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# The Multi-Site Adult Drug Court Evaluation:

## What's Happening with Drug Courts? A Portrait of Adult Drug Courts in 2004

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### *Florida*

Osceola County Drug Court—Kissimmee, FL  
Volusia County Adult Drug Court Program—Deland, FL

### *Georgia*

Fulton County Drug Court—Atlanta, Georgia  
Hall County Drug Court—Gainesville, GA

### *Illinois*

Cook County Drug Court Rehabilitation Alternative Program (R.A.P.)—Chicago, IL  
Kane County Rehabilitation Court—St. Charles, IL

### *New York*

Auburn Drug and Alcohol Treatment Court—Auburn, NY  
Batavia City Drug Treatment Court—Batavia, NY  
City of Niagara Falls Drug Treatment Court—Niagara Falls, NY  
Finger Lakes Drug Court (Canandaigua City)—Canandaigua, NY  
Finger Lakes Drug Court, Felony Division (Ontario County)—Canandaigua, NY  
Lackawanna City Drug Court—Lackawanna, NY  
Syracuse Community Treatment Court—Syracuse, NY  
Wayne County Drug Treatment Court—Lyons, NY

### *Pennsylvania*

Chester County Drug Court—West Chester, PA  
Philadelphia Treatment Court—Philadelphia, PA

### *South Carolina*

York County Drug Treatment Court—York, SC

*Washington*

CHART Court (Snohomish County)—Everett, WA  
 King County Drug Diversion Court—Seattle, WA  
 Kitsap County Adult Drug Court—Port Orchard, WA  
 Pierce County Felony Drug Court—Tacoma, WA  
 Thurston County Drug Court Program—Olympia, WA

*Comparison Sites*

Human Services Associates, Inc.—Orlando, FL  
 Stewart-Marchman Center for Chemical Independence—Daytona Beach, FL  
 Illinois TASC—Chicago, IL  
 Judicial Division 3, North Carolina Probation—NC  
 Judicial Division 4, North Carolina Probation—NC  
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## Highlights

### Key Features of the Multi-Site Adult Drug Court Evaluation

The Justice Policy Center at the Urban Institute, RTI International, and the Center for Court Innovation conducted a multi-year, process, impact, and cost-benefit evaluation of drug court impact funded by the National Institute of Justice. The objectives of the National Institute of Justice's *Multi-Site Adult Drug Court Evaluation (MADCE)* were to evaluate the effects of drug courts on substance use, crime, and other outcomes, and to illuminate which policies and practices, and which offender attitudes, are responsible for any positive effects that were detected.

**Portrait of Adult Drug Courts.** A web-based survey of drug courts that primarily served adult clients and had been operational at least one year was conducted between February through June 2004 to develop a portrait of drug courts, and to identify variation across key participant and program domains. Of 593 drug courts that met those criteria, 380 (64 percent) completed the Adult Drug Court Survey.

**Process, Impact, and Cost-Benefit Components.** The MADCE study tests a series of theoretically-grounded hypotheses on drug court participants and comparison group subjects across 23 drug courts, and 6 comparison sites. NIJ's evaluation (1) tests the hypothesis that drug court participants have lower rates of drug use and criminal activity and show improved functioning compared to similar offenders not offered drug court; (2) tests the effects of variation in drug courts on the outcomes of participants; and (3) assesses drug court costs and benefits. Impact analyses incorporate a multi-level framework. Specifically, individual-level outcomes are modeled as a function of drug court status (drug court or comparison site); exposure to various court policies (e.g., treatment, judicial status hearings, drug testing, and case management), and offender attitudes (e.g., perceptions of the judge, perceived consequences of noncompliance, and motivation to change), while controlling for personal and community characteristics on which the 1,781 offenders and 29 sites may differ.

