails out of drug treatment court in Charlottesville, they end

1 up with no worse than if they had never 2 entered drug court in the first place. Thev 3 just end up with the conventional sentence. 4 So that's good. 5 I have two fears. Fear No. 1 is 6 (a) that's maybe not true empirically. She 7 may believe it is true, but if we actually did an empirical study of it, I'm not sure it 8 9 would be true. 10 No. 2, I'm afraid that in a system like that, what you are really ending up with 11 12 are only -- first, you are going to see a lot 13 more front-end screening of who gets in, and the people that they are going to elect to put 14 15 in the drug treatment court are going to be the people who all the indicators indicate are 16 not addicted, the people who are arrested for 17 the first time. 18 19 They have strong social ties. They have a job. They have sympathetic 20 21 factors that argue in their favor as to why 22 they should receive drug court when it is

purely diversionary, such that if they fail out, they are going to end up just back at square one.

Okay. So the problems I foresee,
as I indicated briefly there, one is the
contraindication problem. Another, which I
have also hinted at briefly, is that I think
drug courts may function as a distraction for
more proactive change that is necessary.

10 As I indicated, the status quo is 11 unsustainable. So the question is, where do 12 we go from that one-dimensional war on drugs, 13 incarceration-focused war on drugs that we You could imagine that we could go in a 14 had? 15 radically different direction toward a harm reduction, toward a regulatory as opposed to 16 a crime control framework. 17

I am afraid that drug courts,
which always operate within the prevailing
legislative statutory framework, the same drug
laws apply, the Rockefeller drug laws are
still looming in the background, should

someone fail out of drug court in New York.
 They may serve to prop up the prevailing
 legislative framework.

4 It reminds me, to some degree, of 5 the DNA innocence movement, the exoneration 6 movement. I'm all for innocence, but I am a 7 little worried that we may focus so much on innocence that we fail to also focus on 8 9 problems that face probably guilty defendants 10 in our criminal justice system, the absence of 11 due process, the absence of any sort of 12 adjudication of guilt -- or innocence in 95-13 plus percent of the cases.

You know, most every case that is being adjudicated is a conviction by plea bargain. Some amount, a small proportion are ending up with dismissals, and the rest are going to trial. But the ones that are going to trial, you know, we are talking 1, 2, 3, 4, 5 percent.

21 So a third problem that I 22 potentially have is that I would like to see

us providing social services in a way that is
 unlinked, uncoupled from conventional criminal
 justice.

I think there is something problematic with the fact that in the innercity for many their lever for being able to get some sort of therapeutic intervention for a genuine addiction or some other social services that they may need comes from having a criminal court case.

11 It reminds me of a lot of the 12 things that Jonathan Simon talks about in his 13 wonderful book, "Governing Through Crime," 14 that we use the criminal justice system as a 15 lever to get at all the problems that ail us, 16 rather than directly addressing the problems 17 that ail us.

18 The last problem that I foresee is 19 probably something that I know Meg Wynne has 20 spoken to you guys, probably something that 21 she spoke about quite a bit, which is the 22 transformation of the role of conventional

1 adversaries and the judge in drug courts. We 2 see traditional adversaries come together as 3 a treatment team, and to tell you the truth, 4 I don't so much see that in and of itself as 5 a problem. People working together, it may 6 make their roles more complicated, but they 7 may be able to achieve quite a lot in a positive direction. 8

9 My problems are more what team 10 playing in a therapeutic setting does to a 11 defense attorney's effectiveness. A defense attorney is asked to do radically different 12 13 things as this team player in the therapeutic drug court setting. They are asked, at the 14 15 front end when they are advising their client, to be a diagnostician, not of trial court 16 success, not of the likelihood of success at 17 trial or at hearings, or what have you. 18 They are asked to make a diagnosis as to whether 19 20 someone is going to succeed in treatment, and 21 it is simply not something that a defense attorney is trained to do. 22

Page 153 1 Even if by experience they get 2 some sense of whether or not a given person will or won't succeed, it is usually a 3 4 counterintuitive sense, in that we should want 5 these drug courts to treat people who have 6 genuine addictions and who are caught in the 7 cycle of incarceration, addiction and incarceration. 8 9 Yet, I would look at my clients 10 and say, gee, I hope this guy doesn't have 11 much of a serious problem at all because, if 12 he doesn't have a problem, I feel a lot better 13 with him going to drug court. I feel less like I'm setting him up for a fall. 14 15 Compounding that is the fact that a defense attorney simply doesn't know what is 16 in his client's own mind, what his client's 17 willpower and ability to exercise willpower 18 19 and ability to exercise reason in the face of 20 temptation is. 21 Anyway, I think I have more than

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taken up my five or 10 minutes. So I will

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Page 154 1 turn it over to your questions at this point. 2 CO-CHAIR JONES: Thank you. Gail? 3 4 MEMBER SHIFMAN: So let me start 5 with what you haven't mentioned, which is your 6 proposal sort of for a better universe of --7 how to provide treatment services without using the direct drug court model. 8 9 MR. BOWERS: Okay. 10 MEMBER SHIFMAN: Which is what you 11 call sort of an "opt-in". Explain what that is because it wasn't clear to me in reading 12 13 your article what you mean. At what point does somebody opt-14 When would it be available? What does it 15 in? look like? 16 I became 17 MR. BOWERS: Sure. focused on two things. First, I wanted to try 18 19 to figure out a way to, as I mentioned before, 20 uncouple drug courts from conventional 21 justice, because I just don't feel all that comfortable when drug courts are using 22

1 conventional justice as a backstop.

As Judge Hoffman put it, you know, drug court judges may say wonderful things and they interact directly with clients. They talk about accomplishments and setbacks and relationship forms. It is almost a parental role.

8 But at the end of the day, it is 9 an all-or-nothing proposition. There is some 10 tolerance for relapse, but, at the end of the 11 day, it is either termination or graduation. If it is termination, then, all of a sudden, 12 13 the judge takes off the therapeutic hat, puts on the judge hat, and issues a court order 14 15 that this person is going to be sentenced. 16 I am assuming we are talking about a drug court here where someone has pled 17 18 quilty as the ticket of admission to get into 19 the drug court in the first place. So there 20 is no substantive adjudication at this point.

22 alternative termination sentence, and a bad

It is just we are sentencing you to an

21

1 one at that.

2 So I'm distrustful of this 3 conventional justice backdrop. That was No. 4 1. 5 I was trying to figure out how to uncouple the two. I came across a rich 6 7 literature on this phenomenon called maturing 8 out, which says that, as -- not universally 9 because nothing when it comes to addiction is 10 universal. MEMBER SHIFMAN: Or life. 11 12 MR. BOWERS: Or life. 13 That is one of the problems with drug courts, is it applies a one-size, two-14 15 size, three-size-fits-all approach with the threat of, if this isn't quite right, we're 16 going to hit you with a termination sentence 17 on the back-end. 18 It applies these set approaches to 19 20 a problem that is ultimately much more nuanced 21 and individualistic, but there is a phenomenon 22 whereby many people, as they enter their early

1 thirties, begin to grow tired of their 2 addicted life and begin to grow tired of their 3 habit, and become internally motivated. So it 4 is not the fact that there's a potential 5 sentence hanging over their head; it is an internal willingness to get and keep clean. 6 7 But it doesn't mean that they can do it on their own. Treatment is quite 8 9 efficacious at that time. 10 My conception was this: if we 11 have someone who has racked up a substantial criminal record and, hence, is in danger of, 12 13 even if they can get and keep clean, not having the opportunities to re-enter law-14 15 abiding society in a productive way, how can we provide them (a) with the ability to get 16 and keep clean and (b) with the tools to re-17 enter law-abiding society? 18 19 What I envisioned was a drug court 20 that was open to them, to essentially petition 21 into. They opt into that drug court. They 22 are placed in an outpatient treatment program

for the standard drug court length, 12 to 18
 months, what have you.

3 Upon successful completion, the 4 judge would issue an order expunging their 5 record of prior drug convictions, and perhaps 6 -- I'm open to the idea -- that if they can 7 demonstrate that other convictions that they may have had were the product of their 8 9 addiction, expunging their record of those 10 convictions as well.

11 So there has been a strong 12 empirical link demonstrated between property 13 crimes and drugs, not so much with crimes of 14 violence, crimes of passion and drugs. But 15 these property crimes may also be the product 16 of addiction.

17 So then the person is able to get 18 the social services that the drug court has to 19 offer, get the therapeutic intervention the 20 drug court has to offer, get a somewhat 21 scrubbed-clean criminal record, and be able to 22 then reintegrate themselves into productive,

law-abiding society.

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2	MEMBER SHIFMAN: But is this
3	happening when this person, they opt-in, and
4	they're on probation or parole? I mean,
5	what's the link to the courtroom?
6	MR. BOWERS: Well, the link to the
7	courtroom is I don't see why they would
8	have to be on probation or parole. In fact,
9	I wouldn't close the door on people who are on
10	probation or parole. But my fear is that we
11	end up with what I see is something that is
12	wholly maybe, talking to the National
13	Association of Criminal Defense Lawyers, is to
14	some degree the wrong place for this proposal
15	because it is not a criminal court proposal.
16	It is a service that would be actually, I
17	would be open to its being open to anyone.
18	MEMBER SHIFMAN: So sort of like a
19	division of the Superior or county courthouse,
20	a community court, where you file a petition
21	just like you do for a name change, saying, "I
22	would like to enter into this court and take

avail of this service."? 1 2 MR. BOWERS: Yes. 3 MEMBER SHIFMAN: And at the end, 4 the court will grant expungement of "X" or 5 "Y"? 6 MR. BOWERS: And the nice thing 7 about it is it is a wonderful screening 8 mechanism to make sure that the people that 9 you are expending resources on, in fact, have 10 a genuine addiction, as opposed to this 11 phenomenon at the other end of the spectrum 12 called "chippers", people who use drugs but 13 have no real compulsion. Because if someone enters this 14 15 court and places themselves under the burdens of both the program and court compliance 16 17 dates, you can be sure that the signal here is that this is someone who actually has a 18 19 problem that they want to tackle, as opposed 20 to they are just running away from a criminal 21 court case that they didn't like. Now I understand there's a side 22

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Page 160

complaint, which is, in what way does this 1 function as an alternative to incarceration? 2 3 And my response to that would be an indirect 4 one, in that people who are addicted to drugs or alcohol who commit crimes because of that 5 addiction, if they get clean, that lowers 6 7 their rate of recidivism going forward. 8 No. 2, or rather what I would say 9 is, to the extent that that is only a limited 10 alternative to incarceration and we want something more involved, that is where I would 11 12 say let's do something more direct, as opposed 13 to these second-order mechanisms. Let's try to exact positive 14 15 legislative change. We saw the Rockefeller drug laws modified a bit, but not nearly 16 enough, as far as I am concerned. 17 MEMBER SHIFMAN: I don't think 18 19 there is anybody up here who will disagree 20 about modifying drug laws on state and federal 21 levels. But this idea of sort of a therapeutic division of the Superior Court, 22

how does that work for indigent people? How
 does that work?

3 How do they get representation in 4 filing these petitions? Who pays for the cost 5 of that program? What does that do for the 6 addicted defendant, whether a chipper, mildly 7 addicted, all the way up to a severe addict? I mean, what does it do to achieve their 8 9 immediate needs, given the current status of 10 the drugs in America?

11 So that is a MR. BOWERS: Okay. 12 multi-faceted question. What I would say on 13 one end is, I want to make clear that, if someone fails out of these opt-in drug courts, 14 15 they don't face an alternative termination The punishment for being out is 16 sentence. being out and possibly for resource reasons we 17 wouldn't let them back in. There's no second 18 19 petition. Maybe it is a one-time go-round. 20 Right now we have, as I was 21 mentioning, and as I am sure you guys are all well aware, we have a drug court system in 22

1 many jurisdictions where the defense attorney 2 is marginalized already. So if the person 3 didn't have counsel, in my version, yes, it 4 might be better if they did, but because 5 there's no back-end conventional punishment, I am not all that troubled with this sort of 6 7 court being a direct relationship between the petitioner, the person who is seeking 8 9 treatment, and the drug court judge. 10 Where would we get the resources 11 Well, it is just a matter of reshifting from? 12 priorities. I agree, you would have to invest 13 a lot of resources into a proposal like this. Well, I would probably shift resources away 14 15 from the prison beds that we are presently putting so much money behind. 16 But it is clear that Obama -- the 17 White House website, just the other day, came 18 19 out strongly in favor of drug courts and strongly in favor of other innovative stuff, 20 21 steps in criminal justice. 22 I think it is a question of

Page 164 1 political economy. It is not that the 2 resources don't exist. It is a matter of convincing parties that this is how the 3 4 resources should be allocated. 5 MEMBER SHIFMAN: So let's shift a 6 little bit to sort of the current political 7 climate, or at least what we hope is the current political climate, and the notion that 8 9 there may be open minds to alternate criminal 10 justice visions, including greater use of drug 11 courts and less use of mandatory minimum incarcerations. 12 13 So let's go to what might be an ideal drug court, if you could have one. 14 15 Under sort of the conventional model, you get 16 arrested. You're charged with a drug offense, whether it is a possession or not a major drug 17 trafficker, but some sort of trafficking, but 18 not major, or some sort of property crime 19 20 where being addicted was sort of the 21 motivating factor. 22 Now you might be facing a prison

1 sentence or you might be facing the 2 opportunity to get treatment. Can you 3 envision a drug court, under that scenario, 4 that might work well? 5 MR. BOWERS: Sure. 6 MEMBER SHIFMAN: And if so, what 7 does that look like? It looks like this: 8 MR. BOWERS: 9 more effective front-end screening in the form 10 of getting therapeutic actors involved in the 11 decision as to who gets what and where they 12 Right now, it is the prosecutor making an go. 13 assessment based on paper eligibility. The prosecutor looks at the complaint. They look 14 15 at the criminal record. They look at the social ties. They say yea or nay to an offer 16 of drug court. 17 Oftentimes, their decision isn't 18 19 just not informed by addiction, it actually 20 cuts against addiction because they are 21 looking at things that -- people with acute addiction, acute drug problems, cleaner 22

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Page 165

records, probably don't have social ties,
 probably don't have or are less likely to
 have.

So a better drug court would have
better front-end screening. It would not
punish people who failed out.

7 In one sense, we have a better 8 model already. The pre-plea model, the 9 diversion model is, in my mind, a nice, 10 seemingly non-pernicious model because we give 11 someone the chance at treatment. If they fail 12 out, they start again at square one and they 13 still have their full panoply of due process rights that they can exercise. The charge is 14 simply reinstated. 15

16 The reason I said, "seemingly non-17 pernicious" is the danger there -- this is, 18 again, if it's coupled with conventional 19 justice, is this net-widening or popcorn 20 effect. If we are giving people free shots, 21 the people that prosecutors are going to end 22 up giving free shots to are people who

probably wouldn't have ended up incarcerated
 in the first.

3 So what it may be is that I'm 4 giving you an opportunity at drug court 5 diversion instead of what would have otherwise 6 happened in the absence of drug courts, an 7 adjournment and contemplating of dismissal, an 8 outright dismissal, a plea of time served, a 9 probationary sentence.

10 Now we can argue over whether a 11 drug court or probationary sentence is better 12 or worse, and it really depends on whether it 13 works out and what the potential punishment is at the back-end. Certainly, drug court is 14 15 better if you have a genuine addiction and you're able to access a cure through the drug 16 17 court and end up with a dismissal at the backend. 18

But, in any event, I worry that we're not actually functioning as an alternative to incarceration when we make it purely a free shot. Again, this is the grand

1 compromise of drug courts. We had to get 2 prosecutors onboard, and I'm not sure -- and other drug people who would come closer to the 3 4 drug warrior end of the spectrum. I'm not 5 sure that we could get that perfect drug court 6 without having it end up being available only 7 to the people who would have otherwise done okay under conventional justice. 8

9 MEMBER SHIFMAN: But let's pretend 10 we're on drugs and pretend we could fashion a 11 perfect drug court. I mean, given the climate 12 and given the fact that we are going to be 13 making recommendations about drug courts and the roles of defense lawyers, and maybe the 14 15 roles of judges and therapeutic providers, and everything else, what would that, if we could 16 just design it from scratch --17

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MR. BOWERS: Yes.

MEMBER SHIFMAN: I mean, do you
have any thoughts about what it would look
like without right now worrying about the
potential slipping back into where drug courts

1 are today?

2	MR. BOWERS: So lots of
3	therapeutic options I think are necessary.
4	Drug courts necessarily have relationships
5	with certain providers, and oftentimes
6	decisions are made on the basis of available
7	beds.
8	But, again, this is where getting
9	therapeutic actors involved early on can
10	really help. So we are not just sending I
11	mean, if we are talking about an ideal world,
12	we are not just sending someone to provider X
13	because they have a bed, if it is an inpatient
14	program, or a seat, if it is an outpatient
15	program. We are sending them there because we
16	have done a rigorous clinical assessment, and
17	we have determined, based on this rigorous
18	clinical assessment, that this person has this
19	type of addiction and it has been shown to be
20	responsive to that type of treatment.
21	That is not an easy determination.
22	Really, the nuances of that, what is best for

Page 170 someone with this type of addiction at this point of their life, spot in their life, it is something of, I would say, a round peg in a square hole. But it is almost like a multishaped, amorphous-looking peg in a round hole. Anyway, I flubbed the analogy, but the point is taken that this is a very individualistic assessment. Ideally, we would be able to engage in that fine-grained, individualized assessment. Clearly, I would want no alternative termination sentence that outstripped the conventional plea price. What this might demand is an empirical study of the given jurisdiction to determine (a) what is the going plea rate in this jurisdiction, (b) what is the going typical post-trial sentence. Then we can make a decision at the outset about how to calibrate the alternative termination sentence so that the person wasn't getting punished for failing to get with

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22 treatment. They were getting punished only

1 for their underlying crime.

2	Because, you know, right now,
3	there's this incoherence that we say, well,
4	the person who is more compulsive, from a
5	retributive justice standpoint, we feel for
6	them. They had less voluntary control over
7	their conduct when they committed their crime.
8	Hence, they are more deserving of therapeutic
9	intervention and less deserving of
10	conventional punishment or prison.
11	Yet, when they enter treatment, a
12	switch is thrown, and all of a sudden, we say
13	that this is a rational actor who should be
14	responsive to carrots and sticks. When they
15	don't get with the program, then we slam them.
16	So I think it could be feasible,
17	although, like I said, we would have to pay
18	very close attention to make sure that we
19	weren't punishing people at the back-end, to
20	make sure that their sentences were
21	calibrated.
22	I do know that in the Bronx we did

1 anything but. In the Bronx the conventional
2 alternative termination sentence was two to
3 six years, which at the time, under the
4 Rockefeller drug laws, as they then stood, for
5 a first-time B felony offender, was the
6 highest sentence on the highest drug court7 eligible charge.

8 So these people, after failing out 9 of drug treatment court, were literally doing 10 the worst they could have done. Even if they 11 had lost a trial, they might have potentially 12 done better.

13 MEMBER SHIFMAN: So pre-plea, therapeutic assessment, either from the 14 15 county, whether it is the sheriff's department employee, a prosecution office employee, 16 17 therapeutic provider --18 MR. BOWERS: Therapeutic provider, 19 not just a paper-eligible plea. 20 MEMBER SHIFMAN: Right. MR. BOWERS: A paper-eligibility 21 22 plea.

1 And, you know, I would want to be 2 careful that the therapeutic assessment was a 3 I think that there is a tendency qood one. 4 with drug courts right now, because they are 5 funding-dependent, to fill up slots and to 6 show success. So that may lead them to taking 7 on a lot of people who the resources don't need to be devoted to them; they need to be 8 9 devoted to people who have genuine addictions. 10 MEMBER SHIFMAN: Right. Let's 11 assume in the perfect system, if we could, again imperfect because there are these heavy 12 13 sentencings awaiting them just based on what the legislation is, but let's assume it is 14 15 pre-plea and they have been carefully screened therapeutically. They now go to the drug 16 Is the judge still having direct 17 court. contact and communication with the defendant? 18 19 MR. BOWERS: Yes, but I would want 20 to make sure that the ultimate -- if there 21 were a failure, if it is pre-plea, the 22 ultimate judge that would hear the case,

1 whether it goes to trial or it ultimately ends 2 up pleading out, or there's substantive 3 hearings and then it pleads out, that's a 4 different judge. 5 It can't be the same judge because 6 the drug court judge has now built up a 7 relationship with this person such that they I would be 8 simply can't be partial (sic). 9 most concerned about -- or impartial. 10 There is no way that person is 11 going to get a fair shake in front of that 12 judge, or it would be difficult for that 13 person to get a fair shake in front of that judge after failing out. 14 15 MEMBER SHIFMAN: Okay. But I do think that 16 MR. BOWERS: 17 there is a therapeutic value to what goes on between the judge and the defendant in drug 18 courts when we are in the midst of the 19 20 therapeutic phase, but then what I worry about 21 is when things suddenly switch back to the 22 penal phase.

1 MEMBER SHIFMAN: Okay. So let me 2 ask you a question with regard to that. Two 3 things: 4 One, the statements that the 5 defendant makes to the judge in that 6 therapeutic phase, what do we do with them, if 7 anything? 8 Two, what does a defense lawyer do 9 in the therapeutic phase, if anything? 10 MR. BOWERS: If this were truly a 11 pre-plea diversionary model, and as I think it 12 should be, any statements made to the judge in 13 open court could not be used against the defendant later, even for impeachment 14 15 purposes, although I think that I would probably lose out there, if I tried to make 16 17 that proposal. I think they would eventually say that they could come in for impeachment 18 19 I would feel more comfortable with purposes. 20 a defense attorney taking a back seat in that 21 circumstance. I do think that there is something 22

to be said for the judge and the defendant 1 2 interacting directly, or the judge and the 3 patient, because that's what it really is at 4 that phase, interacting directly 5 The separate question is whether 6 the judge has the capacity beyond experience 7 to advise this person in a therapeutic What we might say is what we want is 8 fashion. a judge -- you could almost imagine a system 9 10 in which you had a legal judge and a lay 11 therapeutically-trained individual, be it a psychologist or a counselor, almost a two-12 13 judge system, because you do want monitor compliance, which is something of a legal 14 15 assessment. Did the person come to court? Have they kept out of trouble? But you also 16 want to monitor programmatic compliance. 17 18 Right now, you've got a judge 19 reading a report, and I don't know; I think 20 that there's some -- if we are talking about 21 the ideal, then we are really talking about

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something that doesn't currently exist.

22

I can

Page 176

Page 177 imagine something, though, radically different 1 2 like that. 3 MEMBER SHIFMAN: Okay. I have one 4 other question. Then I will pass it off to 5 others. 6 In this ideal court, what do you 7 do with the notion under therapeutic justice that this carrot/stick approach seems to be 8 9 very effective, according to some researchers, 10 in producing positive therapeutic results? 11 MR. BOWERS: I just don't know if I trust those studies for this reason: if I'm 12 13 right that there is a certain percentage of people who do not have addictions or, at best, 14 15 have incipient or very --16 MEMBER SHIFMAN: Recreational. 17 MR. BOWERS: -- light addictions 18 who game their way into coerced treatment, 19 game their way into drug treatment courts to 20 get away from conventional justice, those 21 people are skewing the stats up. 22 You don't have that in voluntary

1 treatment regimen. In voluntary treatment 2 regiment, who enters? People who want 3 treatment. Maybe there is someone who doesn't 4 have a serious addiction, but their mother 5 thinks they do, who is put in one of these 6 programs, and they are able to get through 7 relatively without much in the way of trouble. But I have seen some of those 8 9 studies, too, and they always open with a 10 statement of: this is surprising because the 11 conventional therapeutic wisdom is that internal motivation works better than external 12 13 motivation. Internal motivation works better than carrots and sticks. 14 15 But, lo and behold, we find that

16 the drug treatment court is producing better 17 results than voluntary treatment programs. 18 The grain of salt is that the drug treatment 19 court has a certain percentage -- I don't know 20 how big it is -- of people who are not 21 addicted and, hence, they are skewing rates 22 up.

I mention in my article it would 1 2 be like having someone -- if you have a 3 genuine addiction, and you're trying to figure 4 out whether you are going to succeed in drug 5 court, it would be like being a smoker and 6 looking at citywide cancer rates to determine 7 whether you are going to get cancer. Because the data is muddled by both smokers and non-8 9 smokers, you can't really tell what your 10 chances of getting cancer are based on being 11 a smoker. 12 Likewise, the data here is muddled 13 by people with genuine addictions and in recreational use, and so we can't really tell 14 15 whether we are getting the empirics right. 16 This seems to make sense if you think about it. An addict is someone who has 17 18 been -- they have used drugs notwithstanding 19 the fact that there are external sticks, that there are external costs to their use: health 20 21 cost, monetary cost in the form of lost 22 employment and having to pay for their drugs,

Page 180 legal costs in the form of getting in trouble 1 2 with the law. Yet, they continue to use. 3 So someone with a genuine addiction, it seems to me logically, is not 4 5 going to be terribly responsive to carrots and 6 sticks. So I really question the studies that 7 say, well, in fact, they are more responsive to carrots and sticks than they are to 8 9 internal motivation. 10 CO-CHAIR JONES: Marvin? 11 CO-CHAIR SCHECHTER: Professor, 12 you wrote in your article about race. 13 MR. BOWERS: Uh-hum. CO-CHAIR SCHECHTER: I want to ask 14 15 you a couple of questions about that. Your conclusions, after checking 16 the literature, were with respect to drug 17 courts, that race qua race is ambiguous, that 18 19 race is not a significant barrier both by 20 controlling for economic, social, and 21 demographic variables, and that skin color by itself may be insignificant and is a 22

Page 181 distinction without a difference when it comes 1 2 to the de facto shortcomings of drug courts. 3 So my only question is, do you 4 still hold to that view? This article was 5 written in April of 2008. 6 Two, if you do hold to that view, 7 would you support or do you think we even need to have further studies of racial impact in 8 9 the drug courts? 10 MR. BOWERS: Okay. Well, I will 11 take the second question first. Yes, I think 12 most definitely we -- I mean, what I am trying 13 to say in my paper more than anything else is that we need to parse finely, and that one of 14 15 the biggest problems with our studies of drug courts to date is that we have engaged in only 16 global appraisals, global appraisals of, hey, 17 the retention rates are higher here in drug 18 19 courts than they are in conventional treatment 20 programs; hey, the costs are lower with drug 21 courts than they are with conventional 22 justice; hey, the recidivism rate is lower

with drug courts than they are with
 conventional justice, without looking at how
 it affects individuals. And what my article
 is looking at is individual failures or
 discreet groups.

6 So whether it be minority groups, 7 other historically-disadvantaged groups, the unemployed, the socially-fragmented, what have 8 9 you, no, I think we should keep looking finely 10 at questions like, how do the poor do in drug 11 court as opposed to the more affluent; how do 12 certain minorities do as opposed to either 13 other minorities or the population as a whole? Let me also say I didn't engage in 14 15 any of my own original research here. Ι 16 merely, as you said, surveyed existing data. Because I was doing that, I simply couldn't 17 say that race by itself had a definitive 18 19 impact on a drug treatment court's success 20 because, based on the studies I was looking 21 at, that didn't seem to be the case. 22 Some said yes; some said no. What

1 I thought was notable, and this is the point 2 I tried to make, is that those who said no 3 only got to the answer no by saying, well, we 4 controlled for variables of employment, 5 education, family ties, all these socioeconomic variables. 6 7 To me, it struck me that, well, that's not -- that's what I meant by a 8 9 distinction without a difference. If certain 10 minority groups have historically suffered 11 under greater rates of poverty, of lack of education, social fragmentation, we can't say, 12 13 hey, they're no worse affected by drug courts when we take all those things out. 14 15 We have to analyze the fact that, yes, the color of their skin may not be 16 driving their success or failure, and that 17 18 actually says something very nice, if that's 19 right, about drug court judges, saying that 20 drug court judges are not motivated by any sort of racial animus. 21 22 But we can't ignore the fact that

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Page 183

certain communities are hurt much worse by 1 these alternative termination sentences. 2 LΟ 3 and behold, they happen to be the very same 4 communities that are hurt much worse by 5 conventional criminal justice. 6 We simply can't uncouple drug 7 courts from conventional justice, nor can we uncouple drug courts from traditional societal 8 9 and institutional pressure points. 10 So a point I make in my paper is, 11 what's one of the biggest indicators of drug 12 court failure or one of the biggest triggers 13 for drug court failure? One of the biggest triggers for drug court failure is rearrest. 14 15 Well, who gets rearrested? Not all drug users or even drug sellers. People in certain 16 communities get arrested more because the 17 18 police are more of a presence in their 19 communities, and because in poorer communities 20 life is lived more out of doors. 21 So police, not even from a racist

or a classist perspective -- and this is a lot

22

of the really interesting stuff that Bill 1 Stuntz at Harvard has written about. Police 2 will focus on certain communities because it 3 4 is simply easier and cheaper to make arrests 5 and find crime in those communities. 6 So an African-American in a poor 7 urban community may be doing no worse than their white drug court counterpart, but 8 9 because the police are right in their back 10 yard, they are more likely to get arrested. When they get arrested, they are more likely 11 12 to fail out of drug treatment court. 13 So this is a long way of saying I don't know what effect race qua race has. 14 Ιt didn't seem like the studies were consistent. 15 But I do know this: if you don't control for 16 these other variables, what you see is that 17 certain communities are affected to a much 18 19 greater degree by drug court failure. 20 CO-CHAIR SCHECHTER: Let me ask 21 you this also: in a practical world where 22 prosecutors have so much to say about the

1 entire process, how practical is it to suggest 2 that we remove the carrot-and-stick approach? 3 What prosecutor -- and if you have 4 worked in the Bronx, and Robert Johnson 5 probably is the most progressive district 6 attorney since prehistoric times. 7 (Laughter.) 8 Even Rob Johnson, on a bad day, or 9 on his best day, would be asked to agree to a 10 drug court that had no carrot-and-stick 11 Would you think that's possible? approach. MR. BOWERS: Well, I didn't. 12 Ι 13 didn't. In fact, that is why I wanted to divorce -- because I think even if you have 14 rhetoric in that direction, the realities 15 would be different, which is why I wanted to 16 divorce drug courts from conventional justice 17 altogether and why I came up with this sort of 18 19 rough-and-ready ex post opt-in drug court 20 model. 21 Because that would be removed from 22 criminal justice altogether. Yes, you have to

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Page 186

reallocate resources. So you're right, there
 you do have to get other political factions to
 come to the table.

4 But that is why I was so shocked. 5 In fact, I wanted to get over there yesterday 6 to actually watch it firsthand -- when this 7 person, this public defender in Charlottesville told me last week, "No, in our 8 9 drug court you fail out, you end up" -- it's 10 a post -- it's not a pre-plea diversion 11 It's a post-plea program where she program. 12 said, if you end up getting sentenced, your 13 sentence is exactly the same as if you had never entered the drug court in the first 14 I had a hard time believing that 15 instance. 16 was true. 17 Yes, if you keep it linked to

18 criminal justice and it is a post-plea 19 program, you are always going to at least be 20 able to tell the prosecutor they are getting 21 something. They are getting what they would 22 have gotten if the drug court hadn't existed

in the first place. It is not like they are
 failing out and we are still dismissing the
 case.

But I share your skepticism that getting simply back to a sentence of, you know, the conventional sentence max, it is going to be hard to get people onboard. Even if they say they are going to, I just don't think that's going to happen.

10CO-CHAIR SCHECHTER: Okay. Thank11you.

12MEMBER BERNHARD:I have two13things.

One is on your alternative, your 14 15 opt-in later to get rid of your record approach, I like that as an idea. 16 I actually 17 think it should be available, I mean if you take this any further, so that anybody who is 18 in their thirties and has decided that they no 19 20 longer are happy living the life that they 21 lived in their twenties -- I mean why make 22 something like that only available to people

who were drug addicts?

1

I mean, if your life has changed because you are now a grownup, shouldn't people have an option of proving that to the world and getting rid of their record? That is just as an aside. You don't really have to answer that.

I am just sort of putting that out 8 9 there, that why should we just limit that to 10 this one group of people? I mean everybody 11 grows up at some point. You know, people get 12 released from jail in their forties, and they 13 are not going to go commit armed robberies, but they will never get a job either because 14 of their record. So that is a whole sort of 15 other kind of thing. 16

17 This report that we are going to 18 put out is going to be directed sort of toward 19 defense attorneys, private defense attorneys, 20 public defenders. What do we want to really 21 be saying about all of this stuff to 22 defenders?

If the initial decision about who 1 2 to put into drug court is going to be made, 3 ideally, by more a therapeutic group of 4 screeners and, therefore, we are comfortable 5 letting the defense attorneys take more of a backseat role during the therapeutic part of 6 7 the court, if that ever sort of comes to be, then what do we want the defenders to be 8 9 doing? The person who is representing who has 10 been arrested, what is the job? Is the job to be kind of as a monitor? 11 12 I mean that is sort of the way you 13 saw your job. You think, oh, gosh, I have been practicing here. Here are some of the 14 15 things I have seen. I don't like what's going on, and I am going to write about it and let 16 everybody know about that. That is one role. 17 18 You know, you are still doing a role as a 19 defense attorney, but not everybody is going 20 to have time or opportunity or ability to do 21 something like that. 22 Do we see ourselves as sort of

1 reporting back to the DA or having input? Are 2 we affecting and impacting on our macro- or 3 micro-scale? What is our involvement with all 4 of that stuff?

5 MR. BOWERS: Okay, so it is two very different questions. The first question, 6 7 I just want to say I agree wholeheartedly. Ι 8 put in a quote by Rodney Brooks, who does all 9 the work on artificial intelligence, of all 10 things, but he talks about, famously, instead 11 of dumping multimillions of dollars into, or billions of dollars, into one Mars probe, we 12 13 should -- he entitles the article, "Fast, Cheap, and Out of Control". We should sort of 14 15 organically experiment with really small, quick, cheap, different types, when we take 16 sort of a biological approach to building 17 robots, and see what works. 18

I kind of feel the same way about
drug courts. If we are not worried about the
incarceral state kicking in when our
experiments fail, I am all for experimentation.

1 So I would be willing to extend 2 that experimentation beyond a re-entry program 3 for drug offenders. I think we need lots of 4 re-entry programs. If what is standing in the 5 way of people's re-entry into law-abiding 6 society is both the corollary consequences of 7 their criminal record and the fact that they need some social services other than drugs --8 9 you know, they need job training, they need 10 education of some other kind, they need 11 housing -- yes, I would love to open by ex 12 post court widely, open it widely on one side 13 to people who don't have criminal records but do have drug problems, who otherwise can't get 14 15 into voluntary treatment because they don't have the means to get into voluntary 16 treatment, use this as a mechanism, or someone 17 who needs social services but not drug 18 19 treatment, or it would be open to a radically 20 different proposal from what I am talking 21 about, maybe an ex/ante kind of involvement 22 when someone, before they get involved in the

Page 193 criminal justice defense at all, but they have 1 2 got an incipient drug problem. I mean the young tend to be less 3 But all that 4 responsive to intervention. 5 aside, yes, I am all for experimentation. In terms of what a defense 6 7 attorney does in this perfect drug court where I am not worried, I can be convinced that 8 9 these bad tradeoffs, these bad side effects, 10 these contraindicated side effects, are not 11 going to come to pass. 12 Yes, the more addicted person or 13 the person from the historically-disadvantaged group may be more likely to fail out, but when 14 15 they fail out, they are no worse. So it is all upside, as far as the defense bar is 16 17 concerned and as far as I am personally concerned. 18 I don't mean to minimize the role 19 20 of the defense bar, but, unfortunately, this is the sort of brave new world that is not a 21 clean fit for lawyers. 22

1 MEMBER BERNHARD: Right. 2 MR. BOWERS: As we said, it is 3 procedurally stripped down. You know, it has 4 none of the procedural formalism that is our 5 sort of stock-in-trade. As I mentioned before, you are 6 7 asked to make a diagnosis, not a tactic or not a trial success, but on whether or not someone 8 9 is going to respond to treatment. Quite 10 frankly, what are you supposed to say if you 11 are going to be responsive to treatment? I found it hardest to talk to 12 13 clients who were offered drug court who I did think were going to do well in drug court and 14 15 try to express to them that they should not take it, because in most cases the ones who I 16 really thought were going to have a problem 17 had a prior criminal record and, hence, were 18 19 being held in on bail. If they were being held in on bail, this was their short rap to 20 freedom. 21 I almost found, when it came to 22

1 the decision whether to take drug court or
2 not, that was my experience as a defense
3 attorney where I felt most like I was talking
4 to deaf ears. It really became hard both to
5 be an effective advocate and to be an
6 effective advocate who was listened to.
7 So what I would say is the role of

8 the defense attorney should -- I would say to 9 be almost a counselor, not in the legal sense 10 of the word, or much more of an advisor to the 11 client, a liaison between the client and the 12 court, an advocate not in the legal sense of 13 the word, but in the sense that if the person 14 had a certain message they wanted to convey to 15 the judge about things that were going on and 16 reasons why treatment wasn't going well, the lawyer, as a wordsmith, could do that better 17 than the client. 18

But, ultimately, these aren't
legal arguments.
MEMBER BERNHARD: Right.

21 MEMBER BERNHARD: Right.
22 MR. BOWERS: That is problematic.

So do I see a role for the defense attorney? 1 Do I see his front-end role in advising 2 Yes. the client whether or not to take this to be 3 complicated? Extremely. But I am more 4 5 comfortable with it if they are not punished 6 at the back-end. 7 Do I see a role for them going forward? Yes, but it's not a legal role. 8 Ιt 9 is more as someone who can express what they 10 want to say more clearly than they can express 11 it themselves. 12 CO-CHAIR JONES: Thank you for 13 spending this time with us. We appreciate it. MR. BOWERS: Sure thing. 14 Thank 15 you for having me. It's lunchtime. CO-CHAIR JONES: 16 17 I am hoping the lunch is out in the hall. You all are invited, and we will resume at two 18 o'clock. 19 20 (Whereupon, the foregoing matter 21 went off the record for lunch at 1:05 p.m. and 22 went back on the record at 2:01 p.m.)

1 A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N 2 2:01 p.m. 3 CO-CHAIR JONES: All right, we are 4 going to begin. If everybody would take their 5 places, I'd appreciate it. 6 All right, we are going to start 7 off the afternoon session with Judge Michael Rankin, who is an Associate Judge from the 8 9 D.C. Superior Court, and Judge Craig Iscoe, 10 who is also an Associate Judge from the D.C. 11 Superior Court. 12 We are happy to have you Welcome. 13 both and look forward to an enlightening discussion about the workings of problem-14 solving courts in the District. 15 The way that we operate is that we 16 17 would like to give both of you about five minutes or so to give us the benefit of your 18 19 thoughts about problem-solving courts and the 20 work that you do. 21 Then we have a number of questions 22 that we have and would like to just engage you

Page 198 1 in a general sort of discussion. 2 The way that we operate is to have one of our number lead in that questioning, 3 and --4 5 JUDGE RANKIN: Can we plead the Fifth? 6 7 (Laughter.) CO-CHAIR JONES: Yes, absolutely, 8 9 and we will not draw any adverse inferences from that. 10 11 (Laughter.) 12 MEMBER SHIFMAN: The thing is 13 there are some defense lawyers here. 14 (Laughter.) CO-CHAIR JONES: You will be well-15 16 represented. 17 (Laughter.) For purposes of this discussion, 18 19 Jay Clark from Ohio is going to lead the discussion. 20 21 So I will be quiet, turn the floor 22 over to you. You can decide amongst

## Page 199 1 yourselves who will go first. And the floor 2 is yours, Judge. 3 JUDGE RANKIN: Well, good 4 afternoon. 5 I am grateful, I am honored and 6 grateful to have been asked to be here, to be 7 with you, and to talk about my experience a bit in the drug court we have in the Superior 8 9 Court of the District of Columbia. 10 I noticed that you had Terrence 11 Walton, I think, here on yesterday. 12 CO-CHAIR JONES: That's right. JUDGE RANKIN: I don't want to 13 waste my time repeating things that he may 14 15 have talked about, albeit from perhaps a different perspective. 16 17 But it is, I think, worth saying that our drug court, which is called the 18 19 Superior Court Drug Intervention Program -- we 20 call it SCDIP because it is necessary to shorten that -- is in some respects, well, it 21 22 is not unique, maybe not typical of other drug

1 courts around the country.

2 Our drug court, as you undoubtedly learned from Terrence, is really administered 3 4 by the District of Columbia Pretrial Services 5 Agency. I think that that alone probably puts it in unique status. 6 7 It certainly means that our drug court doesn't have to do the things to raise 8 9 the funding that typical drug courts around 10 the country do have to do, because Pretrial 11 Services is an agency, federal agency, created 12 by the Congress, and they go up and testify 13 for their budget. They generally get enough funding 14 15 to not only run the outpatient treatment program, which is the Superior Court Drug 16 17 Intervention Program, but also to pay for inpatient treatment on demand when, in the 18 19 judgment of the drug court judge and the 20 treatment/case manager, that is what is needed 21 in a case. 22 They will pay. Right away they

will pay for 30 days, 60 days, 90 days anytime
 the judge and the case manager decide that it
 is needed.

That could lead me into a discussion of courage treatment, but I think I will wait on questions to get to that, in case you don't want to talk about it, which is okay with me.

9 But I spent three years as the 10 presiding judge in drug court, which is one 11 year longer than any of my predecessors, and 12 only two of my predecessors ever stayed two 13 years. So that, again, probably distinguishes 14 the D.C. drug court from a lot of the models 15 around the country.

