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**17<sup>th</sup> Judicial District Union/Snyder County  
Drug Treatment Court**

**Final Three Year Process and  
Outcome Evaluation**

**December 2010**

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*Prepared for:*

17<sup>th</sup> Judicial District Drug Treatment Court  
Union & Snyder Counties, Pennsylvania

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## **Executive Summary**

### **Objectives and approach**

The 17<sup>th</sup> Judicial District of Pennsylvania Drug Treatment Court (DTC) began operations on July 2, 2008 in response to growing concerns regarding the increase in drug related offenses in Union and Snyder counties in Pennsylvania. Their DTC was funded through a grant from the Bureau of Justice Assistance (BJA). Treatment Research Institute (TRI) was contracted to complete a process and outcome evaluation of the DTC at the completion of its first (baseline report) and second (final report) year of operation. This document reports on process and outcome findings for the first two years of the 17<sup>th</sup> Judicial District DTC program.

The evaluation incorporated both qualitative and quantitative data collection methods, and this report provides recommendations for improvements to the DTC program. Qualitative data was collected from (1) interviews with judges from the 17<sup>th</sup> District and (2) a focus group with DTC stakeholders including commissioners, district attorneys, public defenders, probation officers, case managers, the criminal justice advisory board coordinator, and treatment providers from within the 17<sup>th</sup> district. Quantitative data were collected using the TRI-Court Evaluation Program™ (TRI-CEPT™), the Risk and Needs Triage™ tool, (RANT™), and TRI Client Assessment™ (TRI-CA™) systems. These systems collect client information including programmatic data (e.g., biological testing results, counseling and status hearing attendance, infractions, accomplishments), criminogenic risk and clinical need, and perceptions and experiences with the DTC.

The evaluation followed the conceptual framework prescribed by the National Drug Court Institute's National Research Advisory Committee (NRAC, 2005) that focuses on moderator (i.e., client-level demographics and risk factors) and mediator variables (i.e., supervision and treatment services) as they relate to outcomes (i.e., treatment effects). This evaluation focused on characterizing year 1 and year 2 DTC clients on each element of the model, evaluating their responses to program recommendations provided in the baseline (year 1) report, and identifying improvements occurring in the DTC's second year of operations.

## **Client Characteristics**

The majority of offenders who entered the DTC program during its first two years of operation (year 1 n = 18; year 2 n = 8) were primarily young Caucasian males. Overall, DTC clients had a fairly high level of criminogenic risk (e.g., over half of clients having prior felony convictions, average age of criminal onset was slightly under 16 years of age) and a clinical need (e.g., 2.6 prior treatment attempts, mean age of onset of drug use of approximately 17 years of age, 92% of the sample reported opiates as their primary drug of abuse).

## ***Supervision and Treatment Services***

The DTC program's scheduling of treatment, case management sessions, and judicial status hearings met the target they had established (2 treatment sessions/week; 1 case management session/week; 3 hearings/month). Although the delay between arrest and admission identified in year 1 was not reduced in year 2, the program showed improvement in virtually every other component of supervision and treatment services. Improvements made in the second year included: (1) an increase rate of administered urine screens, (2) increased use of SleepTime<sup>TM</sup> monitoring, (3) increase in the ratio of rewards to achievements, and (4) more prudent use of sanctions for partial and complete non-compliance. The court continued to make adequate use of restrictive sanctions (i.e., electronic GPS monitoring, and detention). However, relatively few program participants in both years were prescribed Suboxone, a partial agonist treatment that has a high degree of efficacy in the treatment of opiate addiction.

## ***During Treatment Outcomes***

While treatment outcomes were impressive for both years treatment and case management attendance as well as rates of drug abstinence increased from year 1 to year 2. In addition, a significantly higher proportion of year 2 participants completed Phases 1 and 2 and did so in a slightly shorter amount of time.

For the whole sample as of September 30, 2010, 10 (38%) were still active, 8 (31%) had graduated, and 8 (31%) had been terminated. The average time to graduation was  $80.3 \pm 13.4$  weeks and the average time to termination was  $36.6 \pm 22.0$  weeks. A total of 22 clients (85%) advanced to phase 2 during this time; the average number of weeks to phase 2 advancement was  $24.0 \pm 7.0$ . A

total of 11 clients (42%) advanced to phase 3 during this time; the average number of weeks to phase 3 advancement was  $46.8 \pm 13.9$ . In addition, the court's second year of operations witnessed the birth of two drug-free babies born to successful participants.

### ***Client Perceptions***

Generally, DTC clients had very favorable perceptions of their DTC experience with improved perceptions from year 1 to year 2 in several areas. These include: (1) more positive perceptions of the judge, (2) greater satisfaction with drug court services, (3) a greater belief that they are being helped by urine testing and self-help groups, (4) a greater belief that the court provided necessary services, (5) a greater understanding of what was happening in the court hearings, and (6) greater levels of perceived deterrence.

### **Recommendations**

Based on the results of the qualitative and quantitative analyses from years 1 and 2, we made the following recommendations:

- **Recommendation 1:** The DTC should continue to address problems of low enrollment in and delayed admission to their program through coordination and standardization of screening and referral procedures.
- **Recommendation 2:** Although the court has shown significant improvement as reflected by increased numbers of drug court graduates and expedited phase advancement, they will continue to benefit from monitoring and regularly adjusting phase advancement and graduation requirements.
- **Recommendation 3:** While they have made great strides in increasing their community's awareness of the DTC, the program will continue to increase the public's acceptance through maintaining their creative and wide spread public relations campaign.
- **Recommendation 4:** Although the court established several new programs to expand the range of tools and resources for DTC participants and their families, they would benefit from additional programs aimed at increasing parents' and other family members' awareness of rates of drug use and crime, to improve their ability to identify "red flags" of problem behavior, and

to give them the tools and resources (e.g., referral guides, emergency contact numbers) necessary to promptly and appropriately address problems if they occur.

- Recommendation 5: Despite the substantial support for the efficacy of partial opiate agonist treatments and the high proportion of opiate dependent clients in the DTC, only 3 program participants to date have been prescribed Suboxone. As such, the court may benefit from increased training and consideration regarding the benefits of medication assisted treatment.
- Recommendation 6: Convene specific committees made up of relevant criminal justice stakeholders, treatment and case management staff, educators, and interested community representatives to address all potential impediments to program success and problems as they arise.

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## **I. Introduction**

The 17<sup>th</sup> Judicial District of Pennsylvania Drug Treatment Court (DTC) began operations on July 2, 2008 in response to growing concerns regarding the increase in drug related offenses in Union and Snyder counties in Pennsylvania. Their DTC was funded through a grant from the Bureau of Justice Assistance (BJA). Treatment Research Institute (TRI) was contracted to complete a process and outcome evaluation of the DTC at the completion of its first (baseline report) and second (final report) year of operation. This document reports on process and outcome findings for the first two years of the 17<sup>th</sup> Judicial District DTC program.

### **Mission**

The mission of the 17<sup>th</sup> Judicial District of Pennsylvania DTC is “to reduce recidivism by facilitating treatment and rehabilitation, and to provide increased supervision to the criminal substance abuser, as opposed to simply warehousing them. The goal is to return individuals to the community who are clean and sober, with an improved quality of life, and who are better equipped to maintain their sobriety, thereby improving the lives of all of us.” Specifically, the stated goals of the program are (1) to reduce the prison population and (2) to reduce the number of drug related parole/probation jail recommitments.

### **Brief History/Discussion of Drug Courts**

Drug Courts are special criminal court dockets that combine mandatory drug abuse treatment and case management services with intensive judicial supervision, regularly scheduled status hearings in court, random weekly urine drug testing, escalating sanctions for infractions, and escalating rewards for accomplishments (NADCP, 1997). The drug court model has been found to be an extremely effective strategy for reducing criminal recidivism and drug abuse. In fact, more research has now been published on the positive effects of drug courts than on virtually all other interventions for drug-abusing offenders combined, including dozens of program evaluations (Belenko, 2001), numerous controlled trials (e.g., Festinger et al., 2002, Marlowe et al., 2004, 2005), and several meta-analytic studies (Latimer, 2006; Lowenkamp, et al., 2005; Wilson, et al., 2006; Schaffer, 2006). Unfortunately, drug courts serve only a portion of eligible substance abusing offenders. Therefore, it is important to expand the number of drug courts and to ensure that they are performing at a peak level of efficiency and effectiveness.

## **History of the 17<sup>th</sup> District DTC**

The idea for the development of the 17<sup>th</sup> district DTC grew out of the work of a local community organization, Drug Abuse Prevention Community Action Team (DAPCAT). DAPCAT was formed in 2004 to provide awareness of the extent of unhealthy alcohol, tobacco, and drug use in Union County, to encourage effective prevention strategies, to educate the public about available treatment options, and to promote healthy decision making. In 2006, the group held three community forums to identify the county's drug and alcohol problems and to propose solutions. These forums were made up of a range of community representatives including: Union County government employees, interested citizens, parents, students, school district representatives, community organizations, and medical professionals. Attendees rated the importance of identified problems and the utility of recommended solutions. Results of this process identified the establishment of a drug court as the primary need in Union County. This consensus, along with encouragement from the County Commissioners and many other community leaders, facilitated the decision to pursue the creation of a drug court for Union and Snyder counties.

Planning for the creation of a drug court in the 17<sup>th</sup> district officially began in July 2007. As part of the planning process, a team consisting of the President Judge, Magisterial District Judge, Court Administrator, District Attorneys, Public Defender, CMSU Drug/Alcohol case management services, and Probation attended two BJA trainings focusing on drug court implementation. In addition, the planning team visited several treatment courts including those in Lycoming County and Luzerne County, PA to observe their procedures and gather information. In addition, the team reviewed sample handbooks, and policy manuals from Lycoming, Northumberland, and York Counties as well as materials provided by NADCP and NDCI to assist in developing their own policies and procedures. A formal request for funding was submitted to BJA on January 10, 2008. The first client was admitted on July 2, 2008 prior to receiving official BJA grant funding on August 23, 2008.

The planning process also included outreach and public relations efforts to educate and inform the general public about the drug court program. The Judge and members of the DTC staff attended public speaking engagements and met with several groups within the community including the local Rotary, church groups, and a panel organized by the League of Women Voters prior to the implementation of the DTC. They also participated in a moderated panel discussion on a local radio

station. During these engagements the DTC development team described the drug court model, how it would be implemented, and responded to questions and concerns (see Appendix A for the DTC flowchart).

### **Eligibility**

The DTC is a post-plea program and defendants must meet the following eligibility requirements to be considered for entry into the program:

- Crimes must be misdemeanor or felony and either drug-related or addiction driven
- Offenders must agree to DTC placement and be residents of the 17<sup>th</sup> Judicial District

Offenders charged with or convicted of violent offenses (e.g., sexual offenses, homicide, felony I burglary (home/person present), felony robbery, kidnapping, aggravated assault) are not eligible to participate in the DTC.

### **Referral and Screening Process**

The goal of the DTC is to process defendants' cases from preliminary hearing to DTC placement in approximately 30-45 days. The defendant's preliminary hearing is considered to be their intake point into the DTC.

Referrals for possible admission into the DTC are generally made by the police, district attorneys, magisterial district judges, judges, probation departments, treatment providers, and the defense counsel. All referrals are reviewed by the DA for qualification and, if the defendant meets the basic qualifications, the referral is passed on to the DTC coordinator. The DTC coordinator then provides the Defendant with the necessary paperwork to be submitted back to the coordinator within 72 hours after the preliminary hearing.

Once paperwork is received, the coordinator or probation officer (PO) completes a risk and needs triage (RANT-see below) to determine a defendant's suitability for DTC. This assessment is completed within 72 hours of receiving the application. Additionally, the probation department conducts a criminal records check, generates a pre-sentence report, and sends notice to the district attorney's office. If the results of either the RANT or records check disqualifies a defendant, the probation department notifies the district attorney's office who in turn notifies defense counsel. If the defendant is approved for further processing, the defendant is referred to the Columbia Montour

Snyder Union County Service System (CMSU) for a full drug and alcohol assessment within 72 hours of meeting with the probation department. CMSU is the primary drug and alcohol treatment provider for the DTC. The completed CMSU assessment is returned to the probation department within 72 hours for inclusion in the abbreviated pre-sentence report.

Once the evaluation is completed, the case is reviewed and voted on for admission into the DTC by the drug court team. The team consists of the President Judge, District Attorney, the Magisterial District Judge, Public Defender, Probation Officer, criminal justice advisory board coordinator, and a CMSU representative. In the event of a tie, the DTC judge makes the determination. If the defendant is denied acceptance into the DTC, the District Attorney notifies the applicant. If the defendant is approved for admission into the DTC, the defendant is advised of all program requirements and is scheduled for a hearing where they will enter a formal guilty plea and receive sentencing into the DTC.