Findings from the Adult Drug Court Survey guided the selection of adult drug courts, and comparison sites, which were chosen to ensure variation in eligibility criteria, program requirements, community settings, and treatment and testing practices. *MADCE drug courts* included two courts in Florida, two courts in Illinois, two courts in Georgia, eight courts in New York, two courts in Pennsylvania, one court in South Carolina, and six courts in Washington. *Comparison sites* included two sites in Florida, one site in Illinois, two sites in North Carolina, and one site in Washington. Site visits were conducted to each location from mid-year 2004 through early 2005, and again in the spring of 2006, to review program operations, hold semi-structured interviews with key stakeholders, and perform structured court observations.

Study participants were recruited using a rolling enrollment from March 2005 through June 2006. Three waves of participant surveys were administered using Computer Assisted Personal Interview (CAPI) technology, and Buccal Swab Oral Fluids drug tests were collected at the third survey wave from consenting non-incarcerated participants, as shown below:

### Survey and Oral Sample Data Collection and Response Rates

	Dates of Survey Administration	Drug Court Group	Comparison Group	Total Number
<b>Baseline Interviews</b>	March 2005 – June 2006	1,157	627	1,784
<b>6-Month Interviews</b>	August 2005 – December 2006	1,012	528	1,540 (86% of baseline sample)
<b>18-Month Interview</b>	September 2006 – January 2008	952	525	1477 (83% of baseline sample)
<b>18-Month Oral fluids Samples</b>	September 2006 – January 2008	764	383	1147 (95% of non-incarcerated, 18-month sample)

Additional data were obtained from administrative records from the National Crime Information Center at the Federal Bureau of Investigation and state-level databases to capture recidivism at 24 months following baseline.

**Design Strengths.** Overall, the MADCE research approach has a number of strengths. First, the study was theory-driven based on a conceptual framework spelling out the linkages between drug courts strategies and individual behavior change. Second, the size of the pooled sample and the collection of both offender data and process evaluation data from courts allowed us to open the “black box” of effective drug court practices far beyond past studies of individual drug courts. Third, although quasi-experimental, the MADCE design affords many benefits that a traditional experimental study could not provide. Since we did not require courts to be large enough to generate potentially eligible drug court participants to populate both treatment and control samples, we were able to include small- to medium-sized courts, as well as large courts, the latter of which had already been the subject of a sizable number of drug court studies. The results of this diverse range of community contexts are likely to yield more generalizable results than those from courts in only the largest urban centers. Fourth, by including courts that vary in size, we likely increased the breadth of variation in drug court practices that we were able to study, beyond what would have been possible in the limited number of sites that might have supported a randomized experiment. Lastly, we ultimately were able to include many more drug courts—23 in total—than was originally planned given our ability to geographically cluster sites and pool data across sites.

Given the MADCE quasi-experimental design, however, we had to address three important threats to validity when implementing the impact study: (1) selection bias, (2) attrition bias, and (3) clustering of outcomes within sites. The first two problems—selection and attrition—were handled simultaneously with *propensity score modeling* and a strategy that we refer to as *super weighting*. The third problem—site-level clustering—was handled with *hierarchical modeling*.

## Volume 2. The Multi-Site Adult Drug Court Evaluation: What's Happening with Drug Courts? A Portrait of Adult Drug Courts in 2004

In 2003, The Urban Institute, with input from CCI and RTI, created a web-based, user-friendly survey for drug court program officials to complete. Using information from previously conducted drug court surveys, as well as a theoretically-grounded conceptual framework developed for this NIJ evaluation, the survey instrument was designed to cover a wide variety of program characteristics and operations. A total of 380 of 593 active adult drug courts completed our survey between February and June of 2004, resulting in a 64 percent response rate.

This volume provides descriptive information about adult drug court program characteristics and operations. Where appropriate, we examine how these characteristics and operations relate to one another to further identify how courts may vary based on particular characteristics. Further, we classify courts across several dimensions at one time to identify various profiles of courts around the country, rather than just looking at just one or two aspects of courts at a time. Courts are profiled based on participant eligibility requirements, program intensity, and best practices around sanctioning. Additionally, we examine the extent to which drug courts in 2004 implemented best practice recommendations from a decade ago.