I recall from reading literature by the National Association of Drug Court Professionals that the preference is for, if not a permanent judge, at least a judge who is going to be there more permanently than a year, which is the typical assignment in our court.

Page 202 1 The reason that I stayed is 2 personal. The reason that I stayed for three years is because I believe that the 3 4 assignment, to do it right, it is sort of like 5 the three-year commitment that I made to the 6 public defender service when I became a staff 7 lawyer there, lo those many years ago. The first year you're just 8 9 learning, and the second year, well, you're 10 doing whatever you're doing the second year. 11 But the third year you probably know enough to 12 do something right sometimes. 13 (Laughter.) So when I left the assignment, I 14 15 had reached a place where I thought that I was doing the job the way it was supposed to be 16 I left of my own volition. 17 done. I was not forced out of the job. 18 19 But our culture in the Superior 20 Court of the District of Columbia is to rotate 21 assignments. There's a tradition that we do 22 that, and there's a belief that we've, at

least those who have been in the court as long 1 2 as I have been, my 23rd year, that that is the 3 best way to not become stale in an assignment 4 and develop bad practices. 5 So even though I really felt that 6 I had learned enough about how to preside in 7 a drug court, that I was, I think, doing a very good job, I did feel that it was 8 9 important for me to leave after three years. 10 Is that five minutes? 11 CO-CHAIR JONES: Yes. Good. It 12 is if you have said everything you want us to 13 know. JUDGE RANKIN: I can talk forever. 14 15 (Laughter.) 16 Tell you what; let JUDGE ISCOE: 17 me give you five minutes, and then you can ask 18 us questions. 19 CO-CHAIR JONES: Thank Thank you. 20 you for that, for those comments, Judge. 21 JUDGE ISCOE: Judge Rankin, of 22 course, presides over the drug court. I

preside over the East of the River Community
 Court, which is another different kind of
 treatment therapeutic court.

We focus, as the name suggests, on areas east of the Anacostia River. Every misdemeanor offense charge east of the Anacostia River, with the exception of domestic violence offenses, comes before this court.

We have a number of options for the defendants who appear in front of the court. The court is focused on the diversion programs. Our diversion programs -- this is a simplification for the purpose of time -work essentially this way:

16 Before there is any plea, the 17 defendant agrees that, if they do certain 18 things, the case will be dismissed. Their 19 eligibility for diversion is determined by the 20 results of drug tests. Somebody that tests 21 negative three consecutive times, if they 22 don't have a certain number of offenses, and

it varies, that bar them from entry, prior
 convictions that bar them from entry into the
 diversion program, go into the program if they
 wish.

5 The program basically requires 6 that they do a certain amount of community 7 service, usually 16 hours of community service east of the Anacostia River, in the same area 8 in which the offense occurred; that they 9 10 continue testing negative for drugs for a 11 period of time, and that they seek and 12 maintain full-time employment or provide proof 13 of full-time schooling. There are other conditions on occasion, but that is the basic 14 15 way that they work.

16 There is a deferred prosecution 17 agreement, generally four months, for people 18 who do that. At the end of the four-month 19 period, the case is dismissed.

20There's a deferred sentencing21agreement for those that have more22convictions, and if they do everything they

are supposed to, at the end of the period the
 case is dismissed. If the agreement is
 revoked because of violations, then they
 immediately go to sentencing because they have
 already pleaded guilty.

As the name suggests, it is an 6 7 agreement for deferred prosecution. It is an 8 agreement between the prosecutor and the 9 defense. The court isn't involved except it 10 is in front of me every time. If the 11 government arbitrarily and capriciously tries 12 to revoke the agreement, I'll intervene. 13 Otherwise, basically, it is a monitoring function. 14

15 If they test positive for drugs, and they meet other eligibility requirements, 16 they are eligible for drug court. I used to 17 last year tell them to go before Judge Rankin; 18 19 "Don't think the drug court is an easy way out 20 of this because Judge Rankin will be tough 21 with you, but it is a good program. If you 22 complete it, you also get your case

dismissed."

1

2	Sometimes Judge Rankin would send
3	the cases back to me because somebody would
4	decide drug court was too onerous or sometimes
5	they didn't meet the eligibility requirements
6	because of something we determined later.
7	We also have other programs. We
8	have a lot of prostitution cases. We have a
9	prostitution rehabilitation program that
10	includes a major drug treatment component. As
11	you would imagine, there is a high percentage,
12	generally 90 to 95 percent, it appears, of the
13	people arrested for prostitution cases east of
14	the Anacostia River have serious drug
15	problems.
16	A former prostitute runs our
17	prostitution treatment program, and she has a
18	program for direct transfer to 30 days of
19	inpatient drug treatment for those who need
20	it. If they get out, they complete the
21	program, the case will be dismissed.
22	There are numerous other diversion

programs. There's one for the johns. There
 are lots of other things. But that is a basic
 overview of how we work.

4 I was reading your mission 5 statement. Generally, when I am actively 6 monitoring cases, it is not because somebody 7 has already pleaded guilty, but because there is some sort of resolution prior to the entry 8 9 of the guilty plea that, from the defendant's 10 point of view, they hope it never gets to a 11 quilty plea, or it is a deferred sentencing 12 agreement where they pleaded guilty. Those 13 are less common, but they also happen.

14 Of course, everybody is free to go 15 to trial as well. We have a group of defense 16 attorneys who are trained to practice in the 17 East of the River Community Court, who 18 regularly appear in that court, and therefore, 19 know all the programs we offer.

Finally, we have an advisory
committee of citizens east of the River who I
meet with regularly to talk about their view

of the court, balancing the various needs and 1 2 interests. From the community perspective, we get questions in the opposite direction: you 3 4 know, why are people back out on the street? 5 Why is this going on? How come you're not 6 doing anything? 7 We try to explain, well, we are trying to do something. We hope we are 8 9 greatly reducing the recidivism rate. 10 In response to community needs, we will sometimes have stay-away orders and other 11 12 things for particular areas. 13 Okay, that's probably close to five minutes. 14 15 CO-CHAIR JONES: Great. Great. Thank you both. 16 17 Jay? 18 MEMBER CLARK: I want to start and 19 kind of go through a couple of things with 20 each of you. 21 Judge Rankin, my question is this: if I come in front of you in your court, if I 22

Page 210 1 understand this, and I have got the lowest-2 level possession offense of crack cocaine --3 I am assuming it is a felony court? 4 JUDGE RANKIN: No. 5 MEMBER CLARK: Misdemeanors also? 6 JUDGE RANKIN: Yes, we have, yes, 7 misdemeanors and felonies, and by far more misdemeanors than felonies. 8 9 MEMBER CLARK: Okay. If I have 10 whatever the lowest-level possession of crack 11 is, I come to your court, what's the typical 12 sanction I would get if I don't go to drug 13 court? Would I normally get probation? What? JUDGE RANKIN: If you do not go to 14 15 drug court? 16 MEMBER CLARK: If I don't go to 17 drug court. 18 JUDGE ISCOE: And you're found 19 guilty? 20 MEMBER CLARK: And I'm convicted. 21 JUDGE RANKIN: Probation, 22 depending on the judge.

1 MEMBER CLARK: Okay. 2 JUDGE RANKIN: I mean probation, 3 but depending on the judge, it could be 30 4 days or a year or maybe 18 months, and there's 5 an asterisk for that. 6 MEMBER CLARK: Okay. So if I'm 7 east of the Anacostia River and I have the same possessionary offense, do I end up in 8 9 your court? 10 JUDGE ISCOE: Right. 11 MEMBER CLARK: And then if I test 12 positive, you refer me over to the drug court? 13 JUDGE ISCOE: Well, it's a little more nuanced than that. If you test positive 14 15 initially, and somebody says, "My client can get negative" not in a year, but, you know --16 17 MEMBER CLARK: Right. JUDGE ISCOE: -- in a reasonable 18 19 amount of time, okay, I will give you three or 20 four weeks and let's see what happens. 21 Three or four more weeks, all 22 positive.

		Pag	e 2	212
1	We've also got very sophisticated			
2	drug testing because we don't just get			
3	positive or negative. We get levels.			
4	MEMBER CLARK: Levels?			
5	JUDGE ISCOE: So I could say,			
6	going up, going down, staying the same. If it			
7	is going up, staying the same, it is a			
8	different situation.			
9	MEMBER CLARK: Okay.			
10	JUDGE ISCOE: But if I see it			
11	going down, then we can give more time because			
12	we see progress, particularly with drugs that			
13	stay in the system like marijuana and PCP.			
14	Yes, we'll see that.			
15	MEMBER CLARK: Okay.			
16	JUDGE ISCOE: But the maximum for			
17	possession offenses, and it is the same for			
18	attempted possession, is 180 days.			
19	MEMBER CLARK: Okay.			
20	JUDGE ISCOE: So that is the most			
21	anybody could get. I think it would be, as			
22	Judge Rankin said, it is unusual, but it could			

Page 213 1 vary, but somebody could get 180 days for a 2 first offense, but it is not very --3 MEMBER CLARK: Okay. 4 JUDGE RANKIN: Perhaps I 5 misunderstood you. 6 MEMBER CLARK: Yes. I'm trying to 7 get a feel for where we are without drug 8 court. Then I want to go to -- I come to you 9 and I go through your program. My case gets 10 dismissed if I'm successful, correct? 11 JUDGE RANKIN: Yes. But just to 12 be clear, the statutory penalty is 180 days 13 and/or a \$1,000 fine for possession of a controlled substance. 14 15 I interpreted your question to mean, what would you most likely get on a 16 17 conviction for first possession? MEMBER CLARK: And that's 18 19 reasonable, too, because we are talking what 20 most of these people would get. 21 JUDGE ISCOE: We should also point 22 out there is not a complete overlap. Drug

Page 214 court is open to anybody within the city, not 1 2 just east of the River. 3 JUDGE RANKIN: Drug court is for 4 anybody who is charged with a nonviolent 5 crime. MEMBER CLARK: So I could be east 6 7 of the River and go directly to your court? JUDGE RANKIN: You bet. 8 9 MEMBER CLARK: Or I could --10 JUDGE ISCOE: Not directly to your 11 They would have to come -court. 12 MEMBER CLARK: I would have to go 13 through --JUDGE RANKIN: I didn't know they 14 15 made people come to you. 16 JUDGE ISCOE: Yes, they have --17 MEMBER CLARK: And the reason working through that --18 19 JUDGE ISCOE: Well, they would be arraigned. We do a lot of citation 20 21 arraignments which come directly to me. But 22 the initial appearance will be in my court.

Page 215 1 I guess in a rare instance somebody on 2 arraignment could say, "My client wants drug court." Then they need the addictions 3 4 severity index test to determine eligibility 5 for drug court. 6 MEMBER CLARK: Okay. 7 JUDGE ISCOE: But I almost never 8 see that happen. 9 MEMBER CLARK: So then you can 10 refer a client or a defendant over to Judge 11 Rankin or drug court. If they don't want to 12 stay there or they don't complete the program, 13 it comes back to you then? Right. JUDGE ISCOE: 14 15 MEMBER CLARK: In terms of the sanction they get when they come back to you, 16 are you the judge that imposes whatever 17 sanction they get when you refer them back? 18 19 JUDGE ISCOE: Well, I'll let Judge 20 Rankin answer that. Most of the sanctions --21 and he has much more sanctioning. That's why 22 I think a minute ago, when you were using the

1 term "sanction", there's sentences, but 2 there's also sanctions for drug court that are 3 very formalized, and I'll let you tell of 4 that.

5 JUDGE RANKIN: I guess I was 6 trying to keep the answers on the surface. 7 But if you get below the surface, if a guy 8 goes back, if he flunks out of drug court or 9 he gets to drug court and he says, "Uh-uh, 10 don't want this, " after we explain what drug 11 court is, then it will go back to Community 12 Court. If he wants to go to trial, he is 13 going to get sent out of Community Court because they don't do trials in Community 14 15 Court. Now if he wants to go back to drop a plea, I think you do pleas. 16 17 JUDGE ISCOE: Right. Sometimes

18 somebody has been in drug court for two months 19 and then they are removed for appearance 20 reasons.

21JUDGE RANKIN: Oh, sometimes I22keep them in there for 12 months and --

1 JUDGE ISCOE: And then they come 2 back. In terms of a sanction, I wouldn't 3 4 say, "You failed drug court. You're doing 20 5 days and then we'll talk." I don't have any authority to do that. Judge Rankin might have 6 7 sanctioned the person repeatedly. I would just say, "Okay, you're 8 9 back in front of me." 10 And if they say, "Well, I really 11 want drug treatment," I'll say, "Well, you 12 haven't shown any indication of that, or we've 13 tried you on treatment." We would probably explore different options, but I wouldn't 14 15 impose any sanctions. 16 MEMBER CLARK: What I am getting 17 at, and I guess I've been told I am not asking 18 this clearly, one of the issues that we have 19 is somebody who goes to drug court and they 20 say, "No, I don't want this" or they're not 21 successful. 22 Ultimately, when their case is

1 resolved with a punishment, a sentence, are 2 those sentences stronger, harsher, more severe 3 than somebody would normally get who didn't 4 unsuccessfully attempt drug court? 5 JUDGE RANKIN: The only honest 6 answer I can give you is that that's not 7 likely to happen. The reason that I have to answer it that way is that -- and we are 8 9 talking about that category of cases that are 10 misdemeanors. MEMBER CLARK: 11 Okay. 12 JUDGE RANKIN: Those people, when 13 they flunk out of drug court, they are simply going to go back to the trial calendar or the 14 15 Community Court calendar, if that is where they came from. 16 17 The Community Court calendar is 18 fed by this system that the police have set up 19 called PSAs, something Service Area, Police 20 Service Areas. So that east of the River 21 falls into PSA whatever it is, 156. So they 22 earmark those cases to send them to Community

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Page 218

Court.

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2	Now Community Court, a lot of
3	those people are dealing with drug issues. So
4	a Community Court will send them to the drug
5	court unless they are charged with a crime of
6	violence, and they probably wouldn't have even
7	gone through so we get a lot of that.
8	But then people come down to drug
9	court and they have a choice. "I want drug
10	court." "I don't want drug court." A person
11	is not going to be penalized for saying, "I
12	don't want drug court."
13	JUDGE ISCOE: Let me answer from
14	my perspective.
15	MEMBER CLARK: Okay.
16	JUDGE ISCOE: Strangely, perhaps
17	because the law has been changed to allow a
18	charge of misdemeanor assault on a police
19	officer, I get a lot of those cases and simple
20	assaults. It used to be only a felony case.
21	A lot of misdemeanor APOs that ordinarily
22	would have been the ones that you wonder why

## Page 220 1 they are going to trial as felonies, but 2 somebody did do something. He elbowed the cop while being handcuffed, but it is not the kind 3 4 of thing that --5 MEMBER BERNHARD: So that was a 6 felony, but now that is a misdemeanor? 7 JUDGE ISCOE: Well, it can be 8 charged either way, depending on --9 MEMBER BERNHARD: Okay. 10 JUDGE ISCOE: Again, it is more 11 nuanced, but, basically, there is a 12 misdemeanor option. 13 So I get some of those, but they may not go to drug court initially because of 14 the violence of priors, or whatever. 15 If somebody flunks out of drug 16 court at any point, it doesn't affect how I 17 sentence them except in this respect: So I 18 19 say, "Give my client probation. They really, really want drug treatment." 20 21 Then you have to look at their 22 performance in drug court and say what

1 happened in drug court. Well, every time they 2 were supposed to go to a program, they didn't 3 They didn't show up for testing. They qo. 4 kept getting sanctioned, and, ultimately, 5 Judge Rankin kicked them out. 6 It makes it less likely, I think, 7 to me -- and I will articulate this at sentencing -- to give a probation sentence 8 9 based purely on a desire for drug treatment, 10 if drug treatment has been tried before and hasn't been successful. 11 12 I tell the lawyers it makes it 13 harder for you to argue on behalf of your client. Only to that; it is not going to 14 15 punish them: "You tried drug treatment and 16 you failed; therefore, you get a tougher 17 sentence." Judge Rankin, Judge 18 MEMBER CLARK: 19 Iscoe said that there's a group of attorneys 20 who are trained to practice in Community 21 Court. What about the training the defense

attorneys get who practice in front of you in

22

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Page 221

drug court?

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2 JUDGE RANKIN: Close to zero. 3 They have to take some initiative. The 4 Superior Court Trial Lawyers Association is an 5 association that is comprised of the Criminal Justice Act Bar. These are the lawyers who 6 7 supplement the public defender service. So the public defender service takes 25 percent 8 9 of indigent defendant cases, the CJA Bar; the 10 Superior Court Trial Lawyers Association takes 11 75 percent. 12 So those lawyers, I guess two, 13 three, maybe four years ago, instituted training for the first time. Their training 14 15 will typically include a one-hour block of instruction on drug court. 16 17 MEMBER CLARK: Okay. JUDGE RANKIN: The public defender 18 19 service, as far as I know, has zip, zero 20 training into our court, which is sort of an 21 issue because they sit on the Drug Court Committee. 22

1 MEMBER CLARK: You say that is an 2 issue, and one of the things that you have 3 mentioned, and we have had testimony not just 4 here, but in other cities, is that you stayed 5 on a court for three years because you think 6 it took you that long to be good at it. 7 JUDGE RANKIN: You bet. 8 MEMBER CLARK: Do you see 9 attorneys who are practicing, defense 10 attorneys who practice in drug court who are there longer do a better job in effectively 11 12 representing their clients? 13 JUDGE RANKIN: I have to give you sort of an oblique answer. 14 The defense 15 lawyers who in my view do the best job in drug court are those lawyers who take an interest 16 in treatment court models and an interest in 17 the personal lives of their clients. 18 19 MEMBER CLARK: What do you mean 20 "take interest in the drug court model"? I'11 21 use a word that I may not be accurate with it. More or less abandon the role as an advocate 22

and become a team member? Or when you say,
 "take an interest and adopt that model", how
 do you mean that?

JUDGE RANKIN: No, I don't mean a 4 5 total abandonment, but I do mean recognizing 6 a different way of practicing criminal defense 7 So we have the traditional model, which law. 8 is what the public defender lawyers are 9 trained to do, and they are like fish out of 10 water when they come into a treatment court where the judge is required to have a one-on-11 12 one dialog with the defendant.

MEMBER CLARK: Okay.

13

JUDGE RANKIN: In the drug treatment court, many times the defendant is present without counsel.

17 MEMBER CLARK: Is the defendant 18 present without counsel if they are there --19 and I don't know what the phrase you all use, 20 but like on a probation violation? When they 21 are there in front of you for a potential 22 sanction, do they have counsel with them then?

1	JUDGE RANKIN: They don't have
2	their appointed counsel. There's a stand-in
3	counsel. This is a part of the PDS role
4	because the public defender, as a part of
5	their buy into the drug court program,
6	furnishes stand-in counsel for sanction
7	hearings. Those are scheduled in the
8	afternoons or afternoon session of court. I
9	used to start afternoon session around 2:15.
10	So they are there to represent
11	people who they are often seeing for the first
12	time.
13	MEMBER CLARK: So that goes to the
14	second point you made about the most effective
15	defense counsel being ones who take an active
16	role in learning about their client as a
17	person and the problems that drove
18	JUDGE RANKIN: Yes.
19	MEMBER CLARK: their crime?
20	JUDGE RANKIN: Because those
21	lawyers tend to be in court with their
22	clients.

1 MEMBER CLARK: Okay. 2 JUDGE RANKIN: There's one model 3 of practicing defense lawyer representing 4 defendants in the treatment court, and that 5 model says you get them in, you get them enrolled, and unless you hear something from 6 7 the judge, you don't go back again until you learn that they either have finished the 8 9 program or they have been kicked out. 10 The other model says, "I know that 11 my client has to appear before this judge routinely, and I am going to find out what the 12 13 dates are because I can go in there anytime and find when my client is supposed to be 14 15 there, and I'm going to be there." 16 MEMBER CLARK: Okay. 17 JUDGE RANKIN: "And I'm going to call him from time to time, or her, to see how 18 19 she's doing in the court, and anything else 20 that I can do to encourage compliance with the 21 treatment program." 22 MEMBER CLARK: Do you ever have

Page 227 1 members of the private bar who appear in your 2 court representing the folks that are assigned to your docket? 3 4 JUDGE RANKIN: When you say, "the 5 private bar, " are you talking about retained 6 attorneys? 7 MEMBER CLARK: Retained attorneys. 8 I'm sorry. 9 JUDGE RANKIN: Occasionally. 10 MEMBER CLARK: Do you have a 11 problem with them, for example, when you are 12 trying to talk to the client, telling the 13 client, "Don't talk to the judge," basically being the advocate, being the buffer between 14 15 you and the defendant? 16 JUDGE RANKIN: My experience, and 17 it is limited, my experience there is that the lawyer knows about drug court, knows the drug 18 19 court judge, and is encouraging the client to 20 get in there and to stay in there. 21 MEMBER CLARK: Okay. 22 JUDGE ISCOE: Let me just shift to

Page 228 retained clients. Okay? 1 2 MEMBER CLARK: Sure. 3 JUDGE ISCOE: I get those 4 occasionally in my court. It is not an 5 uncommon experience. What is more common, 6 though, is that they know nothing about the 7 diversion program. So they say, "Well, we want a 8 9 trial date." 10 I'll say, "Fine, but, Counsel, 11 please approach. Are you aware of the 12 diversion programs, the options that are 13 available to your client?" Sometimes they go, "Oh, I didn't 14 know." 15 16 "So talk to the prosecutor; see 17 what you can do." Then 30 minutes later they come 18 19 back and enter a diversion agreement because 20 it is ironic that somebody is paying money to 21 get somebody who is not familiar with the system and who is, therefore, taking a 22

position that could lead to the client being convicted, when if they complete the diversion, there's no possibility of conviction.

5 Just I should say that in my court it is much more the traditional adversarial 6 7 model. I never talk to a defendant without their lawyer being present. Occasionally, 8 9 there will be a stand-in for a matter that is 10 not factual, where it is not necessary to have 11 a factual background, but to advise on certain things. 12

MEMBER CLARK: Okay.

14JUDGE ISCOE: But some of the15concerns I see in your mission statement16probably don't occur in my court because it is17not like the --

13

MEMBER CLARK: Let me ask both of you, and it is probably not too difficult.
Did any of the defendants who you have had in your courts ever don't qualify or don't want, turn down a public defender and want to retain

1 private counsel? 2 JUDGE RANKIN: Yes. As of the 2nd 3 of January, I'm doing murders and rapes, and 4 a lot of those. 5 But going back to my years in the drug court, particularly if the person was in 6 7 there on a DWI, what we call a U.S. charge. 8 MEMBER CLARK: What do you mean 9 "U.S."? 10 JUDGE RANKIN: Well, the District 11 of Columbia, the United States prosecutes most 12 all misdemeanors and felonies, and the 13 District of Columbia prosecutes traffic offenses. 14 15 MEMBER CLARK: Okay. 16 Vicki, did you --17 MEMBER YOUNG: Well, as I understand what you said, there are some 18 19 attorneys who find out when the clients are 20 coming in and would be there and keep some 21 contact. Based on your comments as well as the comments from some of the PDS we heard 22

Page 231 1 yesterday, those are going to be the CJA 2 attorneys that had the case before. Correct? 3 If I understand what you are saying? 4 JUDGE RANKIN: Yes. 5 MEMBER YOUNG: And assuming it was 6 the CJA attorney, do you know whether they are 7 paid for attending those court appearances? 8 JUDGE RANKIN: Oh, yes. Oh, yes. 9 MEMBER YOUNG: Okay. So they can 10 go; it is just some people just say, "My job 11 is to get you in the door" --12 JUDGE RANKIN: That's right. 13 MEMBER YOUNG: -- and then "Call me if there's a problem."? But they would be 14 15 paid if they did go? That's right. 16 JUDGE RANKIN: 17 Absolutely. In fact, representing a person in the drug court is the same in terms of payment 18 from the Criminal Justice Act funds. 19 It is 20 the same as any representations. 21 I should say this: I don't know 22 who was here for PDS yesterday, but every now

Page 232 and again a PDS staff lawyer will put a client 1 2 in drug court. It's practically rare, but a couple of people who buy into the model will, 3 4 and by "people", I mean lawyers. 5 MEMBER CLARK: In both your 6 courts, if people don't have addiction 7 problems, they still get convicted of a crime, 8 there's a probation department that you both 9 have access to, right? 10 JUDGE RANKIN: Yes. It is called 11 the Court Services and Offender Supervision 12 Agency, a federal agency created in 1997, when 13 the White House and the Congress decided that the courts should run adult probation. 14 15 MEMBER CLARK: Okay. Can the 16 services that are available through your 17 probation that you have access to, are they comparable to the treatment and services 18 19 available to somebody who can get into the 20 court --21 JUDGE RANKIN: Can I give you a 22 big (indicating)?

Page 233 1 (Laughter.) 2 MEMBER CLARK: You have to answer 3 outloud because the court reporter can't hear 4 your hand. 5 (Laughter.) 6 JUDGE RANKIN: I may be --7 MEMBER CLARK: How are they different? 8 9 JUDGE RANKIN: CSOSA, Court 10 Services and Offender Supervision, CSOSA has 11 a public safety mission. CSOSA has taken the 12 place of adult probation that used to be a 13 part of the court, the D.C. Parole Board, which is abolished, and they provide 14 supervised release under the federalized 15 system of parole. 16 17 MEMBER CLARK: Okay. JUDGE RANKIN: So they have 18 19 thousands of people who are given probation by 20 the Superior Court and who are coming from 21 prisons around the country. We don't have a prison in the 22

Page 234 District of Columbia. So, by law, 50 percent 1 2 of our prisoners are in federal prisons around 3 the country, and 50 percent are in state 4 prisons that have contracted to the federal 5 government for our prisoners. 6 MEMBER CLARK: Okay. 7 So all these people JUDGE RANKIN: 8 are coming home by the dozens every month and 9 CSOSA has to supervise them, and a lot of them 10 have drug treatment issues. The pie is like 11 (indicating), and so for CSOSA the big piece 12 of the drug treatment pie should go to their 13 most violent offenders and people who --MEMBER CLARK: Need it the most? 14 15 JUDGE RANKIN: Well, the way they see it. 16 17 MEMBER CLARK: Okay. 18 JUDGE RANKIN: The drug court, we 19 sort of take a front-end approach, and we try 20 to work with the people to keep them --21 MEMBER CLARK: Going in the first 22 place?

1 JUDGE RANKIN: Get them in that 2 place. 3 MEMBER CLARK: Okay. 4 JUDGE RANKIN: And the drug court 5 provides treatment on demand, where CSOSA has 6 an approach that says, "You've got to get 7 really deep into that hole before we're going to start providing you with treatment." 8 9 It is a question of JUDGE ISCOE: 10 resources, and their determination is 11 generally, if we have scarce resources, we 12 allocate them to those convicted of the most 13 serious crimes or those who appear to be in the most serious need, which means that, as 14 15 Judge Rankin said, until your need becomes really, really substantial --16 JUDGE RANKIN: Until it is time 17 for the judge to revoke your probation and 18 19 send you to jail, you know --MEMBER CLARK: You don't need it 20 21 enough?

JUDGE RANKIN: Right.

22

1 JUDGE ISCOE: Yes. 2 MEMBER CLARK: Okay. JUDGE ISCOE: We are fortunate to 3 4 have right now -- and who knows, with the 5 economy, how they will continue -- Pretrial 6 Services has a number of excellent drug 7 programs, including some they call New It is not part of the drug court, 8 Directions. 9 but they do a lot of it in my court. It's a 10 great program, and it provides a lot of drug 11 treatment. 12 And you work with that as well. 13 JUDGE RANKIN: I don't like it. Ι don't like it. 14 15 (Laughter.) 16 MEMBER CLARK: One judge likes it, 17 one who doesn't, Judge Rankin. JUDGE ISCOE: I see it lots of 18 19 times, so I like it, and I preside over the 20 New Directions graduation, and he presides 21 over the drug court graduations. 22 JUDGE RANKIN: But that's not the

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1	reason. It's a very different model.
2	Our drug court is modeled on the
3	key components of drug courts. Maybe the
4	biggest key is the interaction between the
5	judge and the program participants.
6	New Directions doesn't include the
7	judge in the treatment.
8	MEMBER CLARK: Okay.
9	JUDGE RANKIN: So what New
10	Directions does is take, you could call it the
11	"overflow," but it is not really an overflow.
12	Pretrial Services gets a lot of money from the
13	Congress to provide drug treatment. If they
14	only provided treatment in drug court, they
15	would miss a huge population that needs drug
16	treatment because of our criteria. We don't
17	take people in who are charged with violent
18	crimes. We don't take people in who have been
19	convicted of violent crimes.
20	So I like to sort of tease our
21	participants and say, "We know you guys are
22	all good. We wouldn't take you into the

1 program if you weren't good people." You 2 know, "You are people with drug problems, and that's what we're going to work on here." 3 4 Now in New Directions, generally, 5 they have some serious criminal histories. 6 The New Directions Program is a good program, 7 but in terms of people lifting themselves up out of the criminal justice system, it is not 8 9 clear to me that that happens. 10 I think that what I have seen is 11 that our program, largely because of the 12 population we are dealing with, is much more 13 likely to have graduates who aren't going to return to the system than the people in the 14 15 New Directions Program. 16 My primary reason for not liking 17 it is that they don't have that judicial 18 component. 19 CO-CHAIR JONES: Marvin and then 20 Joel. 21 CO-CHAIR SCHECHTER: I have just 22 three specific questions in three different

1 areas, some addressed to both of you, some 2 not. 3 With respect to both of you, would 4 you have benefitted from specialized training 5 before you did this? 6 JUDGE RANKIN: Yes. 7 CO-CHAIR SCHECHTER: Is that true 8 for you as well? 9 I guess I got some JUDGE ISCOE: 10 specialized training from the judge who 11 preceded me. CO-CHAIR SCHECHTER: 12 But no 13 You didn't go to some course courses? somewhere and --14 15 JUDGE ISCOE: No, and what I have 16 done is visit some community courts. I have found that I have learned a lot from that, and 17 I do do that because I throw back ideas. 18 19 Sometimes I think, wow, we're doing this a lot 20 better; other times I think, well, that's a 21 great idea; we could improve our courts by doing this. 22

Page 239

1I think that a judicial court2conference -- and we have had a lot of judges3who believe it would be useful. I'm on that4internet website where the Center, the Council5for Court Innovation I guess it's called. I6get a lot of information there. Judges trade7ideas there.

So I probably would have 8 9 benefitted, but I'm not sure that there would 10 be specific enough training or that I would 11 have recognized the significance prior to 12 taking the job. A lot of things, once you 13 have been in a position for a while, then you realize you have some questions you wouldn't 14 15 have had early on.

16 CO-CHAIR SCHECHTER: Judge Rankin, 17 take the situation where you have somebody who 18 is appearing before you in drug court for 19 about a year. During the course of that year, 20 in open court you have direct conversations 21 with that individual, and their attorney is 22 present or their attorney is not present.

Page 241 1 First, do you ever ask anything 2 about the substantive aspects of the person's 3 case in open court? 4 JUDGE RANKIN: Do you mean what 5 the charge was? 6 CO-CHAIR SCHECHTER: Right. 7 JUDGE RANKIN: We never talk about 8 that. 9 CO-CHAIR SCHECHTER: There, right? 10 JUDGE RANKIN: Never. 11 CO-CHAIR SCHECHTER: No. 2, in 12 open court when you're talking with the 13 individual, let's assume they do make an admission, such as you say, "I see you have a 14 15 dirty urine here," and spontaneously the defendant says, "Judge, I've got to tell you, 16 I've been using cocaine for the last three 17 days." 18 19 Now at the end of a year, the 20 person drops out of drug court and they decide to go to trial. Have you heard of any 21 22 instance where the prosecutor orders the

1 minutes of your proceedings and uses that 2 statement or statements made by the defendant 3 in open court with you against the defendant 4 at a trial? 5 JUDGE RANKIN: It is a part of the 6 contract that will not happen. 7 CO-CHAIR SCHECHTER: That can't 8 happen, right? Is that part of your contract? 9 And my last question, not to you, 10 Judge Iscoe, because you have retained 11 attorneys, because for an assault, a low-level 12 assault on a police officer, people will hire 13 an attorney. JUDGE ISCOE: They either have an 14 15 attorney or they have an appointed Criminal Justice Act --16 17 CO-CHAIR SCHECHTER: Right. But, 18 in your court, Judge Rankin, if somebody says, 19 "I want to retain an attorney," they're 20 allowed to retain an attorney? 21 JUDGE RANKIN: Absolutely. 22 CO-CHAIR SCHECHTER: They now

1 retain the attorney, and the attorney appears 2 in front of you. 3 First, with respect to retained 4 counsel, do they follow up and make all the 5 appearances? 6 JUDGE RANKIN: I have to say that 7 -- and I'm trying to recall. I think I have had three sets of experiences in three years. 8 9 With the retained counsel, I believe each time 10 they -- the requirement for drug court is a 11 status hearing once every 30 days to see the 12 person's progress and treatment, progress or 13 lack of progress and treatment. The attorneys that I am thinking 14 15 about were present for each of those I believe they were present for 16 occasions. 17 sanctions and challenge hearings as well. CO-CHAIR SCHECHTER: Excellent. 18 19 Could you discern any difference 20 between the retained attorneys in terms of 21 their representation, their knowledge of drug 22 court, and those from, say, the public

## Page 243

defender's office who do it every day? 1 JUDGE RANKIN: The difference came 2 3 at the challenge hearing where the retained 4 lawyer wanted to bring in a drug test from --5 I don't know -- the job or another lab. Ι don't know that I ever got that from any of 6 7 the stand-in counsel. 8 CO-CHAIR SCHECHTER: Thank you. 9 CO-CHAIR JONES: Joel and then 10 Gail. 11 MEMBER SCHUMM: Judge Rankin, you 12 mentioned status hearings every 30 days. 13 Before the hearing in court, is there some kind of staffing meeting --14 15 JUDGE RANKIN: Yes. 16 MEMBER SCHUMM: -- with the team? Who is there from the defense? 17 JUDGE RANKIN: First of all, I'm 18 19 not in the staffing. The staffing occurs, the 20 treatment, the outpatient treatment occurs a 21 block down from the courthouse at the offices 22 of the Pretrial Services Agency, which is the

same boat with CSOSA. There's a ninth floor 1 2 and a tenth floor where they have classrooms, 3 where they have groups, and treatment 4 programs. 5 The staffing that occurs occurs 6 between the program participant and the case 7 manager and, if necessary, the treatment 8 branch manager, like Mr. Walton. That occurs 9 directly under Walton, who is really 10 monitoring this treatment and determining what 11 the needs are in this particular case. 12 What I get, and what goes on in 13 court, is a written report summing up the review period and whatever else needs to be 14 15 said in the report. So there has been 16 MEMBER SCHUMM: no discussion before you appear in court about 17 what's likely to happen? 18 19 That's right. JUDGE RANKIN: 20 However, we have those reports, and we make 21 them available for counsel to come in and get 22 a copy of the report before court starts. Ι

seldom start that court before 10:15, 10:30 in 1 2 the morning, to give counsel an adequate 3 chance to come in and get the report, sit down 4 with his attorney, sit down with the Pretrial 5 Services case managers because they are there, and go over any discrepancies. 6 7 For example, a person believes 8 that he should be in phase II but we still 9 have him in phase I. They can talk about what 10 the discrepancy is. Usually, they haven't 11 been attending groups or whatever. 12 MEMBER SCHUMM: And you mentioned 13 that the lawyers that do the best job in your court are involved and are aware of the 14 15 personal lives of their clients? Take an interest 16 JUDGE RANKIN: 17 in. 18 MEMBER SCHUMM: They take an 19 interest in. How does that then translate 20 into them being an effective advocate in drug 21 court? How do you see that play out? 22 JUDGE RANKIN: The biggest way I

1 see it play out is, if the person appears to 2 be in denial, if they are ready to quit, if 3 they feel like they are being treated unfairly, the lawyer typically will say, "Your 4 5 Honor, can we come back tomorrow?" or "Can we 6 just pass this, so my client and I can talk?", 7 or whatever. Then, typically, they will come 8 9 back in the next day or later that day, or 10 whatever, and say, "My client wants to stay in 11 the program." Or sometimes they come back and 12 say, "This isn't working for my client. He's 13 ready to get out." CO-CHAIR JONES: Gail? 14 15 MEMBER SHIFMAN: I wanted to follow up with something that you had said, 16 Judge Rankin. When you indicated that some of 17 18 your objection to the program that you use --New Directions. 19 JUDGE ISCOE: 20 MEMBER SHIFMAN: New Directions. 21 Thank you. If the idea is lift people out of 22

1 the criminal justice system to the extent that 2 we are able to do that, is there anything that 3 statutorily prohibits the drug court from 4 taking people with a longer criminal history? 5 JUDGE RANKIN: One of the things that I was able to accomplish before I left 6 7 that assignment was to get an agreement from the United States Attorney's Office and the 8 9 Pretrial Services Agency to revise our 10 admission standards so that we were no longer 11 excluding that category of people charged with domestic violence crimes, for example, because 12 13 much of that is fueled by alcohol and drugs. We also agreed that we should take 14 15 a case-evaluation-by-case approach rather than

just a blanket, "No, we won't take this person in because he was charged with assault 10 years ago."

So, no, there is nothing in the
law. It is all part of an agreement. But our
drug court actually got liftoff back in 1994.
We have been around much longer than our more

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Page 248

1 recent treatment courts.

2	We have had monthly steering
3	committee meetings all these years to try to
4	for reasons, nobody had ever considered
5	changing what had sort of been written in
6	stone, that nobody charged with violence would
7	be coming into the drug court.
8	MEMBER SHIFMAN: So it sounds like
9	the gatekeeping function is sort of being
10	handled by the prosecution to a great extent?
11	JUDGE RANKIN: In terms of
12	diversion. We haven't really talked about the
13	felony charges that are in drug court. They
14	make up maybe 20 percent of the drug court
15	population. Those cases, if the person is
16	charged with a drug offense, a felony drug
17	offense, then they are welcome to come in drug
18	court. If they are charged with a crime of
19	violence, they are not welcome in drug court.
20	But let's say that this person
21	comes into the drug court with a felony case.
22	They can do the program and go to trial at the

1 end of the program. The problem is that we 2 also, as a Superior Court, are conscious of the world we live in today where performance 3 4 measures and standards determine court funding 5 for us just like in the states. So when we go to testify on the 6 7 Hill for our budget, they want to know, well, you've got "X" number of cases and you're not 8 9 processing those cases. 10 So if you come into drug court, 11 you are charged with a misdemeanor, and at the 12 end of the rainbow is a pot of gold, nobody 13 cares how long the case is going to stay in 14 there. 15 But if you come in there with a felony case and you're trying to go to trial, 16 you're not answering a guilty plea; that's 17 fine, but the government has witnesses who are 18 19 waiting, you know, duh-duh, duh-duh, duh. So 20 it is sort of a different perspective. 21 JUDGE ISCOE: Let me just mention 22 one thing about the New Directions Program

1 because I like the program, but I agree 2 completely with Judge Rankin that if a judge is involved and also the possibilities of 3 4 sanctions, smaller sanctions for smaller 5 violations, I think you are more likely to get compliance than if you have a program, you're 6 7 in it and then suddenly you're kicked out of it. 8 9 So I don't have any control over 10 New Directions, except when I get people back 11 before me and they're not in compliance, I can 12 remove them from the program. 13 But smaller sanctions, you have a whole step of sanctions --14 The range of 15 JUDGE RANKIN: sanctions, and the last thing I want to do is 16 remove somebody from the drug court. 17 I want to get their attention and get them back in 18 19 there. 20 New Directions is good because 21 Pretrial Services -- I mean I guess I didn't 22 finish the thought I started 30 minutes ago.

The point is that Pretrial has this money.
 They need to use it because, Lord knows,
 there's a need for treatment out here in the
 population.

5 So if 75 percent of the people who 6 need treatment can't get in SCDIP, then there 7 should be something else for them, and that's 8 what it is. New Directions is there for that 9 group.

Now, in my humble view, they are
not getting what a person ought to get in drug
court because the program is set up like that.
That case is not going to get slowed down
because they are in treatment, and they are
either going to make it or they're not going
to make it.

17 Most people who go in New 18 Directions are going to get sent to a 19 residential treatment facility for 60 days or 20 90 days, and they are going to come out and 21 they are in the system. They are going to 22 plead or they are going to go to trial, but

Page 253 the system is not going to slow down for them 1 2 to go through drug treatment. 3 Drug treatment, for people who 4 need it, is not matter of that (indicating). 5 I mean, you know, it's a whole lot of falling 6 down and getting up. That's what drug court 7 is. CO-CHAIR JONES: 8 We are over on 9 We are going to have one last question time. 10 from Elizabeth. 11 MEMBER KELLY: A very short 12 question. 13 Yesterday we heard video testimony from Judge John Bozza of Erie County, 14 15 Pennsylvania. As you may know, he is an ardent opponent of drug courts, and he had a 16 17 lot to say about the role of the judge. But one of his points was that it is a thoroughly 18 19 inappropriate blurring of the role of a judge as jurist versus a judge as social worker. 20 21 JUDGE RANKIN: If you talk to him again, refer him to me. 22

Page 254 1 (Laughter.) 2 MEMBER KELLY: Okay. But what's 3 your response? Do you have a response, Judge? 4 CO-CHAIR JONES: Well, what he 5 said -- let me just say, yes, for the record, 6 the article I believe Judge Rankin is passing 7 around is from Georgia Law Review, is the same as Terrence Walton provided us with yesterday. 8 9 Go ahead, Judge. 10 JUDGE RANKIN: I stay in touch 11 with the National Association of Drug Court 12 Professionals. One day perhaps, when I become 13 a senior judge, I think they'll be pretty acceptable. 14 CO-CHAIR JONES: 15 Great. 16 JUDGE ISCOE: I'll let the 17 response in Georgia Law Review stand, except let me just say this, as a defense attorney 18 19 pointed out to me once when this was raised: 20 He said, "Well, that's, of course, 21 true in one sense, but every time somebody is found guilty of a crime, the first thing that 22

1 most defense attorneys ask the judge to do in 2 sentencing is to consider social factors, 3 upbringing, other reasons, and to say, `Well, 4 he really doesn't -- what he really needs is 5 drug treatment or psychological treatment or 6 rehabilitation, all kinds of things. Don't 7 put him in jail. Give them this kind of treatment.'" 8

9 I think that is an entirely 10 appropriate request. I am not saying I would 11 agree with it in every case. I am saying it 12 is entirely appropriate to bring those matters 13 to a judge's attention.