### **Program Structure**

The DTC consists of three distinct phases. Upon sentencing, the participant enters Phase I of the DTC at which time he or she will be placed on electronic monitoring. The requirements of Phase I are presented below:

#### ***PHASE I (4 months)***

- Weekly status hearings
- Electronic monitoring via GPS: Global Positioning System
- Attendance at recommended treatment
- Attendance at self help meetings
- Random urine screens on court days
- Obtain stable housing
- Obtain employment/community service (upon 45 days clean)
- Begin payment of DTC fees
- Minimum of 2 probation contacts per week
- Minimum of 2 urine screens (at least one random) per week
- Weekly case management appointments

Upon successful completion of Phase I, the participant enters Phase II of the DTC. The requirements of Phase II are presented below:

#### ***PHASE II (4 months)***

- Bi-weekly status hearings

- Random urine screens on court days
- Attendance at recommended treatment
- Attendance at self help meetings
- 90 days clean
- Maintain stable housing
- Continue employment/training/community service
- Removal of electronic monitoring
- Continue payment of DTC fees
- 2 probation contacts per week
- 2 urine screens (at least one random) per week (can be reduced after 45 days clean)
- Bi-Weekly case management appointments

Upon successful completion of Phase II, the participant enters Phase III of the DTC. The requirements of Phase III are presented below:

***PHASE III (4 months)***

- Monthly status hearings
- Continue in recommended treatment
- Job training
- 120 days clean to be eligible for graduation
- Maintain stable housing
- Secure employment or means of financial support
- Drug-free urine screens
- Continue payment of DTC fees
- Weekly probation contacts
- 2 urine screens per week (can be reduced with Team approval)
- Monthly case management appointments

While successful completion of all three phases is required to be eligible for graduation, the following requirements are mandatory for graduation from the DTC:

- Treatment compliance
- Stable housing
- No pending legal matters
- Stable employment or viable income
- Drug free urines

**Sanctions and Rewards**

Clients who fail to comply with recommended aspects of treatment and supervision will receive sanctions that include, but are not limited to:

- return to previous phase
- electronic monitoring
- increased drug testing,
- increased status hearings
- community service
- imposition of curfew
- increased levels of treatment
- incarceration

Continued lack of compliance and/or progress may result in termination from the DTC program. If termination is recommended, the client is informed of the recommendation during a regularly scheduled Status Hearing. A petition to revoke Intermediate Punishment is filed with the Court. Appropriate Gagnon I and Gagnon II hearings are scheduled. Upon program violations being confirmed at a Gagnon II hearing, a new sentence is imposed.

Clients who show continued progress and improvement while in the DTC program are rewarded at their status hearings through:

- a face-to-face handshake with the judge
- verbal praise by the judge and counsel
- applause
- a prize drawing (described below)

Clients who show continued progress and compliance at a hearing or successfully complete a phase are rewarded by receiving an opportunity to draw a prize stick from a container in court. This procedure, known as the “fish bowl” technique, is based on the behavioral principle of variable reinforcement. During this procedure, the client draws a stick that has a motivational saying on one side (e.g., “Knowing is not enough; we must apply. Willing is not enough; we must do.”). On the other side of the stick, there may or may not be a colored dot dictating the opportunity to receive additional rewards. There are several different colored dots indicating small or large rewards. Small rewards include: \$5/\$10 gift cards for groceries from local department or sporting good stores, coffee mugs, pens, and movie passes. Large rewards are typically \$20/\$25/\$50 gift cards. This variable reinforcement technique has been shown to be highly successful with drug abusing populations and is used frequently in treatment settings (see Lussier, et al., 2003 for a review). In addition to these randomly determined prizes, all clients receive Phase Completion certificates upon successful graduation of each phase.

## **II. Review of Key Qualitative Findings and Recommendations from Baseline Report**

### **Year one qualitative findings**

#### General Description of Offender Population

Individuals in the focus group agreed that approximately 40-60% of all criminal offenses in Union and Snyder Counties were drug-related, typically committed in furtherance of offenders' habits, that offenders tended to be young (between 18-25) and that heroin, prescription opiates, and marijuana seem to be the most frequently abused drugs.

#### Factors Influencing Drug Abuse and Crime

##### *Drugs coming in from urban areas*

The group indicated that there had been an increased drug supply from locations outside the district, such as Philadelphia and New York. The group suggested that simple rules of supply and demand allow dealers to make larger profits in rural areas.

##### *Socio-Economic/Environmental Factors*

The group felt that economic fallout among people in the region was another major contributor to the increase in drug abuse and crime observed in recent years. They cited increased rates of high school drop-out and declining employment opportunities as primary explanatory factors.

##### *Family History*

Members of the focus group reported seeing many individuals from the same families enter and re-enter the criminal justice system with drug related offenses. They attributed these dysfunctional behaviors to both behavioral and genetic factors.

##### *Disparity of Knowledge between Parents and Children*

Stakeholders reported that many parents of young drug offenders were not addressing drug use problems because of a lack of knowledge. They felt that many parents were not aware of the signs that their children may be using drugs or involved in illegal activity, or how to address these problems if they were identified. They felt that one way to address this lack of parental knowledge was through community education programs.

## Programmatic Challenges

### *Low Recruitment Rate into Drug Court*

A common theme brought up throughout both the stakeholders focus group and the moderated judges interview was the need make the treatment court more accessible to those who would most benefit from the program.

### *Delay between Arrest and Drug Court Entry*

Stakeholders and judges expressed concerns regarding the lengthy delay between defendants' arrests and their admission into the treatment court program. They indicated that this delay had to do with: (1) the length of time it takes for the DA to send requests for clients to enter the program, and (2) the length of time it takes for the PD office to identify possible candidates.

### *Low Graduation Rates and Slow Phase Advancement*

A concern raised by both the stakeholders and judges was that there were no successful graduates in the first year of the program. In addition, there was general consensus that successful phase advancement has taken longer than originally expected.

### *Community and Stakeholder Acceptance*

One of the main concerns voiced by the stakeholders is the extent to which the community understands and embraces what the DTC has set out to accomplish.

### *Continued Development of Rewards and Sanctions*

Although the judges and stakeholders had favorable views of the rewards that are currently used in the DTC, they felt that the sanctions that were currently in place needed to be re-evaluated.

## **Year one recommendations (from baseline report)**

In the baseline report, five specific recommendations were suggested to address concerns identified in the evaluation. These recommendations are presented below.

- Recommendation 1: The DTC could effectively address problems of low enrollment in and delayed admission to their program through coordination and standardization of screening and referral procedures.

- Recommendation 2: To address issues related to slow phase advancement and potentially limited graduation rates, the DTC could benefit from re-examining its requirements for phase advancement and graduation.
- Recommendation 3: To increase community awareness and acceptance of the DTC, the program would benefit from a continued more wide spread public relations campaign.
- Recommendation 4: Establish community education programs to increase parents' and other family members' awareness of rates of drug use and crime, to improve their ability to identify "red flags" of problem behavior, and to give them the tools and resources (e.g., referral guides, emergency contact numbers) necessary to promptly and appropriately address problems if they occur.
- Recommendation 5: Convene specific committees made up of relevant criminal justice stakeholders, treatment and case management staff, educators, and interested community representatives to address all potential impediments to program success.

### **III. Methodology**

#### **Evaluation Goals**

The goal of the initial baseline report was to evaluate the DTC program and its clients during the first year of operations and to provide the court and stakeholders with feedback and recommendations for improvements to the program. This final evaluation used both qualitative and quantitative methods to: (1) reexamine court procedures and outcomes during the second year of operation, (2) compare year one and two procedures and outcomes, (3) identify key improvements, and (4) provide recommendations for further improvement.

#### **Data Collection for Final Report**

As done in the baseline evaluation, qualitative data were collected from (1) interviews with the DTC judge and (2) focus groups with the DTC stakeholders including commissioners, district attorneys, public defenders, probation officers, case managers, and treatment providers from both Union and Snyder Counties.

### *Treatment Staff Focus Group*

In an effort to collect qualitative data regarding perceptions of the treatment court, and to identify responses to recommendations for improvements made in the initial baseline evaluation report, two separate focus groups were held on October 6<sup>th</sup>, 2010. The first session was held in the morning and consisted of a moderated interview with the President Judge. The second session was held in the afternoon and involved only the treatment staff without the Judge in attendance. Both sessions were conducted in a private conference room at the Union County Courthouse and were facilitated by David Festinger, Ph.D., Director of Law and Ethics, Karen L. Dugosh, Ph.D., Research Scientist, and Jason Croft, Research Coordinator,

Separate moderator's guides were developed for each session following the recommendations of Krueger and Casey (2000). These guides included standard rules of focus group participation (e.g., confidentiality, conduct, and respect for others) which are part of standard TRI focus group guides. The themes and questions for the guide were first developed through consultation with experts in the areas of ethics, the criminal justice system, and drug abuse research. The open-ended questions are related to factors affecting substance use, the role of the treatment court, their experiences of what aspects of the court have and have not been successful, their opinions of both their needs and those of the treatment court clients, and key changes in procedures and outcomes enacted or observed since the time of the prior year's focus group.

Both focus groups were audio recorded using both a digital recorder and laptop with built-in microphone and recording software. In addition, written notes were taken throughout both focus group sessions. Importantly, prior to both sessions, all participants were given a written description of the focus group procedures including details regarding the audio recording process and were informed that by attending these sessions they were giving permission to be audio recorded.

#### Participants in Judges' interview:

- President Judge

#### Participants in stakeholder focus group:

- Union County District Attorney
- Union County Public Defender
- Snyder County Public Defender

- Union County Drug Court Probation Officer
- Snyder County Drug Court Probation Officer
- Union County Commissioner
- Snyder County Commissioner
- Criminal Justice Advisory Board Coordinator
- CMSU Drug & Alcohol Administrator
- CMSU Drug & Alcohol Supervisor
- CMSU Drug & Alcohol Case Manager
- Union County Victim Witness Office Representative
- Snyder County Victim Witness Office Representative

During both the focus group and judge interview, moderators informed participants about the focus group/interview procedures, the voluntary nature of their participation, the audio recording procedures, and that their contributions would be kept confidential and that no identifying information would be collected or shared with anyone outside of the group. At that time, the participants were again given the opportunity to excuse themselves from participation. The treatment staff focus group lasted for approximately 1 hour, while the moderated interview with the Judge lasted for approximately 1 hour and 15 minutes. At the conclusion of both sessions, participants were thanked for their time and were given the opportunity to ask any questions or provide feedback regarding the session.

The recorded sessions were transcribed by an independent TRI staff member trained in transcription protocol using the recorded tape, computer recording, and written notes. Any discrepancies in the transcription were brought to the Principal Investigator's (PI) and Research Coordinator's attention for clarification and the resulting modifications or edits to the transcription were approved by the PI. The final transcription was then analyzed and compared to the questions and themes presented at the sessions by both the Research Coordinator and PI.

Quantitative data were collected using the TRI Court Evaluation Program (TRI-CEP), Risk and Needs Triage, (RANT), and the TRI Client Assessment (TRI-CA) web-based systems. The TRI-CEP is a performance monitoring and reporting system for Drug and DWI Courts that captures critical performance indicators endorsed by the National Drug Court Institute. All programmatic data related to such variables as biological testing results, counseling and hearing attendance, infractions and accomplishments, are entered directly into TRI-CEP by the court, treatment counselors, case managers, probation officers, and lab technicians. TRI-CEP also facilitates

collaborative management of offenders by judges, treatment personnel, case managers, and probation/parole officials by generating immediate and actionable client progress data. The RANT is a 15-minute decision support tool for judges. The tool assists in the collection of information related to criminogenic risks and clinical needs. By identifying prospective clients' risks and needs, it assists judges in determining who is most suitable for the drug court program. All RANT data were entered into the system at intake to the DTC. The TRI-CA is a web-based system that collects information directly from clients on their perceptions and experiences with the DTC program. The TRI-CA assessments were completed at monthly intervals for the first six months, and then at three-month intervals until graduation or termination from the program.

## **Data Analysis**

### *Qualitative*

The audio recordings of the interview with the judge and the focus group with DTC stakeholders were transcribed. The transcripts were then reviewed and summarized according to general themes corresponding to open-ended questions posed during the interview and focus group. A coding scheme was developed from these themes to quantify how often each theme was discussed. For example each time a stakeholder mentioned a perceived barrier to progress in the court (one of the themes), it was coded and tallied. Transcripts were then coded in this manner by three individuals from the TRI evaluation team. 100% inter-rater reliability was established (e.g., coding disagreements were discussed until there was 100% agreement among coders). Data are reported at a descriptive level in which themes are presented along with relevant quotes from the transcripts. These data helped to identify the extent to which the court incorporated the recommendations outlined in the baseline report and other issues related to program procedures and outcomes.