Key findings include:

- Reflecting the rapidly increasing numbers of drug courts that have become operational since the late 1980s, more than half of the drug courts had been operational five or fewer years, and only one-fifth had been operating for more than seven years. [Chapter 2]
- Most drug courts operate small programs: nearly half had less than 50 active participants. However, 10 percent of courts reported operating very large programs with 200 or more active participants at one time. [Chapter 2]
- More than half of the courts require both an eligible charge and a clinical assessment for offenders to enroll. Courts accept a variety of charges as eligible in both misdemeanor and felony categories. Limits are not often placed on participants based on the number of prior convictions they have had, but rather on the types of convictions they have had (e.g., few courts allow prior convictions for violent misdemeanor or felony offenses). The most commonly cited exclusion criteria include offenders refusing to participate, prosecutorial discretion to exclude offenders when major drug trafficking is suspected, sex offenders, and offenders with severe mental disorders. [Chapter 2]
- More than one-third of courts only serve those who are *diagnosed* as addicted to or dependent on drugs; a third serve *regular* users of drugs or alcohol; and just under one-third serve anyone who *uses*. Two-thirds of courts allow participants into their programs for alcohol abuse only, and most allow participants in for marijuana abuse only. Urban courts are significantly less likely than rural and suburban areas to be focused on the population using only marijuana, suggesting urban courts serve a population that is using much “harder” drugs. [Chapter 2]

- On average, courts require 13.1 months in programming before graduation, with most requiring between 12 and 18 months. Despite minimum program length requirements, participants actually spend an average of 16 months enrolled in drug courts before they graduate. Most courts require participants to have a minimum number of months clean and sober—averaging about eight months—before they allow participants to graduate. [Chapter 2]
- The most commonly cited points of program entry for the majority of drug court participants are after a plea is entered, but before the final disposition of the case; after case disposition as a condition of the sentence; and before a plea is entered. Older courts, more often than younger courts, allow the majority of their participants into the program using a diversion model, whereby participants enroll in the program before entering pleas. [Chapter 3]
- Two-thirds of courts report having 30 or fewer days between the arrest of the participant and his/her first appearance in drug court. Sixty percent report getting participants into treatment within one week or less after a person's first drug court appearance. [Chapter 3]
- Most courts require contracts with participants agreeing to program rules; two-thirds require contracts with participants waiving their rights in court; more than half require contracts with participants agreeing to treatment program rules; and just under half require contracts with participants agreeing to the alternative sentence upon program failure. [Chapter 3]
- During phase one of the program, more than half of the programs saw their participants more than once per week and another third saw participants once per week for case management. When treatment providers are the case managers, they are more likely than other providers to see participants more than one time per week. [Chapter 3]
- Three-quarters of drug courts rely on multiple treatment providers to supply such services. One-fifth of courts operate their own treatment program, whether the program is the only one used for the court or whether it is in tandem with other treatment providers. Most provide a range of treatment modalities, including residential treatment, outpatient individual counseling, intensive outpatient treatment, outpatient group counseling, drug education, self-help, and relapse prevention. Not surprisingly, residential treatment was cited as the type of treatment for which the courts are most likely to have trouble finding open slots for participants; by contrast, outpatient individual counseling and group counseling are the least troublesome to find open slots. [Chapter 3]
- During phase one of programs, nearly all courts test participants for drug use more than once weekly, and two-thirds of courts get the test results within 24 hours. Nearly all courts test for the following drugs: marijuana, crack/cocaine, heroin/opiates, and methamphetamine. Most courts additionally test for benzodiazepines and alcohol. Also, most courts collect urine samples for drug testing, and supervise or observe these collections. [Chapter 3]