For many of the same reasons, I 14 15 think it is appropriate for judges to consider those matters pretrial, that we do more than 16 simply adjudicate cases and impose punishment 17 if there is a conviction. I think that is the 18 19 fundamental premise of all of the therapeutic 20 courts, is the courts play a role in society. But to say that it is an entirely 21 22 inappropriate role is to ignore what happens

1 every day at sentences in cases, and also in 2 earlier parts of a case, on release. All 3 those same factors are brought to judges' 4 attention regularly, always have been. 5 CO-CHAIR JONES: Great. Thank you 6 both for engaging with us this afternoon. We 7 appreciate it. 8 JUDGE ISCOE: Thank you for your 9 inquiry. Let me just ask, is there going to 10 be a published report? 11 CO-CHAIR JONES: Yes, there will be sometime toward the middle to the end of 12 13 this year, we hope. JUDGE ISCOE: 14 Great. 15 CO-CHAIR JONES: Our next panel is 16 If we could just have them come up to here. the front, we'll begin. 17 All right, welcome. We are quite 18 pleased to have you. 19 20 Let me just do my best to 21 introduce you. 22 To my left, we've got Candice

Singer. Candice Singer is the Policy Analyst 1 for the National Council on Alcoholism and 2 3 Drug Dependence of New Jersey. That is NCADD 4 of NJ. 5 In the middle is Rhonda Reagan, who is a former Drug Corps participant. 6 7 And to my right is Jeff Jeffery, who is a Criminal Justice Substance Abuse 8 9 Counselor at MHS North County Center for 10 Change. 11 Welcome. We are pleased to have 12 all three of you. 13 I think you have all been here for some part of the afternoon. So you know how 14 we operate. I won't belabor it. 15 I'll be 16 quiet. The questioning is going to be led 17 for this session by Adele. 18 19 And I turn the floor over to you. 20 Each of you has about five minutes. Just give 21 us some sense of who you are and the benefit 22 of your thoughts about these topics.

1 MR. JEFFERY: Well, thank you for 2 having us. 3 It is an honor and a privilege to 4 be able to come here and share from possibly 5 the other side of the spectrum. 6 I am a substance abuse counselor 7 in a drug court, and ironically, I was denied 8 access to the same program that I am now 9 working on. The nature of my crimes kept me 10 They weren't violent, but they did keep out. 11 It was a sales charge, just so we're me out. 12 okay and we understand where that is, so we 13 don't get going with the idea that it was something else. 14 15 (Laughter.) 16 I think I would rather plead to that first. 17 (Laughter.) 18 19 CO-CHAIR JONES: Could you just 20 tell us what part of the country, what 21 jurisdiction that was? 22 MR. JEFFERY: Actually, don't let

Page 259 the accent fool you. I am from California. 1 2 I work in San Diego in one of their Centers for Change. We have four drug courts there. 3 4 Most of my 27 years as an addict 5 were in California until I took that on a road 6 trip because of legal reasons. 7 (Laughter.) I had transferable skills that 8 9 worked nationwide. 10 (Laughter.) 11 I was an iron worker for 20 years, and it allowed me to travel. As the 12 13 consequences caught up to me of my addiction, I was able to move on to the next location, 14 15 which was a really downfall for somebody. Anytime you hear the word 16 17 "functioning addict," that's not a good thing. That is very bad. 18 19 I also heard in a couple of the 20 other testimonies some of the things, that 21 they were the "drug warriors". Well, I'm one 22 of the warriors. I have a 27-year addiction,

1 and I was lucky enough to survive. 2 Let me move on a little bit just 3 real briefly, because I know we are kind of short on time, to what I have done since. 4 5 I am a graduate student in a 6 marriage and family therapist program. I'm 7 leading in my class. I have graduated three college degrees in three and a half years, and 8 9 my undergrad is in human services with a 10 concentration in youth development. Two of my 11 minors are administration of justice, law 12 enforcement, and the other one is alcohol and 13 drug studies. 14 So I came through a very 15 dysfunctional system. Throughout my adult 16 life, I have numerous incarcerations, numerous problems. I could go on. I had no driver's 17 18 license for 25 years. I have had almost 19 nearing double digits on DUIs. I have 20 wreckage that is just so far deep and 21 disruptive it's not even funny. And the miracle of the thing -- I 22

1 heard somebody earlier mention Prop. 36, and 2 everybody is aware of what Prop. 36 is? Okay. I am a failed treatment out of 3 4 Prop. 36. By the grace of God, there was a 5 judge in place who did not give up on me, despite the system that was designed to give 6 7 up on me. I should have went and served a six-year prison term. Instead, she hung onto 8 9 me in her court, kept me in her jurisdiction. 10 We like to nickname this "independent drug 11 court" -- is when there is actually a skilled 12 judge at the helm that understands addiction 13 inside and out and its treatment. And I was lucky enough to come across one of those. 14 15 She was removed from that 16 -- actually, not removed. She was transferred out of that position, I imagine against her 17 will. The rotations I think you're aware of. 18 19 But it was a downfall for many of 20 us who were able to get the treatment that was 21 necessary. 22 I will let you ask some of your

## Page 262 questions because I will talk forever and 1 2 ever. So I will let the ladies speak on their behalf. 3 4 CO-CHAIR JONES: Great. Thank you 5 very much. 6 MS. REAGAN: Hi, everyone. Thanks 7 for having me here. Like I really feel privileged, and I had no idea what I was 8 9 walking into. 10 I'm quite shocked that I'm not as 11 intimidated as I would have been, you know. 12 I'm actually quite comfortable. 13 A little bit about my background: I have been involved in the system since an 14 15 adolescent. I am 35 years old, and in 2004 I completed parole. 16 The reason I feel I'm here is to 17 let you know a little bit about my drug court 18 experience. 19 I was on probation, you know, I 20 would say probably a three-time conviction for 21 possession. I was offered 180 days in jail and three years of probation. So I did the 22

180 days. I had gotten out. It didn't change
 a thing.

I went back to using drugs. I had a couple of chances with Superior Court judges and was kind of court-ordered to rehabs and stuff, and I ran.

7 I was on the run for three years. 8 Due to some incidences with child support and 9 whatnot, I had gotten arrested. Knowing that 10 I was facing this -- because I believe in the 11 State of New Jersey, like a probation 12 violation is a four-year sentence -- I was 13 very sick and suffering at the time. I had been using drugs and I had gotten arrested. 14 15 With that, you know, somebody like me, when I get arrested, I don't have a bail. 16 17 Like I just go right to jail. I was on like alternative 18 19 treatment programs and whatnot, and I was 20 very, very heavily addicted. My first 21 instinct was an easy way out. Like I was very

22 sick. I was very suffering. I promised my

1 mom, "Will you please bail me out? And I will 2 continue to do like what I had been doing." 3 So, with that, she bailed me out, 4 and I had gotten a private attorney. Well, 5 no -- yes, a private attorney. She was a public defender, and she had started 6 7 practicing privately, and she had presented me with this drug court thing. 8 9 And I was so sick and suffering 10 that I really didn't read into it. I didn't 11 look to see if there was any consequences. 12 Quite frankly, I wasn't ready. 13 You know, I sat back there 14 listening like I am one of these drug poor 15 addicts. I was pleased to say that I am doing well now. 16 17 I continued -- so what had happened was I had gotten presented with the 18 19 drug court, and I kind of took it from being 20 on the outside. I wasn't in jail at the time. 21 So I took it from the outside, and I didn't 22 really realize and they had said to me,

Page 264

"Okay." I guess they did that -- you know, 1 2 looking into my case and figuring out like I had been on drugs for 20 years, and 14 of it 3 I was addicted to heroin. 4 5 So with that, they decided -- and 6 all my life, because I have been in and out of 7 a lot of rehabs and it's kind of shameful. Drug counselors had told me, like you need a 8

10 it. I was always in denial, like nothing's 11 going to happen to me and all this.

long-term program, and I would never believe

9

12 So they presented me with a six-13 month rehab. I believe that, because I was so used to living my life with like no rules and, 14 15 you know, I was just a wild, crazy girl, to put me into a therapeutic community and now 16 there's rules and there's fraternization and 17 like all this kind of stuff. I wasn't abiding 18 19 by the rules.

20 Nowadays, I know that in my heart 21 I wasn't ready. I took this because I thought 22 it was an easy out; I can get over on the

1 system, and that's it.

2	I had gotten sanctioned once for
3	behavior, and I was on my way to getting
4	sanctioned again. And I thought to myself,
5	because, again, I was a very sick girl, and I
6	thought, you know what, I was on the run all
7	that time; I'm leaving this rehab, and I
8	escaped.
9	With that, visiting was the next
10	day, and I called my parents and said, "Well,
11	don't bother to come visit me because I'm
12	off."
13	And my mother says, "Rhonda, you
14	stayed clean four and a half months. Do you
15	realize what's going to happen?"
16	So, with that, I promised my dad
17	that I would turn myself in the next day. So
18	the very next day I went to the judge's
19	chambers. He had no understanding of this,
20	and I turned myself in.
21	At that point in time, I don't
22	quite know if he was going to give me a

1 Like I'm not quite sure. I do know chance. 2 that with the sanction I was transferred back 3 and forth from the jail to the court for every 4 weekday that they had drug court, and I was 5 almost used as an example. I sat over in the box with my 6 7 uniform and I watched the judge give a lot of 8 people chances. You know what I mean? And 9 maybe he just wasn't playing with me. 10 So I decided that I guess the best 11 thing for me would be prison, and I went and I went to prison. And I came out and I did 12 13 the right thing for nine months and went right back to people, places, and things. 14 15 With that, I had a parole officer who really believed in me and family members 16 who believed in me. She gave me a chance. 17 Instead of going to a prison 18 19 halfway house where I was supposed to go after 20 the 28-day program that I went to, she gave me 21 a shot at a life skills program for women, and 22 women only.

1 The greatest thing is that I've 2 experienced, because I have a network, a very large network of women who completed drug 3 4 court, and I have seen the success. That just 5 wasn't my story. 6 And the actual place that I had 7 went for the six months is a place that works with the drug court in New Jersey. So I have 8 9 seen women, like, you know, as I'm residing 10 with them, I see the girls that go there after 11 me, you know, and that's where the miracles 12 would happen. 13 I mean at the place I surrendered. I can't tell you exactly when that happened. 14 15 I just know that it was getting old and I was dying, you know. 16 17 I reflect back and I just simply 18 wasn't ready. 19 I just made a lot of changes. 20 Like I came out. I did my thing and went 21 I successfully completed the law. back. I am no longer under any kind of supervision, and 22

I don't have to report to anybody, and I still
 do the right thing.

3 You know, I have had the same job 4 for three years. I have contact with my son, 5 because naturally I gave him up. You know, DYFS didn't come to me and say, "Hey, we're 6 7 taking your child, " or anything like that. Ι 8 willingly gave him up because he was getting 9 in the way of my drug using. I have a 10 relationship with my son. I hadn't had a valid driver's 11 12 license in 11 years. I got my license back. 13 You know, so like things are happening. I believe, like for me, it's about 14 15 what I do. You know, it's about the people in my life now. I know I'm not here to talk 16 about any 12-step programs or anything, but I 17 believe in what I believe in, and that's why 18 19 I just do things different. I attend. 20 Thank you. 21 CO-CHAIR JONES: Super. Thank 22 you.

I'm Candice 1 MS. SINGER: Hi. 2 Singer. I'm currently the Policy Analyst at the National Council for Alcoholism and Drug 3 4 Dependence, New Jersey. 5 I was a juvenile defense attorney 6 for 17 years. The first time I got clean I 7 was 20 and stayed clean for like 20 years with 8 one relapse, and during that time I went to 9 law school, became an attorney. I was a very 10 active defense attorney with my clients, 11 probably too active. Didn't have much sense of boundaries. 12 13 In my late thirties, I picked up methamphetamine, and within months I closed my 14 15 practice. I lost my house. I lost everything. I was living on the streets, and 16 17 I couldn't stop using. With methamphetamine, you have to 18 19 tweak, something you have to do over and over 20 and over and over and over again, and mine was 21 burglary. 22 So by the time I got arrested, I

was charged with 24 burglaries and also I had
come back east to help care for my mother. I
couldn't find the drug here, so I began
manufacturing it. So I was charged with 24
burglaries and a first degree manufacturing
charge.

7 I had to fight to get into drug
8 court. Technically, I wasn't permitted. You
9 know, drug courts are different all around,
10 throughout the states.

11 In New Jersey -- and they recently 12 changed it so you could have two or more third 13 degree crimes and still get into drug court. When I was getting in, you couldn't even have 14 15 two or more third degree crimes. You certainly couldn't have a first degree crime. 16 17 So it took me about a year to get into drug 18 court.

19 I had a private attorney. That 20 attorney had relationships with the 21 prosecutor, relationships with the judge. I'm 22 not so sure I would have gotten drug court if

1 I had a public defender because I needed an 2 attorney with those relationships in order to let them know. I mean, clearly, I had never 3 4 committed a crime except when I was on drugs. 5 I clearly needed treatment. 6 So I did get into drug court. Ι 7 successfully completed five years of drug 8 court. 9 I believe drug court saved my 10 life. The drugs had taken over so much that I wasn't sure I wanted to be clean for the 11 12 first two years. I was pretty hopeless. You 13 know, I just couldn't figure out what I was going to do with my life. 14 15 But drug court just kept kind of plugging away with me. I think one thing 16 about drug court is it is the relationship 17 that you can develop, either with your 18 19 probation officer or with the judge, with a 20 counselor. I think that is a really important 21 piece of it. I did have one sanction, which was 22

probably unwarranted. I do believe that lack
 of due process added to that sanction. I also
 had mental health issues.

I was in an Oxford House, and I got kicked out because they learned I was on medication. Drug court didn't know what to do with me. So they decided to put me in jail. They hadn't told me they were planning to do this.

10 The defense attorney that was 11 assigned to drug court didn't get involved in 12 any of my case because I had a privately-13 retained attorney. So I hadn't called the 14 attorney. I didn't know I was going to jail, 15 and suddenly I was in jail.

16 So, along those lines, I do think 17 that a defense attorney could have found out 18 the facts, why I got kicked out, the needs I 19 had. I had been trying to hook up, you know, 20 find a psychiatrist to get back on my 21 medication, but I couldn't find one. I don't 22 believe I would have been sanctioned had an

attorney been present and assisting me at that
 point.

3 But, all in all, you know, I'm 4 even grateful at this point that drug court 5 did sanction me because, as a result, I lost 6 the job I did have, which was a menial job, 7 and then started looking for another job. And I got this job, which is amazing because 8 9 there's not many jobs that an attorney with a 10 criminal record, a disbarred attorney in 11 Oregon can get. 12 My boss knows all about my 13 background, and I get to use my legal skills to really help people and to make policy. 14 15 You know, I was taking some notes while you were speaking. The people that go 16 17 into drug court in New Jersey usually have a presumption of imprisonment. 18 Misdemeanors, 19 people that have misdemeanors and not a 20 presumption, the reality is they are not going 21 to ask for drug court. If they can get probation, they will go for probation. 22

1 Plus, we plea guilty before we get 2 accepted into drug court. In my case, I was required to plead guilty to all my crimes 3 4 except they made the first degree a third 5 degree, so I could get into drug court. 6 And the judge basically said to 7 me, if you fail drug court, you will go to 8 prison for 87 years. That 87 years hanging 9 over my head was helpful at the beginning, 10 when I didn't know if I wanted to be clean because I was so miserable. 11 12 Drug court was long enough and 13 kept me in treatment long enough that my head started to clear after about two years, and 14 15 then I started wanting to be clean. So I don't know that I could have done this without 16 17 drug court. I didn't expect the drug to take over like it took over. 18 19 So the same probation officer that 20 put me in jail was also the woman I wanted in 21 the delivery room when I gave birth to my first child a couple of years ago. 22 That

Page 276 relationship was really important to me. 1 2 It's also really important that I gained the respect of the judge, especially 3 4 given my background. 5 So that's it, briefly. 6 CO-CHAIR JONES: Great. Thank 7 you. 8 Let me just ask you one quick 9 question. How long have you been in your 10 current job? 11 MS. SINGER: Four and a half 12 years. 13 CO-CHAIR JONES: Good. Great. 14 Adele? Well, thank you, 15 MEMBER BERNHARD: 16 all of you, for sharing your experiences. 17 Since you have been sitting here, I know that you know that we are trying to 18 19 really focus on the defense attorney's role in 20 all of that. So thank you for alluding to 21 that. How did having -- I mean, I know 22

Page 277 from you, Candice, how a lawyer sort of 1 2 helped, at least initially, getting you in and 3 doing some advocacy. What did your attorneys 4 do that you could say would be helpful or that 5 you could say isn't helpful? What lessons can 6 we learn from your experiences as defendants, 7 I guess? 8 MS. SINGER: I can say that in 9 drug court there is a defense attorney present 10 at all the hearings. We met weekly with the 11 judge in New Jersey. 12 MEMBER BERNHARD: You did, 13 personally? 14 MS. SINGER: And everyone in drug 15 court. 16 Right. MEMBER BERNHARD: 17 MS. SINGER: It started out weekly. 18 19 MEMBER BERNHARD: And there was a 20 lawyer there, but that lawyer wasn't really 21 representing you personally because you had 22 this other lawyer?

1 MS. SINGER: Right, but she did 2 represent the people that had court-appointed 3 attorneys. 4 MEMBER BERNHARD: Okay. 5 MS. SINGER: So an attorney can 6 play a role in the sanctioning or not 7 sanctioning, you know, I think to get the information, you know, investigate what really 8 9 happened, impress upon the court the needs of 10 the client --11 MEMBER BERNHARD: Right. 12 MS. SINGER: -- whether that is 13 seven days in jail or whether what they really need is another treatment program. 14 15 MEMBER BERNHARD: Right. 16 But, Rhonda, you talked a little 17 bit about having an attorney that your family had hired and somebody who was in private 18 19 practice. How was that person helpful or not 20 helpful, your attorney? 21 MS. REAGAN: For me, like I guess 22 because she has represented my brother -- you

Page 279 know, I have a very long history of some 1 2 criminal activity in my family. 3 MEMBER BERNHARD: Uh-huh. 4 MS. REAGAN: I guess because she 5 just knows the family -- like I come generally from really good parents, you know. 6 So I 7 think just her being educated on the disease of addiction itself, like she never gave up on 8 9 As a matter of fact, I am just going to me. 10 call her and tell her like I'm here today. 11 Once I decided to really surrender 12 and that I really wanted to change my life 13 around, I had a court case pending for -what? -- like my 20th driving on revoked, and 14 15 she basically like told my story to the prosecutor with like compassion, and they 16 really believed in me that, believe or not, 17 like I was dropped and like how I was able to 18 19 get my license back. And I was facing jail 20 time and almost willing -- you know, it's a 21 free lunch, go to jail thing, because I 22 committed the offense, you know.

Page 280 1 MEMBER BERNHARD: So one of the 2 things that I'm hearing you say about that 3 person was that she had some background in 4 addiction and she also had some sort of long-5 time connection with you? 6 MS. REAGAN: Rapport, yes. 7 MEMBER BERNHARD: Rapport with you, and that she was obviously concerned with 8 9 developing --10 MS. REAGAN: Yes. 11 MEMBER BERNHARD: And that was 12 helpful both for how you felt in the court and 13 for actual outcomes? Right. Even when I 14 MS. REAGAN: 15 was in TC that Discovery House had sentenced -- I mean that the drug court had 16 17 sentenced me to, I again had another driving while suspended court case pending, for I 18 19 guess -- this is probably 2002. I mean she actually came to the 20 21 rehab, picked me up, and brought me to court. 22 So like she just did a lot of advocating on my

Page 281 1 part and did what she could. 2 MEMBER BERNHARD: Uh-hum, and that 3 was also something that made it easier for you or motivated you --4 5 MS. REAGAN: Yes, well, I was 6 completely honest with her. 7 MEMBER BERNHARD: Yes. 8 MS. REAGAN: Because my whole life 9 I was never honest. 10 MEMBER BERNHARD: Right. 11 MS. REAGAN: So she just kind of 12 made it easier for me to tell the truth, you 13 know, and, in turn, she could tell the truth 14 of my story. 15 But, at this point in time, all my life I have pretty much just copped out to a 16 17 quilty. My drug use, I was so -- you know, my 18 brain was going a mile a minute all the time, 19 that I just couldn't sit and wait to fight 20 for, no, I'm not guilty. That is the insanity 21 of this disease. I would take a guilty plea and walk out the door because I knew what was 22

1	waiting for me on the other side.
2	MEMBER BERNHARD: Right.
3	MS. REAGAN: That's all my fault.
4	So, with that oh, I forgot
5	where I'm going with this. So, at that point
6	in time, like I was ready and willing. You
7	know, I get pulled over for driving without a
8	license.
9	MEMBER BERNHARD: Yes, I don't
10	think you can get past this until the point
11	when you're ready to get past it.
12	MS. REAGAN: Right. Right.
13	MEMBER BERNHARD: And that's all
14	up to you, and there's probably nothing
15	anybody else can do about that.
16	But, you know, there are things
17	that attorneys can do so that, when you are in
18	that position, they can sort of help you get
19	through those next steps, whatever they might
20	be.
21	MS. REAGAN: Sure.
22	MEMBER BERNHARD: I mean, what

Page 283 1 about you, Mr. Jeffery? 2 MR. JEFFERY: If it is okay with 3 you, I can swap hats and come from the 4 treatment side right now. 5 MEMBER BERNHARD: Sure. Yes. 6 MR. JEFFERY: And I'm not speaking 7 for my drug court team or anybody in my employ or anybody like that. This is merely my 8 9 insights. 10 But the defense attorney on our 11 team, the public defender, is a remarkable 12 member of that team. It is a necessity, even 13 though I have to say that I pity her sometimes. If you're familiar with that 14 15 process, she gets the losing side more often than not. 16 17 MEMBER BERNHARD: Yes, we're used to that. 18 19 (Laughter.) 20 MR. JEFFERY: Yes, well, in all 21 honesty, it is a wonderful check and balance because here's the deal: we will push things. 22

1 Even though it's in the client's best 2 interest, I will say sometimes in that thought 3 process, let's say, that they will back down 4 just a little bit. Maybe their rights aren't 5 totally -- but what is the greater good here? Are we working to get this person better or 6 7 are we working to get them what they think they want? 8 9 There's got to be concessions made 10 at this table, especially in this setting. 11 There is not going to be a winner. The only 12 winner that can come out of there is actually 13 a client by surrendering in that team effort, and it is always the defense attorney, not 14 15 always. She won one a couple of weeks ago. 16 (Laughter.) 17 MEMBER CLARK: She's had a good 18 year. 19 (Laughter.) And it's not lack of 20 MR. JEFFERY: 21 trying or effort. I mean she makes her voice 22 known that we might want to take a look at

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Page 284

that. And it is a nice check and balance 1 2 because I can honestly say treatment will, 3 particularly on our team environment, 4 treatment really is -- the judge has the ultimate say, but he pays attention to 5 6 treatment, because who is working with these 7 people day-in and day-out; who knows these 8 people day-in and day-out? He kind of falls 9 in line with our recommendations. And it is nice that the defense 10 11 attorney is there because we are not always 12 recommending something that is right from a 13 legal standpoint. 14 MEMBER BERNHARD: So, what you're 15 saying is you sort of need that defense 16 attorney there to counteract the way everyone else on this team may sort of fall into 17 18 agreement easily with one another over certain 19 kinds of recommendations, and you sort of need 20 to have somebody playing devil's advocate --21 MR. JEFFERY: Absolutely. 22 MS. REAGAN: -- and at least

Page 286 watching out for what those recommendations 1 2 are? 3 MR. JEFFERY: Absolutely. Yes. 4 MEMBER BERNHARD: Now has that 5 defense attorney that's been on your team been there for a while or? 6 7 MR. JEFFERY: Seven years. 8 MEMBER BERNHARD: Seven years? 9 MR. JEFFERY: And she's 10 remarkable. Where was she when I was in 11 trouble? 12 But kind of at the same time, she 13 does her job, and that is such a needed check and balance. Because I will be honest, it 14 15 could get unfair without that in place. 16 MS. SINGER: And I just want to 17 say it is a really tough role to play, because I do know the defense attorney quite well who 18 19 is the drug court defense attorney. 20 Basically, she would get beat up in those 21 meetings. 22 You know, attorneys were used a

lot with the short-term sanctions, but in any
 kind of probation violation or, if they were
 looking at taking you out of drug court, then
 it became adversarial and then an attorney
 would be present.
 MEMBER BERNHARD: But that person

7 that is in court all the time, do they have 8 time and space to get to know the drug court 9 participants? So they have time outside of 10 court? Or how does that work? How do they 11 know enough to advocate for the number of 12 people who are in drug court at any one time? 13 MR. JEFFERY: We're 120 deep in my program alone. 14 15 MEMBER BERNHARD: Yes. 16 MR. JEFFERY: And we have one 17 attorney, and I have no idea how she feasiblely handles it as she does, and she 18 19 returns every one of their phone calls, and 20 they call her on treatment. When they come at me with legal stuff, I say, you know, you go 21 this direction, and I give her number. 22 She

Page 288 returns every one of their phone calls, and 1 2 what a remarkable feat that's got to be, all 3 by itself. Can you imagine having 120 addicts? 4 5 (Laughter.) 6 MS. SINGER: From what I have 7 heard other people say, it is that they don't feel like they have the best representation, 8 9 at least in the drug court that I was in. 10 MEMBER BERNHARD: Uh-hum. And 11 it's once again that there's one person for all that stuff --12 13 MS. SINGER: And there's so many people. 14 15 MEMBER BERNHARD: Right. But I believe the 16 MS. SINGER: defense attorney starts, like is there right 17 at the beginning. So she does know the client 18 19 somewhat because she has gone through the 20 process with them. Uh-hum. 21 MEMBER BERNHARD: Uh-hum. 22 So other than saying, you know, you appreciate

1 the work and you can understand how difficult
2 it is, and that it is a good counterbalance,
3 is there advice, training? I mean, what kinds
4 of suggestions, advice should we maybe take
5 home?

MR. JEFFERY: We were at the 6 7 National Conference, and we go to our State conference, and our public defender is with us 8 9 every step of the way. Actually, she knows more about the urinalysis testing than I do, 10 11 and rightfully so because a lot of our 12 discrepancies and problems come from that 13 direction.

14 She is well-educated. The 15 trainings that are provided at the Drug Court 16 National and at the State conferences are very 17 adequate.

You had Mr. Marlowe, Doug Marlowe, yesterday. I heard him speak for the first time, and I had to sit back, being an addict and being on the other side for so many years, he got it. When I heard him speaking at the

Page 290 1 National Conference, I had to take a step back 2 and say, well, wait a second, somebody does 3 get this. Somebody does understand, and 4 they're working diligently to try to bring 5 this to scale, because this is what works. 6 I mean it is what saved my life, 7 even though it may have been a failed treatment. Did they get me engaged in 8 9 Yes. Did that judge take the time treatment? 10 to make sure that I stayed engaged? Yes. 11 So, at the same time, as persistent as the disease of addiction is, so 12 13 is the system; the system and treatment needs to be the same. If it's not, you just send 14 15 them off to prison or jail. You're sending them back to gladiator school, criminal tech, 16 whatever you want to call it, and they're 17 18 going to come back out to the streets again, 19 and the public safety is probably worse off 20 than before because now you have hardened 21 criminals that have been taught. 22 MS. SINGER: I was just going to

1 say, in New Jersey at least, the recidivism 2 rates for drug court clients is really low. I think it's like 6 percent versus the 40 3 4 percent who went to prison. 5 I know, without a doubt, had I 6 gone to prison, I would have continued to use, 7 and I would have come out and continued to be addicted. 8 9 You know, I just wanted to say, in 10 New Jersey also, the screening takes place 11 before -- it's a two-step process. The 12 screening to make sure someone's clinically 13 appropriate is done, and then, at least in my case, they screened me. I went through 14 15 several psychological exams also because of the mental health issues. Then they took it 16 17 to the prosecutor to see if I was legally 18 appropriate, which is very important. 19 So in New Jersey we're not getting 20 people that aren't addicted. MEMBER BERNHARD: 21 Right. 22 MS. SINGER: You know, we are not

1 getting those people that are just trying to 2 get out of things. 3 MEMBER BERNHARD: Yes. 4 MS. SINGER: We are getting people 5 that truly need treatment and are addicted. 6 One of my suggestions, the need to 7 expand drug courts, because there's so many -like me, I wasn't really eligible for it, and 8 9 I was someone that could succeed in it. 10 At least in New Jersey, our 11 statutes, really they're still not wide enough 12 to let people in because there's plenty of 13 people that have committed a first degree or second degree crime or numerous third degree 14 15 crimes that need drug court and aren't permitted to get in. 16 17 CO-CHAIR JONES: We are going to run just a little bit long because we've got 18 19 a number of people who want to get in on this 20 conversation. 21 Elizabeth and then Marvin. 22 MEMBER KELLY: Thank you.

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1	Some of us have wondered if,	
2	instead of having widespread use of drug	
3	courts, if we could basically arrest continued	
4	drug addiction by putting more resources into	
5	our public health system. So, that is to say,	
б	before people are faced with criminal charges	
7	and convictions, they are able to beat their	
8	trouble or their addiction.	
9	I'm sensing from each of you that,	
10	had you not been charged with a crime, you	
11	never would have had the incentive or, if you	
12	will, the coercion to stop. Is that true or	
13	false?	
14	MS. SINGER: To answer your first	
15	question, absolutely. If treatment is	
16	available, you will divert many people before	
17	they ever get to the drug court system.	
18	Treatment is not available.	
19	One of the issues I work at at	
20	NCADD, New Jersey, is closing the treatment	
21	gap. Had I wanted treatment, I wouldn't have	
22	been able to get it until I got into drug	

Page 294 court, and especially long-term treatment. 1 I 2 mean my insurance company would only pay for 3 like some outpatient treatment. 4 So I think you would be diverting 5 numerous people, and it is a public health 6 issue. It is not necessarily a criminal 7 issue. 8 By the time I got to drug court, I 9 was so deep into it, though, the foraging was 10 helpful. 11 MEMBER KELLY: Okay. Rhonda? MS. REAGAN: I think it varies. 12 Ι 13 would definitely go ahead for more treatment available. 14 15 Like, for instance, the place that I went, you didn't need insurance. 16 It is a 17 life skills program. They teach you how to go out, back into society, and work. So, 18 19 therefore, you pay them to allow you to be a 20 part of their recovery community. Do you know 21 what I'm saying? Uh-hum. 22 MEMBER KELLY:

1 MS. REAGAN: You know, maybe other 2 places would be more beneficial, but I'm going 3 to definitely go ahead with more treatment 4 being available. 5 Like other places like that, 6 because necessarily sometimes -- like I know 7 for me, I didn't know how to live. I had to be taught a lot of things over again. A place 8 9 like that, where it is a not like non-profit 10 organization, like places like that, you know, 11 if there's no way to like, you know, get these 12 places that take insurance and things like 13 that. I have to say, for me, long before 14 I was -- as a juvenile, I did not necessarily 15 like went in front of a judge, but I was in 16 front of juvenile committees. I have had a 17 lot of interventions in my life. 18 19 You know, I can honestly say that 20 probably this time around I entered treatment 21 pretty much on my own because I was in such a 22 crazy mind state. Like I really didn't care

if my probation officer was going to find me.
 I didn't care about the police by this time.
 Do you know what I'm saying?

4 So the bottom line is, I think, 5 family that loves me, you know, and having a 6 couple of decent people in my corner, and an 7 attorney who believed in me. Things like 8 that, you know, I can't honestly say --9 because I've actually had the opportunity to 10 just go away, and a lot of it for me was not 11 being willing to change, like not taking what I've learned at these treatment facilities and 12 13 using it on the outside.

MEMBER KELLY: So the
criminalization of your conduct was almost
irrelevant for you, you were so far down the
tracks?

MS. REAGAN: Yes, and a lot of my criminal activity -- like what was possession? Not intent to distribute my personal possessions that -- you know, like driving a car with no license. I'm driving erratically

and that kind of stuff. I've never harmed an 1 2 individual, you know. I stole from stores, 3 you know, shoplifted, things like that, of 4 that nature, when I was a juvenile, and then 5 convicted for them, sure. 6 MS. SINGER: I did want to just 7 state one thing real quickly, you know, regarding how widespread -- I know in New 8 9 Jersey about 40,000 people tried to get treatment and couldn't. And that's not the 10 11 800,000 that needed treatment. I assume that it is probably the same here and everywhere 12 13 else. From a public health 14 MR. JEFFERY:

15 standpoint, in the coerced treatment side of this, if you are looking at prevention, you 16 are not going to get much prevention with 17 The thing is, and it is in each and 18 addicts. 19 every one of us, if there hadn't been the 20 criminal justice intervention, we wouldn't be 21 sitting here today. I can say that for myself for sure, but I think I heard that from all 22

1 three to some degree.

2 So, stepping back from that picture and integrating services -- because 3 4 one of the things is we are so diverse. 5 Everybody has got their little section, and 6 everybody has got this and everybody is 7 fighting for funding. Well, we have one common point of interest, and it is the same 8 9 place that everybody goes, and that is the 10 county jail. 11 Why we do not have treatment is ridiculous. It is almost fraudulent to the 12 13 taxpayers that they are going to house, keep, and take care of these people, and we're not 14 15 going to interject treatment into a population that 80 percent have a drug or an alcohol 16 17 Wow, what a concept. problem? That alone would change the whole 18 19 From a public health standpoint, dynamics. that is the intervention. That is the place. 20 21 Here is the thing: it piggybacks off of failed treatments in drug court. 22 Here

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Page 299 it piggybacks off -- it is a win/win, and it 1 2 really doesn't take a lot. I have heard both sides of the 3 4 complaint that they are not there long enough. 5 Well, yes, they are. I've been there several 6 times. 7 You can tell me whatever you want, 8 but I can tell you what I have seen with my 9 own two eyes, and, no, that's not true. I'm 10 sorry if it interfered with somebody's funding 11 or their pension plan, or whatever that deal 12 is, but the bottom line is, no, that is an 13 absolute perfect place from a public health standpoint to be able to interject treatment. 14 15 This is a very opportune time where people are probably more apt to listen 16 than they are at any other point in their 17 life. At any other time, they are not as 18 19 receptive as they are when they are sitting on 20 their hands. All of sudden, weird things 21 start looking really good, and they get to 22 that point, and we are missing a golden -- for

everybody, it is a win, all the way across,
 that intervention at that point. And it goes
 undone.

There are a few small -- I think
Santa Barbara County. There's one in Indiana.
There's a few of them. Multhomah County was
another one that has county jail treatment.

8 They are highly successful. You 9 would wonder why everybody doesn't, especially 10 in the metro -- I understand the rural setting 11 isn't going to have that same ability, but in 12 the metropolitan areas it is without saying.

13 CO-CHAIR JONES: Gail?
14 MEMBER SHIFMAN: No, I'm okay.
15 CO-CHAIR JONES: Jay?

MEMBER CLARK: Rhonda, I want to ask you a question, and I think maybe two, both of you. You said that your use got to be so bad you would just go in and cop a plea, just so you could get out and basically go back to using again.

22

I want to ask you a question

1 because one of the things we are trying to 2 sort through is the role that the defense 3 attorney plays. Let's assume that you got 4 arrested. Your attorney comes to you and 5 says, "You can go to this court," what it's 6 called, "and I'm part of the team there. I've 7 got a deal for you. You'll get treatment and 8 you'll get rehab, and then you can quit coming 9 in here. That's what I want to do for you. 10 What do you want me to do?" 11 What would you have told your 12 attorney to do, cop you out or get you into 13 treatment? MS. REAGAN: "Cop me out" meaning 14 15 what? 16 MEMBER CLARK: Take a plea; you're 17 right out the door. "Or you can stay; we'll 18 get you into some inpatient treatment, get you 19 into transitional living. You might be here 20 six, four, five, six months, " whatever. 21 MS. REAGAN: As crazy as this may 22 sound, it would probably have really depended

on what's happening in my life at the moment. 1 2 MEMBER CLARK: What about each of 3 you? 4 MS. SINGER: Well, like I said, I 5 fought to get into drug court. I fought for 6 the treatment, because at least once I was 7 arrested, there was part of me that was a little bit relieved. 8 I was the type of 9 burglar that when I would come down off the 10 drugs, I felt so bad that I would break back 11 in to bring the stuff back. 12 (Laughter.) 13 That was one of the reasons they had to look at my mental health. 14 15 (Laughter.) 16 MEMBER SHIFMAN: And you were also 17 older, right? MS. SINGER: Right, and I actually 18 had been on the board of a treatment center 19 20 when I was in Oregon and I was an attorney. 21 So I was familiar with treatment, and I knew 22 I needed treatment, and so that's what I

wanted.

1 2 Like I said, my defense attorney 3 played a really important role, and I think 4 the defense attorney can play an important 5 role. 6 MEMBER CLARK: I guess what I'm 7 trying to get a sense of is, they can play an important role when you're at the point where 8 9 you're ready to let them? 10 MS. SINGER: Right. 11 MEMBER CLARK: But until you get 12 to that point, don't you want them to get you 13 out as soon as you can, so you can go right back to using? 14 15 MS. REAGAN: Absolutely. So how does the 16 MEMBER CLARK: 17 defense attorney know when you are at that point? How do we reconcile those 18 19 conflicting --20 MS. SINGER: As a defense 21 attorney, I did a lot of social work as a 22 defense attorney. Consequently, I was very

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successful. I did much more social work than 1 2 I did legal work. 3 My hope would be that, once I got 4 someone into treatment, that treatment would 5 stick. That's the hope. Hopefully, they could engage the client enough. 6 7 Like in my case, I went into 8 treatment. I wasn't particularly engaged. Ι 9 didn't really want to be clean. I didn't 10 really want to live. 11 But treatment was able, after a 12 while, treatment was able to engage me where 13 I became willing and wanting to stay alive. MEMBER CLARK: How about you, 14 15 either one of you? Both of you. I just feel like I 16 MS. REAGAN: can -- like remaining hopeful, like you just 17 -- you know, with the reality of this disease, 18 we never know. Like I never knew if I was 19 20 ready to stop. I didn't know. Gosh, I 21 wouldn't know. That's a question that I 22 probably shouldn't be answering.

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1 MEMBER CLARK: Jeff, what about 2 you? MR. JEFFERY: For a defense 3 4 attorney to be able to know when the disease 5 of addiction is running the show, it is an allergic reaction. When the client keeps 6 7 breaking out in cuffs, you can always tell that it is full-blown. 8 9 (Laughter.) 10 If they are being arrested and 11 there's been more than one or two in a year's span, you know you've got somebody that's 12 13 battling an addiction. They are not going to acknowledge it. They're not going to 14 15 acknowledge it. Nine chances out of -- I never acknowledged it. 16 17 MEMBER CLARK: Because if you tell 18 me, and I'm your attorney, "Get me out of I don't care what it takes. 19 I'll do here. 20 two weeks. I'll plead to whatever, " and I'm 21 back out, and I say, "Wait a minute. I can 22 get you a nice program, get you cleaned up."

You're like, "Screw that." 1 2 How do we reconcile that? Because 3 our obligation is to be an advocate for what 4 you want right then. 5 MEMBER BERNHARD: Your expressed views, right? 6 7 MEMBER CLARK: Your expressed views. 8 9 MR. JEFFERY: My expressed views 10 would have been, "You get me the two months. 11 You get me the two weeks, and you let me get 12 back out there, so I can get back into what I 13 know best." The only thing I knew at that time, and I was perfectly fine with that --14 15 brief interruptions weren't as bad. It was that six-year thing that really --16 17 MEMBER CLARK: The bigger interruption. 18 19 (Laughter.) 20 MR. JEFFERY: Yes, yes. 21 MEMBER BERNHARD: But is that also 22 sort of part of why you are focusing on the

county jail thing, because then something 1 2 might have happened to you during that very initial time? Like they could have at least 3 4 maybe encouraged you to think clearly for a 5 second, or no? Well, I could have 6 MR. JEFFERY: 7 as easily went into prisons because I would 8 have just as soon. It is all pretty a wasted 9 opportunity, I think. 10 In California, they call it "the billion dollar farce". It's a billion dollars 11 12 worth of treatment put into the prison system, 13 and not one iota of treatment came out. Recidivism, at an all-time high anywhere. 14 It's ridiculous. 15 We are doing nothing. 16 We are 17 sending them to gladiator school. And we are wondering why our streets aren't safe. Well, 18 19 if you're not treating the problem and you're 20 making it worse, you are self-perpetuating. 21 It makes no sense. 22 We are the ones that are supposed

to be protecting and serving? We are making
 it worse.