### *Quantitative*

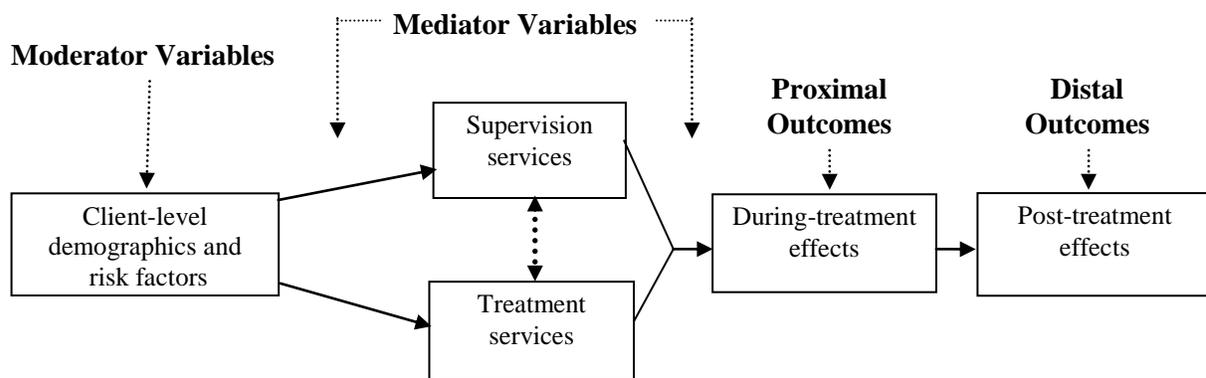
The quantitative analyses were performed using TRI-CEP, RANT, and TRI-CA data collected from clients who entered the DTC during the first year of operations (between July 1, 2008 and June 30, 2009) and during the second year of operations (between July 1, 2009 and June 30, 2010). For each year, descriptive statistics (e.g., means, standard deviations, ranges, percentages) were calculated to characterize DTC clients on demographic and other baseline variables, status hearing attendance and compliance, phase completion, case management session attendance, treatment

attendance, medication compliance, and objectively verified substance use. In addition, descriptive statistics were used to examine the extent to which compliance at status hearings was rewarded and non-compliance was sanctioned.

### Program Performance Evaluation: Conceptual Framework

To ensure the highest quality and utility, our evaluation has followed the logic model and used performance indicators prescribed by the National Drug Court Institute's (NDCI's) National Research Advisory Committee (NRAC, 2005). This model is depicted in the figure below. For the purposes of this baseline process and outcome evaluation we will focus on characterizing the population on each of the elements of this model.

Figure 1: Process and Evaluation Model



#### *Moderator Variables*

Client-level risk factors are included in the logic model because Drug Courts were never intended for use with the entire population of substance abusing offenders. Roughly two thirds of Drug Court arrestees in fact do not meet diagnostic criteria for dependence (DeMatteo, Marlowe, & Festinger, 2006), and a sizeable proportion do not have chronic recidivist orientations and do not go on to commit any further criminal offenses. Therefore, providing all Drug Court participants with an intensive court-managed intervention would be unlikely to elicit improved outcomes for the population as a whole, due to what is called a statistical *ceiling effect*. It is difficult to detect improvements in recidivism if the probability of recidivism is relatively low in the population to begin with.

In this light, an individual's offense history is seen to *moderate* the effects of the intervention. By including relevant moderator variables in the statistical model we will be capable of determining which participants were helped by the Drug Court and which ones were not. This helps to avoid a possible wrongful conclusion that the Drug Court "did not work" when the real issue might have been that the wrong target population was treated in the first place.

According to the criminological paradigm of the *Risk Principle*, intensive interventions such as Drug Courts are theorized to exert the greatest effects for *high-risk* individuals characterized by more severe antisocial propensities and treatment-refractory histories but may be ineffective for low-risk individuals (e.g., Taxman & Marlowe, 2006). Low-risk individuals are apt to perform equally well in less intensive conditions such as standard treatment or probation. On the other hand, high-risk offenders are unlikely to perform adequately without the added structure and discipline provided by the Drug Court model.

Numerous moderator variables have been identified among substance abusing offenders and the influence of these variables may shift from program to program and from population to population. However, several moderator variables have been consistently identified by researchers across populations and should ideally be measured in any Drug Court program evaluation. These include:

- *Current age*
- *Ethnicity*
- *Gender*
- *Number of prior convictions*
- *Number of prior arrests*
- *Type/severity of prior charge(s)*
- *Number of prior treatment attempts*
- *Age of onset of substance abuse*
- *Age of onset of delinquent or criminal activity*
- *Chronic unemployment*
- *Unstable living arrangements*
- *Proportion of time spent interacting with other substance abusers*
- *Severity of drug problem*

#### *Mediator Variables*

Drug Courts provide close and continuous supervision of offenders combined with evidence-based treatment services. The elements of supervision and treatment are called *mediator variables*

because the effects of Drug Courts are believed to be mediated by (or directly caused by) these elements. Unlike moderator variables (discussed above) which indicate *whom* the intervention works for, mediator variables indicate *how* the intervention works.

### *Supervision Performance Indicators*

Drug Courts closely monitor participants and administer certain and immediate consequences—both rewarding and punitive—in response to their behaviors. This close level of supervision is believed to elicit superior outcomes through traditional principles of behavioral change known as *operant conditioning* or *Skinnerian conditioning*. The rapid and certain detection of infractions and achievements coupled with progressively escalating rewards or sanctions has been reliably demonstrated to improve outcomes for both substance abusers and criminal offenders. The efficacy of any Drug Court program will depend, at least in part, on how well it applies these scientifically established principles of behavioral change. The basic components of supervision utilized in Drug Courts include status hearings, case management and treatment contacts, biological testing for drug use, and graduated sanctions and rewards. The recommended performance indicators for evaluating these services are:

#### Treatment and Service Contacts

- *Mean number of treatment sessions scheduled per week*
- *Mean number of case management sessions scheduled per week*

#### Biological Testing

- *Mean number of urine screens scheduled per week*
- *Proportion of scheduled tests administered*
- *Number of clients placed on sleep-time monitoring*
- *Mean number of weeks on sleep-time monitoring*

#### Status Hearings

- *Mean number of hearings scheduled per month*

#### Sanctions and Rewards

- *Mean number of sanctions and rewards administered per week*
- *Ratio of sanctions to infractions and ratio of rewards to achievements*

#### Restrictive Conditions:

- *Number of clients placed in inpatient treatment*
- *Average length of time in inpatient treatment*
- *Number of clients placed on electronic monitoring*

- *Average length of time on electronic monitoring*
- *Number of clients placed in detention (incarcerated)*
- *Average length of time in detention (incarcerated)*

### *Treatment Performance Indicators*

Integral to Drug Courts is the provision of substance abuse treatment and relevant adjunctive treatment services. The basic assumption underlying Drug Courts is that addiction and related psychosocial impairments contribute substantially to recidivist conduct; therefore, it is essential to address those clinical symptoms in order to achieve sustained behavioral change. Recommended performance indicators for evaluating the provision of treatment services are as follows:

#### Substance Abuse Treatment

- *Mean number of sessions attended per week*
- *Proportion of scheduled sessions attended*
- *Density per unit of time; e.g., number of sessions per month or per phase*

#### Modality of Treatment

- *Length of time in each modality of treatment*

#### Medication

- *Length of time prescribed addiction medication (requires date stamping)*
  - *Categorized by type of medication(e.g., methadone, suboxone, naltrexone)*

#### Adjunctive Services

- *Total number of sessions attended*
  - *Categorized by type of service(e.g., psychiatric, educational or vocational)*
  - *Analyses limited to participants with an identified need for that service*
- *Proportion of scheduled sessions attended*
- *Density per unit of time (e.g., per month or per phase)*

### *Proximal Outcomes*

It is typically easiest for evaluators to measure outcomes during participants' enrollment in the Drug Court program. Although some might argue that the most important effects of Drug Courts are those occurring after participants are no longer under the supervision of the court, there is substantial evidence that better during-treatment outcomes predict better post-treatment outcomes. In particular, achieving a sustained interval of sobriety during enrollment in the program and successful graduation from the program are predictive of better long-term effects. Performance indicators for measuring proximal effects are as follows:

### Completion Status

- *Graduation status (graduated, terminated, absconded, other)*
- *Length of stay in the program*

### Sobriety

- *Percentage of biological screens that were substance-negative*
  - *Counting unexcused failures to provide a specimen as substance-positive*

### *Distal Outcomes*

Although measurement of distal outcomes such as new arrests, new charges, and new convictions are important to a comprehensive program evaluation, the limited 2-year time frame of this evaluation coupled with the length of the program precludes examination of these variables.

## **IV. Qualitative Findings from Year-2 Interview and Focus Groups**

A semi-structured interview was conducted with the President Judge, and a focus group was conducted with the drug court team. A total of 13 individuals participated in the focus group. The judge interview was conducted with the President Judge, but the District Judge was unavailable. The focus group had one less District attorney than at the baseline meeting and two additional stakeholders representing the Victim Witness Offices of Union and Snyder Counties. This focus group, although open-ended, centered around the recommendations made in the baseline report and the program's subsequent responses to the recommendations.

### **Improvements and response to recommendations**

- Recommendation 1: The DTC could effectively address problems of low enrollment in and delayed admission to their program through coordination and standardization of screening and referral procedures.

Response: The stakeholders reported making some headway on this recommendation citing that they are continuing to work with the District Attorneys and Public Defenders to streamline the process. Although they agreed that there was still room for improvement they felt that the process had improved as evidenced by the increased enrollment in recent months. The stakeholders also reported that they reduced the number of years that clients would have to serve in intermediate punishment from 5 to 3 years, which may make the DTC option more appealing to clients and defense attorneys alike.

*“We are doing a much better job with communications, but there is still room for improvement.” “The DA’s and PDs are doing a much better job in moving things along.”*

- Recommendation 2: To address issues related to slow phase advancement and potentially limited graduation rates, the DTC could benefit from re-examining its requirements for phase advancement and graduation.

Response: The stakeholders reported that they had made substantial headway in increasing the possibility of graduation by enforcing less strict phase advancement guidelines. Specifically, the judge reported that the court was now more apt to sanction clients by delaying a phase advancement than by resetting them to earlier phases.

*“As a result of recommendations from the report and outside consultation, we recognized that certain sanctions were inhibiting participants’ movement from phase to phase.” “We are no more apt to focus on participant’s position in the programs and use sanctions that are more appropriate to their risk, needs, and that are more likely to facilitate growth and improvement.”*

- Recommendation 3: To increase community awareness and acceptance of the DTC, the program would benefit from a continued and more wide spread public relations campaign.

Response: The stakeholders and the judge cited several additional public relations events and strategies used to address these issues. Specifically, the group mentioned a recent graduation ceremony to which local media were invited and which received substantial press including an article in the local paper. The stakeholders also discussed continued family picnics, a recent charity softball tournament for the state police youth programs (Camp Cadet), an increasing focus on identifying community resources and worksites, expanding work with the news media, and improving the DTC website to improve its accessibility.

*“The folks who supervise our community worksites have been really good at getting the word out, and have gotten a lot of positive feedback from the worksites.” “We’re exceeding 5000 hours of community service since beginning the drug court and it is growing each day.” “We are also currently are working with the newspaper on having a 5-part series on the treatment court over the holidays.”*

- Recommendation 4: Establish community education programs to increase parents' and other family members' awareness of rates of drug use and crime, to improve their ability to identify "red flags" of problem behavior, and to give them the tools and resources (e.g., referral guides, emergency contact numbers) necessary to promptly and appropriately address problems. Response: The stakeholders discussed several new programs that have been developed to expand the range of tools and resources for DTC participants. These additional resources include the Victim Witness Offices in both counties, providing information and public awareness of new drugs of abuse, smoking cessation programs, consumer credit counseling services, and job-skills training. Members felt strongly that these expanded services would not only help DTC participants, but would benefit their families and loved ones as well.

*"We've done several sessions of credit counseling with folks in treatment court as well as job interviewing and resume preparation." "We've even opened it up to family members who've had questions about their credit and how to improve it." "We're also working towards getting our policy, procedures, forms, and fast facts on the county website."*

- Recommendation 5: Convene specific committees made up of relevant criminal justice stakeholders, treatment and case management staff, educators, and interested community representatives to address all potential impediments to program success.

Response: The stakeholders pointed to several speaking engagements and community outreach efforts to both spread the word about the treatment court as well as to gather important recommendations and feedback from the community and local businesses. They also discussed receiving outside consultation and attending state and national meetings and conferences to discuss issues related to treatment courts and in particular those located in rural communities, which is an identified priority for the state this year.

*"Among other things we convened a group to meet with PA State representatives to discuss and voice concerns and issues relevant to us and other rural areas."*

### **Other important findings, improvements, and milestones**

In addition to the actively changing procedures in response to the recommendations, the judge and the focus group reported several other important occurrences during the meetings.

- Eight successful graduates

- Two drug-free babies born to successful participants
- Increased recruitment and graduation rates
- Concern that some inmates may be opting for jail time instead of the DTC due to rumors that the jail time is briefer and less burdensome.

## **V. Quantitative Findings**

A total of 118 eligible offenders (62 felony and 56 misdemeanor) were eligible for participation in the Drug Treatment Court program between July 1, 2009 and June 30, 2010. Of those eligible, a total of 8 new clients were recruited into the program. These data are presented along with data on the initial 18 clients recruited into the program between July 1, 2008 and June 30, 2010.

### **Baseline Sample Characteristics (Moderator variables)**

As depicted in Table 1 below, the majority of offenders entering the DTC program each year was young, Caucasian and male. The year two sample is slightly older and more diverse in terms of gender and race than the year one sample.

Table 1: General demographics

	<b>Year 1 (n = 18)</b>			<b>Year 2 (n = 8)</b>		
	<b>Mean/%</b>	<b>SD/N</b>	<b>Range</b>	<b>Mean/%</b>	<b>SD/N</b>	<b>Range</b>
Age	23.6	2.5	19-29	29.8	10.1	20-50
Gender						
<i>Male</i>	72.2%	13		62.5%	5	
<i>Female</i>	27.8%	5		37.5%	3	
Race						
<i>Caucasian</i>	100%	18		87.5%	7	
<i>Other</i>	0%	0		12.5%	1	
Months employed past year	6.4	3.8	0-12	2.8	3.2	0-9
Unstable living arrangements past year						
<i>Address changes</i>	2.1	2.1	0-7	.9	.8	0-2
<i>Homeless</i>	11%	2		12.5%	1	

Both the year one and two samples had relatively high proportions of prior criminal offenses, with over half of year one clients and over a third of year two clients having prior felony convictions (see Table 3 below). The average age of criminal onset in the sample was approximately 15 years of

age in year one and 17 years of age in year two. In the first year sample, all clients reported spending time with criminally involved individuals; and one-third reported spending most or all of their time with them. In the second year sample, 87% of client reported spending time with criminally involved offenders with over one third reporting spending most or all of their time with them.

Table 3: Prior criminal justice involvement

	Year 1 (n = 18)				Year 2 (n = 8)			
	% Any (N)	M	SD	Range	% Any (N)	M	SD	Range
Prior Convictions								
<i>Felony</i>	55.6% (10)	.6	.6	0-2	37.5% (3)	1.1	1.6	0-4
<i>Targeted misdemeanor</i>	27.8% (5)	.4	.7	0-2	50% (4)	1.3	2.1	0-6
<i>Non-targeted misdemeanor</i>	41.1% (11)	1.2	1.3	0-4	75% (6)	2.7	3.4	0-10
Prior Diversion or DeNovo referrals	11.1% (2)	.1	.3	0-1	0% (0)	0	0	0
Prior Deferred Prosecutions	16.7% (3)	.2	.4	0-1	62.5% (5)	.8	.7	0-2
Prior bench warrants	32.2% (4)	.7	2.3	0-10	37.5% (3)	.4	.5	0-1
Age of onset of first criminal activity		14.8	3.7	7-23		17.0	6.4	12-32

The current charges for the DTC clients are presented in Table 4 below. In the year one sample, eight clients were charged on two counts while the remaining 10 clients had a single charge. In the year two sample, five clients were charged on two counts while the remaining 3 clients had a single charge. Theft by unlawful taking was the most prevalent charge in the year one sample, while possession with intent to deliver was the most prevalent charge in the year two sample.

Table 4: Current charges

	<b>Year 1 (n = 18)</b>		<b>Year 2 (n = 8)</b>	
	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>
Burglary	5.5	1	7.7	1
Defiant trespassing	5.5	1	7.7	1
Theft by unlawful taking	33.3	6	7.7	1
Theft by deception	5.5	1	--	--
Access device fraud	--	--	15.4	2
Bad checks	11.1	2	--	--
Possession	27.8	5	--	--
Possession with intent to deliver	22.2	4	38.5	5
Criminal conspiracy	11.1	2	7.7	1
Possession paraphernalia	11.1	2	--	--
Other	11.1	2	15.4	2

As depicted in Table 5 below, the median number of days between arrest and DTC orientation was approximately 123 days and the mean was 154 days ( $\pm$  133 days). ADD description of differences between years here.

Table 5: Delay to DTC entry.

	<b>Year 1 (n = 18)</b>				<b>Year 2 (n = 8)</b>			
	<b>Median</b>	<b>Mean</b>	<b>SD</b>	<b>Range</b>	<b>Median</b>	<b>Mean</b>	<b>SD</b>	<b>Range</b>
Number days between arrest and DTC orientation	122.5	153.6	132.7	1 - 482	249.0	272.0	168.2	80-503

As shown in Table 6 below, clients in year 1 and year 2 had an approximately similar number of prior treatment attempts with an average of about 3 attempts. Clients in the year 1 sample had a mean age of drug use onset of approximately 16 years of age as compared to 18 years of age for the year 2 sample. Virtually all clients in both samples reported opiates (Herion and other) as their primary drug of abuse (year 1: 89% heroin; 6% other opiates; year 2: 75% heroin, 12.5% other opiates). Regarding key symptoms of dependence, 100% of both samples reported having experienced a withdrawal syndrome and cravings. All year 1 clients reported having engaged in binge use compared to 75% of year 2 clients.

Table 6: Substance use and mental health

	Year 1 (n = 18)			Year 2 (n = 8)		
	M/%	SD/N	Range	M/%	SD/N	Range
Number of prior treatment attempts	2.9	2.0	0-8	2.8	2.4	0-7
Age of onset of substance abuse	15.8	2.8	10-23	18.4	5.8	14-32
Primary drug of abuse						
<i>Heroin</i>	88.9%	16		75%	6	
<i>Opiates</i>	5.5%	1		12.5%	1	
<i>Cocaine</i>	5.5%	1				
<i>Cannabis</i>				12.5%	1	
Symptoms of dependence						
<i>Withdrawal syndrome</i>	100%	18		100%	8	
<i>Binge use</i>	100%	18		75%	6	
<i>Cravings</i>	100%	18		100%	8	
Major co-occurring Axis I diagnosis	11.1%	2		12.5%	1	
Chronic substance use-related medical condition	27.8%	5		37.5%	3	

### Supervision Performance Indicators (Mediator variables)

As seen in Table 7 below, the DTC programs scheduling of treatment, case management, and probation sessions appears consistent with their original plans, with a mean of approximately 2 treatment sessions, 1 case management session, and 3 probation sessions scheduled per week. This is true across both years.

Table 7: Service provision (treatment, case management, and probation)

	Year 1 (n = 18)			Year 2 (n = 8)		
	M/%	SD/N	Range	M/%	SD/N	Range
Average number of treatment sessions scheduled per week	2.2	.8	1.0-4.2	1.9	.8	1.0-3.4
Average number of case management sessions scheduled per week	.9	.5	.5-2.6	1.1	.5	.8-2.1
Average number of probation meetings scheduled per week	2.7	.4	2.1-3.4	3.3	.4	2.7-3.8

In addition to appropriate scheduling of treatment and case management services, the DTC program scheduled the appropriate and predetermined number of urine drug screens across both

years, with the percentage of screens that were actually administered increasing slightly from 97% in year 1 to 99% in year 2. Moreover, the program appears to have substantially increased the percentage of clients that were placed on SleepTime™ monitoring from 50% in year 1 to 89% in year 2. The descriptive statistics related to substance use screening are presented in Table 8 below.

Table 8: Substance use screening and monitoring

	Year 1 (n = 18)			Year 2 (n = 8)		
	M/%	SD/N	Range	M/%	SD/N	Range
Average number of urine screens scheduled per week	1.9	.1	1.6-2.2	2.0	.1	2.0-2.1
Proportion of scheduled urine screens administered	96.8	1075 of 1111		99.1	567 of 572	
Number of clients placed on SleepTime™ monitoring	50%	9		88.8%	7	
Number of weeks on SleepTime™	17.3	8.8	2-28	24.7	9.9	15-43

As shown in Table 9 below, in year 1, the DTC scheduled an average of 2.8 hearings per offender per month with an average of .3 sanctions and .9 rewards per week. In year 2, they scheduled an average of 3.2 hearings per offender per month, with an average of .1 sanction and 1.2 rewards per week. In year one, rewards were delivered in 95% (406/428) of instances when clients were entirely compliant. In addition, rewards were delivered in 74% (95/128) of instances when clients were only partially compliant. In year two, rewards were generally delivered at a similar rate when clients were entirely compliant (98%; 244/249). Rewards were delivered in 82% (42/51) of instances when clients were only partially compliant. Overall these trends indicate a slight increase in the court's propensity to deliver rewards for both full and partial compliance.

In year one sanctions were delivered in 91% (103/113) of instances when clients were entirely non-compliant. In addition, sanctions were delivered in 71% (91/128) of instances when clients were partially non-compliant. In year two, sanctions were generally delivered at a similar rate when clients were entirely non-compliant (92%; 22/24), but less frequently when clients were only partially non-compliant (47%; 24/51). This reduction in sanctions for partial non-compliance is likely due to the court's greater focus on positive reinforcement approaches and a growing tendency

to deliver sanctions more prudently. This is consistent with the qualitative data obtained from the judge and stakeholder sessions.

Table 9: Court supervision

	Year 1 (n = 18)			Year 2 (n = 8)		
	M	SD	Range	M	SD	Range
Number of status hearings scheduled per month	2.8	.6	2.0-3.8	3.2	.6	2.3-4.0
Number of sanctions imposed per week	.3	.2	.0-.7	.1	.1	0-.4
Number of rewards delivered per week	.9	.2	.3-1.4	1.2	.1	.9-1.3

Table 10 presents data on a number of restrictive conditions that were used on participants in the DTC. In the first year 4 participants were placed in inpatient treatment for an average of 4.5 weeks; 18 were placed on electronic ankle monitoring for an average of 19.8 weeks; and 2 were placed in detention for an average of 1.5 weeks. In the second year 1 only participant was placed in inpatient treatment for 4 weeks. All 8 participants were placed on ankle monitoring for an average of 20 weeks, and only one was placed in detention for 1 week. In terms of these restrictive conditions, the only change from year one to year two is a slight reduction in inpatient placements.

Table 10: Court imposed restrictive conditions

	Year 1 (n = 18)				Year 2 (n = 8)			
	Weeks in restrictive condition				Weeks in restrictive condition			
	N	Mean	SD	Range	N	Mean	SD	Range
Placed in inpatient treatment	4	4.5	1.7	3-7	1	4.0		
Placed on electronic ankle monitoring	18	19.8	7.8	5-41	8	20.0	4.1	16-27
Placed in detention	2	1.5	.7	1-2	1	1.0		

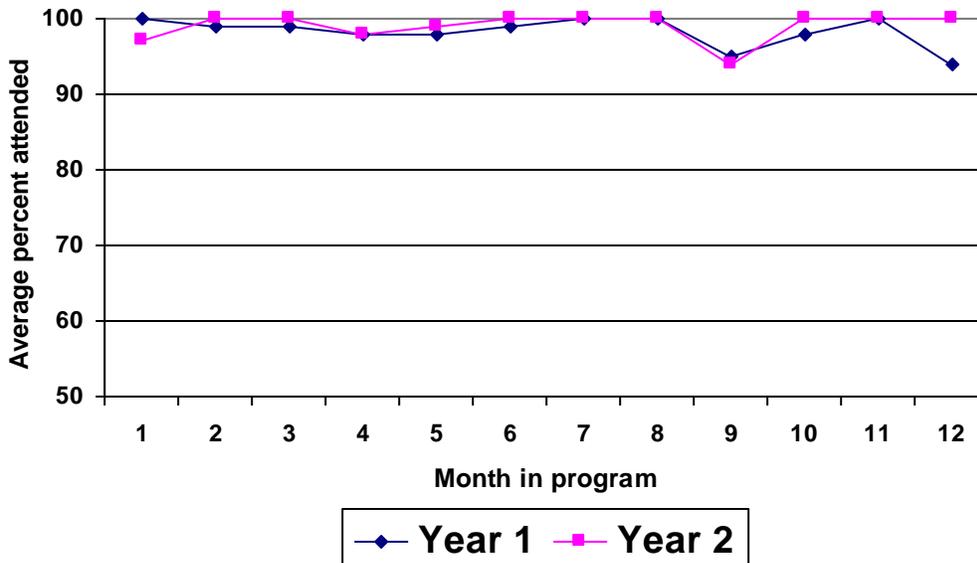
### Service performance indicators (Mediator variables)

As shown in Table 11 below, DTC participants in both years 1 and 2 were highly compliant with treatment, case management, , and status hearings. As can be seen in the table below there was a slight increase in case management attendance from 96% in year 1 to 98% in year 2.

Table 11: Treatment, case management, probation, and status hearing attendance

		Year 1 (n = 18)			Year 2 (n = 8)		
		M	SD	Range	M	SD	Range
Substance abuse treatment	Average number of sessions attended per week	2.1	.7	1.0-3.9	1.8	.8	.9-3.3
	Proportion of scheduled sessions attended	98.7	1.2	96.1-100	99	1.5	96.3-100
Case management	Average number of sessions attended per week	.9	.5	.5-2.3	1.0	.4	.8-2.1
	Proportion of scheduled sessions attended	95.6	4.8	90-100	98.4	2.6	94.1-100
Probation	Average number of sessions attended per week	2.6	.4	2.1-3.3	3.2	.4	2.6-3.8
	Proportion of scheduled sessions attended	99	3.1	87-100	99.8	.3	99-100
Status Hearings	Average number of hearings attended per month	2.9	.6	2.0-3.8	3.1	.6	2.3-4
	Proportion of scheduled hearings attended	99	3.8	84-100	99.3	1.3	97-100

As depicted in Figure 2 below, DTC offenders in years 1 and 2 engaged in almost perfect session attendance during each month of the program.