3 I could go on for hours, but it is 4 just not the county jail. It is the prisons 5 as well. I mean it is a golden opportunity. You're going to feed and clothe and house 6 7 somebody. You might as well get your money's worth and put some treatment in there. 8 9 CO-CHAIR JONES: Well, listen, we 10 have probably sat before 50 or 60 panels by now in five or six or more different states in 11 12 every region of the country. I don't think 13 that we could have ended on a better note than we just have. 14

This is the last of these panels 15 that we will have the good fortune of meeting 16 17 with before we begin to sit down and collectively write all that we have learned. 18 19 I think that -- and I'm sure that everybody agrees with me -- we can't tell you how much 20 21 we appreciate you sharing your testimonies This really is the best way for us 22 with us.

		Page	309
1	to wrap this up.		
2	So thank you all very, very much.		
3	Thank all of you who have been		
4	here and who have shown such interest.		
5	That's it. Thank you.		
6	(Whereupon, at 3:43 p.m., the		
7	meeting was adjourned.)		
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12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			

		140 17 157 0		127 01 120 12
A	accepted 52:5 275:2	148:17 157:2	<b>adjudication</b> 60:2	137:21 138:13
<b>AA</b> 94:6 103:20	access 167:16 232:9	161:4 162:6,7	150:12 155:20	185:6
<b>ABA</b> 66:13	232:17 258:8	164:20 178:21	adjust 24:8	afternoon 197:7
abandon 50:12	accomplish 248:6	193:12 263:20	adjusted 46:1	199:4 225:8,9
223:22	accomplishment	265:4 291:8,20	administered 200:3	256:6 257:14
abandonment	15:9	292:5	administration	afternoons 225:8
224:5	accomplishments	addiction 10:4 16:1	260:11	agency 16:21 17:7
<b>ABC</b> 14:17	155:5	16:2 20:7 22:2	administrator 53:7	19:16 22:11 34:13
abiding 157:15	accountable 22:18	23:20 25:1,11,12	admission 155:18	48:13 200:5,11,11
265:18	accounted 114:11	35:17,17 38:6 42:9	241:14 248:10	232:12,12 244:22
<b>ability</b> 32:3,9 58:15	accounts 117:18	47:20 54:7 60:4	adolescent 262:15	248:9
153:18,19 157:16	accurate 57:9	67:10 143:21	adopt 85:22 86:1	agent 17:9
190:20 300:11	223:21	151:8 153:7 156:9	224:2	agents 31:16 32:8
<b>able</b> 27:8 49:5 98:7	achieve 14:12 44:21	158:9,16 160:10	adopted 71:21,22	34:18 35:10
107:12 109:6,16	49:9,16 152:7	161:6 165:19,20	74:9	<b>ago</b> 5:19 7:3 43:2,18
112:20 125:1	162:8	165:22 167:15	adult 53:16 232:14	50:9 69:8 71:21,22
151:6 152:7	achieved 8:9 13:15	169:19 170:1	233:12 260:15	79:1,2 90:5 202:7
158:17,21 167:16	acknowledge	178:4 179:3 180:4	<b>advantage</b> 74:8	215:22 222:13
170:9 178:6	305:14,15	232:6 259:13,22	75:8,13	248:18 251:22
187:20 248:2,6	acknowledged	261:12 279:8	adversarial 12:15	275:22 284:15
258:4 259:14	305:16	280:4 290:12	56:13,17 229:6	agree 20:14 51:17
261:20 279:18	act 6:13,15 120:2	293:4,8 305:5,13	287:4	51:18 59:13
293:7,22 299:14	124:8 125:17	addictions 153:6	adversaries 152:1,2	163:12 186:9
304:11,12 305:4	222:6 231:19	173:9 177:14,17	adversary 50:17	191:7 251:1
abolish 134:3	242:16	179:13 215:3	56:14	255:11
abolished 132:2	active 124:12 130:8	addicts 8:22 9:22	adverse 198:9	<b>agreed</b> 57:10
233:14	225:15 270:10,11	10:8 14:14 189:1	advice 289:3,4	248:14
<b>absence</b> 150:10,11	actively 208:5	264:15 288:4	advise 176:7 229:11	agreement 13:11
167:6	activist 23:11	297:18	advising 152:15	59:3 205:17,21
absolute 26:16	activity 279:2	adding 113:4	196:2	206:2,7,8,12
299:13	296:19	address 24:8 41:22	advisor 195:10	208:12 228:19
absolutely 60:6	actor 171:13	42:4 76:13 137:16	advisors 66:13	248:7,20 285:18
139:14 198:8	actors 165:10 169:9	139:3 140:7	advisory 208:20	<b>agrees</b> 204:17
231:17 242:21	actual 36:6 87:14	addressed 41:15	advocacy 277:3	308:20
285:21 286:3	268:6 280:13	43:17 239:1	advocate 31:19,20	ahead 18:8 111:15
293:15 303:15	actuarial 26:17	addresses 139:16	40:3 58:22 65:6 129:15 131:11	133:12,18 254:9
<b>absorb</b> 48:15 49:21	acupuncture 35:1	addressing 151:16		294:13 295:3
abstinence 41:12	acupuncturists 10:11	adds 37:11	195:5,6,12 223:22	ail 151:15,17
<b>abuse</b> 3:5 41:14	<b>acute</b> 146:15 165:21	Adele 1:19 134:15	227:14 246:20	albeit 199:15
53:8 71:8 257:8	165:22	257:18 276:14 adequate 95:14	285:20 287:11 306:3	<b>alcohol</b> 161:5 248:13 260:12
258:6		-		
<b>abysmal</b> 114:12,14	<b>add</b> 72:16 <b>added</b> 273:2	246:2 289:17 Adjourn 3:22	<b>advocating</b> 280:22 <b>affect</b> 220:17	298:16 Alcoholism 3:14
116:18,19	added 275:2 addict 8:12 45:22	adjourned 309:7	<b>affluent</b> 182:11	257:2 270:3
acceded 133:19	146:15 162:7	adjournment 167:7	afforded 57:1	alcohol-involved
accent 259:1	179:17 259:4,17	adjudicate 255:17	afraid 148:10	67:13
accept 8:1 10:7	289:20	adjudicated 35:15	149:18	alike 76:18
acceptable 254:14	addicted 27:7 44:18	150:15	African-American	alive 21:9 304:13
		130.13		

<b>F</b>				rage str
allergic 305:6	and/or 213:13	207:12 243:1	148:21 167:10	25:2,2 31:10 35:20
allocate 235:12	anecdotal 81:11	247:1	221:13	38:3,7,7,8 39:11
allocated 164:4	anecdotally 87:9	<b>applaud</b> 66:14	arguing 124:18	59:22 60:4 165:13
<b>allow</b> 219:17 294:19	angry 45:19	apples 74:15	arguments 195:20	169:16,18 170:8
allowed 85:3 242:20	animal 76:6	applied 21:13 22:6	Arkansas 6:9	170:10 172:14
259:12	animus 183:21	23:3 24:1 26:14	armed 32:9 189:13	173:2 176:15
<b>alluding</b> 276:20	anomalies 101:12	56:4	arraigned 214:20	assessments 25:16
all-or-nothing	answer 49:20 56:10	<b>applies</b> 156:14,19	arraignment 215:2	26:17 29:20 39:13
155:9	88:2 183:3 189:7	apply 23:21 31:22	arraignments	assessors 20:7
<b>all-time</b> 307:14	215:20 218:6,8	64:12 149:21	214:21	assigned 39:10 41:1
alternate 164:9	219:13 223:14	appointed 225:2	arrest 13:18 32:12	227:2 273:11
alternative 9:6	233:2 293:14	242:15	293:3	assignment 96:16
101:21 145:19	answering 36:4	appointment 22:3	arrested 7:16 14:4	98:10 201:21
147:1,6,15 155:22	97:7 250:17	58:7 93:4,6 94:5	45:17 58:18	202:4,14 203:3
161:2,10 162:15	304:22	appointments	148:17 164:16	248:7
167:21 170:12,19	answers 216:6	107:21 109:11	184:17 185:10,11	assignments 202:21
172:2 184:2	anticipated 11:13	appraisals 181:17	190:10 207:13	assist 49:5
188:14 263:18	anybody 43:14	181:17	263:9,14,16	Assistance 71:6
alternatives 146:5	70:22 96:14	appreciate 28:15	270:22 301:4	<b>Assistant</b> 129:8,10
altogether 186:18	161:19 188:18	44:17 196:13	302:7 305:10	assisting 274:1
186:22	212:21 214:1,4	197:5 256:7	arrests 185:4	Associate 2:20,22
amazing 6:19,19	269:1 282:15	288:22 308:21	<b>art</b> 44:22	197:8,10
274:8	283:7,8	appreciated 66:5	article 154:13 179:1	associated 13:5
ambiguous 180:18	<b>anymore</b> 20:19 90:7	approach 27:10	180:12 181:4	14:10 43:11 44:5
<b>America</b> 162:10	128:1	72:1 74:6 115:5	182:3 191:13	45:1 56:21 75:10
American 31:13	<b>anytime</b> 201:1	156:15 177:8	254:6	79:14 80:13 98:7
amorphous-looki	226:13 259:16	186:2,11 188:16	articulate 221:7	98:15,20 116:16
170:5	<b>anyway</b> 69:19 73:11	191:17 228:11	artificial 191:9	116:18 126:10
<b>amount</b> 7:15,18	78:11,13 81:8	234:19 235:6	artificially-inflated	127:3
24:12 117:2	84:10 91:11	248:15	54:9	associates 42:2
150:16 205:6	153:21 170:6	approached 78:22	<b>aside</b> 40:10 189:6	association 1:1,14
211:19	apart 44:2	approaches 156:19	193:5	6:17 16:5 17:18
<b>amounts</b> 117:20	<b>apiece</b> 34:18	appropriate 9:11	asked 71:1 88:5	18:2 34:3 43:12
Anacostia 204:5,7	apologize 55:12	14:6 15:3,12	121:21 152:12,14	159:13 201:17
205:8 207:14	134:18	255:10,12,15	152:19 186:9	222:4,5,10 254:11
211:7	<b>APOs</b> 219:21	291:13,18	194:7 199:6	<b>assume</b> 77:1 173:11
analogy 170:6	Apparently 129:9	<b>April</b> 181:5	asking 5:6 11:18	173:14 241:13
analysis 29:12,18	appear 105:4	apt 299:16	108:16 125:19	297:11 301:3
73:2 83:13 84:18	204:11 208:18	arbitrarily 206:11	133:6 217:17	assuming 155:16
85:4 88:16 112:22	226:11 227:1	arbitrary 81:7	aspects 54:20 79:13	210:3 231:5
113:8 115:15	235:13 245:17	ardent 253:16	241:2	asterisk 211:5
121:14 131:20	appearance 7:18	<b>area</b> 40:5 69:22	aspire 49:14	attached 9:20 52:19
133:3 143:6	214:22 216:19	205:8 218:19	assault 219:18	attempt 218:4
Analyst 3:13 257:1	appearances 231:7	areas 69:4 128:9	242:11,12 248:17	attempted 212:18
270:2	243:5	204:5 209:12	assaults 219:20	attend 82:5 269:19
analyze 183:15	appeared 142:15	218:20 239:1	assessing 25:11	attendance 119:18
analyzed 85:1	<b>appearing</b> 240:18	300:12	46:12	attended 55:5
analyzing 87:3	appears 87:18	<b>argue</b> 33:8 124:19	assessment 23:20	<b>attending</b> 130:11,12
L	-	-	-	-

	1		1	
231:7 246:11	audience 68:2	209:4 215:13,16	18:3,21 19:12	behavior 37:14
attention 64:8	authority 32:12	215:18 216:8,11	21:15,16,22 22:4	64:19 266:3
171:18 251:18	35:2 37:9,10 44:22	216:15 217:2,9	22:10 25:19 27:22	<b>behold</b> 178:15
255:13 256:4	45:10 50:16 65:13	218:14 226:7	28:9 33:5 34:12,16	184:3
285:5	217:6	228:19 230:5	34:22 35:14 37:9	<b>behooves</b> 86:11
attorney 9:10 12:2	<b>avail</b> 160:1	239:18 247:5,9,11	37:18 41:4 59:21	<b>belabor</b> 257:15
19:17 37:3 41:8	available 79:20	248:21 251:10,18	60:10 117:13	<b>belief</b> 47:15 202:22
57:13 94:22 95:10	128:11 136:4	263:3 264:13	129:5	<b>believe</b> 24:12 60:5
96:5,18 97:10 98:1	139:12 154:15	267:2,14 268:17	Baltimore's 17:12	67:19 142:22
98:2,13 99:4 100:1	168:6 169:6	268:21 269:12	<b>bar</b> 15:22 17:18	148:7 202:3 240:3
129:14,21 130:10	188:17,22 228:13	271:2 273:20	18:2,16 129:13	243:9,16 254:6
131:6 152:12,22	232:16,19 245:21	279:19 284:3	193:16,20 205:1,2	263:10 265:9,13
153:16 163:1	293:16,18 294:14	289:20 290:1,16	222:6,9 227:1,5	269:14,18,18
175:20 186:6	295:4	290:18 294:18	Barbados 7:4	272:9 273:1,22
190:19 193:7	average 85:16	298:2 300:21	Barbara 300:5	279:17 288:16
195:3,8 196:1	avoid 29:11 99:17	302:10,11 303:14	bare 55:9	believed 267:16,17
231:6 240:21,22	101:21 145:4,19	305:21 306:12,12	<b>bargain</b> 150:16	279:17 296:7
242:13,15,19,20	147:12	backdrop 156:3	bargained 106:21	<b>believes</b> 246:7
243:1,1 246:4	Aw 53:12 54:13	background 16:20	barrier 180:19	believing 73:11
254:18 264:4,5	awaiting 173:13	136:17 138:7	<b>base</b> 61:21	187:15
270:5,9,10 271:19	aware 162:22	149:22 229:11	based 8:8 13:10	<b>bench</b> 15:19,21
271:20 272:2	228:11 246:14	262:13 274:13	31:5,6,10 47:15	23:16,18 45:1,8,11
273:10,13,14,17	261:2,18	276:4 280:3	77:13 131:21	beneficial 295:2
274:1,9,10 277:9	<b>awful</b> 53:21	backseat 190:6	132:19 165:13	<b>benefit</b> 4:21 68:10
278:5,17,20	A-F-T-E-R-N-O	backstop 155:1	169:17 173:13	141:17 197:18
283:10 284:14	197:1	back-end 146:12	179:10 182:20	257:21
285:11,16 286:5	<b>a.m</b> 1:14 4:2 37:1	156:18 163:5	221:9 230:21	<b>benefits</b> 116:22
286:18,19 287:4	141:3	167:14 171:19	<b>basic</b> 205:14 208:2	benefitted 239:4
287:17 288:17		196:6	basically 85:5	240:9
296:7 301:3,4,12	<u> </u>	<b>bad</b> 62:5 105:20	134:21 205:5	BERNHARD 1:19
302:20 303:2,4,17	<b>b</b> 129:14 157:17	119:4 155:22	206:13 220:11	59:11 95:3 114:13
303:21,22 305:4	170:16 172:5	186:8 193:9,9	227:13 275:6	114:17 115:9,21
305:18	<b>baby</b> 58:14 62:4	203:4 259:18	279:15 286:20	116:10 117:10,21
attorneys 29:3	<b>back</b> 7:20 8:3,5,5,5	300:19 302:10	293:3 300:20	118:8,18 136:7,10
50:12 82:4 95:11	8:16 11:20 14:4	306:15	<b>basis</b> 169:6	136:14 137:3,11
96:12,12 123:15	19:4 29:5 30:6	<b>badly</b> 85:12	<b>battling</b> 305:13	138:1,16 139:5,20
130:4 189:19,19	31:20 34:1,1 38:2	badly-implemented	<b>bear</b> 50:16 52:8	188:12 194:1
190:5 208:16	44:12,15 46:21	86:10	70:14	195:21 220:5,9
221:19,22 223:9	80:3 84:13 88:13	<b>bail</b> 194:19,20	<b>beat</b> 286:20 293:7	276:15 277:12,16
223:10 227:6,7	91:14 106:12	263:16 264:1	<b>bed</b> 15:11 169:13	277:19 278:4,11
230:19 231:2	115:3 116:14	<b>bailed</b> 264:3	<b>beds</b> 163:15 169:7	278:15 279:3
242:11 243:14,20	121:6,7,8,13,21	<b>balance</b> 22:20	<b>began</b> 43:1,17 271:3	280:1,7,11 281:2,7
255:1 277:3 278:3	133:22 141:4	102:18 283:21	beginning 97:3	281:10 282:2,9,13
282:17 286:22	149:2 162:18	285:1 286:14	275:9 288:18	282:22 283:5,17
attorney's 96:21	167:17 168:22	balanced 27:9	<b>begins</b> 33:20 56:12	285:14 286:4,8
152:11 248:8	174:21 175:20	balancing 209:1	56:14	287:6,15 288:10
276:19	185:9 188:5 191:1	ballistic 32:14	<b>behalf</b> 221:13 262:3	288:15,21 291:21
<b>attracted</b> 32:19,20	196:22 207:3	Baltimore 17:18	<b>behave</b> 9:1 45:3	292:3 306:5,21

		1	1	1
best 58:15 59:1	<b>BJA</b> 19:5	brave 193:21	calendar 118:22	carry 32:12 56:19
89:17 169:22	<b>black</b> 75:14	break 12:19 131:1	121:2 218:14,15	carved 37:19
177:14 186:9	blanket 248:16	140:21 302:10	218:17	case 9:9,13,14 13:9
203:3 223:15	<b>bleed</b> 17:11	breaking 305:7	calibrate 170:19	14:10 25:9 27:10
246:13 256:20	<b>blended</b> 74:20	brief 306:15	calibrated 171:21	47:20 54:18 56:1,2
267:10 284:1	blending 74:19	briefly 145:7 149:5	California 71:18	56:22 58:20 59:4
288:8 306:13	<b>blind</b> 144:4	149:7 260:3 276:5	83:20 85:4 113:5	66:21 67:7 68:17
308:22	blinders 143:7	bring 19:18 29:4,5	113:11 137:20	144:3 150:14
<b>bet</b> 214:8 223:7	<b>block</b> 222:15 244:21	65:1 70:13 244:4	138:21 259:1,5	151:10 160:21
<b>better</b> 32:16 37:16	<b>blow</b> 140:21	255:12 290:4	307:10	173:22 182:21
39:15 55:10 67:1	blurring 253:19	302:11	call 34:17 46:14	188:3 200:21
81:8 85:5 91:9	board 23:8 145:5	broad 113:6	48:9 62:20 145:10	201:2,7 204:18
108:6 120:4 121:9	233:13 302:19	broader 73:5	154:11 199:20	205:19 206:2,22
121:11,19 127:4	<b>boat</b> 245:1	broadest 48:7	226:18 230:7	207:21 213:9
128:19 153:12	boatlift 7:12	Bronx 144:21 145:2	231:13 236:7	217:22 219:20
154:6 163:4 166:4	<b>bombed</b> 85:12	147:4,10,11	237:10 279:10	231:2 241:3 245:6
166:5,7 167:11,15	114:1	171:22 172:1	287:20 290:17	245:11 246:5
172:12 178:12,13	<b>book</b> 151:13	186:4	307:10	249:21 250:13,16
178:16 195:17	<b>boring</b> 55:22	Brooks 191:8	called 83:20 156:7	252:13 255:11
223:11 239:20	<b>born</b> 17:17 62:5	brother 278:22	160:12 199:18	256:2 265:2
284:6 308:13	<b>boss</b> 274:12	brother-in-law 6:7	218:19 232:10	273:12 275:2
<b>beyond</b> 176:6 192:2	bother 266:11	brought 18:19	240:5 266:10	279:13 280:18
<b>bias</b> 96:22	<b>bottom</b> 86:14	56:22 68:22 82:16	273:13 301:6	291:14 304:7
<b>biased</b> 93:15 96:20	113:18 296:4	256:3 280:21	calling 7:3	caseload 34:18
<b>big</b> 54:22 73:8,11	299:12	<b>budget</b> 31:4 200:13	calls 287:19 288:1	110:14
110:14 178:20	bottom-line 84:14	250:7	cancer 179:6,7,10	cases 7:22 10:19
232:22 234:11	boundaries 270:12	<b>budgets</b> 30:21	Candice 3:12	12:8 18:18 49:2
<b>bigger</b> 306:17	Bowers 2:15 141:7	<b>buffer</b> 227:14	256:22 257:1	50:3 53:1,2 67:5
biggest 41:5 61:19	141:8,11 142:10	building 191:17	270:1 277:1	129:22 150:13
181:15 184:11,12	154:9,17 156:12	<b>buildings</b> 117:14	candidates 132:16	194:16 207:3,8,13
184:13 237:4	159:6 160:2,6	<b>built</b> 174:6	Candidly 15:14	208:6 218:9,22
246:22	162:11 165:5,8	<b>bulk</b> 21:14 89:14	canned 10:2	219:19 222:9
<b>Bill</b> 185:1	168:18 169:2	<b>bunch</b> 10:10 68:13	capacity 176:6	249:15 250:8,9
<b>billion</b> 307:11,11	172:18,21 173:19	102:17	capriciously 206:11	255:17 256:1
billions 191:12	174:16 175:10	<b>burden</b> 130:20,21	<b>car</b> 47:8,9 94:9	case-evaluation-b
biological 191:17	177:11,17 180:13	131:5	296:22	248:15
<b>birth</b> 7:7 275:21	181:10 186:12	<b>burdens</b> 160:15	care 10:16 11:9	case-related 59:2
<b>Bishop</b> 19:2	191:5 194:2	Bureau 71:5	271:2 295:22	<b>category</b> 136:17
<b>bit</b> 4:21 27:2 28:17	195:22 196:14	burglar 302:9	296:2 298:14	218:9 248:11
43:8 49:18 68:12	box 75:14 267:6	burglaries 271:1,5	305:19	caught 86:20 153:6
104:11 106:15	<b>boy</b> 62:14 92:11	burglary 270:21	<b>careful</b> 173:2	259:13
127:11 145:22	106:18 <b>B</b> ===== 252:14	<b>burn</b> 19:8	<b>carefully</b> 173:15	<b>cause</b> 63:19 64:21
151:21 161:16	<b>Bozza</b> 253:14	<b>bus</b> 17:19 104:1	cares 250:13	causing 54:15
164:6 199:8 260:2	brain 281:18	<b>business</b> 15:15 16:3	<b>carrots</b> 171:14	caveat 101:7 126:12
262:13,18 278:17	brainer 128:21	50:21,21	178:14 180:5,8	142:20 144:19 147:0
284:4 292:18	<b>branch</b> 16:21 19:11	<b>buy</b> 225:5 232:3	carrot-and-stick	147:9
302:8	37:18 245:8	<u> </u>	186:2,10	caveats 142:14
bizarre 8:6	branches 31:15		carrot/stick 177:8	<b>center</b> 3:5 34:22

	1	1		
240:4 257:9	116:15	<b>claims</b> 16:5	272:3,5 307:4	293:12
302:19	<b>charge</b> 13:16	Clark 1:19 124:14	<b>client</b> 12:21 13:7	<b>coin</b> 143:18
Centers 259:2	166:14 172:7	125:4,8,18 127:13	53:5 98:19 103:8	colleagues 32:4
certain 80:12 84:17	204:6 219:18	127:17,20 128:22	103:12 104:5,22	collection 29:15
91:19 103:19	230:7 241:5	129:3,7 131:4,21	123:16,17 129:16	collectively 308:18
110:13 132:9	258:11 271:6	134:16 198:19	130:8 131:17	<b>college</b> 260:8
135:9 147:4 169:5	charged 146:7	209:18 210:5,9,16	152:15 195:11,11	<b>color</b> 53:5,9,14
177:13 178:19	164:16 214:4	210:20 211:1,6,11	195:18 196:3	180:21 183:16
182:12 183:9	219:5 220:8	211:17 212:4,9,15	211:15 215:2,10	Columbia 199:9
184:1,16 185:3,18	237:17 248:11,17	212:19 213:3,6,18	220:19 221:14	200:4 202:20
195:14 204:17,22	249:6,16,18	214:6,9,12,17	225:16 226:11,14	230:11,13 234:1
205:6 229:11	250:11 271:1,4	215:6,9,15 217:16	227:12,13,19	combination 130:15
285:18	293:10	218:11 219:15	228:13 229:1	<b>come</b> 7:20 8:3,4,5,5
certainly 30:17,20	charges 7:20 17:5	221:18 222:17	232:1 247:6,10,12	11:20 18:9 30:6
32:20 34:4 62:11	18:17 20:2 249:13	223:1,8,19 224:13	278:10 284:13	33:8 35:16 48:20
63:12 86:14 96:21	293:6	224:17 225:13,19	288:18 304:6	53:13 63:14 67:8
99:12 109:21	Charlottesville	226:1,16,22 227:7	305:6	70:1 71:1 73:14
123:4 128:3	147:18,22 187:8	227:10,21 228:2	<b>clients</b> 87:14 89:2,7	93:22 97:11,13
137:18 167:14	<b>cheap</b> 191:14,16	229:13,18 230:8	92:5,6 96:19 119:4	103:17 105:1
200:7 271:16	<b>cheaper</b> 185:4	230:15 232:5,15	153:9 155:4	107:9 113:17,18
<b>cetera</b> 42:3 109:12	<b>check</b> 283:21 285:1	233:2,7,17 234:6	194:13 223:12,18	116:7 132:12
<b>chafed</b> 106:10	286:13	234:14,17,21	225:22 228:1	152:2 168:3
107:18	<b>checking</b> 180:16	235:3,20 236:2,16	230:19 246:15	175:18 176:15
challenge 22:7	<b>chew</b> 66:18	237:8 284:17	270:10 291:2	187:3 193:11
30:16,17 60:7	chief 9:4 38:18,19	300:16 301:16	client's 97:1 153:17	209:5,22 210:11
243:17 244:3	child 263:8 269:7	302:2 303:6,11,16	153:17 284:1	213:8 214:11,15
<b>chambers</b> 266:19	275:22	304:14 305:1,17	<b>cliff</b> 62:21 63:2	214:21 215:16
<b>chance</b> 120:9	<b>chipper</b> 162:6	306:7,17	<b>climate</b> 164:7,8	217:1 219:8
132:10 166:11	<b>chippers</b> 160:12	<b>class</b> 10:1 50:3	168:11	224:10 228:18
246:3 267:1,17	<b>choice</b> 100:7 219:9	260:7	clinical 169:16,18	245:21 246:3
<b>chances</b> 179:10	<b>chose</b> 135:20	<b>classist</b> 184:22	clinically 291:12	247:5,8,11 249:17
263:4 267:8	chronically 28:1	classrooms 245:2	clinicians 10:10	250:10,15 252:20
305:15	<b>Circuit</b> 18:22 20:2	<b>clean</b> 22:21 27:7	clogged 18:17	256:16 258:4
<b>change</b> 3:5 30:15	22:14 28:11	47:13 135:4 157:6	<b>close</b> 29:6 127:2	261:14 266:11
61:13 133:18	circulated 142:17	157:13,17 161:6	137:8 159:9	269:6 271:2 279:5
149:9 159:21	circumstance	193:22 266:14	171:18 209:13	283:3 284:12
161:15 257:10	175:21	270:6,7 272:11	222:2	287:20 289:12
259:3 263:1	citation 214:20	275:10,15 304:9	<b>closed</b> 85:6 270:14	290:18 291:7
279:12 296:11	<b>cities</b> 223:4	<b>cleaned</b> 305:22	closely 105:5	302:9
298:18	<b>citizens</b> 208:21	<b>cleaner</b> 165:22	<b>closer</b> 168:3	<b>comes</b> 72:22 78:11
<b>changed</b> 48:12	<b>city</b> 17:13 18:3,12	<b>clear</b> 35:14 104:17	<b>closing</b> 32:2 293:20	103:20 104:13
189:2 219:17	18:22 19:12 21:15	104:20 131:20	<b>clothe</b> 308:6	106:18 151:9
271:12	22:4 28:9 34:16,22	154:12 162:13	<b>clued</b> 88:7	156:9 181:1 190:7
<b>changes</b> 83:10	35:14 37:18 59:21	163:17 213:12	cocaine 7:11 14:14	204:8 215:13
134:2 268:19	129:5 134:22	238:9 275:14	18:9 210:2 241:17	249:21 301:4
changing 249:5	214:1	<b>clearly</b> 68:8 106:17	<b>coerced</b> 177:18	comfortable 41:19
<b>chaotic</b> 108:17	citywide 179:6	124:12 170:11	297:15	154:22 175:19
characteristics	<b>CJA</b> 222:9 231:1,6	196:10 217:18	coercion 10:22	190:4 196:5
	1	1		1

262:12	265:16 294:20	81:10 82:13 237:3	consensus 51:10	contraindication
<b>coming</b> 4:8 16:22	company 69:12	Compounding	consequences 192:6	145:10 149:6
62:13 118:17	294:2	153:15	259:13 264:11	control 22:21
127:1 144:1	comparable 232:18	comprised 222:5	Consequently	134:21 149:17
230:20 233:20	<b>compared</b> 116:4,21	compromise 143:10	303:22	171:6 185:16
234:8 249:7 301:8	compares 134:20	168:1	consider 255:2,15	191:14 251:9
comments 92:15	comparing 74:16	compulsion 160:13	considerable 82:6	controlled 111:2
203:20 230:21,22	115:22	compulsive 146:16	considerations	183:4 213:14
<b>Commission</b> 21:5,7	comparison 74:18	171:4	99:19	controlling 180:20
<b>Commissioner</b> 19:3	96:11,17 101:16	concentration	considered 65:8	<b>convened</b> 1:13 6:4
commissioners	109:20 110:1	260:10	249:4	conventional
65:12 73:18	111:20 115:17	concept 298:17	consistency 119:5	145:20 146:1,21
<b>commit</b> 26:15 47:13	116:5,6 118:2	conception 157:10	consistent 74:12	147:8 148:3 151:2
130:18 161:5	135:14 136:8,18	concern 21:12	120:4 121:13	151:22 154:20
189:13	137:1	23:16 38:18,20	185:15	155:1 156:3 163:5
commitment 202:5	comparisons	61:19	consists 45:4	164:15 166:18
committed 90:8	137:14	concerned 9:20	constantly 22:19	168:8 170:13
101:2 171:7 272:4	compassion 279:16	13:4 61:12 161:17	25:17 95:7	171:10 172:1
279:22 292:13	competing 128:7	174:9 193:17,18	Constitution 60:21	177:20 178:11
committee 208:21	complain 93:4,9	280:8	constitutional 56:19	181:19,21 182:2
222:22 249:3	complaining 105:3	concerns 229:15	constructive 40:15	184:5,7 186:17
committees 295:17	105:12 108:12	concessions 284:9	contact 173:18	188:6
committing 38:12	complaint 161:1	conclude 123:2	230:21 269:4	conversation 5:17
<b>common</b> 81:5,9	165:14 299:4	conclusion 114:20	contemplating	11:17 68:15
92:8 95:20 112:9	<b>complete</b> 206:22	conclusions 180:16	167:7	140:19 141:22
112:11 124:3	207:20 213:22	conditions 23:22	<b>context</b> 5:22 7:6	142:5 292:20
208:13 228:5	215:12 229:2	75:15,22 76:1,2	11:1 15:3 36:14	conversations 96:6
298:8	completed 41:7	84:17,18 205:14	43:17 111:6	139:18 240:20
communication	70:15 71:14 79:18	conduct 4:18 89:2	contexts 128:12	convey 195:14
173:18	112:1 262:16	171:7 296:15	continue 36:19	convicted 210:20
communities 25:8	268:3,21 272:7	conference 6:5 78:7	47:12 180:2	229:2 232:7
51:18 53:9 66:20	completely 53:8	240:2 289:7,8	205:10 236:5	235:12 237:19
67:10 138:3 184:1	251:2 281:6	290:1	264:2	297:5
184:4,17,19,19	completing 70:16	conferences 20:18	continued 3:1	conviction 40:9
185:3,5,18	71:14	289:16	264:17 291:6,7	150:15 213:17
community 16:6	completion 13:13	conflicting 303:19	293:3	229:4 255:18
20:13 25:1,14	13:14 158:3	Congratulations	continuing 133:2	262:20
26:15 27:5,17	compliance 160:16	53:7	<b>contract</b> 8:7,8 44:10	convictions 158:5,7
39:16 40:18 45:10	176:14,17 226:20	Congress 52:10,16	55:17,18 56:2,3	158:10 205:2,22
51:14 54:6 60:12	251:6,11	200:12 232:13	58:8 127:1 242:6,8	293:7
63:17 64:16 74:2	complicated 102:17	237:13	contracted 234:4	convinced 193:8
143:19 159:20	152:6 196:4	<b>conjure</b> 66:11	contracts 10:2	convincing 164:3
185:7 204:1 205:6	complied 58:15	connected 126:4	69:14 71:10,15	<b>cookie</b> 12:3
205:7 208:17	component 40:16	connection 280:5	78:12,12 127:10	<b>cool</b> 53:9
209:2,10 216:11	45:5 72:10,16 81:9	<b>connects</b> 97:16	contract-stipulated	<b>cop</b> 220:2 300:19
216:13,14 218:15	207:10 238:18	Connick 46:8	58:17	301:12,14
218:17,22 219:2,4	components 72:20	conscious 250:2	contraindicated	copped 281:16
221:20 239:16	79:9 80:22 81:4,5	consecutive 204:21	142:15 193:10	сору 245:22
	1	1	1	1

<b>core</b> 23:4	counteract 285:16	31:2,6,15 34:11,16	147:5,12,14,20,22	225:21 226:4,19
<b>corner</b> 296:6	counterbalance	34:20 35:6,12,15	148:2,15,22 150:1	227:2,18,19 228:4
corollary 192:6	289:2	37:5,10,10,11,14	151:10 152:14,16	229:5,16 230:6
<b>Corps</b> 257:6	counterintuitive	37:16 40:9 41:7,7	153:13 154:8	231:7,18 232:2,11
<b>correct</b> 35:7 38:13	62:17 153:4	43:12,18 45:9	155:3,14,17,19	232:20 233:3,9,13
40:13 48:5 135:8	counterpart 185:8	48:16,20 49:12	157:19,21 158:1	233:20 234:18
213:10 231:2	<b>country</b> 7:9 9:7	50:2,10 53:6,17,19	158:18,20 159:15	235:4 236:8,9,21
correctional 19:6	14:21 18:6 19:21	54:11,11,11,21	159:20,22 160:4	237:2,14 240:1,5
22:12	25:15 30:21 32:5	55:6 56:8,8,11,12	160:15,16,21	240:18,20 241:3
corrections 17:1	44:3 46:5 49:21	56:13,20 59:15,22	161:22 162:22	241:12,20 242:3
20:13 25:1,15	55:6 63:9 69:15	60:11,19 61:8	163:7,9 164:14	242:18 243:10,22
27:17 60:12 64:16	200:1,10 201:15	62:22 63:1,4 64:2	165:3,17 166:4	244:13 245:13,17
correlated 99:5	233:21 234:3	67:12 69:21 70:3,7	167:4,11,14,17	245:22 246:1,14
correlation 98:11	258:20 308:12	70:9,11,19,21 72:1	168:5,11 172:6,9	246:21 248:3,21
<b>cost</b> 72:16,18 73:2,5	<b>county</b> 3:5 73:17	72:8,11 73:14,20	173:17 174:6	249:7,13,14,18,19
73:5,19 79:12,22	120:13 134:22	73:20 75:7,8,9,14	175:13 176:15	249:21 250:2,4,10
85:4 113:8 115:14	159:19 172:15	76:6,7,7 77:22	177:6 178:16,19	251:17 252:12
115:15,16,17	253:14 257:9	78:15,16 79:13	179:5 182:11	253:6 254:11
116:21 117:13	298:10 300:5,6,7	80:11 82:2,14,21	183:19,20 184:12	258:7 261:9,11
118:3,5,15,16	307:1 308:4	83:13 84:4 85:6,11	184:13,14 185:8	262:18 263:4
121:15,18 130:20	<b>couple</b> 10:9 20:4	85:14,15 86:13	185:12,19 186:10	264:8,19 267:3,4
130:22 131:13,15	52:9,22 78:6 88:16	87:10,14,20 88:17	186:19 187:9,14	268:4,8 271:8,13
131:17,19 162:4	142:13 180:15	90:2,5,13,22 91:5	187:22 190:2,7	271:18,22 272:6,8
179:21,21	209:19 232:3	91:9 92:18 93:19	192:12 193:7	272:9,15,17 273:6
<b>costly</b> 117:6	259:19 263:4	94:11,19 96:7,7,13	194:13,14 195:1	273:11 274:4,17
<b>costs</b> 29:1 73:14,14	275:22 284:15	96:14,19,22 97:4,5	195:12 197:9,11	274:21 275:2,5,7
116:2 117:16	296:6	97:9,20 98:14 99:8	199:8,9,18,19	275:12,17 277:9
118:5 131:1,16	coupled 166:18	99:8,10,13 100:12	200:2,8,16,19	277:15 278:9
179:20 180:1	<b>courage</b> 201:5	100:12,20 101:11	201:10,14,17,22	279:13 280:12,16
181:20	<b>course</b> 45:8 71:19	101:20 103:14,18	202:20 203:1,7,22	280:18,21 283:7
cost-benefit 113:19	82:4 83:14 84:22	104:17 109:11,20	204:2,3,9,12,12	286:19 287:3,7,8
116:8,16 121:19	88:19 91:13 93:15	110:5,9 111:1,10	206:9,17,19 207:4	287:10,12 288:9
125:6 135:3	97:12 98:9 203:22	115:16 116:15,21	208:17,18 209:1	289:15 291:2
cost-effective 84:20	208:14 239:13	117:7 118:3,13	209:22 210:3,11	292:15 293:17
<b>Council</b> 3:14 240:4	240:19 254:20	119:3,11 120:1,6,7	210:13,15,17	294:1,8 298:22
257:2 270:3	courses 239:13	120:16,19 121:1	211:9,12 213:8	301:5 302:5
<b>counsel</b> 12:20 163:3	<b>court</b> 1:4 2:21,23	121:16 122:7	214:1,3,7,11,22	courthouse 159:19
224:16,18,22	3:2,9 5:20 6:3,4,13	123:4,6,14,16,22	215:3,5,11 216:2,8	244:21
225:2,3,6,15	6:15,18 8:17 10:5	124:4,8 125:16	216:9,11,12,13,15	<b>courtroom</b> 12:16
228:10 230:1	13:10 14:8 17:13	126:20 127:3,9,21	216:18 217:4,19	14:11 159:5,7
243:4,9 244:7	17:15,17,21,22	128:7,18 129:1,5	218:4,13,15,17	<b>courts</b> 5:1 6:1 7:13
245:21 246:2	18:22 19:1,1,12,19	130:2,6 131:2	219:1,2,4,5,9,10	8:14 15:10 16:7,7
<b>counselor</b> 3:5 22:2 176:12 195:9	20:2,6,9 21:3,5,7 21:19,22 22:6,13	133:7,7,10,15,16	219:10,12 220:14 220:17,22 221:1	16:7 18:16 19:21 20:14,21 21:1,2,4
257:9 258:6	21:19,22 22:0,13 22:14,18,22 23:7	133:19,21,22 135:1,6,16 136:16	220:17,22 221:1 221:21 222:1,4,10	21:11,13 24:1,6
272:20	24:3 25:21 26:4,4	136:19 138:3,8,13	222:16,20,21	25:4,10 26:6,7
<b>counselors</b> 35:11,17	24.3 23.21 20.4,4 26:20 27:20,21,22	144:22 145:2,13	223:5,10,16,17,20	27:1 28:9,10,11
265:8	28:22 29:10 30:13	145:17 146:14,15	224:10,15 225:5,8	30:17 31:19 32:19
203.0	20.22 27.10 30.13	170.17 170.14,10	<u>227.10,13</u> 223.3,0	50.17 51.17 52.19