Figure 2: Percent treatment sessions attended

As depicted in Table 12 below, year 1 DTC participants spent the majority of their time (M = 96.6 weeks,  $\pm$  5.1) in outpatient or intensive outpatient treatment, and the second highest proportions of treatment time in inpatient (M = 10.4 weeks,  $\pm$  2.7), and partial hospitalization (M = 9.9 weeks,  $\pm$  4.6). Year 2 participants also spent the majority of their time (M = 96.7 weeks  $\pm$  5) in outpatient or intensive outpatient treatment, and the second highest proportion of treatment time in inpatient (10.5 weeks).

Table 12: Treatment modality

	Year 1 (n = 18)				Year 2 (n = 8)			
	N	Percent of weeks in modality			N	Percent of weeks in modality		
		Mean	SD	Range		Mean	SD	Range
Outpatient/Intensive Outpatient	18	96.6	5.1	86.8-100	8	96.7	5	86.8-100
Inpatient	4	10.4	2.7	7.1-13.3	1	10.5		
Detoxification	1	3.1			0			
Partial hospitalization	2	9.9	4.6	6.7-13.2	0			
Prison	2	4.2	3.5	1.7-6.7	1	2.6		

Despite the substantial support for the efficacy of partial agonist treatments and the high proportion of opiate dependent clients in the DTC, only 2 program participants in year 1 and 1 participant in year 2 were prescribed Suboxone (see Table 13 below).

Table 13: Medication management

		<b>Year 1 (n = 18)</b>				<b>Year 2 (n = 8)</b>		
	<b>N</b>	<b>Percent of weeks on medication</b>				<b>Percent of weeks on medication</b>		
		<b>Mean</b>	<b>SD</b>	<b>Range</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>Range</b>
Prescribed Suboxone	2	100	0		1	100		

### Proximal Outcomes

A total of 5 clients from the year 1 sample were terminated as of September 30, 2009. The reasons for the five clients' termination as well as the week they were terminated are presented in Table 14 below. No clients from the year 2 sample have been terminated as of September 30, 2010.

Table 14: Reasons for termination of clients from DTC program.

<b>Year 1 (n = 18)</b>	
<b>Termination Week</b>	<b>Reason for termination</b>
11	Tested positive for opiates, lied about treatment attendance, failed to return home as instructed by PO
14	Tested positive for opiates, lied about treatment attendance, failed to return home as instructed by PO
31	Tested positive for Suboxone, admitted to buying and selling Suboxone
34	Tested positive for Suboxone, admitted to buying and selling Suboxone
42	Absconding and drug use

As shown in Table 15, a substantially higher proportion of clients in the year 2 sample completed Phase 1 (87%) compared to the year 1 sample (61%) and about a quarter of the individuals in each

sample completed Phase 2. In addition, the number of weeks to phase completion was slightly shorter in year 2 relative to year 1. Across both samples, no client graduated within either 15-month time frame.

Table 15: Phase advancement

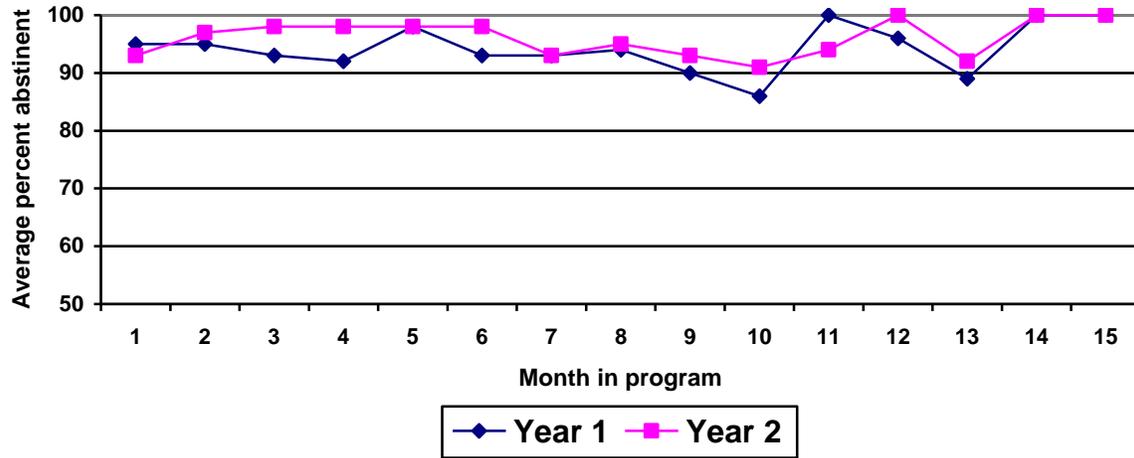
	<b>Year 1 (n = 18)</b>				<b>Year 2 (n = 8)</b>			
	<b>N</b>	<b>Weeks to Phase completion</b>			<b>N</b>	<b>Weeks to Phase completion</b>		
		<b>Mean</b>	<b>SD</b>	<b>Range</b>		<b>Mean</b>	<b>SD</b>	<b>Range</b>
Completed Phase 1	11	23.5	5.2	19-38	7	21	4.5	19-31
Completed Phase 2	4	44.0	10.7	37-60	2	41	5.7	37-45

Overall, the success of the program in helping participants maintain abstinence may be viewed as exceptional (see Table 16 below), with slightly better results observed in year 2 than year 1.

Table 16: Substance use screening results

	<b>Year 1 (n = 18)</b>			<b>Year 2 (n = 8)</b>		
	<b>M</b>	<b>SD</b>	<b>Range</b>	<b>M</b>	<b>SD</b>	<b>Range</b>
Percent biological screens drug-negative	91.5	10.3	63.6-100	96.3	3.9	88-100

As depicted in Figure 3, DTC participants in both cohorts maintained substantially high rates of drug abstinence during each of their first 15 months in the program.

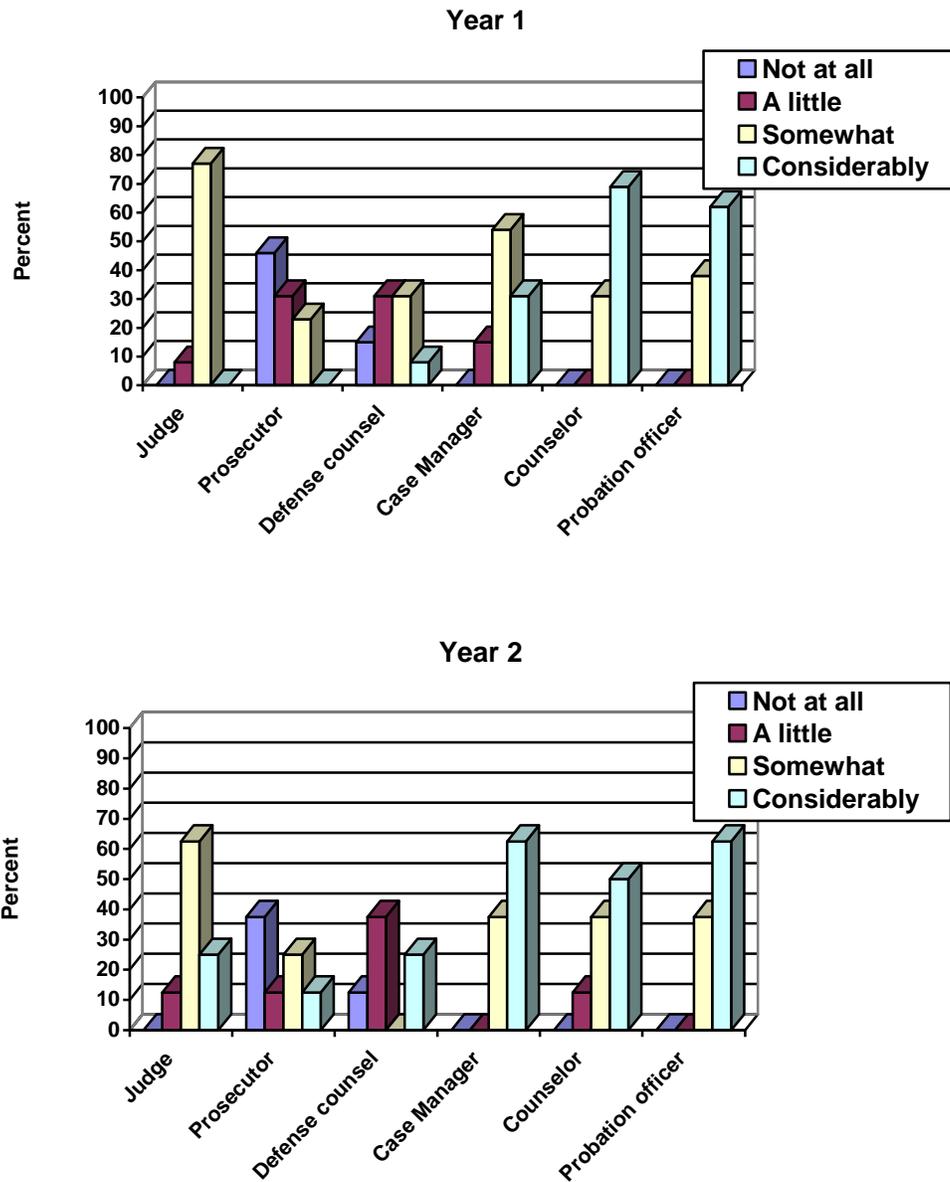
Figure 3: Percent drug-negative urine by month in program

### Graduation, termination, and phase advancement for whole sample

A total of 26 clients entered the DTC between July 1, 2008 (when the court began operations) and June 30, 2010. As of September 30, 2010, 10 (38%) were still active, 8 (31%) had graduated, and 8 (31%) had been terminated. The average time to graduation was  $80.3 \pm 13.4$  weeks (range = 64.3 – 97.1) and the average time to termination was  $36.6 \pm 22.0$  weeks (range = 4.0 – 70.7). A total of 22 clients (85%) advanced to phase 2 during this time; the average number of weeks to phase 2 advancement was  $24.0 \pm 7.0$  (range = 19 – 41). A total of 11 clients (42%) advanced to phase 3 during this time; the average number of weeks to phase 3 advancement was  $46.8 \pm 13.9$  (range = 37 – 83).

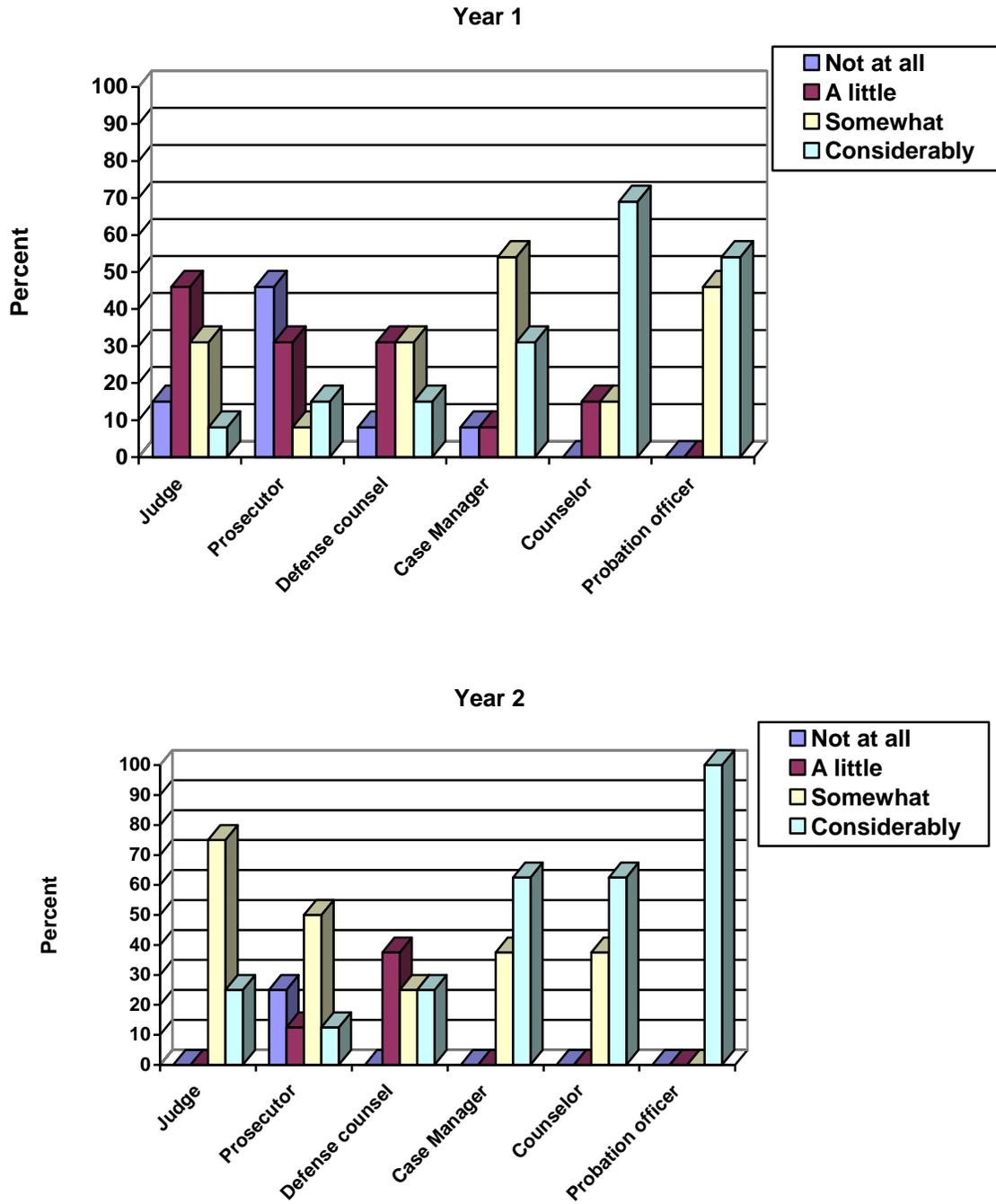
### Client perceptions and experiences

As depicted in Figure 4, a large proportion of DTC participants in both cohorts reported having a “somewhat” or “considerably” positive relationship with the judge, defense counsel, case manager, counselors, and probation officers. As would be expected, fewer participants reported having a “somewhat” or “considerably” positive relationship with their prosecutors.