33:2 36:13,19 38:6	<b>court's</b> 182:19	232:12	237:16	dates 160:17 226:13
38:15 39:20,22			critical 25:2,3 72:3	daughters 18:13
43:8 44:3 48:1,16	court-appointed 278:2	<b>creating</b> 42:11 <b>credit</b> 7:21 11:4	75:4 86:2 100:2	daugneers 18:15 dawns 85:11
43.8 44.3 48.1,10 50:2,16,20 51:19	court-ordered	15:11	142:18	day 1:8 4:9 10:18
51:20,20 52:7 53:4	263:5	cried 55:6	criticism 29:14 30:3	14:16,18 17:6
53:21 55:1,14,16	<b>covered</b> 14:17	crime 6:13,15 26:16	40:15	19:22 31:5 58:11
57:2 59:5,6 61:13	<b>Co-Chair</b> 1:15,18	42:1 47:13,19	<b>criticisms</b> 24:11	19.22 51.5 58.11
66:14,22 70:4,17	1:18 2:2 4:3 16:13	42.147.15,19 149:17 151:13	cross-site 84:3	123.10 133.8,11
70:22 71:13 75:4	33:18 34:7,10 35:5	164:19 171:1,7	crushed 7:14	244:1 247:9,9
75:11,15,17 76:6	35:8 36:5 37:12	185:5 214:5 219:5	<b>CSOSA</b> 233:9,10,11	254:12 256:1
76:17,18 79:7,21	38:1,5,11,14,17	225:19 232:7	234:9,11 235:5	266:10,17,18
80:3,7,12,14 81:8	39:1 40:4,7,14	249:18 254:22	245:1	days 16:9 33:1 65:2
81:14 82:11 84:2,5	41:3 42:12,16,20	249.18 234.22 271:16 272:4	<b>cuffs</b> 64:8 305:7	100:16,19 201:1,1
84:6,8,11,14,19	43:4,7,15 47:22	292:14 293:10	<b>culture</b> 33:12	201:1 207:18
86:6,9,10 87:8	48:3,6,11 65:19,22	<b>crimes</b> 18:17 38:12	202:19	201.1 207.18 211:4 212:18
89:3,19 90:16,20	48.3,0,11 03.19,22 66:3,8 67:17,22	101:18 146:7	<b>cure</b> 147:16 167:16	213:1,12 217:5
94:16 97:20	86:16 134:15	158:13,13,14,15	current 26:10 28:19	241:18 243:11
		161:5 235:13	34:2 66:19 98:22	
101:14,17 104:1,2	136:6 139:7,11 140:10,15,18			244:12 252:19,20 262:21 263:1
104:19,21 108:3 110:21 111:18	140:10,13,18	237:18,19 248:12	162:9 164:6,8 276:10	262:21 263:1 278:13
		258:9 271:13,15 275:3 292:15		
112:8,8,14,16	180:10,11,14		currently 133:2	<b>day-in</b> 285:7,8
113:11,16 128:9	185:20 188:10	<b>criminal</b> 1:1,14 3:4	147:18 176:22	day-out 285:7,8
128:14 130:14	196:12,16 197:3	7:13 14:10 15:3	270:2	<b>de</b> 181:2
131:22 132:5	198:8,15 199:12	17:5 18:3 26:11	<b>curve</b> 123:1,8	<b>deaf</b> 195:4
136:3 137:18	203:11,19 209:15	27:7,8 30:18 34:3	<b>custody</b> 63:13,14	<b>deal</b> 10:22 30:10
138:8,11,12,20	238:19,21 239:7	40:1,20 50:3	64:3,5,17 65:7	53:3 54:6 76:8
139:1 142:15,19	239:12 240:16	150:10 151:2,10	<b>cut</b> 123:22	283:22 299:11
142:21 143:3,6,9	241:6,9,11 242:7	151:14 157:12	<b>cuts</b> 165:20	301:7
144:2,8,17,20	242:17,22 243:18	158:21 159:13,15	<b>cycle</b> 143:20 153:7	<b>dealing</b> 45:22 50:4
145:8,11 146:9,18	244:8,9 247:14	160:20 163:21	C-O-N-T-E-N-T-S 2:1 3:1	72:17 219:3
146:22 147:4	253:8 254:4,15	164:9 165:15	2:1 3:1	238:12
149:8,18 152:1	256:5,11,15 258:19 262:4	184:5 186:22	D	dealt 10:3
153:5 154:20,22		187:18 192:7,13	<b>DA</b> 191:1	<b>death</b> 56:1
156:14 162:14	269:21 276:6,13	193:1 194:18	<b>dad</b> 266:16	<b>debate</b> 15:11 46:8
163:19 164:11	292:17 300:13,15	222:5 224:6	danger 157:12	<b>decent</b> 296:6
167:6 168:1,13,22	308:9	231:19 238:5,8	166:17	<b>decide</b> 5:11 98:11
169:4 173:4	crack 18:11 210:2	242:15 248:1,4	dangers 67:15	198:22 201:2
174:19 177:19	210:10	257:8 274:10	91:17	207:4 241:20
180:18 181:2,9,16	crack-addicted	279:2 290:16	dare 44:16	<b>decided</b> 10:20 69:11
181:19,21 182:1	47:8	293:6 294:6	data 29:15 69:5	73:10 188:19
183:13 184:7,8	crack-associated	296:19 297:20	70:13 72:7 76:21	232:13 265:5
186:17 191:20	14:14 Crasic 2:22 107:0	criminality 42:10	85:8 88:18 109:7	267:10 273:7
197:15,19 200:1,9	Craig 2:22 197:9	criminalization	112:1 115:12	279:11
229:21 232:6,14	crazy 265:15 295:22	296:15	121:15,15 124:18	<b>decision</b> 91:10
237:3 239:16,21	301:21	criminals 290:21	126:2 179:8,12	94:20,20 95:14
249:1 253:16	<b>cream</b> 54:8	<b>criminogenic</b> 39:14	120.2 179.8,12 182:16	96:8 99:12 165:11
255:20,20 259:3	create 50:2	40:22 41:13,15,20	date 181:16 228:9	165:18 170:18
271:9 292:7 293:3	created 200:11	criteria 81:5,7	unte 101.10 220.)	190:1 195:1

			1	
Decisionmakers	152:11,21 153:16	132:6 158:12	<b>devil's</b> 285:20	207:18 240:20
65:11	159:13 163:1	demonstrates 83:3	devoted 173:8,9	directed 50:6
<b>decisions</b> 63:8 65:14	168:14 175:8,20	<b>denial</b> 247:2 265:10	diagnoses 23:18	189:18
112:7 129:11	189:19,19 190:5	<b>denied</b> 258:7	diagnosing 23:15	directing 103:13
169:6	190:19 193:1,6,16	department 6:16	diagnosis 152:19	direction 108:13,15
dedicated 31:16	193:20 195:2,8	22:11 36:20 37:21	194:7	143:5 149:15
77:6	196:1 198:13	48:13,19 49:17,18	diagnostician	152:8 186:15
<b>deep</b> 235:7 260:20	206:9 208:15	172:15 232:8	152:16	209:3 287:22
287:13 294:9	221:21 223:9,14	depended 301:22	dialog 224:12	289:13
<b>defendant</b> 9:16 11:6	224:6 225:15	<b>Dependence</b> 3:15	<b>Diego</b> 259:2	<b>Directions</b> 236:8,20
11:6 45:2 57:10	226:3 244:17	257:3 270:4	<b>dies</b> 51:14	237:6,10 238:4,6
131:5 162:6	254:18 255:1	depending 10:3	difference 64:11	238:15 247:19,20
173:18 174:18	270:5,10 273:10	32:5 210:22 211:3	65:7 134:2 181:1	250:22 251:10,20
175:5,14 176:1	273:17 276:19	220:8	183:9 243:19	252:8,18
204:17 215:10	277:9 283:10	<b>depends</b> 167:12	244:2	directly 144:20
222:9 224:12,15	284:14 285:10,15	<b>depth</b> 10:4	differences 82:10	146:8 151:16
224:17 227:15	286:5,18,19	describe 14:15	117:19 137:15	155:4 176:2,4
229:7 241:16	288:17 301:2	144:12	different 28:17	214:7,10,21 245:9
242:2,3	303:2,4,17,20,22	described 109:8	45:21 48:14 49:18	<b>Director</b> 2:7 4:12
defendants 51:7	305:3	deserving 171:8,9	50:4 59:15,19	4:14 16:18
150:9 204:11	deferred 205:16,20	<b>design</b> 168:17	61:22 63:21 74:18	Directors 23:9
226:4 229:20	206:7 208:11	designed 261:6	74:19 75:18 76:17	<b>dirty</b> 44:11,12
277:6	defined 122:14	desire 221:9	80:15 87:4 88:20	45:19,20 65:2
defendant's 208:9	124:4,9,10,11	desperation 9:4	105:22 109:3	241:15
defended 14:7	defining 125:5	51:16	118:1 121:1	disagree 161:19
<b>defender</b> 6:8 9:12	definitely 143:19	despite 261:6	123:11,18 132:5	disappear 132:20
12:20 14:7,12	181:12 294:13	destroyed 34:12	136:17,17,18	disappoint 8:4
19:17 48:22 49:3	295:3	<b>detail</b> 83:18 113:6	143:2,4,22 144:16	disbarred 274:10
94:22 98:13 129:8	definition 52:18	detection 62:19	144:16 149:15	discern 243:19
129:10 131:2,7,8,9	125:9	detention 34:22	152:12 174:4	disclosing 42:22
187:7 202:6 222:7	definitive 182:18	62:9,15	177:1 186:16	disclosure 78:14
222:8,18 224:8	<b>degree</b> 110:3,4	determination	191:6,16 192:20	Discovery 280:15
225:4 229:22	143:11 150:4	169:21 235:10	199:16 204:2	discreet 182:5
264:6 272:1	159:14 185:19	<b>determine</b> 9:13	212:8 217:14	discrepancies 246:6
283:11 289:8	271:5,13,15,16	170:15 179:6	224:6 233:8 237:1	289:12
<b>defenders</b> 29:3	275:4,5 292:13,14	215:4 250:4	238:22 250:20	discrepancy 246:10
97:11 102:7	292:14 298:1	<b>determined</b> 169:17	269:19 271:9	discretion 56:5,7
189:20,22 190:8	degrees 260:8	204:19 207:6	308:11	<b>discussion</b> 5:4 66:4
<b>defender's</b> 82:2	delegate 65:18	determining 245:10	<b>difficult</b> 24:16	68:17 97:2 99:11
95:9 97:19 130:1	delegating 65:16	<b>develop</b> 25:8 30:13	50:10 66:16	141:13 142:7
130:17,21 244:1	delivery 275:21	132:17 203:4	128:15 174:12	197:14 198:1,18
<b>defense</b> 1:1,14	demand 57:5	272:18	229:19 289:1	198:20 201:5
12:20 15:22 34:3	170:14 200:18	developed 9:6	<b>digits</b> 260:19	245:17
37:3 50:11 57:12	235:5	<b>developing</b> 96:11	diligently 290:4	discussions 68:15
94:22 95:10 96:5	demographic	280:9	<b>diminish</b> 77:5	<b>disdain</b> 60:13
96:12 97:10 98:13	180:21	<b>development</b> 76:10	<b>direct</b> 122:4 147:11	disease 279:7
99:4 129:14,21	demonstrate 158:7	260:10	154:8 161:12	281:21 290:12
130:4,10 152:11	demonstrated	<b>deviate</b> 44:20,21	163:7 173:17	304:18 305:4
L				

				_
dismissal 13:16	<b>DOC</b> 17:22	114:15 115:3,11	31:19 32:18 33:2	133:21 135:1,6,16
167:7,8,17	<b>docket</b> 64:22 227:3	115:22 116:11	33:13,14 34:11,16	136:15,19 138:8,8
dismissals 150:17	document 37:14	117:17,22 118:9	35:6,11,12,15	138:13 142:15,18
dismissed 204:18	doing 9:10 12:13	118:20 121:12,22	36:13,19 37:5 38:6	142:21 143:3,6,9
205:19 206:2	28:5 29:6 35:12	122:3,10,16 124:5	38:15 39:20,22	143:12 144:2,8,16
207:1,21 213:10	49:1 54:18 85:21	124:16 125:7,12	40:8 41:7 43:12,18	144:20 145:8,10
dismissing 188:2	90:15 91:11 94:15	125:21 127:16,19	44:2 46:12 48:1,15	145:13,15,15,16
disorganized	95:12 106:12	128:2 129:2,6,20	48:16,20 49:12	146:7,9,14,14,18
119:11	113:21 114:9	131:12 132:3	50:2,2,10,16,19	146:22 147:13,20
dispassionate 54:17	115:7 119:7 126:3	135:7 136:9,13,21	51:19,20 52:4,7	147:21 148:2,15
disputes 33:12	127:2 131:19	137:5,16 138:2,18	53:4,16,19,21	148:22 149:8,18
disruptive 260:21	136:8 137:10	139:8,10,14,22	54:10,11,11,21	149:20,21 150:1
dissimilar 30:20	143:1,14,14 172:9	140:11,17	55:1,5,14,16 56:7	152:1,14 153:5,13
distinction 181:1	182:17 185:7	Draconian 52:18	56:8,10,12,13,20	154:8,20,22 155:3
183:9	190:9,18 202:10	drag 44:15	59:5,6,15,21 60:6	155:17,19 156:14
distinguishes	202:10,16 203:7	drama 37:9 55:8	60:11,18 61:8,13	157:19,21 158:1,5
201:13	209:6 217:4	64:9	62:22 63:1 64:2	158:18,20 161:16
distraction 149:8	226:19 230:3	dramatically 108:3	66:22 67:12,13	161:20 162:14,22
distribute 296:20	239:19,22 264:2	<b>draw</b> 108:4 198:9	69:21 70:2,9,11,17	163:9,19 164:10
distribution 33:7	264:15 277:3	drawbacks 144:4	70:19,21 71:13	164:14,16,17
district 19:1 23:6	307:16	drawing 137:13	72:1,7 75:14,15,17	165:3,17,22 166:4
28:10 98:1,2 186:5	dollar 117:20	dreamed 16:4	76:5,18 77:21	167:4,6,11,14,16
197:15 199:9	132:12 307:11	dreams 144:14,15	78:15,16 79:7,13	168:1,3,4,5,11,13
200:4 202:20	dollars 52:19	drifted 26:1	80:11,12,14 81:20	168:22 169:4
230:10,13 234:1	191:11,12 307:11	driven 60:20 122:7	81:21 82:11,14	172:4,6,9 173:4,16
distrustful 156:2	domestic 204:8	driver's 260:17	84:2,4,5,6,8,14,19	174:6,18 177:19
diverse 130:15	248:12	269:11	85:6,10,14,15 86:6	178:16,18 179:4
298:4	door 56:20 59:5	drives 121:18	86:9,10,13 87:8,9	180:17 181:2,9,15
diversion 13:11	159:9 231:11	driving 17:4 183:17	87:14,20 88:17	181:18,20 182:1
166:9 167:5	281:22 301:17	279:14 280:17	89:19 90:2,5,13,16	182:10,19 183:13
187:10 204:12,13	doors 184:20	282:7 296:21,22	90:19 91:4,8 92:17	183:19,20 184:6,8
204:19 205:3	double 260:19	drop 216:15	93:19 94:11,19	184:11,13,14,15
207:22 228:7,12	double-wide 10:9	dropped 279:18	96:7,7,13,14,19,22	184:16 185:8,12
228:19 229:3	doubt 124:22 291:5	drops 241:20	97:4,5,9,19 98:14	185:19 186:10,17
249:12	<b>Doug</b> 77:17 289:18	drove 225:17	99:7,8,9,13 101:11	186:19 187:9,14
diversionary 149:1	downfall 259:15	<b>drug</b> 3:2,9,15 5:20	101:13,17,18,20	187:22 189:1
175:11	261:19	6:4,13,14,17 7:9	103:14 104:2	190:2 191:20
divert 28:1 61:4	<b>dozens</b> 234:8	7:17 11:2 13:10	109:20 110:5,9,21	192:3,14,18 193:2
293:16	<b>Dr</b> 67:21 68:21	15:10 16:7 17:13	111:1,10,18 112:8	193:7 194:13,14
diverted 32:22 39:5	86:21 87:5,11 88:1	17:15,17 18:17,17	112:14,16 113:15	195:1 199:8,18,19
diverting 28:12	95:5 96:1 99:14,22	19:12,21 20:2,6,14	115:16 117:7	199:22 200:2,7,9
294:4	102:3,8,12 103:15	20:21 21:4,5,11,18	118:2,12 119:3,17	200:16,19 201:10
division 2:8 4:12	105:18,21 106:3,7	21:19,22 22:3,6,17	120:19,22 121:16	201:14,17 203:7
16:19 17:1 18:1	107:3,14,17 109:1	22:18,22 23:4 24:3	123:3,6,16,22	203:22 204:20
20:10 35:18	109:13,18 110:12	25:4,10 26:4,4,6,7	124:4,9 125:16	206:17,19 207:4
159:19 161:22	110:20 111:19	26:20 27:1,20,20	126:3 127:9,21	207:10,14,19
<b>divorce</b> 186:14,17	112:3,12,15 113:3	27:22 28:22 29:10	128:7,8,18 129:1,5	210:12,15,17
<b>DNA</b> 150:5	113:12,15 114:4,8	30:13,17 31:2,6,15	130:2,14 131:2	211:12 212:2
	•			

		•	•	•
213:7,22 214:3	158:13,14 160:12	earmark 218:22	107:21 132:7,16	end-run 146:12
215:2,5,11 216:2,8	161:4 162:10	ears 195:4	146:2 155:11	enforcement 32:7
216:9,10,18 217:4	168:10 179:18,22	easier 185:4 281:3	172:14 182:12	63:10,11 260:12
217:11,19 218:4	192:8 205:10	281:12	189:14 220:8	engage 68:14
218:13 219:3,4,8,9	206:15 212:12	easily 10:14 285:18	226:8 242:14	141:12,22 170:9
219:10,12 220:14	248:13 263:3,14	307:7	252:15 272:18	182:14 197:22
220:16,20,22	265:3 272:4,10	east 204:1,5,6 205:8	304:15	304:6,12
221:1,9,10,15	302:10	207:13 208:17,21	elbowed 220:2	engaged 181:16
222:1,16,21	drug-driven 7:14	211:7 214:2,6	<b>elect</b> 148:14	290:8,10 304:8
223:10,15,20	33:11	218:20 271:2	elected 9:12 11:15	engaging 256:6
224:14 225:5	drug-involved 19:7	easy 169:21 206:19	12:18	enhance 39:22,22
227:18,18 230:6	19:10	263:21 265:22	electronic 62:10	<b>enjoyed</b> 114:6
231:18 232:2	drug-related 14:1	economic 180:20	element 54:21	enlightened 16:1
234:10,12,18	47:19	<b>Economics</b> 116:11	112:19	enlightening 197:13
235:4 236:6,8,10	drug-taking 9:3	economy 164:1	elements 9:7 81:4	enrolled 226:6
236:21 237:2,3,13	<b>drunk</b> 17:4	236:5	112:9,11	ensure 13:3
237:14,15 238:2	due 63:18 150:11	editorial 39:2	eligibility 165:13	enter 143:6 156:22
240:18 241:20	166:13 263:8	educated 279:7	204:19 206:16	157:18 159:22
243:10,21 244:4	273:2	education 183:5,12	207:5 215:4	171:11 228:19
246:20 248:3,21	<b>duh</b> 250:19	192:10	eligible 70:11	entered 58:4 94:19
249:7,13,14,16,16	duh-duh 250:19	effect 28:13,14	135:15 138:6	148:2 187:14
249:17,19,21	<b>DUI</b> 21:2	56:11 84:14 131:9	172:7 206:17	295:20
250:10 251:17	<b>DUIs</b> 260:19	132:11 166:20	292:8	enters 160:14 178:2
252:11 253:2,3,6	dumping 191:11	185:14	<b>Elizabeth</b> 1:20	entire 12:9 186:1
253:16 254:11	<b>DWI</b> 230:7	effective 27:10 28:5	253:10 292:21	entirely 9:16 76:21
255:5 257:3,6	<b>dwindling</b> 36:17	29:7 62:7 65:5	email 139:16 140:6	255:9,12,21
258:7 259:3,21	<b>DYFS</b> 269:6	84:21 122:8,14	embedded 52:20	entitles 191:13
260:13 261:10	dying 268:16	125:2 132:7	emphasized 26:22	Entrance 9:15
262:18 264:8,14	<b>dynamic</b> 31:21	123:2132:7	72:2	entry 51:2 205:1,2
264:19 265:8	123:19	177:9 195:5,6	empirical 148:8	208:8
267:4 268:3,8	dynamics 298:19	225:14 246:20	158:12 170:14	environment 111:2
269:9 270:3 271:3	dysfunction 44:4,5	effectively 23:3 27:4	empirically 148:6	118:3,5 123:12
271:7,9,13,17,22	44:6	121:4 223:11	empirics 179:15	285:3
272:6,7,9,15,17	dysfunctional	effectiveness 75:6,6	employ 283:7	environments
272:6,11 274:4,17	260:15	79:14 152:11	employee 172:16,16	117:22
274:21 275:2,5,7	<b>D.C</b> 1:15 2:21,23	effects 193:9,10	employees 20:20	envision 165:3
274.21 275.2,5,7 275:12,17,17	4:10 18:15 197:9	efficacious 157:9	69:13	envisioned 157:19
277:9,14 280:16	197:10 201:14	efficiency 143:15	employment 103:20	epidemic 7:9
281:17 283:7	233:13	146:2	179:22 183:4	episode 9:2
286:19 287:3,8,12	255.15	effort 41:5,5 98:1	205:12	-
· · ·	E	,		<b>episodes</b> 30:10 <b>era</b> 36:16
288:9 289:15	earlier 111:17 256:2	98:18 284:13,21	<b>empty</b> 117:14	
291:2 292:7,15	261:1	efforts 66:15	<b>encourage</b> 226:20	eradicated 53:8
293:2,4,17,22	earliest 69:20 70:3	<b>eight</b> 70:19 98:21	encouraged 307:4	Erie 253:14
294:8 298:16,22	133:1	Eighteen 41:9	encouragers 47:5	erratically 296:22
302:5	early 69:22 93:21	eighties 45:9	encouraging 227:19	escaped 266:8
<b>drugs</b> 7:15 8:20	121:6 156:22	either 15:6 40:9	ended 34:13 167:1	<b>especially</b> 90:4
18:10 23:17	169:9 240:15	70:15 71:8 91:18	308:13	276:3 284:10
146:21 149:12,13	107.7 240.13	96:3 103:5 106:8	<b>ends</b> 174:1	294:1 300:9

	110 4		<b>a u</b> 40 0 00 40	
essentially 103:17	exciting 119:6	<b>expressed</b> 306:5,7,9	<b>fail</b> 10:8 30:13	favorite 58:3
104:6 116:8 117:5	exclude 51:21	expungement 13:18	115:2 147:4 149:1	<b>FBI</b> 13:20
157:20 204:15	excluding 248:11	160:4	150:1,8 166:11	fear 62:20 148:5
estimate 113:19	executive 4:14	expunging 158:4,9	185:12 187:9	159:10
estimation 101:10	16:21 19:11,15	extend 192:1	193:14,15 275:7	<b>fears</b> 148:5
et 42:3 109:12	31:14 37:17	extent 29:4 61:17	failed 13:8 85:1	<b>feasible</b> 143:16
ethnic 138:7	exercise 153:18,19	75:2 96:5 139:7	115:2 166:6 217:4	171:16
evaluate 133:7	166:14	143:3 161:9 248:1	221:16 261:3	feasiblely 287:18
evaluation 29:19	exist 36:19 164:2	249:10	290:7 298:22	feat 288:2
72:1 74:10	176:22	external 178:12	<b>failing</b> 28:21 170:21	<b>fed</b> 218:18
evaluations 70:16	existed 11:13	179:19,20	172:8 174:14	<b>federal</b> 6:6,14 49:4
71:12 74:11 76:4	187:22	extreme 10:18	188:2	52:10,19 71:7
event 167:19	<b>existence</b> 13:6 36:11	Extremely 196:4	<b>fails</b> 147:21 162:14	78:12 161:20
events 59:18	existing 24:5 182:16	<b>ex/ante</b> 192:21	<b>failure</b> 114:21	200:11 232:12
eventually 50:13	<b>exit</b> 9:15	<b>eye</b> 61:10 86:20	146:15 147:3,13	234:2,4
175:17	exiting 19:8	144:4	173:21 183:17	federalized 233:15
everybody 25:14	exoneration 150:5	<b>eyes</b> 299:9	184:12,13,14	<b>feds</b> 74:6
27:12,13 32:21	expand 292:7	<b>F</b>	185:19	<b>feed</b> 308:6
48:19 63:1 64:10	expect 76:3 275:17		failures 182:4	feedback 37:15
75:17 97:22	expectations 46:1,3	face 146:19 150:9	fail,I 191:22	<b>feel</b> 41:19 72:3
102:16 118:22	104:18	153:19 162:15	<b>fair</b> 106:8 113:6	153:12,13 154:21
123:21 134:5	expected 105:7	<b>faced</b> 293:6	174:11,13	171:5 175:19
189:10 190:17,19	expending 160:9	facilities 296:12	<b>fairly</b> 91:12 125:12	191:19 203:8
197:4 208:14	experience 5:16	<b>facility</b> 252:19	126:4	213:7 247:3 262:7
261:2 298:5,6,6,9	55:8 64:19 76:19	<b>facing</b> 164:22 165:1	<b>fall</b> 153:14 285:17	262:17 288:8
300:1,9 308:19	81:12 83:5 144:20	263:10 279:19	falling 253:5	304:16
everybody's 41:20	145:2 153:1 176:6	<b>fact</b> 57:6,10 59:4	falls 218:21 285:8	<b>feeling</b> 104:16
everyone's 47:21	195:2 199:7	76:7 78:4 80:2 89:10 93:16 101:5	false 293:13	felonies 210:7,8
evidence 24:18	227:16,17 228:5		<b>familiar</b> 228:21	220:1 230:12
evidence-based	262:19	108:9 113:6 151:5	283:14 302:21	<b>felony</b> 7:16,17 11:2
26:21	experienced 268:2	153:15 157:4	families 18:13 41:22	18:22 20:2 22:14
<b>ex</b> 186:19 192:11	experiences 59:17	159:8 160:9	family 14:19 16:7	172:5 210:3
exact 161:14	243:8 276:16	168:12 179:19	42:2 84:3,4,6	219:20 220:6
exactly 38:9 68:21	277:6	180:7 183:15,22 186:13 187:5	183:5 260:6	249:13,16,21
101:8 107:4	experiment 191:15	192:7 231:17	267:16 278:17	250:16
123:11 187:13	experimentation	279:9	279:2,5 296:5	<b>felt</b> 13:6 143:15,19
268:14	191:22 192:2	<b>factions</b> 144:1 187:2	<b>famously</b> 191:10	195:3 203:5
<b>examine</b> 145:3	193:5	facto 181:2	<b>far</b> 93:18 161:17	280:12 302:10
example 57:17	experiments 191:22	factor 41:15 121:18	193:16,17 210:7	fidelity 86:2
227:11 246:7	<b>explain</b> 154:11	131:4 164:21	222:19 260:20	<b>field</b> 24:22
248:12 267:5	209:7 216:10	<b>factors</b> 26:12 39:14	296:16	<b>fierce</b> 31:1
exams 291:15	<b>explaining</b> 11:17	41:1,13,20 124:3	<b>farce</b> 307:11	<b>Fifth</b> 198:6
exceed 70:17	37:14	148:21 255:2	<b>fashion</b> 168:10	<b>fight</b> 271:7 281:19
<b>excellent</b> 236:6	explore 217:14	256:3	176:8	<b>fighting</b> 298:7
243:18	exponentially	<b>facts</b> 51:7 273:18	<b>Fast</b> 191:13	<b>figure</b> 8:10 50:16
exception 204:7	147:15	<b>factual</b> 229:10,11	<b>fault</b> 282:3	154:19 156:5
exceptions 126:9	express 194:15	faculty 77:19	<b>favor</b> 148:21 163:19	179:3 272:13
<b>excited</b> 141:10,12	196:9,10	1acuity / 1.17	163:20	<b>figures</b> 132:13
L				

### figuring 265:2 **firm** 69:14 **flunk** 218:13 **forms** 155:6 **friends** 60:17 **file** 159:20 **firmlv** 98:10 flunks 216:8 220:16 formulating 50:9 **front** 55:9 152:15 **forth** 91:14 98:2 **files** 7:20 first 5:11,20,22 6:4 **focus** 87:3.16 88:18 174:11.13 204:11 **filing** 162:4 267:3 6:14 7:18 13:10 89:1,14 90:12 206:10 209:22 **fill** 173:5 91:12,13,16,17,20 **forties** 189:12 217:9 221:22 17:12,14,14 23:8 **filling** 122:21 95:7 97:12 102:2.5 43:16 46:6 50:6 fortunate 236:3 224:21 243:2 **fill-ins** 122:20 52:9 60:9 61:3 102:6,15,15 103:7 fortunately 81:14 256:17 295:16,17 **finally** 69:11 208:20 80:20 87:16 88:2 fortune 308:16 front-end 148:13 103:13 104:5 **find** 75:1 84:16 90:2 **forward** 161:7 88:13 111:22 109:3 115:7 145:9 165:9 166:5 196:2 90:6 92:9 107:12 113:16,22 120:15 147:1 150:7,8 196:8 197:13 234:19 185:3 204:4 **fueled** 248:13 111:8 178:15 120:20 123:10 fought 302:5.5 185:5 226:12.14 148:2.12.18 276:19 **found** 11:5 14:20 **full** 59:3 88:15 230:19 271:3 154:18 155:19 focused 19:7 131:14 69:12 81:3 97:17 166:13 273:20.21 296:1 154:18 204:12 **fully** 58:14 167:2 181:11 111:17 119:14 **finding** 120:14 187:14 188:1 focusing 47:19 120:12 122:9 full-blown 305:8 **finds** 123:14 191:6 199:1 202:8 306:22 124:3 126:6,21 **full-time** 205:12,13 **fine** 49:8 123:7 213:2,17 222:14 folks 12:14 17:22 128:16 194:12,22 **fun** 60:14 213:13 228:10 225:11 234:21 19:18 35:17 39:3 210:18 239:17 **function** 48:16,18 241:1 243:3 254:22 273:17 48:18 149:8 161:2 250:18 306:14 50:1 51:17 53:3 **finelv** 181:14 182:9 244:18 254:22 64:2 82:1 89:21.22 foundation 78:13 206:14 249:9 fine-grained 170:9 258:17 263:20 91:7 227:2 founded 69:8 functioning 167:20 fingerprints 13:20 **follow** 72:12 243:4 270:6 271:5.16 **Founder** 2:12 68:4 259:17 272:12 275:4,22 **Finigan** 2:11 67:21 247:16 founding 6:16 fund 29:3 35:21 289:19 292:13 68:3,21 69:7 86:21 followed 6:2 four 205:17 211:20 80:4 87:5,11 88:1 95:5 293:14 following 41:18 211:21 222:13 fundamental firsthand 187:6 79:8,10 96:1 99:14,22 259:3 266:14 255:19 102:3,8,12 103:15 first-time 146:6 follows 9:8 276:11 301:20 **funded** 17:19 19:14 172:5 **followup** 108:22 fourfold 147:8 105:18,21 106:3,7 20:7,8,8 70:6 71:3 78:13 79:17 107:3.14.17 109:1 **fish** 224:9 fool 259:1 **four-month** 205:18 109:13,18 110:12 **fit** 129:18 193:22 foraging 294:9 **four-year** 263:12 109:19 fragmentation 110:20 111:19 **five** 4:20 7:6 16:11 **Force** 1:4.6.13 **funders** 71:4,7 112:3,12,15 113:3 68:10 141:18 66:13 183:12 **funding** 6:5 19:15 framework 149:17 113:12,15 114:4,8 153:22 197:17 forced 131:9 202:18 36:2 37:19 39:12 114:15 115:3,11 203:10,17 209:14 foregoing 141:2 149:20 150:3 78:11 79:3 200:9 115:22 116:11 257:20 272:7 196:20 franchised 7:2 200:14 250:4 117:17,22 118:9 301:20 308:11 **foresee** 149:4 frankly 194:10 298:7 299:10 **fix** 29:5 264:12 118:20 121:12,22 151:18 funding-dependent fraternization 122:3.10.16 124:5 **fixing** 29:19 **forever** 203:14 173:5 265:17 124:16 125:7,12 **flat** 53:3 262:1 **funds** 20:11 37:21 125:21 127:16.19 **floor** 5:10,12 68:19 **forgot** 282:4 fraudulent 298:12 88:4 231:19 form 165:9 179:21 fraught 8:13 128:2 129:2,6,20 142:8 198:21 **funneled** 37:17 131:12 132:3 199:1 245:1.2 180:1 **free** 166:20.22 **funnels** 21:20 24:10 135:7 136:9,13,21 257:19 **formal** 7:20 167:22 208:14 36:1 **funny** 260:21 137:5,16 138:2,18 **Florida** 5:21 7:15 formalism 194:4 279:21 139:8,10,14,22 11:3 13:17,17 formalized 216:3 **freedom** 194:21 furnishes 225:6 140:7.11.17 14:17 28:18 43:19 frequency 126:2 formed 19:11 21:6 **further** 181:8 **finish** 251:22 47:16 former 3:9 17:13 frequent 81:21 188:18 **flubbed** 170:6 19:3 207:16 257:6 Friday 1:10 45:17 F-I-N-I-G-A-N finished 226:8

140:8	217:16 221:4	61:9 62:16,18	12:15,17,21,22	281:18 282:5
	252:11 253:6	63:20 64:3 72:18	14:21 19:19 23:15	284:11 290:18,22
G	266:3 268:15	80:2,5 88:3,13	26:14 27:19 31:18	292:17 295:2
Gail 1:21 125:19	269:8 271:14	91:19 93:7 94:5,6	33:15 39:7 42:17	296:1 297:17
142:6 154:3	277:2 291:19	94:7,8 96:6,7 97:4	44:11,12,18 54:12	298:13,15 300:11
244:10 247:14	292:1,4	97:5 99:12 100:4,6	55:12 61:15 63:6	305:13,14 308:6
300:13	<b>Ginny</b> 23:7	100:6,9 102:18	67:4 69:1 79:12	gold 250:12
gained 276:3	girl 265:15 266:5	103:18 111:15	84:13 90:8,21 91:1	golden 299:22 308:5
game 107:1,4,8	girls 268:10	113:1 115:3	93:8 94:14 95:19	good 4:4 8:11 19:4
108:10 145:16	give 4:20,20 12:18	120:21 124:11	100:8 103:21	20:19 23:20 25:10
177:18,19	16:20 20:3,12	132:7 133:12,17	105:3,8 107:22	25:11 26:8 29:8
gang 33:6	27:13 34:21,21	135:5,10,13 136:4	116:14 121:13	30:4 31:13 32:13
gap 293:21	39:7 57:16 65:13	149:12,14 164:13	122:2 126:1	34:8 36:18 38:6
gaps 29:6 32:2	65:17 68:9,10	165:12 173:16	128:22 130:18	60:4,9,16 63:3,4
gatekeeping 249:9	76:20 79:3 83:16	189:13 199:1	133:17 135:18	67:21,22 88:12,21
gather 88:18	87:16 141:17,17	200:12 205:3	140:20 142:5,6	89:20 91:3,15,21
<b>gee</b> 153:10	166:10 197:17,18	206:4,18 208:14	145:6 146:4	98:6 99:19,20
<b>Geez</b> 45:12	203:17 211:19	209:19 210:12,14	148:12,14,15	100:1 105:20
general 5:4 12:3	212:11 218:6	210:16 213:8,9	149:2 150:18,18	114:22 115:1
20:11 137:17	220:19 221:8	214:7,12 216:11	152:20 153:13	116:16,17 119:8
138:15 141:22	223:13 232:21	216:12,15 218:14	155:15 156:17	119:12 127:7
198:1	246:2 255:7	220:14 221:2,3	161:7 166:21	132:18 141:9,9
generalizable 145:5	257:20 261:5,6	226:7,13 228:14	168:12 170:16,17	148:4 173:3 199:3
generally 18:11	266:22 267:7	231:10,15 234:12	174:11 179:4,7	203:8,11 206:21
20:18 25:3,18	287:22	239:13 241:21	180:5 187:19	223:6 237:22
26:10 30:1,4,8	given 17:5 19:22	246:6 249:22	188:7,8,9 189:13	238:1,6 251:20
62:11 68:16	47:22 48:11 75:20	250:6,16 252:17	189:17,18 190:2	259:17 276:13
111:21 200:14	95:13 98:22	252:22 253:2	190:15,16,19	279:6 284:5,17
205:17 207:12	100:11 139:17	254:9 260:17	193:11 194:9,11	289:2 299:21
208:5 235:11	153:2 162:9	263:17 267:19	194:14,17 195:15	308:16
238:4 279:5	168:11,12 170:15	268:10 274:16,22	195:16 196:7	goodbye 8:3
generational 18:5	233:19 276:4	275:7 279:21	197:4,6 198:19	gosh 15:19 69:7
18:13	giving 11:1 27:1	287:21 289:7	201:20 209:5	190:13 304:20
generic 21:7	48:6 166:20,22	294:13,17 295:3	212:6,6,7,11	gotten 74:4 87:7
genuine 151:8 153:6	167:4	296:10 300:19,20	216:13 218:14	93:20 187:22
160:10 167:15	glad 140:12,14	301:5 303:13	219:11 220:1	263:1,9,14 264:4
173:9 179:3,13	gladiator 290:16	308:3	221:14 226:12,15	264:18 266:2
180:3	307:17	goal 12:4 14:5 15:13	226:17 230:5	271:22
geographic 134:22	<b>global</b> 181:17,17	15:14 27:20 39:9,9	231:1 234:21	Governing 151:13
Georgia 254:7,17	<b>go</b> 5:11 7:18 8:1,2	47:18	235:7 238:3,13	government 8:7
getting 13:22 46:7	9:2,17 10:14 11:8	goals 32:18 49:16	250:13 252:13,15	49:4 206:11 234:5
50:11 51:15 60:22	11:8,10 12:6 13:7	<b>God</b> 261:4	252:15,18,20,21	250:18
61:6 89:18,20 91:6	15:15 16:2,9 18:1	goes 44:16 53:12	252:22 253:1,9	Governor 6:8
136:19 165:10	20:19,22 22:1 24:7	135:1,1 174:1,17	256:9 257:17	go-round 162:19
169:8 170:21,22	27:13 31:1 38:2	216:8 217:19	258:13 265:11	<b>grace</b> 261:4
179:10,15 180:1	41:16 42:21 43:19	225:13 245:12	266:15,22 267:18	graduate 85:16
187:12,20,21	49:7 52:1 55:15,21	298:9 300:2	272:14 273:14	90:13 145:14
188:5 189:5	56:20 57:10 59:5	going 4:7 11:9,10,22	274:20 279:9	146:14 260:5
	1	<u> </u>		1

260:7	88:18 89:1,14	260:8 266:14	hardest 194:12	169:10 271:2
graduates 40:8	90:12 91:13,16,18	276:11	hard-core 143:12	274:14 282:18
89:10,12,15,16,17	91:21 95:8 97:12	halfway 267:19	hard-working 77:6	helped 91:9 105:15
238:13	102:2,6,15,16	hall 10:21 11:8	harm 9:20 54:4,16	141:15 277:2
graduation 55:6	102.2,0,13,10	33:22 196:17	149:15	helpful 91:4 92:5,7
155:11 236:20	130:15 136:8	hammer 51:9	harmed 297:1	94:2 275:9 277:4,5
				-
<b>graduations</b> 55:3,4 236:21	137:12 146:17	hand 44:11 54:4 81:13 92:20	Harry 46:8 harsher 218:2	278:19,20 280:12 294:10
	147:3 182:5,6,7			
grain 76:20 104:5	183:10 245:3	106:11 233:4	Harvard 185:2	helpfulness 93:13
104:11 106:15	246:11	handcuffed 220:3	hat 155:13,14	<b>helping</b> 106:13
178:18	<b>grow</b> 157:1,2	handcuffs 64:11	hats 283:3	helps 5:18
grand 143:10	grown 20:22	handful 95:17	havoc 62:4	<b>heroin</b> 18:5,12,15
167:22	grownup 189:3	handle 5:5	head 40:12 157:5	33:7 45:22 265:4
grant 19:6 29:2	grows 189:11	handled 249:10	275:9,13	hey 31:15 58:8
160:4	Guam 71:19	handles 287:18	headed 9:5	181:17,20,22
grants 19:16 20:6	guard 57:7	<b>handling</b> 36:9	health 21:1 179:20	183:13 269:6
grateful 199:5,6	guards 57:7	hands 63:1 299:20	273:3 291:16	<b>Hi</b> 262:6 270:1
274:4	guess 21:8 69:3 71:7	hanging 157:5	293:5 294:5	<b>high</b> 14:3 42:2,9
great 30:5 38:7	78:2 84:12,13 89:7	275:8	297:14 298:19	52:6 117:12
43:20 55:2 67:17	92:17 110:15,22	happen 13:1 111:6	299:13 302:14	146:19 207:11
67:20 90:17	132:15 133:13	184:3 188:9	hear 50:7 82:19	307:14
128:13 139:21	134:6 215:1 216:5	208:13 215:8	173:22 226:6	higher 81:6 147:15
140:10,15,15	217:17 222:12	218:7 242:6,8	233:3 259:16	181:18
209:15,15 236:10	239:9 240:5	245:18 265:11	heard 40:19 87:6	highest 147:3 172:6
239:21 249:10	251:21 265:1	266:15 268:12	105:14 136:10	172:6
254:15 256:5,14	267:10 277:7	happened 167:6	144:11 230:22	highlight 144:6
262:4 276:6,13	278:21 279:4	221:1 264:18	241:21 253:13	<b>highly</b> 300:8
greater 164:10	280:19 303:6	268:14 278:9	259:19 261:1	Hill 250:7
183:11 185:19	guilt 150:12	307:2	288:7 289:19,22	hinted 122:2 149:7
284:5	guilty 51:2,4 150:9	happening 126:19	297:22 299:3	hire 131:6 242:12
greatest 268:1	155:18 206:5	126:19 138:6	hearing 64:22	hired 10:10 25:22
greatly 209:9	208:7,9,11,12	159:3 269:13	243:11 244:3,13	71:11 132:21
grew 76:9,9	210:19 250:17	302:1	280:2	135:11 278:18
ground 73:13	254:22 275:1,3	happens 18:14	hearings 4:9,10,19	Hispanic 137:21
133:17	281:17,20,21	50:20 97:21	5:14 43:2 111:3	Hispanics 138:21
group 21:2 23:10	guns 31:8 33:13	211:20 238:9	152:18 174:3	historically 30:12
77:19 78:1 91:12	<b>guy</b> 6:11 9:14 58:13	255:22	225:7 243:17	183:10
96:11,17 102:5	153:10 216:7	happy 34:4 79:19	244:12 277:10	historically-disad
104:6 109:3	guys 15:20 28:20	142:9,11 144:9	heart 265:20	146:17 182:7
115:17 116:5,6	43:20 47:1 52:12	188:20 197:12	heavily 263:20	193:13
118:2,3 134:21	52:13 54:13 95:1	harbor 46:2	heavy 173:12	histories 238:5
135:14 136:18	142:17 151:20	hard 26:9 89:9 90:3	heels 7:11	history 14:16 26:12
137:1,6,9 140:13	162:21 237:21	90:6 95:19 96:2	held 22:18 194:19	248:4 279:1
189:10 190:3	H	127:11,11 187:15	194:20	hit 6:20 22:13 53:16
193:14 208:15		188:7 195:4	helm 261:12	156:17
221:19 252:9	habit 157:3	hardened 290:20	help 5:21 11:12	hitting 22:9
groups 49:13,14	hail 67:8	harder 108:10,10	66:15 94:14	hocus-pocus 51:8
74:18 87:3,17	half 9:17,21 79:2	110:17,17 221:13	145:12 146:19	Hoffman 155:2

	I	I	1	1
hold 30:6 63:1	<b>how's</b> 46:17	impartial 174:9	164:12 260:16	individuals 10:1
181:4,6	huge 41:14 237:15	impeachment	incarceration-foc	12:6,7,12 13:8
hole 170:4,5 235:7	human 44:5 55:8	175:14,18	149:13	46:11 52:5 102:13
hollow 13:19	260:9	imperfect 173:12	incentive 293:11	146:6 182:3
<b>home</b> 11:9,10 14:3	humanity 49:8	implement 86:2	incidences 263:8	industry 52:5
62:9,15,19 63:20	humble 252:10	134:9	<b>incident</b> 61:1,2	ineffective 132:7
69:18 234:8 289:5	hundred 44:2	implementation	incipient 177:15	inferences 198:9
homeless 47:2	hundreds 87:2	50:1 57:9	193:2	<b>infinite</b> 36:18
honest 57:9 84:9	hung 40:11 261:8	implemented 77:2	include 222:15	inform 5:18 91:5
85:22 88:3 100:2	hurt 10:20 51:13	133:11	237:6	information 20:3
123:13 124:17	184:1,4	implementing	includes 207:10	83:17 88:10 95:14
218:5 281:6,9		54:16	including 5:15 6:12	114:20 240:6
286:14	<u> </u>	<b>import</b> 7:10	10:18 164:10	278:8
honestly 285:2	<b>idea</b> 6:13 7:1,2,7	important 36:15	236:7	informed 91:10
295:19 296:8	11:12 12:22 13:11	78:2 82:18 83:4,5	incoherence 171:3	165:19
<b>honesty</b> 110:7	14:22 19:4 26:8	83:6 86:3 89:4	inconsistent 106:17	initial 59:8 100:5
283:21	43:18,20 87:16	91:6 93:14 99:18	independent 261:10	190:1 214:22
honor 247:5 258:3	99:20,20 100:1	203:9 272:20	<b>index</b> 215:4	307:3
honored 5:15 68:5	158:6 161:21	276:1,2 291:18	<b>Indiana</b> 71:18 300:5	initially 20:7 50:10
199:5	188:16 239:21	303:3,4,8	<b>indicate</b> 148:16	211:15 220:14
honors 45:8	247:22 258:13	<b>impose</b> 67:14	indicated 122:6	277:2
hook 273:19	262:8 287:17	217:15 255:17	145:22 149:5,10	initiative 222:3
hope 4:15 5:17	<b>ideal</b> 164:14 169:11	imposed 57:6 58:17	247:17	initiatives 61:20
59:16 153:10	176:21 177:6	imposes 215:17	indicating 232:22	inmates 33:2
164:7 208:10	ideally 170:8 190:3	impossible 14:13	234:11 253:4	innercity 151:6
209:8 256:13	ideas 66:17 77:7	136:1	indication 99:16	innocence 150:5,6,8
304:3,5	239:18 240:7	impress 278:9	217:12	150:12
hoped 15:15	identified 25:14	imprisonment	indicator 98:17	Innovation 240:5
hopeful 304:17	26:13 28:12 84:18	274:18	99:6	innovative 125:1
Hopefully 41:11,13	identify 25:6 94:16	improve 66:19	indicators 148:16	163:20
304:5	134:5 135:14	90:22 239:21	184:11	inpatient 169:13
hopeless 272:12	137:2	improved 103:14	indigent 162:1	200:18 207:19
hopes 144:14,15	<b>idiots</b> 52:17	improvement 67:2	222:9	301:18
hoping 134:4	ignore 67:11 183:22	inability 32:3	<b>indirect</b> 161:3	<b>input</b> 87:7,13,17
196:17	255:22	inappropriate	individual 10:3	89:5 127:12 191:1
<b>hordes</b> 49:8	<b>II</b> 246:8	253:19 255:22	13:15 20:16 39:14	inquiry 256:9
horrendous 46:7	imagine 90:4	inappropriately	40:17 41:1 70:21	<b>insanity</b> 281:20
hospital 58:13	149:14 176:9	56:18	83:15 102:14	<b>inside</b> 75:13 261:13
<b>hotel</b> 78:6	177:1 207:11	inauguration	106:4 111:21	insights 283:9
hotly-debated 15:4	261:17 288:3	144:11,13	112:5 146:16	insignificant 180:22
hours 7:22 205:7	immediate 162:9	incarceral 191:21	176:11 182:4	instance 113:4
308:3	immediately 206:4	incarcerated 167:1	240:21 241:13	137:20 187:15
house 163:18	immense 24:12	incarceration 23:22	297:2	215:1 241:22
232:13 267:19	<b>immune</b> 58:16	34:20 40:11	individualistic	294:15
270:15 273:4	<b>impact</b> 25:7 33:10	143:21 146:5,20	156:21 170:8	instances 127:8
280:15 298:13	136:12 181:8	147:2 153:7,8	individualized	instant 58:21
308:6	182:19	161:2,10 167:21	170:10	<b>instinct</b> 263:21
housing 192:11	impacting 191:2	incarcerations	individually 103:5	<b>Institute</b> 2:5 4:15

Page 3	326
--------	-----

r				
26:20 71:5 79:1	interruption 306:18	214:19 215:7,14	<b>Jay</b> 1:19 4:6 198:19	180:10 196:12,16
instituted 222:13	interruptions	215:19 216:17	209:17 300:15	197:3 198:8,15
institutional 184:9	306:15	217:1 219:13,16	<b>Jeff</b> 3:4 257:7 305:1	199:12 203:11,19
institutionalized	intervene 206:12	220:7,10 221:19	Jeffery 257:7 258:1	209:15 238:19
54:1	intervention 151:7	227:22 228:3	258:22 283:1,2,6	244:9 247:14
instruction 222:16	158:19 171:9	229:14 235:9	283:20 284:20	253:8 254:4,15
<b>insurance</b> 294:2,16	193:4 199:19	236:1,3,18 239:9	285:21 286:3,7,9	256:5,11,15
295:12	200:17 297:20	239:15 242:10,14	287:13,16 289:6	258:19 262:4
insured 9:10	298:20 300:2	247:19 250:21	297:14 305:3	269:21 276:6,13
intake 22:1	interventions	254:16 256:8,14	306:9,20 307:6	292:17 300:13,15
integrated 39:16	295:18	<b>issue</b> 15:4 26:6	Jeffrey 3:4	308:9
72:17 115:5	interview 94:8	27:14,18 36:16	jeopardy 13:5	Josh 2:15
integrating 298:3	103:4 104:8	54:7 61:22 63:22	<b>Jersey</b> 3:15 257:3	judge 2:19,20,22,22
integrity 57:8	interviews 88:19	83:11,12 86:3	263:11 268:8	9:5 12:16 14:11
intelligence 191:9	102:13,14 104:6	95:10 100:14	270:4 271:11	23:7,17 24:15 37:2
intended 145:12	intimidated 262:11	101:20 103:16	274:17 277:11	44:13,14,15 45:13
146:18	introduce 256:21	110:14 123:1,9	291:1,10,19	48:22 49:3 50:15
intensive 29:2	intuitive 81:7	128:16 137:10	292:10 293:20	55:22 58:7,12 60:3
<b>intent</b> 296:20	invalidated 82:10	158:4 222:21	297:9	64:13 83:4,6,12
interact 155:4	invest 67:10 163:12	223:2 294:6,7	<b>job</b> 9:11 15:16	93:8,10 101:3
interacting 176:2,4	investigate 278:8	issues 28:17 45:6	24:16 94:8 130:2	105:4 111:4,4,5
interaction 237:4	investment 118:4	53:3 63:18 72:14	148:20 189:14	119:2,3,6 120:17
interactions 123:15	invited 196:18	76:8 81:18,20,22	190:10,10,13	120:22 121:1,2
123:17	<b>inviting</b> 16:17	87:4 94:14 95:1	192:9 202:16,18	122:7 123:13,22
interdiction 15:6	<b>invoke</b> 56:4	110:2 119:15	203:8 223:11,15	124:12,12 152:1
interest 59:1 78:15	involved 10:17 18:2	155:14 217:18	231:10 240:12	155:2,13,14 158:4
84:1 223:16,17,20	21:19 23:11,13	219:3 234:10	244:5 246:13	163:9 173:17,22
224:2 246:16,19	28:2 82:1 87:8	273:3 291:16	269:3 274:6,6,7,8	174:4,5,6,12,14,18
284:2 298:8 309:4	119:16 161:11	293:19	276:10 286:13	175:5,12 176:1,2,6
interested 33:16	165:10 169:9	items 25:5,13	<b>jobs</b> 274:9	176:9,10,13,18
79:3,15 89:8 90:18	192:22 206:9		<b>Joel</b> 1:21 238:20	195:15 197:7,8,9
94:4,12 103:9	246:14 251:3	J	244:9	197:10 198:5
119:9	262:14 273:11	jail 10:18 28:2	<b>John</b> 33:22 56:2	199:2,3,13 200:19
interesting 70:13	involvement 33:14	34:21 58:9 82:7	253:14	201:2,10,19,19
80:9 82:22 89:22	46:12 191:3	99:17 100:4,6,9,12	<b>johns</b> 208:1	203:14,16,20,21
92:3,8 103:8	192:21	100:13,15,20,22	<b>Johnson</b> 186:4,8	203:21 206:18,20
115:19 130:13	in-depth 115:6	101:3,7,11,19,22	<b>joined</b> 33:22	207:2 209:21
185:1	<b>iota</b> 307:13	115:13 189:12	joining 91:8	210:4,6,14,18,21
interests 209:2	<b>iron</b> 259:11	235:19 255:7	<b>joke</b> 60:21 133:8	210:22 211:2,3,10
interfered 299:10	<b>ironic</b> 228:20	262:21 263:17	Jonathan 151:12	211:13,18 212:5
interject 298:15	ironically 258:7	264:20 267:3	<b>Jones</b> 1:15,18 2:2	212:10,16,20,22
299:14	irrelevancy 131:18	273:7,14,15	4:3 16:13 33:18	213:4,11,21 214:3
<b>internal</b> 157:6	irrelevant 296:16	275:20 278:13	65:19,22 66:3,8	214:8,10,14,16,19
178:12,13 180:9	<b>Iscoe</b> 2:22 197:9	279:19,21 290:15 298:10 300:7	67:17,22 86:16	215:7,10,14,17,19
internally 157:3	203:16,21 210:18	307:1 308:4	134:15 136:6	215:19 216:5,17
<b>internet</b> 240:4	211:10,13,18	Janet 11:16 32:19	139:7,11 140:10	216:21 217:1,6
interpreted 213:15	212:5,10,16,20	January 1:11 230:3	140:15,18 141:5,9	218:5,12 219:13
interrupt 143:20	213:21 214:10,16	January 1.11 200.5	141:12 154:2	219:16 220:7,10

				Ĩ
221:5,18,18 222:2	judiciaries 63:7	keeps 60:21 305:6	<b>know</b> 13:19 15:4	269:13,15,16
222:18 223:7,13	65:12	<b>KELLY</b> 1:20 50:5	16:10 18:4 27:1	271:9 272:3,13
224:4,11,14 225:1	judiciary 20:9 21:6	51:1,5 56:9 57:12	30:5 32:2 37:13	273:6,14,19 274:3
225:18,20 226:2,7	24:13 28:18 29:4	57:16,21 58:3 59:7	41:17 43:1 48:8	274:15 275:10,16
226:11,17 227:4,9	29:17,22 30:9	121:10 253:11	51:11,12 54:15	276:18,18,22
227:13,16,19,22	31:14 36:1 63:7	254:2 292:22	60:20 62:9,19	278:7,8 279:1,6,20
228:3 229:14	judiciary's 28:15	294:11,22 296:14	63:18 66:11,20,22	279:22 281:13,17
230:2,10 231:4,8	jump 63:2	kept 22:19 176:16	68:6 71:20 72:3,6	282:7,16 286:18
231:12,16 232:10	jumping 62:20	221:4 258:9 261:9	73:6,9 74:13,15,18	286:22 287:8,11
232:21 233:6,9,18	jurisdiction 73:13	272:15 275:13	75:9,16 77:5,10,10	287:21 288:18,22
234:7,15,18 235:1	170:15,16 258:21	key 9:7 79:9 80:21	77:17 80:4,17	291:5,9,22 294:20
235:4,9,15,17,18	261:9	81:9 82:12 237:3,4	81:16 82:12 85:15	295:1,6,7,10,11,19
235:22 236:1,3,13	jurisdictions 29:21	kicked 221:5 226:9	86:5,7,8 92:18	296:3,5,8,21 297:2
236:16,17,18,22	32:4 51:9 101:17	251:7 273:5,18	93:2,4 94:11 95:5	297:3,7,8 303:17
237:5,7,9 239:6,9	163:1	kicking 191:21	97:13,21 100:19	304:18,19,20,21
239:10,15 240:16	jurist 253:20	kidding 66:6	101:7,8 104:10,21	305:4,12 306:13
241:4,7,10,16	justice 2:5 3:4 4:14	kill 62:6	106:22 107:1,4	knowing 4:21 263:9
242:5,10,14,18,21	6:16 15:3 18:3	kind 8:14 13:19	108:6 110:3 111:4	knowledge 113:4
243:6 244:2,11,15	30:18 40:1 48:19	22:20 26:1 29:11	112:22 113:19	243:21
244:18 245:19	71:5,6,8 79:1	44:1 45:13 52:15	114:1,5,10,22	known 72:15
246:16,22 247:17	146:3 150:10	54:17 61:13 64:9	116:3 117:1,2,11	284:22
247:19 248:5	151:3,14 154:21	73:7 74:9,19 77:18	119:15,19 123:11	knows 227:18,18
249:11 250:21	155:1 156:3	81:11 83:3 92:14	123:18 126:18	236:4 252:2
251:2,2,15 253:14	163:21 164:10	93:20 97:21 103:4	130:9 132:14	274:12 279:5
253:17,19,20,21	166:19 168:8	104:20 105:2	134:1,17 136:4	285:7 289:9
254:3,6,9,10,13,16	171:5 177:7,20	108:5,17 109:15	144:9 150:14,19	
255:1 256:8,14	181:22 182:2	110:18 115:8	151:19 153:16	L
261:5,12 267:7	184:5,7 186:17,22	116:12,12 118:17	155:2 171:2,22	<b>L</b> 1:15
271:21 272:19	187:18 193:1	120:17 124:7	173:1 176:19	<b>LA</b> 18:8
275:6 276:3	222:6 231:19	127:2 128:20	177:11 178:19	lab 244:5
277:11 285:4	238:8 242:16	132:13 140:5	185:14,16 188:6	<b>labor</b> 29:1
290:9 295:16	248:1 257:8	189:16 190:11	189:11 190:17,18	lack 37:15 75:6 94:2
<b>judges</b> 23:6,11 29:5	260:11 297:20	191:19 192:10,21	192:9 194:3	114:12 183:11
31:2 50:11 77:2,3	justify 19:9	204:2 209:19	202:11 203:13	243:13 273:1
83:10 85:13,17	<b>juvenile</b> 21:3 53:19	220:3 244:14	208:19 209:4	284:20
100:15 118:21	84:7 89:3 270:5	255:7 260:3 263:5	211:16 214:14	ladies 262:2
119:2 120:8,9,14	295:15,17 297:4	264:19 265:7,18	222:19 224:19	<b>laid</b> 13:13 55:9
120:19 121:3,5	<u> </u>	268:22 272:15	226:10 228:6,15	language 38:2 133:8
122:12 123:3,5		281:11 285:8	231:6,21 235:19	133:9 144:12
155:3 168:15	keep 19:19 23:2	286:12 287:2	237:21 238:2	large 19:20 41:13
183:19,20 240:2,6	26:4 28:21 29:16	297:1	244:5,6 250:7,19	81:4,14 93:12
255:15 256:3	31:18 105:9 127:1	kinds 119:19 255:6	253:5,15 257:14	110:16 126:15
263:4	143:14 157:6,13	285:19 289:3	260:3 262:11,18	137:12 268:3
judge's 83:5 255:13	157:17 182:9	kiss-hug 52:15	262:19 263:15	largely 129:20
266:18	187:17 216:6,22	knew 41:19 47:12	264:13 265:1,15	238:11
judgment 200:19	230:20 234:20	281:22 302:21	265:20 266:6,22	largest 19:21
judicial 46:3 56:5,6	258:10 298:13	304:19 306:13	267:1,8 268:9,11	late 7:7 270:13
238:17 240:1	keeping 61:10	<b>knock</b> 28:6	268:15,16 269:3,5	laughter 42:15

53:11 58:2 59:12 leads 5:6 211:20 241:13 113:18 285:9 110:12,13 134:22 60:15 66:2.9 68:9 **learn** 60:8 61:16 249:20 284:3 296:4 299:12 259:14 78:10 95:4 140:22 120:21 121:3 301:3 **lines** 273:16 **lock** 45:20 186:7 198:7,11,14 226:8 277:6 **level** 25:11 42:9 **link** 158:12 159:5,6 logically 180:4 learned 21:10 22:5 46:21 69:9 82:14 **linked** 187:17 long 28:20 36:12 198:17 202:13 70:9 71:16 82:17 203:15 233:1,5 23:12,19 24:9,22 120:6 210:2 **list** 49:15 236:15 254:1 31:22 42:4 47:7 levels 44:21 65:16 **listed** 140:2 83:7 102:21 122:8 59:16,17 76:5 **listen** 44:10 141:10 258:15,18 259:7 161:21 212:3,4 185:13 203:1 259:10 283:19 103:12 107:8,11 lever 151:6,15 299:16 308:9 223:6 250:13 284:16,19 288:5 122:17 200:3 **liaison** 127:18 listened 195:6 275:12,13 276:9 203:6 239:17 302:12.15 305:9 195:11 listening 264:14 279:1 280:4 273:5 296:12 **liberty** 63:14,17 literally 172:9 292:18 295:14 literature 36:8 law 2:17 13:16.17 308:18 65:17 299:4 **learning** 123:1,8 **license** 260:18 39:18 84:6 130:22 30:5 32:7 36:12 **longer** 11:19,22 45:7 63:10,11 202:9 225:16 269:12,12 279:19 139:3 141:15 12:1 43:11 56:21 83:21 142:16 leave 9:18 203:9 282:8 296:22 156:7 180:17 120:12 188:20 leaving 266:7 lieu 50:21 96:16 201:11 223:11 157:14 180:2 201:16 **led** 68:16,17 114:20 219:17 224:7 **life** 12:9 15:17 88:4 little 4:21 16:20 248:4,10,22 257:17 268:22 234:1 248:20 92:21 156:11,12 27:2 28:17 68:11 254:7.17 260:11 left 90:5 202:14,17 157:2 170:2.2 82:12 84:8 101:19 **longest** 146:20 268:21 270:9 248:6 256:22 184:20 188:20 104:11 106:15 long-term 18:11 **laws** 146:11 149:21 **legal** 176:10,14 189:2 260:16 111:8 127:10 265:9 294:1 149:21 161:16,20 180:1 195:9,12,20 265:6,14 267:21 138:22 150:7 look 15:19 17:21 196:8 259:6 269:16 272:10,14 164:6 211:13 26:10,11 31:21 **lawyer** 18:19 95:21 274:13 285:13 279:12 281:8,16 260:2 262:13,18 39:12 43:19 53:21 99:19 175:8 287:21 304:2 290:6 294:17 278:16 284:4 55:14 56:1 70:13 195:17 202:7 **legally** 291:17 295:18 299:18 292:18 298:5 72:20 73:5 79:5 legislation 173:14 226:3 227:18 302:1 302:8 80:6,9 83:8,11,17 legislative 146:10 live 250:3 295:7 229:8 232:1 244:4 **lifespan** 73:7 83:19 84:15 85:9,9 247:4 277:1,20,20 146:11 149:20 lifestyle 28:4 304:10 86:13 88:19,20,21 150:3 161:15 **lift** 247:22 **lived** 184:20 188:21 115:11 131:17 lawyers 1:1,14 30:4 legislators 73:18 **lifting** 238:7 **lives** 51:14 108:19 135:17 153:9 34:3 60:13.22 legitimate 9:11 **liftoff** 248:21 109:12 223:18 154:16 165:7,14 159:13 168:14 **legs** 64:8 **light** 177:17 246:15 165:15 168:20 193:22 198:13 length 13:14 158:1 lightly-addicted **living** 188:20 197:13 220:21 221:12 222:4,6,10 **lengthy** 91:12 145:15 265:14 270:16 264:11 284:22 lenient 93:8 liked 119:8 302:14 222:12 223:15,16 301:19 224:8 225:21 **lens** 145:3 likelihood 42:1 **lo** 178:15 184:2 looked 28:10 70:7,9 88:9 110:2 113:5 232:4 246:13 lessons 21:11,12 152:17 202:7 law-abiding 157:18 22:5 23:2,12,19 likes 236:16 **loaded** 132:4 122:11 140:2 31:22 47:7 277:5 **local** 70:22 73:13 159:1 192:5 **Likewise** 179:12 141:14

306:19

172:4

277:22

lay 176:10

**layer** 24:6

229:1

**lead** 91:17.18 142:3

198:19 201:4

leading 18:6 260:7

142:6 173:6 198:3

**letting** 190:5

**let's** 5:9 31:20 46:22

70:18 75:4 85:21

87:10,20 141:5,6

146:7.8.9 161:12

161:14 164:5.13

168:9 173:10,14

**liking** 238:16

**limited** 5:16 80:8

128:10 161:9

**limit** 189:9

227:17

**limits** 131:16

**line** 55:15 108:4

77:2 88:17 126:20

126:22 135:11,14

**locally** 118:1 131:2

135:18

135:18

locally-based

location 90:7

**looking** 21:2 25:20

75:13 82:20 83:9

179:6 182:2.4.9.20

265:2 274:7 287:3

84:4 86:20 90:9

96:17 111:21

129:4 165:21

Page 3	329
--------	-----

297:16 299:21	lowest-level 210:10	<b>Marlowe</b> 77:17	109:21 111:7	meeting 1:6 37:1
looks 19:4 55:10	low-level 242:11	289:18,18	112:16 114:18	130:19 244:14
165:8,14	low-risk 19:7	marriage 260:6	115:4 116:3 117:1	308:16 309:7
<b>looming</b> 149:22	lucky 260:1 261:14	married 23:7	117:9,11,17,18	meetings 82:5 98:14
Lord 252:2	lunch 196:17,21	Mars 191:12	118:13 119:6	109:10 130:11,12
<b>lose</b> 175:16	279:21	marvelously 84:19	121:10 124:13,21	130:19 249:3
losing 283:15	lunchtime 196:16	<b>Marvin</b> 1:18 5:8	125:14 126:16	286:21
lost 172:11 179:21		33:20 34:6 44:8	127:5 130:13	Meg 151:19
270:15,15 274:5	M	180:10 238:19	131:13 134:11	<b>member</b> 1:19,19,20
lot 12:14 21:11	<b>M</b> 71:17	292:21	135:10 136:21	1:21,21,22 6:17
23:15 24:14,18,19	machines 10:11	<b>Maryland</b> 2:8 4:12	138:5 154:13	45:7 50:5 51:1,5
28:7 39:2,17,18	<b>macro</b> 191:2	17:17 21:1,9 22:16	157:7 159:4 162:8	56:9 57:12,16,21
41:21 51:19 53:21	<b>main</b> 79:6	24:2 30:20 32:8,20	168:11,19 169:11	58:3 59:7,11 86:19
55:7,8 60:14 61:20	maintain 109:12	33:1 34:12 49:19	181:12 188:17,21	86:22 87:6,12 95:3
63:18 67:5,6 71:9	110:18 129:11	62:11 63:13,15	189:2,10 190:12	95:21 99:11,15
74:4 80:2,15 87:7	205:12	71:15 132:21,22	193:3,19 211:2	102:1,4,10 103:11
96:15 101:17,21	major 7:10 164:17	133:1,3	213:16 223:19	105:11,19 106:1,5
105:3 106:19,20	164:19 207:10	<b>mass</b> 75:4	224:3,4,5 230:8	107:1,10,15
108:12 122:20	majority 93:17	match 56:21 137:1	232:4 241:4	108:21 109:2,14
140:2 141:14	making 67:1 165:12	137:8	251:21 253:5	110:11,19 111:14
147:16 148:12	168:13 307:20	matching 137:5	267:8 268:13	111:15,16 112:2,6
151:11 152:7	308:1	material 68:22	272:3 276:22	112:13 113:2,10
153:12 163:13	manage 16:2,22	<b>matter</b> 141:2	280:16,20 282:22	113:14 114:2,7,13
173:7 184:22	25:9 27:4,8 30:5	163:11 164:2	284:21 289:3	114:17 115:9,21
201:14 207:8	32:16,17 64:1 90:4	196:20 229:9	290:6 294:2 308:5	116:10 117:10,21
214:20 219:2,7,19	127:11	253:4 279:9	meaning 51:1	118:8,18 121:10
219:21 230:4	managed 20:5	matters 47:20	301:14	121:20 122:1,4,15
234:9 236:9,10	45:18	255:12,16	meaningless 132:13	124:2,14 125:4,8
237:12 239:17,19	management 27:14	maturing 156:7	means 63:17 64:5	125:18 127:13,17
240:2,6,12 253:5	29:15	<b>max</b> 188:6	72:7 96:10 117:2	127:20 128:22
253:17 265:7	manager 200:20	<b>maximum</b> 212:16	192:16 200:7	129:3,7 131:4,21
267:7 268:19	201:2 245:7,8	McGee 2:6 4:11	235:14	134:16 136:7,10
280:22 287:1	managers 246:5	16:15,16 34:7,9,15	meant 13:14 76:22	136:14 137:3,11
289:11 295:8,18	manages 40:17	35:7,13 37:7,13	183:8	138:1,16 139:5,20
296:10,18 299:2	managing 131:19	38:4,10,13,16,19	<b>measure</b> 54:17	154:4,10 156:11
303:21	mandated 83:21	39:2 40:6,13,21	measured 47:15	159:2,18 160:3
lots 169:2 192:3	mandating 103:18	41:4 50:6 59:9,13	measures 30:8	161:18 164:5
208:2 236:18	mandatory 146:11	65:21	116:13 250:4	165:6 168:9,19
love 123:6 192:11	164:11	mean 12:1,14,16,18	mechanics 49:15	172:13,20 173:10
loved 14:19 122:17	mantra 142:22	12:19 30:3 38:9	mechanism 160:8	174:15 175:1
123:3	manuals 88:20	51:13 57:18 77:5	192:17	177:3,16 188:12
loves 101:3 296:5	manufacturing	77:10 81:1 85:2,17	mechanisms 146:9	194:1 195:21
low 19:9 39:4 42:7	271:4,5	86:2 88:4 89:17,17	161:13	198:12 209:18
65:16 291:2	March 17:15	90:19 93:1 96:20	<b>media</b> 62:5	210:5,9,16,20
lower 121:17	marginalized 163:2	98:16 99:3,22	medication 273:6	211:1,6,11,17
181:20,22	<b>Mariel</b> 7:11	100:2 102:12	273:21	212:4,9,15,19
<b>lowers</b> 161:6	<b>marijuana</b> 42:8	105:21 106:16,21	meet 127:22 206:16	213:3,6,18 214:6,9
lowest 210:1	45:16 212:13	107:20 108:11	207:5 208:22	214:12,17 215:6,9

215:15 217:16	246:12	mine 29:16 31:7	77:1 85:22 86:3	67:22 68:6 144:8
218:11 219:15	mentioning 162:21	60:17 270:20	109:9 154:8	246:2
220:5,9 221:18	merely 182:16	<b>minimize</b> 193:19	164:15 166:8,8,9	<b>mother</b> 178:4
222:17 223:1,8,19	283:8	<b>minimum</b> 146:11	166:10 175:11	266:13 271:2
224:1,13,17	merits 56:22 58:20	164:11	186:20 223:20	motivated 157:3
225:13,19 226:1	mess 7:12	minorities 182:12	224:2,7 226:2,5,10	183:20 281:4
226:16,22 227:7	message 27:3	182:13	229:7 232:3 237:1	motivating 164:21
227:10,21 228:2	195:14	minority 182:6	modeled 237:2	motivation 12:10
229:13,18 230:8	<b>met</b> 277:10	183:10	models 65:9 201:14	97:1 178:12,13,13
230:15,17 231:5,9	meta-analyses	minors 260:11	223:17	180:9
231:13 232:5,15	74:14	<b>minute</b> 36:14	modified 161:16	<b>move</b> 18:18 143:5
233:2,7,17 234:6	<b>mete</b> 57:3	215:22 281:18	modifying 161:20	259:14 260:2
234:14,17,21	methamphetamine	305:21	<b>mom</b> 264:1	movement 150:5,6
235:3,20 236:2,16	270:14,18	minutes 4:20 7:6	<b>moment</b> 302:1	<b>moving</b> 25:17
237:8 244:11,16	<b>method</b> 12:13	16:11 68:10 69:1	monetary 179:21	<b>muddled</b> 179:8,12
245:16 246:12,18	118:10	141:18 153:22	money 19:5,8,16	multi 18:4,12 170:4
247:15,20 249:8	methodological	197:18 203:10,17	20:6 29:1,2 48:21	multimillions
253:11 254:2	137:10	209:14 228:18	52:10 67:6 73:22	191:11
276:15 277:12,16	methodologically	242:1 251:22	78:3 94:13 133:15	multiple 32:18
277:19 278:4,11	136:22	257:20	163:16 228:20	126:8 127:5,7
278:15 279:3	methodologies	miracle 260:22	237:12 252:1	128:6
280:1,7,11 281:2,7	e	miracles 268:11	money's 308:7	multiple-treatment
281:10 282:2,9,13	methodology 72:1	<b>mirror</b> 30:6	monitor 57:8	81:19
282:22 283:5,12	74:9,13 75:1,3	misdemeanor 204:6	176:13,17 190:11	multiplicity 126:15
283:17 284:17	113:17 118:11	219:18,21 220:6	monitored 105:5	multi-faceted
285:14 286:4,8	metro 300:10	220:12 250:11	monitoring 62:10	162:12
287:6,15 288:10	metropolitan	misdemeanors	206:13 208:6	Multnomah 300:6
288:15,21 291:21	300:12	210:5,7,8 218:10	245:10	municipal 37:19
292:3,22 294:11	MHS 3:5 257:9	230:12 274:18,19	monkeyed 101:16	<b>murders</b> 230:3
294:22 296:14	Miami 5:20 6:3,5	miserable 275:11	Monterey 85:4,9	<b>Murray</b> 2:4 4:13
300:14,16 301:16	7:7 9:6 43:5 44:1	miserably 85:1	113:22 114:11	5:13 42:14,19 43:1
302:2,16 303:6,11	45:9 51:3,12	misnomer 56:11	117:12 118:19	43:3,6,9,22 46:14
303:16 304:14	Michael 2:11,19	missed 58:6 134:17	120:7	48:2,5,8,17 50:6
305:1,17 306:5,7	68:3 197:7	missing 58:11	month 64:22 234:8	50:19 51:3,6 56:16
306:17,21	Michigan 49:17	107:21 299:22	265:13	57:15,18,22 58:4
members 1:17 4:8	71:16	<b>mission</b> 31:17 208:4	monthly 249:2	66:1,6,10
14:19 82:4 146:16	micro-scale 191:3	229:15 233:11	months 10:15 41:9	
227:1 267:16	middle 70:16 71:14	<b>Missouri</b> 71:16	85:14,16 90:5	N N
<b>menial</b> 274:6	89:13 90:12	misunderstanding	93:19,20,20 119:3	NACDL 1:4
mental 21:1 273:3	256:12 257:5	135:8	158:2 205:17	<b>NADCP</b> 20:16
291:16 302:14	midst 174:19	misunderstood	211:4 216:18,22	76:12 77:16,20
mention 77:14 95:7	<b>Mike</b> 69:7	213:5	266:14 267:13	78:4
105:9 179:1	mildly 162:6	mitigate 39:13	268:7 270:14	name 140:7 159:21
250:21 261:1	<b>mile</b> 281:18	mitigated 41:12	301:20 306:10	204:4 206:6
mentioned 47:8	mind 153:17 166:9	<b>mix</b> 138:22	morass 12:22	<b>names</b> 106:4
95:1 103:16 154:5	295:22	<b>mixed</b> 84:9 137:19	morning 4:4,11,17	<b>national</b> 1:1,14 3:14
154:19 194:6	mindless 46:20	modalities 25:13	5:18 33:22 34:5,8	6:4,17 16:4 34:2
223:3 244:12	<b>minds</b> 164:9	<b>model</b> 49:12,13	34:11 37:1 67:21	43:12 69:14 71:4,5
L			•	

78:22 126:2	302:22	297:8	no-brainer 100:7	occurs 29:12 244:19
159:12 201:17	needs 26:18,22	<b>news</b> 14:16,17	NPC 2:12 68:4 69:8	244:20 245:5,5,8
254:11 257:2	46:21 61:15,17	nice 114:2,4 160:6	npcresearch.com	<b>oddly</b> 97:6,8
270:3 289:7,16	65:8 67:14 93:10	166:9 183:18	140:2,8	offender 8:16 17:14
290:1	125:3 162:9	285:1,10 305:22	nuanced 156:20	25:21 27:15 28:2
nationwide 259:9	192:18 209:1,10	nickname 261:10	211:14 220:11	42:8 61:21 172:5
<b>natural</b> 29:13	237:15 245:11,14	<b>night</b> 45:17	nuances 169:22	232:11 233:10
naturally 269:5	255:4 273:18	NIJ 70:6,6 71:4	<b>number</b> 5:2,6 68:16	offenders 16:22
<b>nature</b> 108:19 111:1	278:9 290:13	80:4	71:12 80:8 81:4,14	19:10 20:1 21:17
258:9 297:4	negative 37:15	nine 113:5 267:13	82:8 84:3,7 87:3	31:7 39:5 52:11,14
<b>nay</b> 165:16	90:19 204:21	305:15	92:19 98:22	62:2,14,16,18
NCADD 257:3	205:10 211:16	<b>nineties</b> 18:10	100:10 107:11	192:3 234:13
293:20	212:3	<b>ninth</b> 245:1	113:6 124:10	offense 14:1 26:11
<b>NDCI</b> 77:21	negatively 132:8	<b>NJ</b> 257:4	127:8 141:20	52:18 58:21,22
<b>near</b> 92:16	negotiated 9:19	<b>non</b> 23:3 26:6	142:3 197:21	62:6 101:2 164:16
nearing 260:19	negotiations 13:3	166:16 179:8	198:3 204:10,22	204:6 205:9 210:2
nearly 161:16	neither 89:11	nonviolent 214:4	236:6 250:8	211:8 213:2
necessarily 27:12	net 29:5	non-compliant	287:11,22 292:19	249:16,17 279:22
92:6 103:6 106:17	<b>network</b> 268:2,3	64:20	<b>numbers</b> 71:10 73:8	offenses 7:14 204:8
169:4 294:6 295:6	net-fixing 28:14	<b>non-drug</b> 21:13	73:11 117:19	204:22 212:17
295:15	net-widening 28:13	non-incarcerative	119:18	230:14
necessary 149:9	166:19	8:15	numerous 207:22	offer 5:15 12:11
169:3 199:20	Nevada 71:18	non-pernicious	260:16,16 292:14	66:17 158:19,20
229:10 245:7	never 11:13 16:4	166:10	294:5	165:16 208:19
261:21	24:15 57:19 72:3	non-profit 295:9	nurtured 17:18	offered 135:21
necessity 127:9	96:18 109:19	non-violent 28:1	<b>N.W</b> 1:15	194:13 262:21
283:12	120:15 127:7	<b>noon</b> 141:1		office 6:15 19:16,17
need 23:20 26:7	148:1 187:14	<b>norm</b> 11:2	0	22:1 82:2 95:9
27:8,9,10 31:16,20	189:14 208:10	normal 13:9 109:15	<b>Obama</b> 144:11	97:19 98:3 130:1
31:21 35:14 39:4,8	215:7 229:7 241:7	normally 5:6 14:10	163:17	130:17,21 133:6
40:22 48:21 51:22	241:10 265:9	210:13 218:3	objection 247:18	172:16 244:1
55:22 56:7 64:20	272:3 279:8 281:9	Norman 66:12	objective 6:22	248:8
76:19 77:9 99:17	293:11 297:1	normative 143:13	objectives 6:21	officer 46:4 92:16
124:19 132:17,18	304:19,19 305:16	North 3:5 257:9	obligation 306:3	219:19 242:12
139:3 145:18	new 3:15 18:7 42:1	nose 140:21	<b>oblique</b> 223:14	267:15 272:19
151:9 173:8,8	46:9 48:18 50:3	notable 183:1	oblivious 104:3	275:19 296:1
181:7,14 192:3,8,9	71:18 107:5	note 98:12 308:13	observations 20:21	officers 63:11
192:9,10 207:19	144:21 150:1	notes 46:19,20	147:11	109:11
215:3 234:14	193:21 236:7,20	274:15	obvious 89:5	offices 1:14 71:12
235:14,15,20	237:6,9 238:4,6,15	nothing's 265:10	obviously 77:16	244:21
252:2,3,6 253:4	247:19,20 250:22	noticed 199:10	80:1 130:7 280:8	office's 11:18
265:8 278:14	251:10,20 252:8	notion 8:6 15:2	occasion 205:14	oftentimes 109:22
285:15,19 292:5,6	252:17 257:3	82:10 96:18	occasionally 227:9	165:18 169:5
292:15 294:16	263:11 268:8	130:12 164:8	228:4 229:8	<b>oh</b> 46:10 65:21
needed 60:22 143:2	270:4 271:11	177:7	occasions 243:16	90:16 104:19
143:19 200:20	274:17 277:11	notwithstanding	occur 59:18 81:21	111:15 190:13
201:3 272:1,5	291:1,10,19	179:18	229:16	216:21 228:14
286:13 297:11	292:10 293:20	Nowadays 265:20	occurred 205:9	231:8,8 282:4
	I	I -	I	I

	l		1	
<b>Ohio</b> 198:19	125:10 126:14	<b>option</b> 189:4 220:12	244:20 294:3	parenting 64:19
<b>OJJDP</b> 71:6	150:18 194:16	options 19:6 169:3	outright 167:8	parents 89:3 266:10
<b>OJP</b> 71:6	219:22 225:15	204:10 217:14	outset 170:19	279:6
okay 42:19 43:15	307:22	228:12	outside 264:20,21	<b>Parish</b> 46:9
51:5 56:3 64:12	one-dimensional	opt-in 154:11 159:3	287:9 296:13	parole 2:8 4:13
65:22 78:17,21	147:1 149:12	162:14 186:19	outstrip 147:7	16:19 17:9 20:10
82:8 112:2,12	one-hour 222:15	188:15	outstripped 170:13	20:12 32:10 35:18
113:2,14 114:18	<b>one-on</b> 224:11	oranges 74:15	overall 73:7	63:16 64:4 65:10
116:10 118:8,18	one-size 156:14	order 8:14 39:8	overarching 124:7	65:11 159:4,8,10
129:6,12 130:3	one-time 162:19	51:9 66:22 127:1	overflow 237:11,11	233:13,16 262:16
139:5 146:13,22	<b>ongoing</b> 29:19	128:11 137:14	overlap 213:22	267:15
149:4 154:9	<b>open</b> 69:6 142:13	145:17 155:14	overmanage 42:7	<b>parolees</b> 63:12
162:11 168:8	157:20 158:6	158:4 272:2	overpopulation	parse 181:14
174:15 175:1	159:17,17 164:9	orders 209:11	33:4	part 6:13 8:15
177:3 181:10	175:13 178:9	241:22	oversaw 14:8	54:22 72:5 77:21
188:10 191:5	192:11,12,19	ordinarily 219:21	oversupervision	78:1 87:18 88:13
201:8 209:13	214:1 240:20	<b>Oregon</b> 70:2,2	54:2	88:14,22 89:1
210:9 211:1,6,19	241:3,12 242:3	71:17,18 274:11	overtreat 42:7	93:14 94:15 103:9
212:9,15,19 213:3	opening 2:2 11:2	302:20	overview 208:3	108:10 110:7
215:6 217:8	open-ended 10:13	organically 191:15	overwhelmed	114:6 131:13
218:11 219:15	131:20	organization 20:17	110:16	190:6 225:3,4
220:9 222:17	<b>operate</b> 45:5 68:7	109:6 120:6	overwhelming	233:13 236:8
224:13 226:1,16	141:16 149:19	295:10	100:3 109:10	242:5,8 248:20
227:21 228:1	197:16 198:2	organizational	ownership 26:3	257:14 258:20
229:13 230:15	257:15	124:6	28:7 29:12	281:1 294:20
231:9 232:15	operates 56:18 72:8	organizations 76:12	owning 29:16	301:6 302:7
233:17 234:6,17	operating 72:11	organize 120:9	<b>Oxford</b> 273:4	306:22
235:3 236:2 237:8	operation 36:6 70:8	original 59:14	o'clock 196:19	partial 174:8
254:2 258:12	operationalize	182:15	P	participant 3:2,9
261:2 265:1 278:4	80:21	<b>Orleans</b> 46:9	paid 20:11 78:5,6,9	87:10 245:6 257:6
283:2 294:11	operationalized	ought 40:16 252:11	231:7,15	participants 87:21
300:14	81:2	outcome 23:5 72:4	<b>Paint</b> 47:2	237:5,21 287:9
old 262:15 268:15	operationalizing	72:13 73:1 79:12	panel 3:2 5:7 9:5	participation 103:1
older 61:13 302:17 oldest 41:5	85:10	98:8 99:1 100:21	43:1 68:8 142:4	<b>particular</b> 71:4 74:2 112:18 209:12
onboard 50:13	opinion 30:14 48:12	101:1 115:12	256:15	245:11
168:2 188:7	<b>opponent</b> 253:16 <b>opportune</b> 299:15	116:2,13 118:4 133:12	panels 4:19 68:8	<b>particularly</b> 72:13
once 44:11 45:19	opportunities 146:5	outcomes 49:9	142:2 308:10,15	74:5 92:2 97:3
47:20 56:13	157:14	80:13 112:20	panoply 166:13	100:5,12 101:18
240:12 243:11	opportunity 68:9	116:17,17 127:4	paper 128:13	122:11 212:12
254:19 266:2	141:17 165:2	280:13	165:13 181:13	230:6 285:3 304:8
279:11 288:11	167:4 190:20	outcomes/outputs	184:10	<b>parties</b> 9:19 13:3
302:6 304:3	296:9 307:9 308:5	30:8	paper-eligibility	164:3
onerous 207:4	opposed 149:16	outfit 109:5	172:21	parts 45:5 80:11
ones 14:19 31:9	160:10,19 161:12	outline 78:20	paper-eligible	256:2
103:8 111:21	182:11,12	outloud 233:3	172:19	pass 177:4 193:11
113:16,22 116:18	opposite 42:6 209:3	outpatient 157:22	parallel 144:17	247:6
122:13,16 125:8	opt 154:14 157:21	169:14 200:15	parental 155:6	passes 104:2
-,			I	•