Figure 4: Perceptions of positive relationship with program staff.

As depicted in Figure 5, the majority of year 1 DTC participants reported perceiving their defense counsel, case managers, counselors, and probation officers as “somewhat” or “considerably” helpful, and fewer participants reported perceiving the judge and particularly the prosecutor as “helpful.” The perceptions of year 2 DTC participants were generally more positive, particularly with regard to the judge.

Figure 5: Perceptions that program staff were helpful



**Figures 6-10: Perceptions of services received**

Figure 6 shows how participants responded to a Likert-type scale question inquiring how much they agreed with the below referenced statement that they were satisfied with the services they

received in the DTC program. As displayed, 85% of year 1 participants answered positively that they agreed “somewhat” or “considerably” compared to 100% in year 2.

Figure 6: I am satisfied with the services I am receiving in the drug court program.

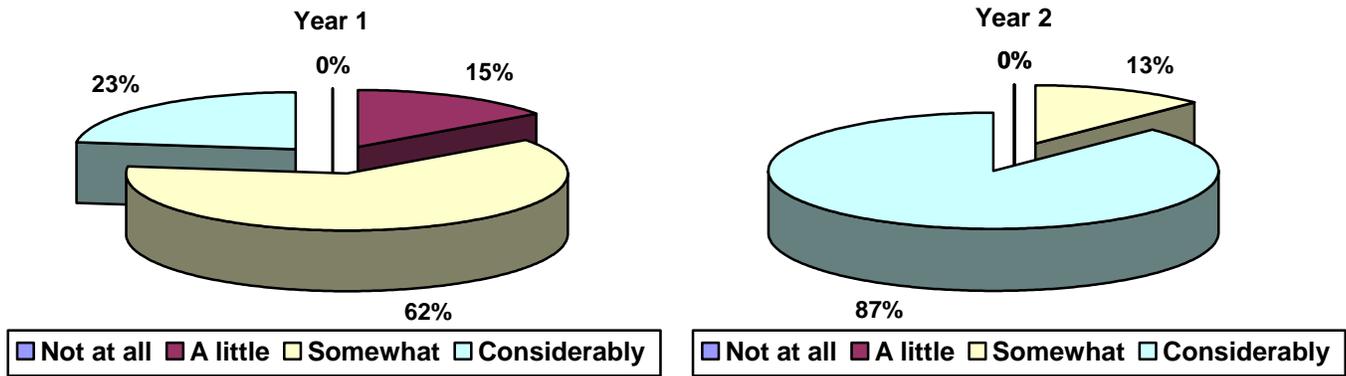


Figure 7 shows how participants responded to a Likert-type scale question about how much they agreed with the below referenced statement that they were helped by urine testing. As shown, 77% answered positively that they agreed “somewhat” or “considerably” in year 1 compared to 87% in year 2.

Figure 7: I have been helped by urine testing.

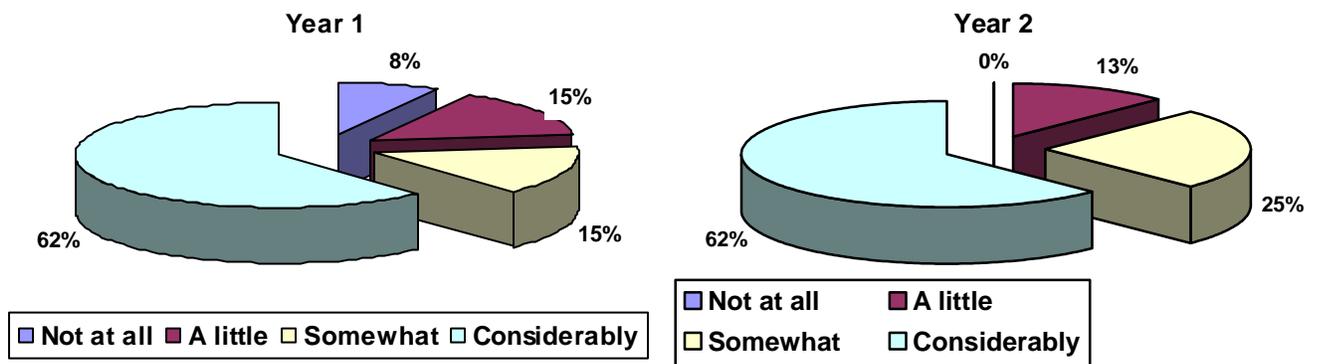


Figure 8 shows how participants responded to a Likert-type scale question about how much they agreed with the below referenced statement that they were helped by self-help groups. As shown, 87% answered positively that they agreed “somewhat” or “considerably” in year 1 compared to 100% in year 2.

Figure 8: I have been helped by self-help groups.

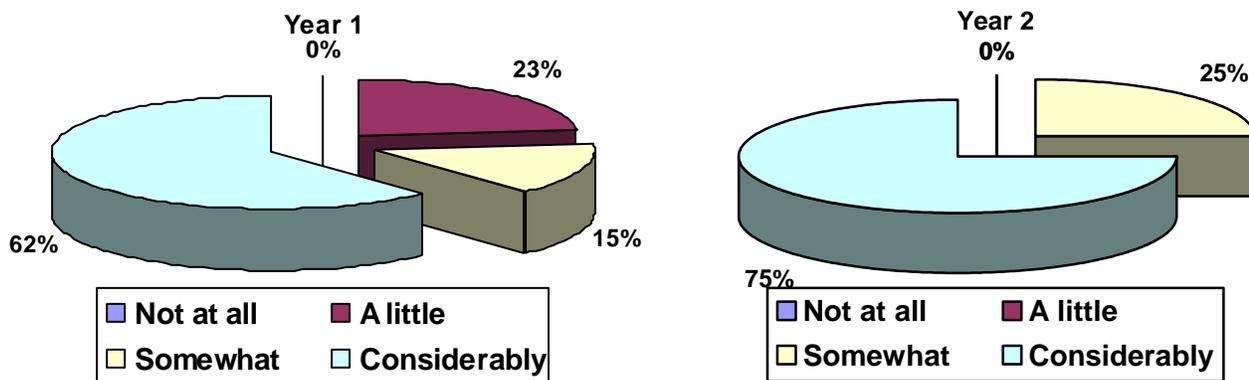


Figure 9 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that the program helped them get the services they needed. As shown, 62% answered positively that they agreed “somewhat” or “considerably” in year 1 compared to 74% in year 2.

Figure 9: The drug court program helped me get the services I needed.

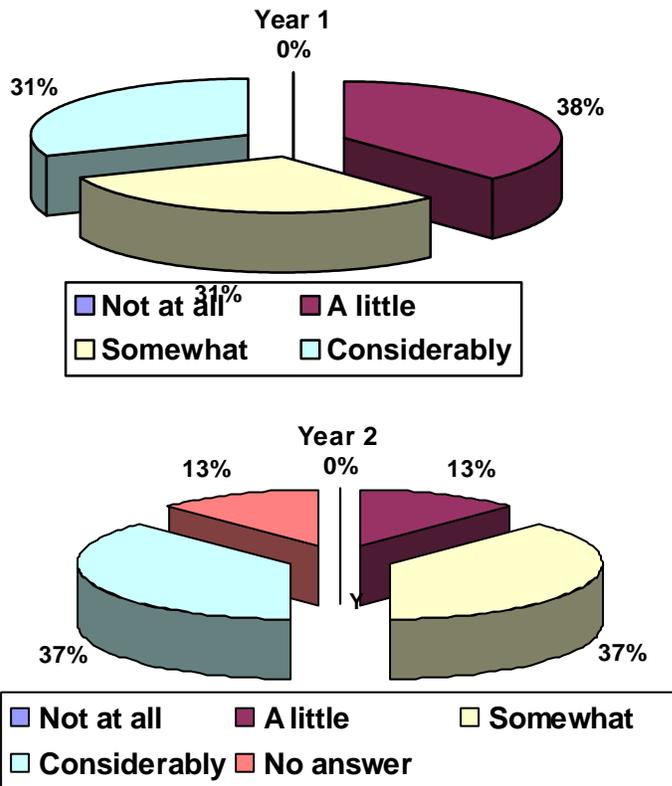
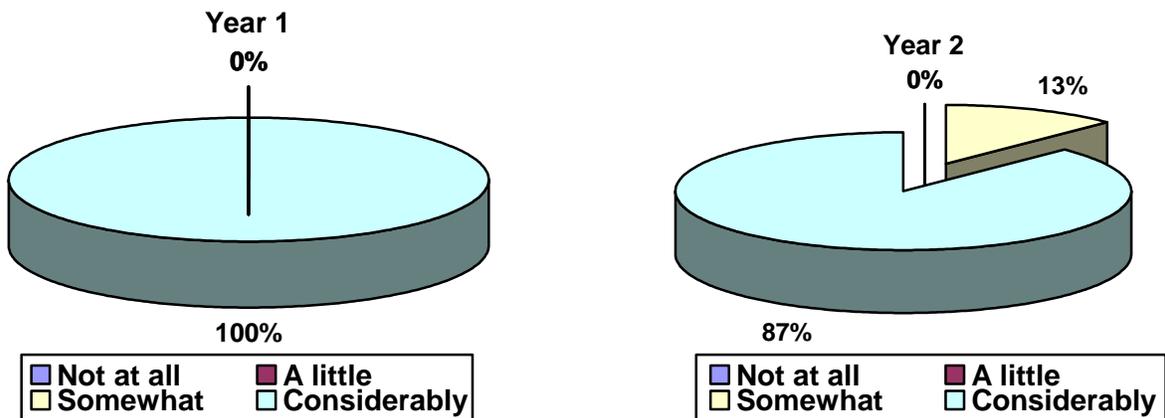


Figure 10 shows how participants responded to a Likert-type scale question about how much they agreed with the below referenced statement that they understood what was happening during the drug court hearings. As shown, 100% “considerably” agreed with the statement in year 1 compared to 87% in year 2. In year 2, 13% “somewhat” agreed with the statement.

Figure 10: I understand what is happening at the drug court hearings.



**Figures 11-14: Perceived deterrence – sanctions**

Figure 11 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that if they break the rules they would get caught. As shown, 85% answered positively that they agreed “somewhat” or “considerably” in year 1 compared to 100% in year 2.

Figure 11: If I break the rules, I am likely to get caught.

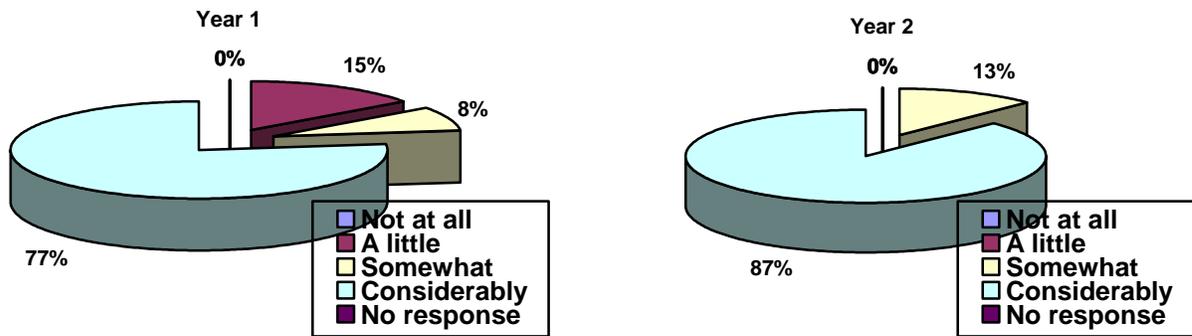


Figure 12 shows how participants responded to a Likert-type scale question about how much they agreed with the below referenced statement that if they break the rules they are likely to receive a sanction. As shown, 100% reported that they “considerably” agreed with the statement in year 1 compared to 87% in year 2. In year 2, 13% of participants “somewhat” agreed with the statement.

Figure 12: If I break the rules, I am likely to receive a sanction.

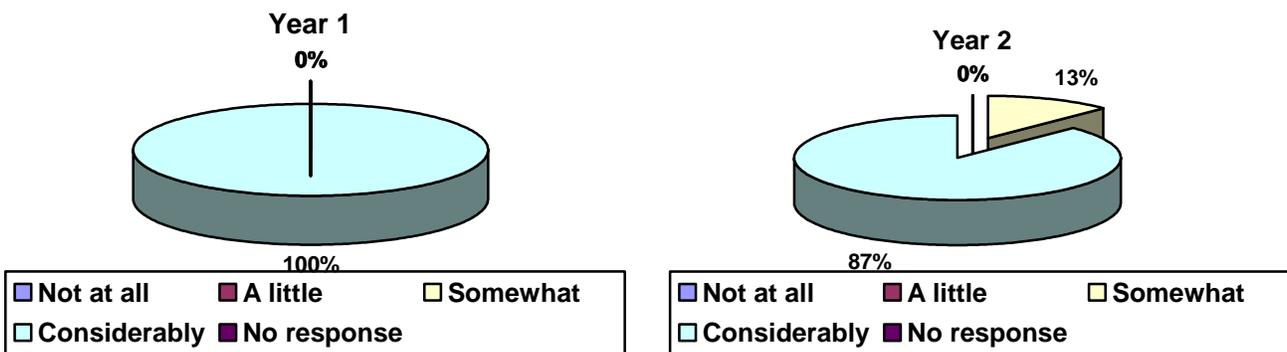


Figure 13 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that if they break the rules the sanctions would get more severe each time they are caught. As shown, 92% reported that they positively agreed “somewhat” or “considerably” in year 1, compared to 100% in year 2.

Figure 13: If I break the rules, the sanctions are likely to get more severe each time I get caught.

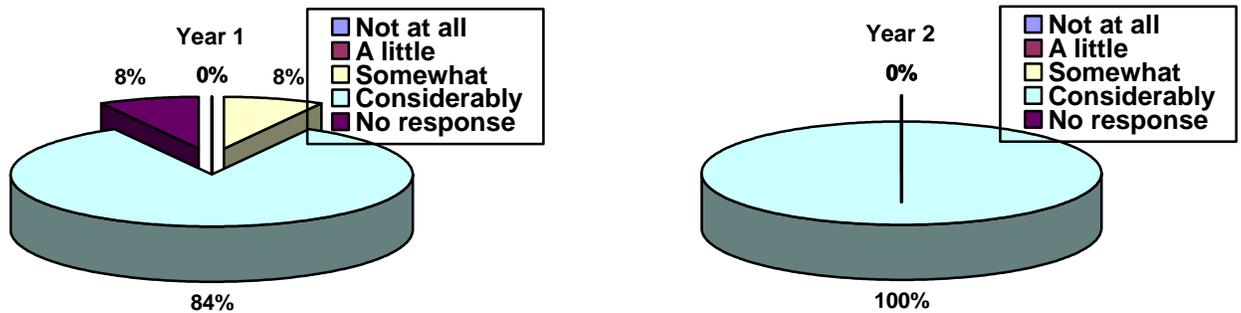
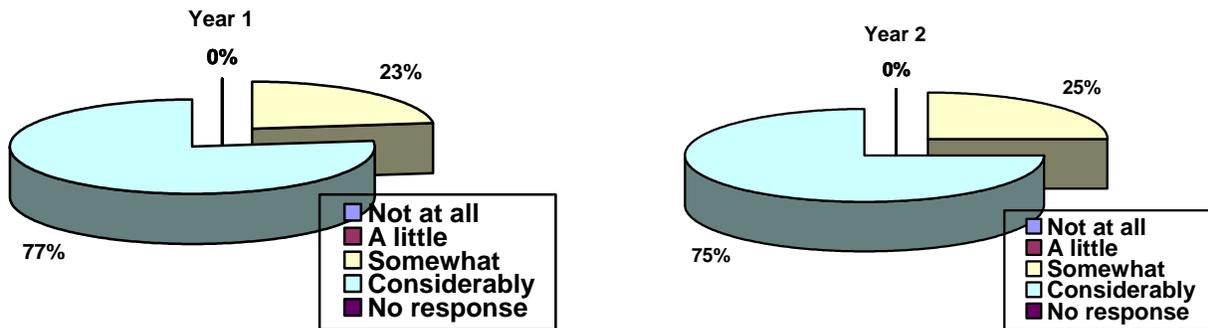


Figure 14 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that if they break the rules, they are likely to receive a sanction quickly. As shown, 100% reported positively that they either agreed “considerably” or somewhat” in both years.

Figure 14: If I break the rules, I am likely to receive a sanction quickly.



**Figures 15-19: Perceived deterrence – rewards**

Figure 15 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that they are likely get noticed when they do well. As shown, 77% reported positively that they agreed “somewhat” or “considerably” in year 1 compared to 100% in year 2.

Figure 15: I am likely to get noticed when I do well.

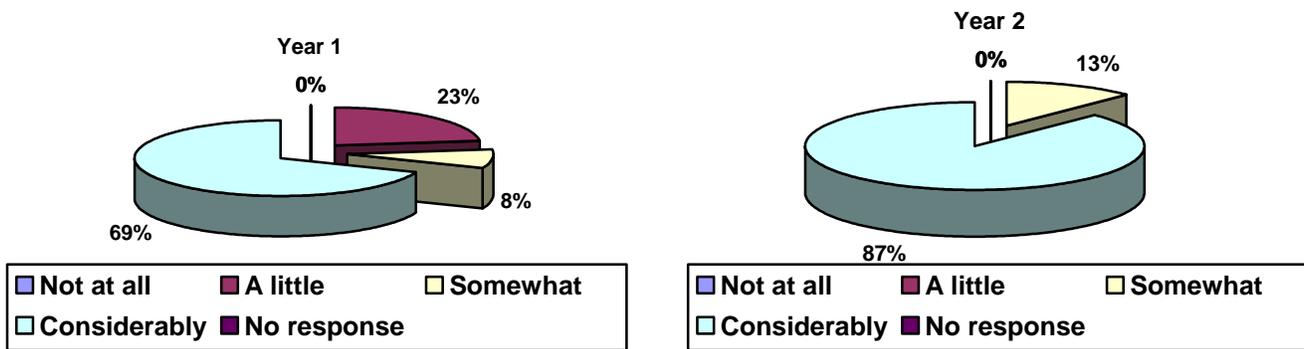


Figure 16 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that they are likely get rewarded if they do well. As shown, 84% reported positively that they either agreed “considerably” or somewhat in year 1 compared to 100% in year 2.

Figure 16: I am likely to be rewarded when I do well.

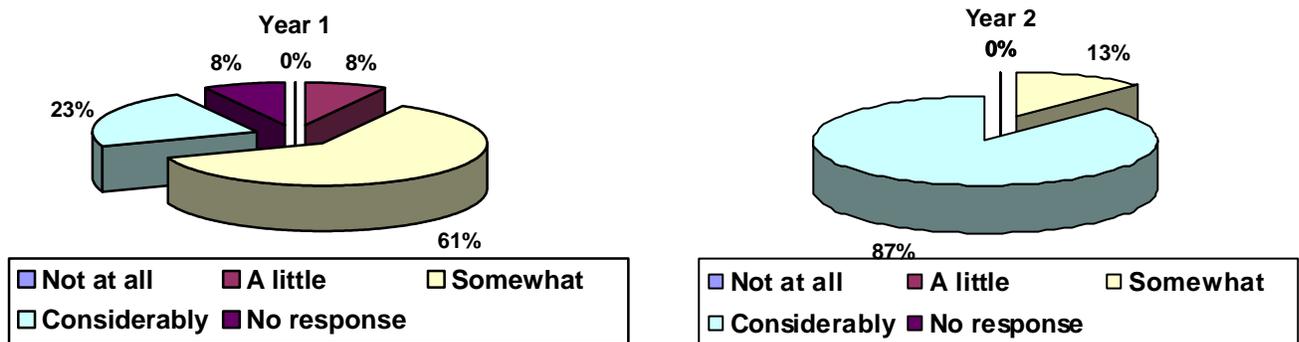


Figure 17 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that they are likely to get rewarded quickly for doing well. As shown, 46% reported positively that they either agreed “considerably” or “somewhat” agreed in year 1 compared to 87% in year 2.

Figure 17: I am likely to be rewarded quickly when I do well.

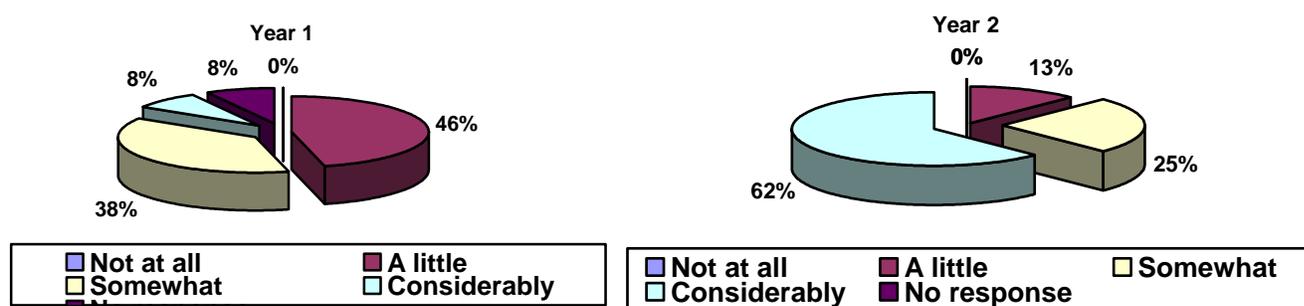
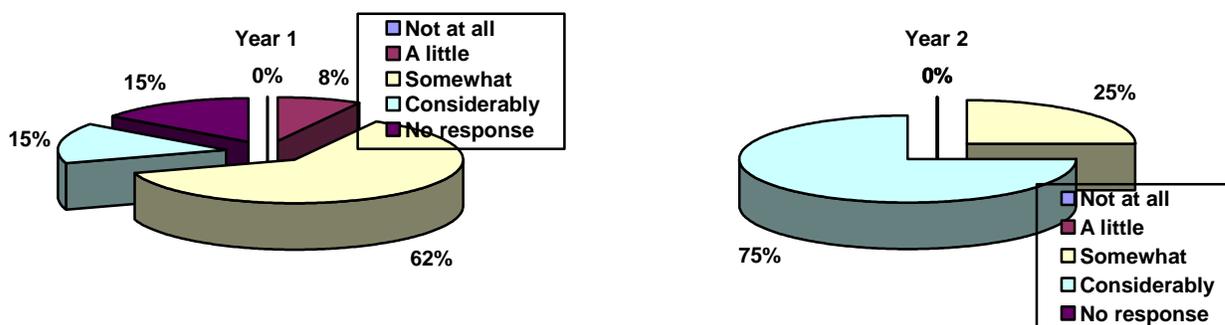


Figure 18 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that the rewards are likely to get better as they continue to get well. As shown, 77% reported positively that they either agreed “considerably” or “somewhat” in year 1 compared to 100% in year 2.

Figure 18: The rewards are likely to get better as I continue to do well.



As shown in Figure 19, the majority of participants in both years 1 and 2 reported “considerably” when asked if they: (1) acknowledged having a drug problem, (2) were ready to make a change in

their lives, and (3) felt that they were able to follow through with recovery efforts. These endorsements are indicative of individuals who are highly motivated to make a change in their lives.

Figure 19: Motivation to change

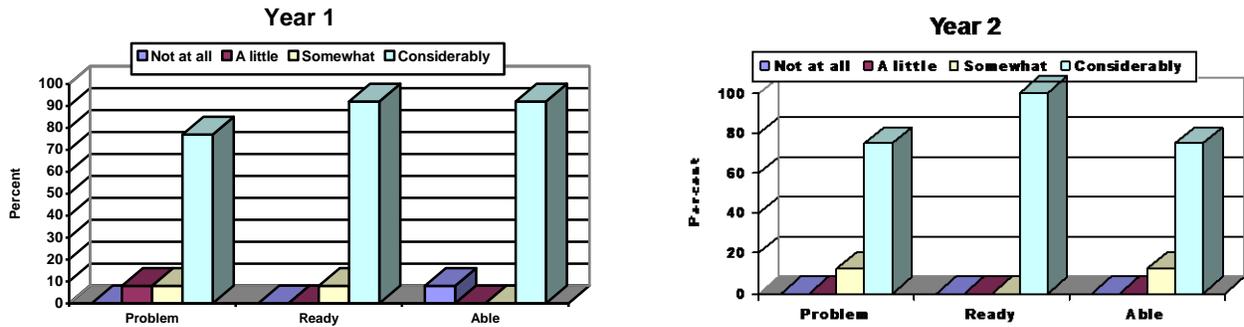


Table 17 presents the participants’ perceived primary barriers to success in the DTC program. As shown, more than half (54%) of the year 1 participants reported money and transportation concerns, with nearly a third (31%) citing child care and/or family barriers. Approximately 15% of year 1 participants reported health problems and employment and/or school issues as potential impediments to program success. In year 2, only transportation concerns were cited as a barrier to success.

Table 17: Perceived barriers to success in drug court.