				Page 333
passing 254:6	104:19 105:22	222:8,11 234:1,3	288:11	299:1
passing 254.0 passion 158:14	104.19 105.22	249:14 252:5	personal 103:3	<b>pitfall</b> 147:12
<b>Pat</b> 10:13 16:12	110:1,22 121:16	291:3,4 298:16	202:2 223:18	pity 283:13
44:7,7,9 47:6 58:6	122:20 128:17	percentage 177:13	246:15 296:20	place 13:5 14:6
<b>path</b> 61:9	134:8 135:15	178:19 207:11	personality 60:19	52:21 56:14,16
<b>paths</b> 145:4,4	134.8 135.13	<b>perfect</b> 168:5,11	122:6	58:11 59:18
patient 176:3	137:14 138:9	173:11 193:7		107:22 114:2,4
<b>Patrick</b> 2:6 4:11	143:9,17 144:9,16	299:13	personality-driven 24:20	107.22 114.2,4 125:11 127:15
	145:11 146:18,19		personally 193:17	123.11 127.13
pay 133:13 171:17		<b>perfectly</b> 86:7 306:14	ž v	
179:22 200:17,22	147:2,13 148:14		277:13,21	159:14 188:1
201:1 294:2,19	148:16,17 152:5	performance 30:7	person's 241:2	202:15 233:12
paying 228:20	153:5 156:22	220:22 250:3	243:12	234:22 235:2
payment 231:18	159:9 160:8,12	period 2:9,14,18,24	perspective 17:8	261:5 268:6,7,13
pays 162:4 285:5	161:4 162:1	3:19 82:21 83:7	20:14 24:21 27:16	286:15 291:10
<b>PCP</b> 212:13	165:21 166:6,20	85:18 122:19	27:17 28:16 29:21	294:15 295:8
<b>PDS</b> 225:3 230:22	166:21,22 168:3,7	205:11,19 206:1	65:11 184:22	298:9,20 299:13
231:22 232:1	171:19 172:8	245:14	199:16 209:2	placed 21:21 26:1
<b>pee</b> 10:11 44:10,12	173:7,9 177:14,21	peripherally 95:3	219:14 250:20	35:20 39:3 41:6
45:19,20	178:2,20 179:13	96:9	petition 157:20	157:22
peed 65:1	184:16 188:7,22	permanent 201:19	159:20 162:19	places 61:16 127:10
<b>peg</b> 170:3,5	189:4,10,11	permanently	petitioner 163:8	160:15 197:5
penal 174:22	192:13 205:17	201:20	petitions 162:4	267:14 295:2,5,10
penalized 219:11	207:13 209:4	<b>permit</b> 13:18	<b>phase</b> 93:21 174:20	295:12
penalty 213:12	213:20 214:15	permitted 271:8	174:22 175:6,9	<b>plan</b> 25:9 27:11
penchant 143:8	218:12 219:3,8	292:16	176:4 246:8,9	299:11
144:3	225:11 231:10	permitting 13:17	phases 124:11	<b>plane</b> 17:20
pending 7:19	232:3,4,6 233:19	pernicious 166:17	<b>PhD</b> 25:20	planning 273:8
279:13 280:18	234:7,13,20	persistent 290:12	<b>PhDs</b> 69:16	<b>play</b> 63:14 66:19
Pennsylvania 64:4	237:17,18 238:1,2	person 25:6 26:13	phenomenon 156:7	246:21 247:1
64:5 253:15	238:7,14 242:12	27:9 40:19 41:8	156:21 160:11	255:20 278:6
<b>penny</b> 78:5	247:22 248:4,11	65:1,3 103:5,6	Philadelphia 18:7	286:17 303:4,7
pension 299:11	251:10 252:5,17	106:10 117:7	<b>phone</b> 7:4 103:5	played 303:3
<b>people</b> 6:2 8:11 10:7	253:3 267:8,14	123:19 144:10	287:19 288:1	player 57:14 131:10
10:19 11:19 12:19	269:15 274:14,16	153:2 155:15	phrase 224:19	152:13
13:21 14:2,13,18	274:19 278:2	158:17 159:3	<b>pick</b> 35:2 47:1	playing 152:10
17:3,19,22 18:19	285:7,8 287:12	163:2,8 169:18	<b>picked</b> 23:14 270:13	267:9 285:20
19:7 30:11 31:7,8	288:7,14 291:20	170:20 171:4	280:21	<b>plays</b> 301:3
31:10 35:12 41:18	292:1,4,12,13,19	174:7,10,13 176:7	picking 31:8	plea 8:1 51:2 60:1
45:10,14 47:4,12	293:6,16 294:5	176:15 187:7	<b>picture</b> 84:9 89:20	147:8 150:15
51:21 53:13,13	296:6 297:9	190:9 193:12,13	298:3	167:8 170:13,16
54:3 60:10,16 61:4	298:14 299:16	195:13 217:7	<b>pie</b> 234:10,12	172:19,22 204:16
62:3,13 64:16 67:6	people's 192:5	219:10 225:17	<b>piece</b> 38:2 39:17	208:9,11 216:16
67:12 75:19 77:7	perceive 60:6	230:6 231:17	72:19 73:16 75:9	250:17 275:1
77:16 83:2 88:17	perceived 65:15	241:20 246:7	114:10 142:14	281:21 300:19
89:11,14,18 90:11	percent 11:14 67:3	247:1 248:16	144:6 145:3,9	301:16
91:5,15 95:17	67:4,8 81:6,8	249:15,20 252:11	234:11 272:21	plead 11:8 35:16
100:10 101:6,21	138:14,14 150:13	278:19 280:3	<b>pieces</b> 35:3,4 37:22	60:1 198:5 252:22
102:20 103:18	150:20 207:12	284:6 287:6	piggybacks 298:21	258:16 275:3
I		1	- 001	

	1	1	1	1
305:20	187:2	possibility 229:3	present 1:17 63:7	principles 49:14
pleaded 206:5 208:7	<b>pool</b> 137:2	<b>possible</b> 66:18	98:14 224:16,18	prior 50:1 74:14
208:12	pools 137:15	137:9 186:11	229:8 240:22,22	158:5 194:18
pleading 174:2	poor 182:10 185:6	possibly 89:6,9	243:15,16 274:1	205:1 208:8
pleads 174:3	264:14	162:17 258:4	277:9 287:5	240:11
pleas 51:4 216:16	poorer 184:19	post 60:1 186:19	presented 264:7,18	priorities 163:12
please 228:11 264:1	<b>popcorn</b> 166:19	187:10 192:12	265:12	<b>priors</b> 220:15
pleased 4:10,16	population 17:2,2	post-plea 51:20	presently 163:15	prison 17:6,21
68:5 256:19	19:22 21:14 22:10	187:11,18	preside 203:6 204:1	22:17 28:2 33:1
257:11 264:15	22:14 23:4 25:7	post-trial 170:17	236:19	115:13 163:15
pled 155:17	26:5 27:15,18,18	pot 61:17 250:12	<b>President</b> 2:12 6:11	164:22 171:10
plenty 292:12	27:19 29:6,8,9	potential 126:16	34:2 68:3	233:22 261:8
plugging 272:16	30:6 32:17,22	144:4 145:4,7	presides 203:22	267:11,12,18
<b>plus</b> 150:13 275:1	35:10 36:10 47:5	157:4 167:13	236:20	275:8 290:15
<b>PO</b> 111:4	61:11 70:10 83:2	168:22 224:21	presiding 1:15 4:3	291:4,6 307:12
<b>point</b> 7:10 32:15	107:16 137:20	potentially 150:22	201:10	prisoners 234:2,5
37:20 52:1 63:9	138:4,6,13,15,17	172:11	pressure 184:9	<b>prisons</b> 33:4 233:21
73:2,3,6 78:3 79:4	138:18 182:13	poverty 183:11	presumption	234:2,4 307:7
94:10 96:3 98:5	237:15 238:12	<b>power</b> 56:6	274:18,20	308:4
99:3 117:6 119:22	249:15 252:4	powerful 59:20	pretend 168:9,10	private 12:20
125:16 133:5	298:15	practical 102:19	pretrial 2:5 4:14	129:13 130:4,10
154:1,14 155:20	populations 24:10	185:21 186:1	13:11 40:2 200:4	189:19 227:1,5
170:2,7 183:1	29:18 53:20	practically 232:2	200:10 236:5	230:1 264:4,5
184:10 189:11	110:16	practice 208:16	237:12 244:22	271:19 278:18
208:10 213:21	<b>Portland</b> 70:1,2,7	221:20,22 223:10	246:4 248:9	privately 264:7
220:17 225:14	82:22 120:18	270:15 278:19	251:21 252:1	273:12
252:1 266:21	121:5	practiced 147:10	255:16	privilege 258:3
274:2,4 281:15	pose 5:3 141:21	practices 26:21	pretty 29:12 89:4	privileged 262:8
282:5,10 298:8	position 5:18 43:13	132:19 147:19	91:15 254:13	prize 61:11
299:17,22 300:2	66:12 229:1	203:4	272:12 281:16	proactive 149:9
303:8,12,18	240:13 261:17	practicing 190:14	295:21 307:8	probability 42:4
pointed 19:18	282:18	223:9 224:6 226:3	prevailing 149:19	52:6
254:19	<b>positive</b> 37:15 80:13	264:7	150:2	probable 63:19
points 59:14 184:9	92:6,22 98:15	preceded 239:11	prevention 297:16	64:21
253:18	116:22 119:21	predecessors	297:17	probably 7:8,19
<b>police</b> 19:3 57:8	126:10 132:8	201:11,12	pre-plea 51:4 166:8	10:7 19:20 22:14
184:18,21 185:2,9	152:8 161:14	predictable 49:9	172:13 173:15,21	51:21 80:3 83:22
218:18,19 219:18	177:10 206:15	prefaced 43:10	175:11 187:10	90:6 93:17 94:11
242:12 296:2	211:12,14,22	preference 201:18	price 72:21 115:14	95:15,20 96:4
policy 3:13 69:10	212:3	prehistoric 186:6	170:13	98:17 99:5 102:9
118:13 257:1	possession 7:15,17	premiere 120:19	priced 73:21	119:4,5 120:5,7
270:2 274:14	11:3 164:17 210:2	<b>premise</b> 255:19	prices 147:8	124:1 133:8 150:9
policymaker 118:11	210:10 212:17,18	<b>premium</b> 89:17	pricing 73:16 118:2	151:19,20 163:14
118:12	213:13,17 262:21	prepared 68:22	118:4	166:1,2 167:1
policy-relevant	296:19	88:8	primarily 71:3	175:16 186:5
74:7	possessionary 211:8	prescribing 46:12	primary 15:13 71:7	200:5 201:13
political 63:3	possessions 296:21	presence 50:15	238:16	202:11 209:13
143:10 164:1,6,8	possibilities 251:3	184:18	principally 145:9	217:13 219:6
	1	1		1

	1	l	1	
229:16,19 240:8	61:5 151:5 195:22	Professionals 6:18	progressive 186:5	provided 109:15
262:20 270:11	problems 8:12,13	43:13 201:18	prohibits 248:3	237:14 254:8
273:1 280:19	33:7 85:20 145:7	254:12	project 6:8	289:15
282:14 290:19	147:17 149:4	professions 134:11	projecting 95:8	provider 8:8,9
295:20 297:12	150:9 151:15,16	Professor 2:16	promised 263:22	81:18,19 94:7
299:16 301:22	152:9 156:13	141:7 180:11	266:16	126:17,20,22,22
304:22 308:10	165:22 181:15	profound 55:11,13	proof 205:12	127:21 128:1
<b>probation</b> 2:8 4:13	192:14 207:15	program 6:10,15	prop 113:11,13	169:12 172:17,18
16:19 17:9 20:10	225:17 232:7	9:7,15,22 10:13	150:2 261:1,2,4	providers 8:10 10:7
20:13 21:18 22:1	238:2 260:17	11:7,17,20 13:6	<b>proper</b> 25:12	126:7,10,13 127:6
30:12 32:8 35:19	289:12	14:3,15,20 22:3	properly 45:3	127:7,14 128:6
36:10,21 37:4 39:3	problem-solving	35:1 56:18 57:11	property 158:12,15	168:15 169:5
39:4 40:10,17 41:6	1:4 5:1 22:8 66:14	58:5,19 59:1 62:7	164:19	provides 37:16
43:19 44:8 45:14	197:19	67:4,11 86:1 125:2	proportion 150:16	235:5 236:10
46:15 48:13 49:13	procedural 194:4	125:2,5 157:22	proposal 154:6	providing 49:5
49:17,18,21 60:2	procedurally 194:3	160:16 162:5	159:14,15 163:13	126:14 147:14
63:8,11 65:10 82:5	procedures 72:11	169:14,15 171:15	175:17 192:20	151:1 235:8
92:16 106:21	proceedings 242:1	187:11,11,19	proposition 83:20	proving 189:4
109:11,16,20	proceeds 97:9	192:2 199:19	155:9	pro-social 28:4
110:1,3,8,15 111:7	process 11:3 13:9	200:16,17 205:3,3	prosecuted 14:8	<b>PSA</b> 218:21
115:18 117:8	14:10 28:19 49:7	205:5 206:21	prosecutes 230:11	<b>PSAs</b> 218:19
135:2,4,20,20	54:19 56:13 59:4	207:9,17,18,21	230:13	psychiatrist 273:20
159:4,8,10 210:13	63:4,18 66:16,21	213:9 215:12	prosecution 15:22	psychological 255:5
210:21 211:2	67:7 72:2,5,10,19	221:2 225:5 226:9	172:16 205:16	291:15
220:19 221:8	73:1,16 75:9 88:16	226:21 228:7	206:7 249:10	psychologist 176:12
224:20 232:8,14	91:12 103:14	236:10 237:5	prosecutor 9:12	psychopathy 25:20
232:17 233:12,19	112:19 114:10	238:1,6,6,11,15	11:15 12:18 13:12	25:21,22
235:18 262:19,22	115:6,6 150:11	245:6 247:11,18	14:8,11 37:2 46:9	public 6:7 9:12
263:11 272:19	166:13 186:1	249:22 250:1,22	48:21 49:2 165:12	12:19 14:7 19:2,17
274:22,22 275:19	273:2 283:15	251:1,6,12 252:12	165:14 186:3	22:10,11 29:3
287:2 296:1	284:3 288:20	258:8 260:6 265:9	187:20 206:8	37:21 46:7 62:8
probationary 167:9	291:11	267:20,21 278:14	228:16 241:22	69:10 82:2 94:21
167:11	processes 14:9	287:14 294:17	271:21 279:16	95:9 97:10,18
probationers 17:1	29:19 72:12	305:22	291:17	98:12 102:6
63:12	104:15 134:7	programmatic	prosecutors 50:11	103:22 129:8,10
probe 191:12	processing 250:9	112:19 176:17	166:21 168:2	129:22 130:17,21
problem 5:22 18:5	produce 84:20	programming	185:22	131:2,6,7,8 187:7
21:6 33:4 60:6	141:15	52:21	prostitute 207:16	189:20 202:6
77:11 104:12	producing 177:10	programs 16:6	prostitution 21:3	222:7,8,18 224:8
145:8,10 149:6	178:16	62:11 129:19	207:8,9,13,17	225:4 229:22
150:21 151:18	product 158:8,15	178:6,17 181:20	protecting 308:1	233:11 243:22
152:5 153:11,12	productive 12:12	192:4 204:13,13	protections 57:1	264:6 272:1
156:20 160:19	157:15 158:22	207:7 208:1,19	provide 34:19 35:3	283:11 289:8
193:2 194:17	products 143:10	228:12 236:7	64:15 109:7	290:19 293:5
197:14 227:11	profession 17:10	245:4 263:19	126:15 146:4	294:5 297:14
231:14 250:1	78:16 86:12	269:17	154:7 157:16	298:19 299:13
298:17 307:19	professional 60:12	progress 212:12	205:12 233:14	published 256:10
problematic 12:5	76:11,12	243:12,12,13	237:13	puffs 54:8

				<u> </u>
pull 34:21 88:6	qualify 53:14 131:7	145:22 151:21	232:21 233:6,9,18	<b>real</b> 9:14 160:13
<b>pulled</b> 19:5 36:1	229:21	152:7 156:16	232:21 233:0,9,10	260:3 297:7
282:7	quantified 54:14	157:8 194:9	235:4,15,17,22	realistic 12:4
<b>punish</b> 44:18 166:6	question 21:10 36:4	256:18 262:10,12	236:13,17,22	realities 186:15
221:15	43:16 49:11,20	264:12 266:22	237:9 239:6	reality 47:10 128:14
<b>punished</b> 170:21,22	50:5 55:21 56:10	267:1 286:18	240:16 241:4,7,10	274:20 304:18
196:5	59:8,14 63:5 72:18	<b>quo</b> 44:19 67:3	242:5,18,21 243:6	realize 54:22 78:5
<b>punishing</b> 147:13	79:16 80:11 84:14	143:11 146:1	244:2,11,15,18	110:9 128:8
171:19	88:8 101:16	149:10	245:19 246:16,22	240:14 264:22
punishment 55:20	103:20 118:14	quote 121:15 191:8	247:17 248:5	266:15
145:20 162:16	121:21 132:4	quote/unquote 33:6	249:11 251:2,15	reallocate 187:1
163:5 167:13	134:17 135:8	quote/unquote 55.0	253:21 254:6,10	really 23:14 29:14
171:10 218:1	136:6 149:11	R	rap 194:20	31:21 36:6,15
255:17	162:12 163:22	race 53:3 136:18	rapes 230:3	51:13 55:13 72:3
<b>purely</b> 149:1 167:22	175:2 176:5 177:4	180:12,18,18,19	Rapport 280:6,7	73:21 76:22 80:2
221:9	180:6 181:3,11	182:18 185:14,14	rare 215:1 232:2	
	191:6 209:21	racial 136:12 138:7	rate 11:13 33:9	80:17,22 85:20 91:15 93:22 98:10
<b>purpose</b> 204:14 <b>purposes</b> 5:7 102:19	213:15 235:9	181:8 183:21	47:15 67:7 161:7	
		racially-mixed		98:17 99:4,5,17 106:10 107:6
175:15,19 198:18	242:9 253:9,12	137:19	170:16 181:22	
<b>push</b> 47:1 283:22	276:9 293:15	racist 184:21	209:9	112:17 114:12
<b>pushed</b> 22:19	300:17,22 304:21	racked 157:11	rates 54:9 147:3	118:9 120:5,9,20
<b>put</b> 9:5 11:1 14:6,18	<b>questioning</b> 5:5	radically 149:15	178:21 179:6	124:17 126:20
15:11 17:14,21	33:21 142:1,3,4	152:12 177:1	181:18 183:11	130:6,13 133:16
19:10 27:19 31:16	198:3 257:17	192:12	291:2	133:20 138:6,7
58:10 59:18 62:2,2	<b>questions</b> 5:2,7	rainbow 250:12	ratio 116:8	142:11 144:5
62:12 64:7,10 90:3	33:16 42:14,18	raise 200:8	rational 9:2 171:13	145:6 148:11
94:13 111:10	55:15 68:13 78:21	raised 40:8 254:19	reach 139:11	167:12 169:10,22
115:16 118:14,16	80:18 82:18 84:13	raised 40:8 234:19 ran 263:6	reached 202:15	176:3,21 179:9,14
119:1 125:15	91:7 95:9 97:8,14		reaction 305:6	180:6 185:1 189:6
131:2,5 148:14	140:9 141:20	random 96:16,21	read 36:8 91:22	189:20 191:15
155:2 178:5	154:1 180:15	98:10 132:9	142:18 264:10	194:17 195:4
189:18 190:2	182:10 191:6	range 251:15	reading 154:12	200:3 203:5
191:8 232:1 255:7	197:21 201:6	<b>Rankin</b> 2:19 197:8	176:19 201:16	217:10 220:19,20
265:16 273:7	203:18 209:3	198:5 199:3,13	208:4	235:7,16,16
275:20 307:12	238:22 240:14	203:14,21 206:18	readmission 14:2	237:11 245:9
308:8	262:1	206:20 207:2	ready 4:5 42:21	249:12 255:4,4
<b>puts</b> 155:13 200:5	Question-and-An	209:21 210:4,6,14	247:2,13 264:12	259:15 262:7
<b>putting</b> 17:19	2:9,14,18,24 3:19	210:21 211:2	265:21 268:18	264:10,22 267:16
163:16 189:8	quick 80:16 120:11	212:22 213:4,11	282:6,11 303:9	272:20 274:14
293:4	191:16 276:8	214:3,8,14 215:11	304:20	276:1,2,19 277:20
P-R-O-C-E-E-D	quickly 29:13 91:22	215:20 216:5,21	<b>Reagan</b> 3:7 257:5	278:8,13 279:6,11
4:1	297:7	217:6 218:5,12	262:6 278:21	279:12,17 285:4
<b>p.m</b> 141:4 196:21	quiet 198:21 257:16	221:5,18 222:2,18	279:4 280:6,10,14	286:17 291:2
196:22 197:2	<b>quit</b> 14:3 247:2	223:7,13 224:4,14	281:5,8,11 282:3	292:8,11 295:22
309:6	301:8	225:1,18,20 226:2	282:12,21 285:22	299:2,21 301:22
	quite 13:12 15:5	226:17 227:4,9,16	294:12 295:1	303:3 304:9,10
Q	43:8 45:18,21	230:2,10 231:4,8	296:18 301:14,21	306:16 308:22
<b>qua</b> 180:18 185:14	49:17 104:22	231:12,16 232:10	303:15 304:16	rearrest 115:12
	•	•	•	•

	1	1	1	1
184:14	101:6 141:3,4	163:7 174:7	report 79:19 87:19	researcher 77:22
rearrested 13:22,22	157:12 158:5,9,21	269:10 272:17	87:19 88:11 129:4	researchers 69:22
184:15	165:15 188:15	276:1	129:12 176:19	77:9,20 95:11
rearrest/reconvic	189:5,15 192:7	relationships 30:14	189:17 245:13,15	177:9
121:17	194:18 196:21,22	41:21 42:3 60:9	245:22 246:3	research-based
reason 71:2 90:15	254:5 274:10	119:21 169:4	256:10 269:1	86:13
100:5 131:13	records 88:20 166:1	271:20,21 272:2	reporter 233:3	resemblance 50:17
136:16 147:9	192:13	relative 84:2 100:19	reporting 191:1	resentment 65:3
153:19 166:16	recovery 294:20	relatively 49:15	reports 58:6 75:21	reshifting 163:11
177:12 202:1,2	recreational 177:16	101:19 118:6	88:9 245:20	residential 252:19
214:17 218:7	179:14	178:7	represent 131:10	residing 268:9
237:1 238:16	reduce 39:10 47:19	<b>release</b> 233:15	225:10 278:2	resist 92:18
262:17	reduced 34:17	256:2	representation	resolution 208:8
reasonable 211:18	reducing 209:9	released 7:19 63:16	131:8 162:3	resolved 47:21
213:19	reduction 149:16	189:12	243:21 288:8	218:1
reasons 43:22 74:4	refer 211:12 215:10	releasees 17:6	representations	resonate 82:13
107:19 135:16,17	215:18 253:22	relevant 69:3,20	231:20	<b>resource</b> 128:10
138:10 162:17	reflect 268:17	73:17 82:1 83:22	representative 98:3	162:17
195:16 216:20	reflection 120:5	95:15 97:3 113:8	138:19	resources 36:17
249:4 255:3,14	<b>reform</b> 48:10 52:2,3	139:18	represented 97:19	54:6 67:11 111:9
259:6 302:13	61:15	relieved 302:8	98:19,19 138:21	111:11 128:7
recall 201:16 243:7	<b>refuse</b> 14:1	remain 13:4	198:16 278:22	133:21 160:9
receive 128:19	regard 129:11	remaining 59:1	representing 58:6	163:10,13,14
148:22	175:2	304:17	190:9 223:12	164:2,4 173:7
receiving 147:6	regarding 297:8	remarkable 11:5	226:3 227:2	187:1 235:10,11
receptive 299:19	regardless 7:17	283:11 286:10	231:17 277:21	293:4
recidivate 25:7 26:9	55:17	288:2	reprimand 64:7	respect 24:13,14
39:15 135:5	regimen 46:13	remarks 2:2 43:10	request 255:10	65:13 180:17
recidivism 38:10	178:1	50:8	require 35:9 119:18	220:18 239:3
39:10 42:5,11	regiment 178:2	remember 11:16	required 107:18	243:3 276:3
47:16 72:13	region 308:12	15:5 23:9 46:7	109:9 127:21	respected 45:11
115:12 116:3,12	regular 119:17	53:6 118:1	224:11 275:3	respects 45:8
116:17 121:15	regularly 61:18	reminds 150:4	requirement 97:22	199:21
161:7 181:22	208:18,22 256:4	151:11	243:10	respond 49:10
209:9 291:1	regulatory 149:16	<b>remove</b> 186:2	requirements	80:17 194:9
307:14	rehab 265:13 266:7	251:12,17	206:16 207:5	response 46:16 59:8
recognize 33:21	280:21 301:8	removed 186:21	requires 110:4,5	100:3 161:3
recognized 240:11	rehabilitation 207:9	216:19 261:15,16	205:5	209:10 254:3,3,17
recognizing 224:5	255:6	renew 8:8	research 2:12 68:4	responsibility 52:8
recommendations	rehabs 263:5 265:7	renewal 132:16	69:9,11,21 70:21	responsible 9:1
66:12 168:13	reinstated 166:15	<b>Reno</b> 11:16 32:19	72:4,5,13 74:13,14	responsive 169:20
285:9,19 286:1	reintegrate 158:22	rent 117:11	75:20 77:13 78:16	171:14 180:5,7
recommending	relapse 42:1 155:10	<b>repair 5</b> 4:16	78:20 79:12 86:4	193:4 194:11
285:12	270:8	repeat 38:9	98:5 109:6 111:13	rest 15:18 17:4 22:6
<b>reconcile</b> 303:18	relate 112:21	repeated 37:13	112:10 122:6	30:21 37:17
306:2	related 33:7 47:20	repeatedly 217:7	131:22 132:18	150:17
reconviction 115:13	relationship 30:15	repeating 199:14	134:5,8,19,20	resting 46:3
record 43:9 68:1	112:18 155:6	replication 7:1	139:3 182:15	restore 54:4
	l	1 -	I	I

	l			
restructuring	<b>rich</b> 156:6	166:14 284:4	<b>route</b> 117:8	217:15 243:17
146:10	<b>Rick</b> 1:15,18 2:2	<b>rigidly</b> 45:6	routine 119:17	251:4,4,13,14,16
result 13:9,16 24:9	rid 188:15 189:5	rigorous 169:16,17	routinely 226:12	287:1
58:16 99:1 274:5	ridiculous 52:4	<b>risk</b> 19:10 25:2,5,13	routinized 46:20	<b>sans</b> 4:7
results 66:21 80:15	58:10 298:12	25:15 26:8,12,17	<b>rule</b> 101:13	Santa 300:5
82:15 83:14 84:21	307:15	31:6,10 38:3,7,8,9	<b>rules</b> 265:14,17,19	sat 60:11 264:13
98:15 108:1,4	<b>right</b> 4:4,15 5:9	38:10 39:5,11,12	<b>run</b> 142:2 200:15	267:6 308:10
126:11 132:8	15:16 18:6 23:9,21	39:14 40:22 42:8	232:14 263:7	satellite 7:4
135:2 177:10	37:12 39:1 40:12	42:11 47:14 63:3	266:6 292:18	satisfaction 47:21
178:17 204:20	40:19 41:3 42:12	<b>River</b> 204:1,5,7	running 160:20	save 11:22 31:3
<b>resume</b> 141:1	48:4 54:15 55:9	205:8 207:14	305:5	saved 272:9 290:6
196:18	57:7 61:11 64:21	208:17,21 211:7	<b>runs</b> 207:16	savings 73:20,21
retain 229:22	67:20 76:13 87:5	214:2,7 218:20	<b>rural</b> 128:9,14	<b>saw</b> 11:11 44:4
242:19,20 243:1	94:12 98:8 105:17	road 116:3 259:5	300:10	161:15 190:13
retained 227:5,7	106:1,1 107:3,4	<b>Rob</b> 186:8	<b>RWJ</b> 78:13	saying 23:2 29:14
228:1 242:10	109:13 110:11	<b>robberies</b> 189:13		41:19 45:19 50:14
243:3,9,20 244:3	112:6 115:9,9,10	<b>Robert</b> 186:4	<u> </u>	53:6 62:14 64:1
273:13	117:21 122:15	Robinson 19:2	sad 51:11	65:7 73:19 75:14
retention 181:18	125:18 128:2	robots 191:18	<b>safe</b> 46:2 307:18	94:13 100:1 102:4
rethink 97:7	138:18 141:5	Rockefeller 149:21	safeguards 13:4	104:2,7 105:12,17
retired 29:4	143:5 156:16	161:15 172:4	14:6	106:2,10 111:9
retrain 35:9	162:20 165:12	<b>Rodney</b> 191:8	safety 19:2 22:10,11	114:9 115:4
retributive 171:5	168:21 171:2	role 57:13 83:12	37:21 233:11	116:15 117:5
retrospect 100:11	172:20 173:4,10	120:22 121:1	290:19	118:11,14,21
retrospectively	176:18 177:13	128:18 129:8,9,13	<b>sake</b> 143:15	123:9 125:15
114:9	179:15 183:19	129:14,21 151:22	sales 258:11	132:14 136:2
return 238:14	185:9 187:1 194:1	155:7 190:6,17,18	salt 76:20 104:5,11	159:21 183:3,19
returned 79:18	195:21 197:3,6	193:19 195:7	106:16 178:18	185:13 189:21
returns 287:19	199:12 200:22	196:1,2,7,8 223:22	<b>SAMHSA</b> 71:6 84:4	199:17 219:11
288:1	202:4,12 211:10	225:3,16 253:17	sample 83:2 120:18	231:3 255:10,11
reverse 108:14	211:17 215:14	253:19 255:20,22	<b>San</b> 259:2	285:15 288:22
review 9:13 30:7	216:17 231:12,16	276:19 278:6	sanction 8:16 13:9	294:21 296:3
142:16 245:14	232:9 235:22	286:17 301:2	56:3,4 57:4,5	300:12
254:7,17	236:4 241:6,9	303:3,5,8	58:17 64:12,15,20	says 20:15 36:8
reviewed 140:5	242:8,17 245:19	roles 50:12 129:1	100:12,15 101:4	44:10 55:18 58:8,8
<b>revise</b> 248:9	256:18 257:7	152:6 168:14,15	210:12 215:16,18	64:18,19 129:9
<b>revoke</b> 206:12	263:17 267:13,13	<b>roll</b> 83:7	216:1 217:3	156:8 183:18
235:18	269:2 277:16	rolled 28:8	224:22 225:6	211:15 216:9
revoked 206:3	278:1,11,15	room 78:6 275:21	267:2 272:22	226:5,10 235:6
279:14	280:14 281:10	<b>rotate</b> 202:20	273:2 274:5	241:16 242:18
<b>reward</b> 64:14	282:2,12,12 283:4	rotated 120:8	sanctioned 217:7	266:13 301:5
re-enter 157:14	285:12 288:15,17	122:12	221:4 266:2,4	scale 290:5
<b>re-entry</b> 40:18	291:21 301:17	rotating 85:13	273:22	scarce 235:11
192:2,4,5	302:17,18 303:10	118:21	sanctioning 65:16	scare 52:12
<b>rhetoric</b> 186:15	303:13 306:4,6	rotations 261:18	215:21 278:6,7	scared 12:13
<b>Rhonda</b> 3:7 257:5	rightfully 289:11	rough-and-ready	sanctions 10:17	<b>scares</b> 53:20
266:13 278:16	rights 56:19 61:5	186:19	23:1 34:19 57:2	scary 51:15 53:22
294:11 300:16	63:14 67:14	<b>round</b> 170:3,5	215:20 216:2	<b>SCDIP</b> 199:20
		1	1	1

252:6	162:18 181:11	<b>seldom</b> 246:1	208:11 221:8	286:7,8
scenario 35:22	202:9,10 225:14	selected 70:12	255:2	seven-eight 10:14
165:3	290:2 292:14	self-perpetuating	sentencings 173:13	severe 31:1 162:7
Schechter 1:18 5:8	307:5	307:20	separate 87:19	218:2
34:7,10 35:5,8	secondly 79:11	seller 145:15	102:6 106:9 176:5	severity 25:12 215:4
36:5 37:12 38:1,5	second-order 146:8	sellers 184:16	sequence 59:19	<b>sex</b> 62:2,14,16
38:11,14,17 39:1	161:13	Senate 6:12	serendipitous	<b>shake</b> 174:11,13
40:4,7,14 41:3	section 298:5	send 20:19 79:19	120:14	shameful 265:7
42:12,16,20 43:4,7	see 8:3 22:2 23:20	88:16 96:13,15,18	series 89:1 112:7	<b>shape</b> 51:11
43:10,15 47:22	30:12,16 35:16	102:19 139:17	serious 18:5 153:11	<b>shaped</b> 170:5
48:3,6,11 52:2	36:6 39:13 42:20	140:12,13 207:2	178:4 207:14	<b>share</b> 188:4 258:4
55:16 180:11,14	44:14 54:10 55:10	218:22 219:4	235:13,14 238:5	<b>sharing</b> 276:16
185:20 188:10	55:15,16 60:18,20	235:19 290:14	seriously 104:13	308:21
238:21 239:7,12	61:8 65:1 73:16	sending 169:10,12	serve 32:9 119:2	<b>shelf</b> 15:17
240:16 241:6,9,11	79:15 83:9 85:10	169:15 290:15	145:11 150:2	shelter 47:2
242:7,17,22	85:19 96:20	307:17	served 6:14 7:21,22	<b>sheriff's</b> 172:15
243:18 244:8	101:12 106:22	<b>senior</b> 254:13	11:4 28:3 85:6	Shifman 1:21 95:21
<b>schedule</b> 109:10	111:8 126:16	sense 81:7 106:18	101:6,10 121:6,7	108:21 109:2,14
scheduled 134:1	133:12 144:14	109:22 124:7	138:8 167:8 261:7	110:11,19 111:14
225:7	145:8 147:17	133:9 135:9 153:2	<b>service</b> 159:16	111:16 112:2,6,13
school 2:17 270:9	148:12 150:22	153:4 166:7	160:1 202:6 205:7	113:2,10,14 114:2
290:16 307:17	152:2,4 159:7,11	179:16 195:9,12	205:7 218:19,20	114:7 121:20
schooling 205:13	185:17 190:22	195:13 254:21	222:7,8,19	122:1,4,15 124:2
<b>SCHUMM</b> 1:21	191:18 196:1,2,7	257:21 270:11	services 22:12 49:6	142:6 154:4,10
244:11,16 245:16	211:20 212:10,12	303:7 307:21	51:22 126:16	156:11 159:2,18
246:12,18	212:14 215:8	sensing 293:9	151:1,9 154:7	160:3 161:18
science 39:19 64:18	223:8 226:18	sent 216:13 252:18	158:18 192:8,18	164:5 165:6 168:9
scientific 62:7	228:16 229:15	<b>sentence</b> 23:21,22	200:4,11 232:11	168:19 172:13,20
scourge 7:8	234:16 236:18	26:8 30:11 40:11	232:16,18 233:10	173:10 174:15
scratch 168:17	241:14 243:11	58:10 60:5 148:3	236:6 237:12	175:1 177:3,16
screen 137:3	246:21 247:1	155:22 156:17	244:22 246:5	198:12 247:15,20
screened 137:7	264:11 268:10	157:5 162:16	248:9 251:21	249:8 300:14
173:15 291:14	291:17	165:1 167:9,11	260:9 298:3	302:16
screeners 190:4	seeing 30:19 136:20	170:12,17,20	serving 50:15 138:4	<b>shift</b> 163:14 164:5
screening 137:12	136:22 137:15	172:2,6 187:13	308:1	227:22
148:13 160:7	144:1 225:11	188:5,6 218:1	session 101:1 197:7	<b>shock</b> 34:20
165:9 166:5	seek 48:10 52:2	220:18 221:8,17	225:8,9 257:18	shocked 187:4
291:10,12	205:11	263:12	sessions 119:19	262:10
Screw 306:1	seeking 163:8	sentenced 101:9	124:10 127:2	shooting 31:8
screwed 93:2	seemingly 166:10	155:15 187:12	set 6:22 32:6 40:10	shoplifted 297:3
scrubbed-clean	166:16	280:16,17	64:22 156:19	<b>short</b> 49:15 100:22
158:21	seen 23:5 44:3	sentences 146:20	218:18 252:12	140:20 194:20
search 63:19	48:14 53:4 55:2	147:6,16 171:20	setbacks 155:5	253:11 260:4
seat 12:7,11 169:14	59:6 101:5 136:14	184:2 216:1 218:2	sets 130:19 243:8	shortcomings 181:2
175:20	137:18 139:1	256:1	setting 14:12 73:15	<b>shorten</b> 199:21
second 30:22 66:7	178:8 190:15	sentencing 44:8	152:10,14 153:14	short-term 287:1
66:10 69:16	238:10 268:4,9	82:8 155:21	284:10 300:10	<b>shot</b> 167:22 267:21
144:19 147:9	299:8	205:20 206:4	seven 69:16 278:13	<b>shots</b> 166:20,22
L			•	

	l	1	1	1
<b>show</b> 11:19 12:15	297:6 302:4,18	<b>slowest</b> 14:16	259:15 261:1	sound 301:22
43:21 80:20 92:12	303:10,20	small 29:7 98:22	263:15 278:18	sounds 27:6 55:10
130:5 173:6 221:3	single 55:7 70:9	99:2 117:2 132:11	285:20 290:2,3	128:13 249:8
305:5	82:21 83:6 87:18	132:11 150:16	305:12 308:7	south 11:3 14:16
<b>showed</b> 6:10	126:13,17	191:15 300:4	somebody's 57:6	47:16
shown 13:8 169:19	single-treatment	smaller 251:4,4,13	299:10	so-called 75:13
217:12 309:4	81:18 126:7,9	smart 12:3 15:20	someone's 291:12	<b>space</b> 287:8
<b>shows</b> 83:3	singular 14:5	107:9	someway 54:5	<b>span</b> 305:12
<b>shut</b> 16:10 86:15	<b>sir</b> 33:18 40:6	smoker 45:17 179:5	somewhat 93:15	<b>spawn</b> 16:6
<b>shy</b> 89:15	sit 31:20 56:1 66:13	179:11	126:6 142:18	<b>speak</b> 47:6 59:10
<b>sic</b> 174:8	222:21 246:3,4	smokers 179:8,9	143:4 158:20	127:18 262:2
sick 263:13,22	281:19 289:20	sober 12:12 47:9	288:19	289:19
264:9 266:5	308:17	52:13	<b>son</b> 269:4,10	speaker 67:19 68:2
side 47:1 69:11	site 102:20	sobriety 11:11	sons 18:13	speaking 118:6
116:22 143:18	sites 88:17 113:5,7	13:15 41:11,12	soon 8:4 14:20	274:16 283:6
160:22 192:12	113:11	social 12:17 148:19	303:13 307:8	289:22
193:9,10 258:5	sits 58:7	151:1,8 158:18	sophisticated 212:1	<b>speaks</b> 87:1
282:1 283:4,15	sitting 34:1 276:17	165:16 166:1	sorry 46:16 65:21	specialized 239:4,10
289:21 297:15	297:21 299:19	180:20 183:12	114:15 116:19	specialty 84:10
sides 299:3	situation 109:4	192:8,18 253:20	227:8 299:10	<b>specific</b> 72:11 94:16
<b>sign</b> 44:10	128:5,6 212:8	255:2 303:21	sort 5:3 85:11 89:12	119:18 125:13,15
<b>signal</b> 160:17	240:17	304:1	90:12 95:18	140:9 238:22
significance 240:11	situations 101:4	socially-fragment	100:17,19 102:22	240:10
significant 26:12	130:10	182:8	105:6,19 106:14	specifically 95:8
33:6 42:5,11 63:22	<b>six</b> 71:22 74:16	societal 73:5 184:8	108:5,13 109:3,6,8	125:22 144:21
64:9 104:12	85:14 90:5 119:3	society 12:8 157:15	110:22 122:1,6	specifics 125:19
180:19	172:3 265:12	157:18 159:1	123:18 132:19	<b>spectrum</b> 160:11
similar 42:17 49:14	268:7 301:20,20	192:6 255:20	141:22 150:11	168:4 258:5
62:10	308:11	294:18	151:7 154:6,11	<b>speech</b> 27:2 33:15
Simon 151:12	<b>six-year</b> 261:8	socioeconomic	159:18 161:21	<b>spend</b> 133:20
simple 12:10 13:12	306:16	183:6	163:6 164:6,15,18	spending 196:13
219:19	size 156:15	soft 52:14 67:5	164:19,20 183:21	spent 9:21 43:7 74:1
simplification	sizes 132:11	softball 53:1,2	186:18 189:8,15	100:13 201:9
204:14	skepticism 188:4	<b>solid</b> 54:17	189:18 190:7,12	spoke 147:19
simply 54:3 89:10	skewing 177:21	<b>solve</b> 33:12	190:22 191:14,17	151:21
143:16 152:21	178:21	solving 6:1 21:7	193:21 194:5	spoken 20:17 78:8
153:16 166:15	skilled 261:11	197:15	198:1 202:4 208:8	151:20
174:8 182:17	skills 259:8 267:21	<b>somebody</b> 27:4 40:8	222:20 223:14	spontaneously
184:6 185:4 188:5	274:13 294:17	57:3 64:7 130:18	234:19 237:20	241:15
218:13 255:17	<b>skin</b> 180:21 183:16	135:4,5 154:14	249:5,9 250:20	<b>spot</b> 170:2
268:17	<b>slam</b> 171:15	204:20 207:3	277:1 280:4	square 149:3
<b>Singer</b> 3:12 257:1,1	<b>slap</b> 44:11	208:6 211:15	282:18 285:15,17	166:12 170:4
270:1,2 276:11	slapped 54:3	213:1 215:1	285:19 301:2	<b>Sr</b> 46:8
277:8,14,17 278:1	slightly 109:2	216:18 217:19	306:22	staff 35:11,18 69:16
278:5,12 286:16	slipping 168:22	218:3 220:2,16	sorts 94:4 103:19	76:16 89:2,4,5
288:6,13,16	<b>slots</b> 173:5	228:20,21 232:19	107:19 108:18	102:15 103:1,7
290:22 291:22	<b>slow</b> 253:1	240:17 242:18	124:13	114:5 202:6 232:1
292:4 293:14	slowed 252:13	251:17 254:21	sought 52:3	staffing 37:1 244:14
	I	I	-	-

244:19,19 245:5	16:18 20:6,11 29:3	stays 122:8 135:4	38:22	48:9 52:6 54:9
stakeholders 87:8	37:6,19 66:19	stay-away 209:11	struggle 15:6 28:8	67:2,3,4,7 98:8
<b>stakes</b> 146:19	71:12,13,15 73:18	steering 249:2	31:12,13,14	112:9 114:12
stale 203:3	74:5 78:12 90:9	step 46:21 251:14	<b>student</b> 260:5	129:18 152:17,17
stand 254:17	132:22 133:3	289:9 290:1	studies 22:15 69:21	173:6 182:19
standard 77:1	134:22 135:11	stepped 61:6	74:16 79:4 83:15	183:17 194:8
115:18 116:4	161:20 191:21	stepping 298:2	84:15 111:17	268:4
117:8 118:22	234:3 263:11	steps 20:4 26:19	123:5 139:9 140:3	successful 13:13
135:19,20 158:1	289:7,16 295:22	32:16 163:21	177:12 178:9	26:15 75:11 89:19
standardization	297:7	282:19	180:6 181:8,15	99:1 112:8 117:15
76:10 80:10	stated 39:12	<b>stick</b> 304:5	182:20 185:15	124:3 125:5,9
124:20 134:10,12	statement 116:21	sticks 171:14	260:13	158:3 213:10
standardized 79:8	178:10 208:5	178:14 179:19	study 70:5 73:1	217:21 221:11
126:4 128:17,20	229:15 242:2	180:6,8	80:20 81:15 82:20	300:8 304:1
standards 76:11	statements 175:4,12	stipulate 51:7	84:4 97:17 111:22	successfully 16:2
77:12,13 110:13	242:2	stirred 61:18	119:14 120:12	40:9 45:18 109:16
124:15,17 125:10	states 29:20 48:14	stock-in-trade	121:6 122:11	268:21 272:7
127:14,15,22	71:11,17 87:1	194:5	133:13 148:8	sucking 54:5
132:1,18 248:10	230:11 248:8	stole 297:2	170:14	sudden 155:12
250:4	250:5 271:10	<b>stone</b> 249:6	stuff 46:6 47:2	171:12 299:20
standing 192:4	308:11	stood 172:4	51:17 52:15 53:22	suddenly 113:20
standpoint 143:14	State's 19:17 41:8	stop 270:17 293:12	55:11,13 73:7	174:21 251:7
146:3,3 171:5	state-of-the-art	304:20	77:18 82:16 88:21	273:15
285:13 297:15	25:17	stores 297:2	92:14 104:20	suffered 183:10
298:19 299:14	static 17:2 19:22	story 45:21 268:5	105:2,6 115:8,15	suffering 263:13,22
stands 44:1	statistically 42:10	279:15 281:14	132:10 140:4,5	264:9
stand-in 225:2,6	stats 61:5 177:21	Strangely 219:16	163:20 185:1	suggest 69:4 127:6
229:9 244:7	status 40:2 44:19	strategically 145:16	189:21 191:4	186:1
start 4:7 34:8 61:9	67:3 143:11 146:1	street 1:15 209:4	263:6 265:18	suggesting 134:13
62:1 72:9 75:16	149:10 162:9	streets 270:16	287:21 288:12	suggestions 289:4
111:2 141:6 154:4	200:6 243:11	290:18 307:18	297:1 302:11	292:6
166:12 197:6	244:12	strictures 45:7	<b>Stuntz</b> 185:2	suggests 204:4
209:18 225:9	<b>statute</b> 62:16	stripped 194:3	subcommittees 21:8	206:6
235:8 246:1	statutes 62:12	strong 29:17 72:9	submitted 70:6	<b>suit</b> 29:17
299:21	292:11	148:19 158:11	subsequent 58:21	summarize 92:2
started 5:20 6:1	statutorily 248:3	stronger 218:2	<b>subset</b> 84:22	summing 245:13
10:8 14:2 33:2	statutory 149:20	strongly 39:19,20	substance 3:4 28:1	Super 269:21
54:13 55:1,11	213:12	163:19,20	41:14 53:8 71:8	<b>Superior</b> 2:21,23
60:10 61:3 62:10	stay 9:17 11:6 94:20	struck 113:20 183:7	213:14 257:8	159:19 161:22
62:22 69:18	212:13 215:12	structure 36:11	258:6	197:9,11 199:8,19
133:20 251:22	227:20 247:10	37:5 92:9,10,21	substantial 88:22	200:16 202:19
264:6 274:7	250:13 254:10	93:14 105:16	157:11 235:16	222:4,10 233:20
275:14,15 277:17	301:17 304:13	106:13,19 108:14	substantive 155:20	250:2 263:4
starting 6:3 43:5	stayed 201:12 202:1	109:15 110:19,20	174:2 241:2	supervise 35:6
75:12 82:13	202:2 223:4	111:5 119:12	succeed 152:20	234:9
starts 245:22	266:14 270:7	120:3 124:6	153:3 179:4 292:9	supervised 64:7
288:17	290:10	structured 30:1	success 8:9 11:13	233:15
state 7:20 9:10	staying 212:6,7	structures 36:9	12:6 44:22 48:1,4	supervises 35:6

supervising 46:13	swap 283:3	88:5 91:19 102:22	195:3 213:19	193:3 225:21
67:6	swear 57:13	104:4,10,13	218:9 227:5	tendencies 29:13
supervision 17:3	switch 171:12	106:15 128:10	241:12	tendency 173:3
21:17,21 34:17	174:21	140:20 141:18	talks 75:17 87:20	tends 29:22
39:8 41:10 46:22	swore 147:20	159:22 181:11	129:13 151:12	tenth 245:2
110:17 116:4	sympathetic 93:10	183:14 188:18	191:10	term 37:16 38:8
232:11 233:10	148:20	190:5 191:16	target 22:9	121:7,8 216:1
268:22	sympathize 145:21	194:16 195:1	targeted 12:5 47:6	261:8
supplement 222:7	system 18:3 19:8	196:3 197:4 222:3	Task 1:4,6,13 66:13	terminate 90:14
support 6:6 11:18	22:4,17 24:5,8	223:16,20 224:2	taught 69:9 290:21	terminated 89:12
11:21 181:7 263:8	25:5,21 29:9 30:18	225:15 234:19	295:8	89:21 90:2 107:13
supportive 128:4	38:21 40:1 45:2,3	237:10,17,18,22	taxpayer 73:3,22	107:20
supports 26:20	45:4 46:4 50:18	240:17 246:16,18	74:1 85:5 117:5	termination 147:6
suppose 105:6	52:4 56:15,17 60:7	248:14,16 275:17	121:18,19 131:15	155:11,12,22
supposed 79:9 93:5	62:1 85:14 93:18	281:21 284:22	taxpayers 298:13	156:17 162:15
94:5,6,6,8 105:1	100:20 130:5	289:4 290:1,9	<b>TC</b> 280:15	170:12,20 172:2
194:10 202:16	148:10 150:10	295:12 298:14	teach 294:17	184:2
206:1 221:2	151:14 162:22	299:2 301:16	team 57:14 60:9	terminators 93:16
226:14 267:19	173:11 176:9,13	taken 41:10 73:3	82:3 97:20,22	terms 70:21 74:9
307:22	212:13 218:18	153:22 170:7	98:14,18,18 99:6,7	92:4 93:13 94:1,18
<b>sure</b> 34:9 55:2,3	228:22 233:16	233:11 272:10	101:2 102:2,5,16	101:20 102:18
57:18 87:2 109:1,1	238:8,14 248:1	takes 11:19 28:19	119:16 129:15	103:1,13 104:15
121:22 122:3	252:21 253:1	62:5 85:15 123:19	130:11,12 131:10	117:19 135:3
123:21 125:21	260:15 261:6	155:13 222:8,10	152:3,9,13 224:1	193:6 215:15
127:16,19 129:2	262:14 266:1	291:10 305:19	244:16 283:7,11	217:3 231:18
139:10 148:8	290:13,13 293:5	talk 7:6 43:13 53:19	283:12 284:13	238:7 243:20
154:17 160:8,17	293:17 307:12	69:1,15 77:8,16	285:3,17 286:5	249:11
162:21 165:5	systematic 111:22	82:16,17 88:8	301:6	<b>Terrence</b> 199:10
168:2,5 171:18,20	112:17	89:10,11 94:2,18	<b>tease</b> 237:20	200:3 254:8
173:20 196:14	systematically	94:21 99:13 126:2	<b>tech</b> 290:16	terrible 54:14
228:2 240:9 267:1	88:11	129:21 145:6	Technically 271:8	terribly 180:5
271:22 272:11	systemic 44:4	155:5 194:12	technique 88:14	terrorism 51:14
282:21 283:5	systems 32:6 63:8	199:7 201:7	115:5	test 206:15 211:11
290:10 291:12	S-E-S-S-I-O-N	203:14 208:22	<b>teen</b> 16:7	211:14 215:4
297:5,22 308:19	197:1	217:5 227:12,13	tell 26:14 68:7,11	244:4
surface 216:6,7		228:16 229:7	87:7 95:18,22 96:2	<b>testify</b> 76:15 200:12
surprised 82:12		241:7 246:9 247:6	112:10 152:3	250:6
surprising 178:10	table 12:8,11 22:13	253:21 262:1	179:9,14 187:20	testifying 6:12
surprisingly 70:1	51:10 187:3	269:16	203:16 206:18	testimonies 259:20
81:3,10 126:6	284:10	talked 103:4 111:16	216:3 221:12	308:21
surrender 279:11	<b>tables</b> 60:11	199:15 249:12	241:16 258:20	testimony 223:3
surrendered 268:13	tackle 160:19	278:16	268:14 279:10	253:13
surrendering	tactic 194:7	talking 14:21 46:11	281:12,13 299:7,8	testing 81:20,21
284:13	take 7:5 8:10 10:15	94:21 96:2 97:9,15	305:7,17 308:20	119:17 126:3
surveyed 182:16	15:10 17:20 32:16	111:20 112:4	telling 122:5 227:12	205:10 212:2
<b>survive</b> 260:1	34:13 44:12 47:14	150:19 155:16	temptation 153:20	221:3 289:10
suspended 280:18	53:1,2 56:9 66:8	159:12 169:11	<b>ten</b> 68:10	tests 92:13 124:9
<b>swamp</b> 147:7	75:18,20 76:19	176:20,21 192:20	tend 29:11 125:16	204:20,20
L	1	1	1	1

Page	343

<b>thank</b> 5:13,13 16:13	120:12 132:19	26:21 27:2 28:4	300:4,17 303:3	<b>tied</b> 33:13
16:16 33:18 66:3	139:22 160:6	30:2 32:13,18	307:4,9 308:12,19	ties 148:19 165:16
67:16,17 86:16,16	189:16 196:14	35:13 36:14 38:15	thinking 78:4 144:7	166:1 183:5
139:5 140:16,17	198:12 220:4	38:20 39:21 40:18	243:14	tight 30:21
141:11 142:10	250:22 251:16	48:9 49:11,22	thinks 178:5	<b>Tim</b> 2:4 4:13 10:15
154:2 188:10	254:22 259:17	50:19 58:14 59:14	third 150:21 202:11	16:16 19:18 20:15
196:12,14 203:19	260:22 263:2	59:16 61:7,17	271:12,15 275:4	20:22 24:3 53:12
203:19 209:16	264:8 267:11,13	70:20 74:3 76:5,8	292:14	55:18 59:10
244:8 247:21	268:1,20 269:2	76:11 78:8 82:9,18	thirst 11:11,12	time 6:9 7:10,21,22
256:5,8 258:1	272:16 279:21	84:17 86:9,11	thirties 157:1	11:4,4,16 15:1
262:4 269:20,21	297:7,18 298:21	88:12 90:15 91:6	188:19 270:13	20:19 30:22 41:18
276:6,15,20	306:13,16 307:1	93:13 97:2 98:20	thorny 54:7	43:8 46:9 47:16
292:22 309:2,3,5	things 39:6 45:15	103:11 104:12,13	thoroughly 19:14	50:10 53:15 55:5
<b>Thanks</b> 142:11	49:6 53:1 69:17	104:15 105:10	253:18	65:20 70:10 71:16
262:6	75:10,11 77:3	106:7,12,12,16	thought 4:5 14:13	75:2 79:17 80:1,7
theater 54:22 55:2	78:19 79:6 80:5,12	107:6 111:7 123:8	15:16 44:22 85:20	80:10 83:7,9,10
theme 92:8 107:16	80:14,19 82:8 83:3	124:6,18 125:13	105:14,15 145:3	85:18 100:13,18
<b>themes</b> 106:5	89:8,13 92:2,4,7	126:12,13 128:13	183:1 194:17	101:6,11,19
Then-Secretary	94:1,4,16 101:15	132:3 133:4,16	202:15 251:22	102:20,21 108:7
19:1	102:17 104:16	134:4,12 137:17	265:21 266:4,6	108:19 122:8,19
therapeutic 109:9	108:18 116:1	139:2 140:3 143:4	284:2	133:5 135:12,12
143:18 151:7	119:10,14,20	143:8 144:2,16	thoughts 5:1,16	135:13 140:16
152:10,13 155:13	120:13 124:13	146:2 147:16	68:11 141:18	145:16 148:18
158:19 161:22	125:13,15,22	149:7 151:4	168:20 197:19	157:9 167:8 172:3
165:10 168:15	126:21 130:13	153:21 161:18	257:22	187:15 190:20
169:3,9 171:8	133:1 134:6	163:22 169:3	thousands 16:5	196:13 199:14
172:14,17,18	139:15,17 140:11	171:16 173:3	57:19 233:19	204:14 205:11
173:2 174:17,20	140:14 144:9	174:16 175:11,15	threat 156:16	206:10 211:19
175:6,9 176:7	151:12 152:13	175:17,22 176:19	threatened 31:4	212:11 221:1
177:7,10 178:11	154:18 155:3	179:17 181:7,11	<b>three</b> 10:15 15:17	222:14 225:12
190:3,6 204:3	165:21 174:21	182:9 186:11,14	15:18 38:22 66:17	226:18,18 235:17
255:19 265:16	175:3 183:14	188:9,17 190:13	85:17 147:7 201:9	243:9 253:9
therapeutically	188:13 190:15	192:3 194:14	202:2 203:9	254:21 260:4
173:16	191:10 195:15	199:11,17 200:5	204:21 211:19,21	263:13 264:20
therapeutically-tr	199:14 200:8	201:5 203:7	222:13 223:5	266:7,21 270:6,8
176:11	204:18 208:2	206:19 212:21	238:22,22 241:17	270:22 279:20
therapist 260:6	209:12,19 223:2	215:22 216:16	243:8,8 257:12	280:5 281:15,18
thief 47:8,9	229:12 240:12	221:6 223:5	260:7,8 262:22	282:6 286:12
thing 13:19 32:13	248:5 255:6	238:10 239:19,20	263:7 269:4 298:1	287:7,8,9,12
49:11 54:10 76:4	259:20 267:14	240:1 243:7 251:5	three-size-fits-all	289:20 290:9,11
79:22 81:17 83:1	269:13,19 280:2	254:13 255:9,15	156:15	294:8 295:20
86:19 91:13 92:22	282:16 283:22	255:18 257:13	three-time 262:20	296:2 299:15,18
93:6 95:15,18,20	292:2 295:8,12	258:16 261:18	three-year 202:5	306:14 307:3
99:2 100:2,17,20	296:7 297:3 298:4	272:16,20 273:16	throw 8:16 10:19	times 36:18 78:6
100:22 103:4	299:20 301:1	278:7 279:7	12:21 13:21 45:13	98:21 106:20
105:11 108:5,14	think 5:21 15:10	282:10 284:7	58:19 239:18	135:22 186:6
110:21 111:12	18:8 20:16 21:12	291:3 294:4,12	<b>thrown</b> 171:12	204:21 224:15
115:19 117:18	22:7 24:3,7 26:18	296:4 297:22	ticket 155:18	236:19 239:20

299:6	trafficking 164:18	165:2 166:11	218:14 220:1	133:21 137:7
<b>Tim's</b> 17:21 61:14	trailers 10:10	169:20 170:22	222:4,10 228:9	145:19 146:12
tired 157:1,2	trained 152:22	171:11 172:9	241:21 242:4	156:5 179:3
today 46:17 169:1	208:16 221:20	177:18,19 178:1,1	249:22 250:16	181:12 209:8
250:3 279:10	224:9	178:3,16,17,18	252:22	213:6 216:6
297:21	training 23:17	181:19 182:19	trials 216:14	227:12 243:7
told 11:7 54:4 91:8	128:16,18,20	185:12 192:15,17	<b>tried</b> 37:20 61:3,4,4	250:16 273:19
187:8 217:17	192:9 221:21	192:19 194:9,11	61:14 65:9 73:12	276:18 284:21
265:8 273:8	222:14,14,20	195:16 200:15,18	145:1 175:16	292:1 301:1 303:7
279:15 301:11	239:4,10 240:10	201:5 204:3	183:2 217:13	<b>Tucson</b> 87:12
tolerance 108:5	289:3	207:10,17,19	221:10,15 297:9	<b>turf</b> 31:2
155:10	trainings 289:15	217:11,13 220:20	<b>tries</b> 62:1 206:11	<b>turn 5</b> :10 16:11
tolerate 62:8	trajectory 6:3	221:9,10,15	trigger 7:2	84:12 144:3 154:1
tomorrow 34:10	transfer 207:18	223:17 224:10,15	triggers 184:12,14	198:21 229:22
247:5	transferable 259:8	226:4,21 232:18	<b>trip</b> 259:6	257:19 266:17
tool 15:3	transferred 261:16	234:10,12 235:5,8	trite 27:6	281:13
tools 14:9 25:16	267:2	236:11 237:7,13	trouble 53:15	turned 92:21
49:16 157:17	transformation	237:14,16 243:12	176:16 178:7	266:20
topic 5:17 68:11	151:22	243:13 244:20,20	180:1 286:11	turning 8:11
69:4	transitional 301:19	245:3,7,10 249:1	293:8	turns 12:1
topics 257:22	translate 246:19	252:3,6,14,19	troubled 163:6	tweak 270:19
total 224:5	transportation 94:3	253:2,3 255:5,5,8	<b>true</b> 42:7 53:18 86:8	twenties 188:21
totally 70:18 104:3	94:13 103:16,22	261:3,13,20	86:11 99:8,9 104:9	<b>twice</b> 44:12 45:20
114:1 284:5	104:9,12	263:19 272:5	108:19 111:12	<b>two</b> 4:9 6:10 18:21
touch 61:21 140:19	<b>trash</b> 47:1	275:13 278:14	120:1 124:1	25:22 34:21 36:9
254:10	travel 259:12	283:4 285:2,4,6	125:12 138:12	38:21 41:9 43:2
touched 64:10	traveled 46:5	287:20 290:8,9,13	139:4 142:22	53:15 66:17 76:17
tough 18:18 206:20	treat 153:5	292:5 293:15,18	148:6,7,9 187:16	79:1,1,6 85:17
286:17	treated 9:22 10:1	293:20,21 294:1,3	239:7 254:21	100:16,18 106:8
tougher 221:16	247:3	294:13 295:3,20	293:12 299:9	116:1 129:9
town 7:12 14:18	treating 307:19	296:12 297:10,11	truly 175:10 292:5	139:15 147:7
18:15	treatment 8:6,15,17	297:15 298:11,15	trust 177:12	148:5 154:18
toyed 64:6	8:18,19 10:6,9	299:14 300:7	<b>truth</b> 152:3 281:12	156:6,14 172:2
track 90:1	15:2,7,12 17:13,15	301:7,13,18 302:6	281:13	175:2,8 176:12
tracked 117:7	19:12 20:8 21:20	302:19,21,22	<b>try</b> 14:12 44:20,20	181:6 188:12
tracks 18:21 296:17	22:4,20,21 25:4,13	304:4,4,8,11,12	44:21 61:8 73:4,12	191:5 196:18
<b>trade</b> 240:6	27:13 28:3,20 32:2	307:12,13 308:8	79:5 80:16 86:12	201:12,12 216:18
tradeoffs 144:5	35:20 44:9,16	treatments 298:22	89:5,9 90:2 91:16	222:12 260:10
193:9	45:14 46:13 49:5	treatment/case	122:2 129:10	271:12,15 272:12
tradition 202:21	52:4 58:5,7,9,11	200:20	134:8,9 137:1	275:14 299:9
traditional 50:12,17	82:5 83:21 94:7	<b>trends</b> 29:18	144:5 154:18	300:17 305:11,20
54:18 56:12 57:13	99:18 103:19	triable 9:9	161:14 194:15	306:10,11
64:15 66:21 67:7	107:22 119:19	triage 31:5,6	209:7 234:19	two-step 291:11
123:14 135:2	137:6,8 144:21	<b>trial</b> 7:19 61:4	249:3 290:4	<b>type</b> 169:19,20
152:2 184:8 224:7	145:2,18 147:5,14	150:18,19 152:16	trying 27:21 36:7	170:1 302:8
229:6	147:22 148:15	152:18 172:11	47:18 72:19 76:12	types 191:16
<b>traffic</b> 230:13	152:3,20 154:7	174:1 194:8	76:13 94:15 105:9	typical 170:17
trafficker 164:18	157:8,22 163:9	208:15 216:12	114:21 130:15	199:22 200:9
	1	I	1	

201:21 210:11	<b>undone</b> 300:3	160:12 164:10,11	<b>version</b> 163:3	wait 201:6 281:19
typically 222:15	undoubtedly 200:2	179:14,20 180:2	versus 109:14 110:4	290:2 305:21
247:4,8	unemployed 182:8	192:17 223:21	126:7 253:20	waiting 250:19
· · · · · · · · · · · · · · · · · · ·	<b>unfair</b> 110:22 111:8	224:19 247:18	291:3	282:1
U	286:15	252:2 274:13	vessel 144:13	wake 45:16
<b>UA</b> 108:1,4	unfairly 247:4	281:17 291:6	vested 78:15	walk 123:10 281:22
<b>UAs</b> 108:11	unfortunately	293:2 300:18	vestige 45:10	walked 10:21
UCLA 142:16	52:20 54:20	useful 66:4 92:9,10	<b>vests</b> 32:14	walking 262:9
<b>Uh-huh</b> 279:3	193:20	92:20 134:14	Vicki 1:22 68:17	Walton 199:11
<b>Uh-hum</b> 38:4	uniform 267:7	240:3	86:18 230:16	245:8,9 254:8
105:18 136:13	uniformity 81:11	<b>user</b> 145:15	video 253:13	wander 90:8
138:1 139:20	<b>unique</b> 199:22	users 184:15	<b>view</b> 16:1 73:2,3,6	want 7:5 15:20
180:13 281:2	200:6	uses 22:22 25:15	94:10 98:6 117:6	16:20 17:20 20:12
288:10,21,21	United 230:11	242:1	181:4,6 208:10,22	24:15 27:3 31:18
294:22	248:8	usually 85:15 88:16	223:15 252:10	33:21 42:14 44:14
<b>Uh-uh</b> 216:9	<b>universal</b> 49:12,13	97:18 100:16	views 87:21 306:6,8	48:20 52:13 57:19
ultimate 173:20,22	156:10	102:20 103:2	306:9	61:21 62:14 64:1,6
285:5	universally 121:9	116:20 129:22	violated 8:17	77:3 78:18,20 80:2
ultimately 156:20	156:8	135:15 153:3	violation 46:19,20	82:9 83:18 92:1
174:1 195:19	<b>universe</b> 154:6	205:7 246:10	224:20 263:12	97:7,13 100:6,9
217:22 221:4	university 2:17	274:17	287:2	114:22 116:8
unaddicted 145:14	22:16 69:9	<b>U.S</b> 230:7,9	violations 206:3	118:12 121:20
146:6	unlinked 151:2		251:5	123:2 124:9,21
uncommon 228:5	unmotivated 8:19	V	violence 33:9 38:9	125:1,13 127:6
<b>uncouple</b> 154:20	unpredictability	<b>valid</b> 25:5,16	158:14 204:8	131:6 140:6,12
156:6 184:6,8	44:1	269:11	219:6 220:15	143:6 145:18
uncoupled 151:2	unsuccessfully	valuable 21:11 61:7	248:12 249:6,19	153:4 160:19
undeniable 15:10	218:4	<b>value</b> 60:18 174:17	violent 52:11,14,17	161:10 162:13
undeniably 54:21	unsuitable 8:18	<b>variables</b> 180:21	61:21 62:2,6,18	170:11 173:1,19
undergrad 260:9	unsustainable	183:4,6 185:17	234:13 237:17,19	176:8,13,17 178:2
underlying 171:1	143:12 149:11	variation 81:15	258:10	180:14 189:20
understand 25:5	unusual 212:22	82:3,6,7 98:6	Virginia 2:17	190:8 191:7
30:11 40:22 43:3	unwarranted 273:1	108:7	virtually 16:8	196:10 199:13
45:16 51:17 53:13	upbringing 255:3	variations 97:18	<b>visions</b> 164:10	201:7 203:12
65:4 72:4,7,19	<b>upside</b> 193:16	126:8	visit 114:3,5 239:16	209:18 213:8
79:6 90:21 101:9	<b>urban</b> 128:5 185:7	<b>varied</b> 108:3 110:10	266:11	215:11 216:10
105:1 160:22	urinalysis 289:10	varies 104:18 130:6	visiting 266:9	217:11,20 219:9
210:1 230:18	<b>urine</b> 27:13 241:15	205:1 294:12	visits 109:12	219:10,12 220:20
231:3 258:12	use 15:12 22:13,19	variety 124:22	voice 129:11 284:21	228:8 229:21,22
289:1 290:3	22:21,22 25:19	135:16 138:9	<b>volition</b> 202:17	242:19 250:7
300:10	26:21 29:2 33:14	various 51:8 74:14	voluntarily 119:2	251:16,17 284:8
understanding	38:8 49:14 61:5,14	82:3 209:1	voluntary 9:16	284:22 286:16
76:14 266:19	61:16 88:15	vary 213:1	57:11 97:12 171:6	290:17 292:19
understands 72:10	100:11,15,16	vast 23:12 89:13	177:22 178:1,17	297:6 299:7
261:12	101:3 102:9	100:3	192:15,16	300:16,22 301:9
understood 25:4	132:18 133:8,9	vastly 98:15	<b>vow</b> 55:18	301:10 303:12
47:10	144:11 145:1	verbalize 60:13	<b></b>	304:9,10 306:4
undertaking 47:11	146:8 151:14	<b>verify</b> 58:14	W	wanted 78:14 92:1
	I	I	I	1

	1	1	1	
143:13 154:18	99:16 103:10	well-educated	<b>Whoa</b> 61:1	49:22,22 56:11
186:13,16 187:5	108:2 109:19	289:14	wholeheartedly	59:4 65:4 70:19
195:14 244:4	114:19 117:4	well-implemented	191:7	74:4 75:15,17,18
247:15 272:11	118:15,16 120:11	86:9	wholly 159:12	75:22 76:1,2 84:19
275:10,20 279:12	122:14 125:4	well-known 120:19	wide 292:11	86:6,9,10,12 87:22
291:9 293:21	126:4 130:20	well-organized	widely 192:12,12	99:10 127:3 130:2
303:1	131:14,19 132:5	120:2	widespread 293:2	130:16 133:21
wanting 14:18	132:16 133:11	well-represented	297:8	134:6,7 162:1,2
275:15 304:13	134:9 135:10	99:7	wife 58:13	165:4 191:9
wants 122:7 129:15	136:5 137:17	well-trained 91:16	wild 265:15	197:20 204:15
129:16 131:5	141:16 142:2	went 10:12 12:7	willing 47:14	205:15 208:3
140:13 215:2	144:8 151:1	14:3 52:16 75:2	123:19 192:1	234:20 236:12
216:12,15 247:10	154:19 157:15	114:5 118:19	279:20 282:6	238:3 259:2
war 146:21 149:12	161:1 162:7	133:20 141:3,3	296:11 304:13	287:10 289:1
149:13	174:10 177:18,19	196:21,22 261:7	willingly 269:8	293:19 294:18
warning 133:14	178:7 185:13	263:3 266:18	willingness 157:6	303:21 304:1,2
warrants 32:10,10	190:12 191:19	267:11,12,13,20	willpower 153:18	workable 128:3
63:19	192:5 197:16	268:7,20 270:8	153:18	worked 20:5 24:13
warrior 168:4	198:2 202:16	291:4,14 294:16	<b>win</b> 300:1	69:17 186:4 259:9
warriors 143:12	203:3 204:15	295:16 304:7	wind 22:16	worker 12:17
259:21,22	205:15 206:19	307:7	window 8:2	253:20 259:11
Washington 1:15	218:8 220:8 224:6	wept 55:3,4	winner 284:11,12	working 46:17 61:9
wasn't 12:18 17:12	234:15 246:22	weren't 95:8 107:22	winning 32:21	99:6 126:21 143:1
70:18 83:2 92:16	263:21 266:3	119:7,8 137:10	win/win 299:1	152:5 214:18
93:8 119:1,6	269:9 285:16	171:19 238:1	wisdom 178:11	247:12 258:9
126:18 143:1,16	289:9 295:11	258:10 306:15	<b>wise</b> 146:2	284:6,7 285:6
154:12 170:20	300:1 308:22	Wesley 33:22	wish 59:9 205:4	290:4
195:16 264:12,20	ways 9:2 61:9 66:18	western 70:4	witnesses 250:18	workings 197:14
265:18,21 267:9	86:13 97:6 134:4	we'll 19:4 43:21	woman 275:20	works 30:9 75:7
268:5,18 271:8	weapons 32:12	133:12,13 140:19	women 267:21,22	77:8,10 87:21 99:9
272:11 277:20	wear 32:13	212:14 217:5	268:3,9	128:12 167:13
292:8 304:8	website 83:16 86:20	256:17 301:17	won 284:15	178:12,13 191:18
waste 199:14	87:1 140:1 163:18	we're 11:22 12:14	wonder 219:22	268:7 290:5
wasted 307:8	240:4	47:4 156:16	300:9	work-around 24:4
wasting 67:5 133:15	week 58:9 102:21	167:20 168:10	wondered 293:1	24:7,9
watch 187:6	187:8	235:7 238:3	wonderful 90:17	world 12:1 169:11
watched 6:9 267:7	weekday 267:4	239:19 258:11	151:13 155:3	185:21 189:5
watchful 92:17	weekly 111:2	269:6 283:17	160:7 283:21	193:21 250:3
watching 286:1	130:18 277:10,18	287:13 291:19	wondering 87:15	worried 150:7
water 224:10	weeks 34:21 211:20	298:14	307:18	191:20 193:8
<b>wave</b> 8:2	211:21 284:15	<b>we've</b> 11:7 26:4,5	word 92:17 114:19	worry 52:6,22
way 4:18 5:4 16:11	305:20 306:11	91:14 103:4 132:9	116:19 195:10,13	167:19 174:20
18:8 30:1,2 35:6	weird 299:20	143:22 202:22	223:21 259:16	worrying 168:21
42:22 43:11 50:4	Weissman 23:8	212:1 217:12	words 36:22 73:4	worse 47:17 67:1
60:22 65:5 68:7	welcome 4:16 68:20	256:22 292:18	120:16 124:14,16	145:11 148:1
70:5 73:22 77:4,15	141:10 197:12	whatnot 263:9,19	136:2 138:5	167:12 183:13
79:8 80:21 88:4	249:17,19 256:18	white 163:18 185:8	wordsmith 195:17	184:1,4 185:7
91:19 95:6 96:9	257:11	232:13	work 4:22 28:19	193:15 290:19

	_		_	
307:20 308:2	23:13 24:14 41:9	112:22 127:14	<b>2:15</b> 225:9	<b>40,000</b> 297:9
worst 7:9 8:19 31:7	43:2,18 46:6 50:9	141:18 153:22	<b>20</b> 5:19 6:19,20 7:3	·
147:17 172:10	52:10 69:8,10 70:8	248:17	43:18 50:9 69:8	5
worth 13:2 199:17	70:18,19,19 71:22	<b>10,000</b> 17:5	70:18 217:4	<b>5</b> 2:4 150:20
307:12 308:8	79:1,2 122:12	<b>10:00</b> 37:1	249:14 259:11	<b>50</b> 34:18 80:3
wouldn't 10:19 76:3	172:3 201:9,13	<b>10:15</b> 246:1	265:3 270:7,7	111:18 113:7
101:13 103:10	202:3.7 203:9	<b>10:30</b> 246:1	<b>20th</b> 279:14	234:1,3 308:10
123:2 159:9	202:13 223:5	<b>1000</b> 17:14 70:17	<b>2002</b> 280:19	<b>50-60</b> 75:3
162:18 167:1	230:5 243:8	71:20 74:10 76:4	<b>2004</b> 262:15	
217:3,14 219:6	248:18 249:3	<b>11</b> 269:12	<b>2004</b> 202:15 <b>2008</b> 181:5	6
237:22 240:14	259:4,11 260:8,18	<b>11:49</b> 141:3	<b>2009</b> 1:11	<b>6</b> 291:3
293:21 297:20	262:15,22 263:7	<b>12</b> 85:16 158:1	<b>200</b> 1:11 <b>203</b> 2:22	<b>60</b> 65:2 201:1
304:21	265:3 269:4,12	216:22	<b>209</b> 2:22 <b>209</b> 2:24	252:19 308:10
wow 60:3 239:19	270:6,7 272:7,12	<b>12-step</b> 269:17	<b>209</b> 2.24 <b>21,000</b> 33:3	600-and-some-odd
298:17	275:8,8,14,22	<b>12-step</b> 209.17 <b>12:04</b> 141:4	<b>23</b> 1:11	32:11
wrap 309:1	276:12 286:7,8	<b>12:04</b> 141:4 <b>120</b> 287:13 288:3	<b>23 rd</b> 203:2	<b>68</b> 2:11
wrap 309:1 wreak 62:3	289:21	<b>120</b> 287:13 288:3 <b>14</b> 70:8 122:12	<b>23ru</b> 203:2 <b>24</b> 271:1,4	
wreckage 260:20	<b>year's</b> 13:2 305:11	265:3	<b>24</b> 271:1,4 <b>25</b> 222:8 260:18	7
wrestling 56:21	<b>vesterday</b> 187:5	205.5 <b>14-year</b> 82:21	<b>25</b> 222.8 200.18 <b>257</b> 3:2	<b>700</b> 19:22 32:8
write 190:16 308:18	199:11 231:1,22	<b>14-year</b> 82.21 <b>141</b> 2:15	<b>257</b> 3.2 <b>258</b> 3:4	<b>71,000</b> 17:3
written 181:5 185:2	253:13 254:8	<b>141</b> 2.13 <b>15</b> 23:13	<b>250</b> 5.4 <b>26,000</b> 33:2	<b>75</b> 81:6,8 222:11
	289:19	<b>15</b> 23:15 <b>154</b> 2:18	<b>26,000</b> 55:2 <b>262</b> 3:7	252:5
245:13 249:5				
wrong 17:19 90:20	York 18:7 71:18	<b>156</b> 218:21	<b>27</b> 259:4	8
118:19 159:14	144:21 150:1	<b>16</b> 2:6 205:7	<b>27-year</b> 259:22	<b>80</b> 298:16
wrote 180:12	young 1:22 68:18	<b>16,000</b> 17:3	<b>270</b> 3:12	<b>800</b> 20:1 21:19
<b>Wynne</b> 151:19	86:19,22 87:6,12	<b>1660</b> 1:14	<b>276</b> 3:19	<b>800,000</b> 297:11
<u> </u>	99:11,15 102:1,4	<b>17</b> 270:6	<b>28-day</b> 267:20	<b>86</b> 2:14
$\frac{1}{\mathbf{X}}$ <b>X</b> 160:4 169:12	102:10 103:11	<b>18</b> 53:16 79:21 80:7	3	<b>87</b> 275:8,8
250:8	105:11,19 106:1,5	83:11,12 85:16	$\frac{3}{3150:19}$	
230.8	107:1,10,15	111:20,22 112:14	<b>3:43</b> 309:6	9
Y	111:15 193:3	112:16 158:1	<b>30</b> 11:14 67:8 201:1	<b>9:30</b> 1:13
<b>Y</b> 160:5	230:17 231:5,9,13	211:4		<b>9:36</b> 4:2
yard 185:10	<b>youth</b> 260:10	<b>18-court</b> 84:17	207:18 211:3	<b>90</b> 17:20 67:3,4
yea 165:16	Z	<b>18-site</b> 97:17	228:18 243:11	138:14,14 201:1
year 5:19 9:17,21		<b>180</b> 212:18 213:1,12	244:12 251:22	207:12 252:20
33:10 120:15,17	<b>zero</b> 108:5 222:2,19 <b>zip</b> 222:19	262:21 263:1	<b>30-year</b> 45:22	<b>91</b> 17:21
120:20 133:4	<b>zip</b> 222:19	<b>19,000</b> 21:16	<b>31</b> 69:13	<b>95</b> 150:12 207:12
142:16 201:11,21	\$	<b>1980s</b> 7:8,16	<b>34</b> 2:9 <b>35</b> 17:8 24:14	<b>97</b> 19:15
202:8,9,10,11	<b>\$1,000</b> 213:13	<b>199</b> 2:19	<b>35</b> 17:8 24:14	
202.8,9,10,11 203:2 206:18	Ψ1,000 213.13	<b>1994</b> 17:16 248:21	262:15 <b>36</b> 83:20 113:11,13	
211:4,16 240:19	1	<b>1995</b> 20:16	,	
240:19 241:19	<b>1</b> 142:20 148:5	<b>1997</b> 232:12	261:1,2,4 <b>37</b> 67:8	
256:13 271:17	150:19 156:4	2	<b>37</b> 67:8	
284:18	<b>1</b> st 17:15		4	
years 5:19 6:10,19	<b>1:05</b> 196:21	<b>2</b> 1:8 148:10 150:19	<b>4</b> 2:2 150:19	
6:20 7:3 10:15	<b>10</b> 70:18,19 79:9	161:8 241:11	<b>40</b> 32:9 80:3 111:18	
15:17,18 17:8 23:6	80:21 81:9 82:12	<b>2nd</b> 230:2	113:7 291:3	
13.17,10 17.0 23.0		<b>2:01</b> 196:22 197:2	113.1 471.3	
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#### Judge Michael Rankin

### Transcript Edits DC Hearing Friday January 23, 2009

- Page 201, line 5-should read "...discussion of coerced treatment,..."
- Page 216, lines 15-16—should read "...cop a plea,..."
- Page 225, line 5—should read "...buy-in to the...."
- Page 230, line 7—should read "...what we call a D.C. charge."
- Page 232, line 14—should read "...should not run...."
- Page 245, line 1—should read "...same building with CSOSA."
- Page 246, lines 3-4—should read "...sit down with the client,..."
- Page 250, line 17—should read "...entering a guilty plea;..."