Barrier	Year 1 (n = 13)		Year 2 (n = 8)	
	%	N	%	N
Transportation	53.8	7	12.5	1
Money	53.8	7		
Health Problems	15.4	2		
Employment/school	15.4	2		
Childcare/Family	30.7	4		

Table 18 below presents participants’ perceptions of justice in the DTC program. Broadly defined this construct pertains to issues of: (1) how fairly individuals are treated, (2) how well they

understand programmatic rules and their rights and protections, and (3) their ability to be heard or have a “voice,” also known as procedural justice. Research has shown that individuals feel more autonomous and are less resistant to treatment when they perceive a program as just and fair. As shown in the table, the majority of year 1 and year 2 clients reported “considerable” agreement that they understood their rules and responsibilities, that they are treated fairly, and that they have a “voice.” Conversely, the majority of year 1 participants reported little (39%) or no (15%) agreement with the statement that they understand their rights and protections while the majority of year 2 participants reported “considerable” agreement with this item. Overall, response patterns suggest that perceptions of justice were higher in the year 2 sample than in the year 1 sample.

Table 18: Perceived justice

	<b>Year 1 (n = 18)</b>				
<b>In the drug court program...</b>	<b>Not at all</b>	<b>A little</b>	<b>Somewhat</b>	<b>Considerably</b>	<b>No response</b>
I understand my rights and protections.	15%	39%	23%	23%	0%
I understand the rules and my responsibilities.	0%	0%	31%	69%	0%
I am treated the same as other people.	15%	15%	15%	54%	0%
I get a chance to tell my side of the story	8%	8%	15%	69%	0%

	<b>Year 2 (n = 8)</b>				
<b>In the drug court program...</b>	<b>Not at all</b>	<b>A little</b>	<b>Somewhat</b>	<b>Considerably</b>	<b>No response</b>
I understand my rights and protections.	0%	0%	13%	75%	12%
I understand the rules and my responsibilities.	0%	0%	0%	100%	0%
I am treated the same as other people.	0%	25%	13%	62%	0%
I get a chance to tell my side of the story	0%	0%	25%	75%	0%

## **VI. Discussion**

This baseline process and outcome evaluation examined 18 drug abusing offenders who entered the DTC during the first year of operations (between July 1, 2008 and June 30, 2009) and 8 drug abusing offenders who entered the DTC during the second year of operations (between July 1, 2009 and June 30, 2010). This evaluation serves as a snapshot of the DTC during its first and second year of operations. In addition, the evaluation seeks to examine changes implemented by the DTC in response to the recommendations made in the initial baseline evaluation. Finally, this evaluation will provide useful recommendations on how DTC procedures and participant outcomes may be improved further.

The evaluation followed a conceptual framework developed in part by the NADCP. This framework delineates the primary components necessary for state-of-the-art evaluations. The major components of the model that we examined in this baseline evaluation included: (1) client demographics and risk factors, (2) supervision and treatment services; and (3) proximal (during treatment) outcomes. We utilized a multi-method approach that incorporated a stakeholder focus group and judges' interview, objective quantitative data from client records, and self-reported data regarding clients' perceptions and experiences.

### **Client characteristics**

The majority of offenders who entered the DTC program during its first two years of operation were primarily young, Caucasian and male. The age and gender of this cohort were generally consistent with that of drug courts nationally. Although DTC participants were overwhelmingly Caucasian, this is representative of the populations of both Union and Snyder Counties, which are 90% and 98% Caucasian respectively, according to 2000 census estimates.

Overall, the sample had relatively high proportions of prior criminal offenses, with over half of clients having prior felony convictions. The average age of criminal onset in the sample was slightly under 16 years of age. This early age of criminal onset has been shown to be a robust predictor of more severe criminal trajectories (e.g., Gendreau, Little, & Goggin, 1996). Another important prognostic indicator of criminal recidivism is the amount of time one interacts with criminally involved individuals. Importantly, all clients reported spending time with criminally involved

individuals and one-third reported spending most or all of their time with them. Over 80% of the sample had been convicted of a prior charge, with an average of 3.4 prior charges overall.

With regards to treatment, DTC participants had an average of 2.6 prior treatment attempts, and a mean age of onset of drug use of approximately 17 years of age. Both of these factors have been associated with more severe, treatment refractory courses of drug dependence. In addition 92% of the sample reported opiates as their primary drug of abuse (85% heroin; 8% other opiates), with the remaining 7% reporting cocaine or cannabis as their primary drug. This represents a greater proportion of dependence on highly addictive and dangerous narcotics as compared to many other drug treatment courts, which typically include greater proportions of cannabis and other, somewhat less dangerous, psychoactive substances.

### **Supervision and treatment services**

Findings revealed a relatively long delay between offenders' point of arrest and when they were admitted into the DTC program. The median number of days between arrest and DTC orientation was 123 days for year 1 and 249 for year two. Many of these delays were due to clients being arrested as part of a grand jury investigation that required them to fulfill time consuming testimony obligations. Despite the atypical nature of this situation, delays of this magnitude could potentially reduce rates of new admissions and negatively influence participants' involvement in the program.

For both years, the DTC programs' scheduling of treatment and case management sessions appears to be in line with original plans, with an average of approximately 2 treatment sessions and 1 case management session scheduled per week. In addition, the DTC program scheduled the originally intended frequency of urine collections in each year, with approximately 2 per week. Moreover, an impressive 97% of the scheduled urine screens were administered in year 1 and this number increased to 99% in year 2. In addition, the program has made adequate use of the SleepTime™ monitoring technology and increased its use in year 2 (i.e., 89% of sample on the monitoring equipment for an average of 25 weeks) relative to year 1 (50% of the on the monitoring equipment for an average of 17 weeks).

With regards to judicial status hearings, the DTC scheduled in each year an average of approximately 3 hearings per offender per month. This rate very closely adheres to the original

design of the court. Also very important is the courts' consistent use of sanctions and rewards. Examination of the ratio of rewards to accomplishments delivered during status hearings revealed a slight increase from year 1 to year 2 in the frequency with which the DTC judge delivered rewards for full compliance (95% and 98% in years 1 and 2, respectively) and partial compliance (74% and 82% in years 1 and 2, respectively). These practices are consistent with effective behavior modification and established drug court practices, and have been shown to lead to greater programmatic success, particularly with high risk offenders.

The courts' ratio of sanctions to infractions or non-compliance was no less impressive. Examination of the ratio of sanctions to infractions imposed during status hearings in years 1 and 2 revealed that the DTC judge imposed sanctions for non-compliance at similar rates in years 1 and 2 (91% and 92%, respectively). However, there was a decrease in the use of sanctions over the two years for partial non-compliance (71% vs. 47%). As with behavioral reinforcement, consistent sanctions, when delivered fairly and in proportion to the infraction, also serve to ensure improved success in drug treatment court. The observed reduction in the use of sanctions for partial non-compliance is likely due to the court's greater focus on positive reinforcement approaches and training on how to more prudently use sanctions.

The court also appeared to make adequate use of restrictive sanctions in both years, in seemingly appropriate dosages. All participants were placed on electronic ankle monitoring for an average of 20 weeks and only 3 were placed in detention, for an average of 1.3 weeks.

Despite the substantial support for the efficacy of partial opiate agonist treatments and the high proportion of opiate dependent clients (92%) in the DTC, only 3 program participants to date have been prescribed Suboxone. This has been found to be a ubiquitous problem, not only in drug court programs, but across substance abuse providers in general. Given the incontrovertible empirical support for the efficacy of partial opiate agonists like Suboxone, its limited use is of concern.

### **During treatment outcomes**

Findings indicate that DTC participants were highly compliant with both treatment (99% attendance in both years) and case management (96% and 98% attendance in years 1 and 2, respectively). Research has found these factors to be robust predictors of drug court success. In

addition to overall attendance rates, DTC participants were found to have engaged in almost perfect session attendance throughout their program participation. This may be viewed as exceptional, because drug court programs typically find more sporadic attendance, at least in the early phases of their programs. This factor has also been found to be a robust indicator of future program success.

As of September 30, 2010, a total of 8 clients had graduated from the DTC program, 10 clients remained active, and 8 clients had been terminated. Approximately 85% of clients advanced to Phase 2 in an average of 24 weeks. A little less than half of participants advanced to Phase 3 in an average of 47 weeks. Among the 8 graduates of the program, the average time to graduation was 80 weeks or about a year and a half. All of the terminations occurred in the year 1 sample, suggesting that, consistent with the interview data, the court had developed a better understanding of the course of addiction treatment and acknowledged that clients may have setbacks early on. Importantly, however, the overall low recruitment rates and slow phase advancement are topics of concern that were considered in greater detail in the stakeholder focus group and judges' interview. Such issues are usually explained by multiple factors and are not atypical for drug treatment courts in their early stages of development.

Overall, the success of the program in helping participants maintain abstinence may be viewed as exceptional, with participants achieving a mean percentage of 92% drug-free urines in year 1 and 96% in year 2. This is particularly noteworthy considering the high percentage of opiate abusers and the severity of their drug dependence. Moreover, the DTC participants maintained substantially high rates of drug abstinence throughout their first 12 months of the program. Similar to the DTC's consistently high rates of treatment attendance, this is noteworthy compared to many other drug court programs that typically experience more sporadic rates of abstinence, particularly in the early months of program participation.

### **Client perceptions**

Overall, the majority of DTC participants in both years reported having a positive relationship with the judge, defense counsel, case manager, counselors, and probation officers and viewing them as helpful. As would be expected, participants in both years reported having a relatively less positive relationship with their prosecutors than with other program staff. Fewer participants reported having a positive relationship with their prosecutors, or indicated that they were as helpful. However

perceptions of the helpfulness of the prosecutor increased from year 1 to year 2. Perceptions of the judge's helpfulness also improved from year 1 to year 2.

The majority of participants in both years reported that they were satisfied with the services they received, and that the program helped them access necessary services. Responses for both of these items were notably more favorable in year 2 than in year 1. Impressively, DTC participants in both years unanimously reported that they understood what was happening during the drug court hearings.

According to perceived deterrence theory, the likelihood that a drug court participant will engage in drug use or illegal activity is influenced by the perceived certainty of being detected for infractions or recognized for accomplishments, the perceived certainty of receiving sanctions for infractions or rewards for accomplishments, and the anticipated magnitude of the sanctions and rewards (e.g., Marlowe, Festinger, Foltz, Lee, & Patapis, 2005). Findings of this evaluation indicate strong support for such perception among the DTC participants. Overall, the majority of participants in both cohorts felt that: (1) they would get caught if they broke the rules, (2) they would receive sanctions if they broke the rules, (3) the sanctions would get more severe each time they are caught; and (4) if they broke the rules they would receive a sanction quickly.

This evidence of perceived deterrence was also generally evident with regards to accomplishments and rewards. Overall, perceived deterrence in relation to rewards was much higher in the year 2 than year 1. All year 2 participants perceived that they were likely to get noticed when they did well (vs. 77% in year 1) and that they were likely to get rewarded if they did well (vs. 84% in year 1). In addition, 87% of year 2 participants perceived that they would get rewarded quickly for doing well compared to 46% of year 1 participants. This is consistent with objective evidence regarding the ratio of rewards to accomplishments and the innovative approaches that the DTC uses for rewarding participants for programmatic achievements, such as one-on-one time with the judge and the prize draw.

Interestingly, despite the DTC participants' severe drug dependent profiles in both cohorts, they generally all appeared highly motivated to make a change in their lives. The majority of participants: (1) readily acknowledged having a drug problem; (2) expressed a high level of readiness to make a change in their lives; and (3) felt that they were capable of following through with their recovery efforts. Although these findings are based on self-report data, these findings are further substantiated

by the objective measures of progress (i.e., treatment attendance and drug-negative urine screens) on the DTC participants.

The two major barriers to treatment success expressed by more than half of the DTC participants in the year 1 sample were money and transportations concerns, with nearly a third citing child care and family barriers, and less than a quarter reporting health problems and employment and school issues. In the year 2 sample, transportation was the only barrier identified, and even this was only cited by one person in the sample. This decrease in the number of barriers is an obvious indicator of the program's continuing improvement.

Regarding participants' perceptions of justice in the DTC program, the majority of clients in both cohorts reported "considerable" agreement that they understood their rules and responsibilities, that they are treated fairly, and that they have a "voice." Conversely, the majority of participants reported that they had a less than optimal understanding of their rights and protections. Research has shown that individuals feel more autonomous and are less resistant to treatment when they perceive a program as just and fair.

## **Recommendations**

- Recommendation 1: The DTC should continue to address problems of low enrollment in and delayed admission to their program through coordination and standardization of screening and referral procedures.
- Recommendation 2: Although the court has shown significant improvement as reflected by increased numbers of drug court graduates and expedited phase advancement, they will continue to benefit from monitoring and regularly adjusting phase advancement and graduation requirements.
- Recommendation 3: While they have made great strides in increasing their community's awareness of the DTC, the program will continue to increase the public's acceptance through maintaining their creative and wide spread public relations campaign.
- Recommendation 4: Although the court established several new programs to expand the range of tools and resources for DTC participants and their families, they would benefit from additional programs aimed at increasing parents' and other family members' awareness of rates

of drug use and crime, to improve their ability to identify “red flags” of problem behavior, and to give them the tools and resources (e.g., referral guides, emergency contact numbers) necessary to promptly and appropriately address problems if they occur.

- Recommendation 5: Convene specific committees made up of relevant criminal justice stakeholders, treatment and case management staff, educators, and interested community representatives to address all potential impediments to program success and problems as they arise.

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**Appendix A: Drug Offender Screening and Admission Flowchart**