- During phase one of programming, participants appear for courtroom hearings one time per week or more in two-thirds of the courts. In all courts, the judges speak directly to participants instead of wholly directing their comments or questions to other program representatives or defense attorneys. In only one-third of courts are the daily dockets ordered either so that the people being sanctioned or the people being acknowledged for achievement are first on the docket. The courts that do not have a particular order to their case dockets are significantly less likely to allow participants to leave the courtroom after their particular case has been heard. [Chapter 3]
- Most courts report providing some type of reward system for participants, usually involving verbal praise or small tokens to acknowledge achievements. [Chapter 3]
- Although considered a best practice for drug courts, just under half of courts have written schedules of sanctions for noncompliant participants; and, only two-thirds of those that do provide their written schedules to the participants. For nearly three-quarters of these drug courts, the judge almost always follows the written schedule. Courts respond to positive drug tests with sanctions more quickly than other types of infractions: more than half of drug courts sanction participants within a week for a positive drug test, and just over one-third sanction participants within a week for infractions other than positive drug tests. Courts that allow staff other than the judge to sanction participants are able to react significantly more quickly than courts in which only the judge sanctions participants. [Chapter 3]
- Nearly half of the adult drug courts dismiss charges after participants graduate; for slightly more than one-fifth of courts, charges and convictions stand with a reduced sentence. As expected, drug courts that use the diversion model for program entry are more likely to dismiss charges after graduation than courts that do not employ a diversion model. [Chapter 3]
- Different types of adult drug courts are characterized by patterns of (1) severity with respect to participant eligibility requirements, (2) measures of program intensity, and (3) adherence to best practices around sanctioning. [Chapter 4]
- Ten key drug court components were put forth in 1997, not all of which were explicitly addressed in the MADCE survey, but the survey did shed light on whether drug courts were implementing some of these components. All reporting courts were responsive to the first component that drug courts must integrate alcohol and other drug treatment along with justice system case processing; however, we are unable to ascertain the quality of the treatment offered at the various courts. The third key component is that eligible participants are identified as early in the criminal justice process as possible and placed into the program. Only a portion of the drug court programs seemed to be implementing this component: how quickly participants were identified fluctuates based on the programs' entry routes and the extent to which cases were processed before the drug court intervention. It appears that most courts provided access to a range of alcohol, drug, and other related treatment and rehabilitative services (i.e., the fourth component); however, we do not know the quality of the services provided or the extent to which these

treatment services were specifically matched to participant needs. The fifth key component is to frequently monitor abstinence from drug use; more than 80 percent of courts had participants take drug tests twice weekly or more frequently during the preliminary phase of the program, and nearly all courts reported that drug tests were observed or supervised in some way to limit tampering of specimens. However, some courts did not meet expectations of timeliness in obtaining and responding to positive test results. The sixth key component—having a coordinated strategy for responding to participants' compliance with program requirements—is operationalized as having a predictable, certain, and swift system of graduated sanctions to respond to noncompliance, as well as a system of incentives for compliant behavior. While most courts provided sanctions and incentives to participants, as noted above, fewer than half of courts had any type of written schedule of sanctions and only a portion of these provided this schedule to participants so they could predict what types of sanctions were coming if they were noncompliant. Only one-fifth (21 percent) of courts had sanctioning programs that were trying to be predictable, certain, and swift all at once. The final key component we can speak to, component seven, suggests ongoing judicial interaction with each drug court participant as critical to the drug court model. Like component six, drug courts only partially adhered to recommendation seven. While 100 percent of courts had status hearings that involve direct judicial interaction with program participants, far fewer used the courtroom as an intervention point that might be useful beyond an individual's status hearing. [Chapter 4]

Whether courts are implementing key components of drug court models is interesting in and of itself; however, we noted above that the field lacks evidence about which of these components matters most when it comes to participant outcomes. The intent of the MADCE is to isolate the specific activities of drug courts that lead to lower rates of recidivism and drug use among participants.

## Chapter 1. Introduction and Methodology

### What Is the Multi-Site Adult Drug Court Evaluation?

The Justice Policy Center at the Urban Institute (UI-JPC) together with RTI International (RTI) and the Center for Court Innovation (CCI) conducted the Multi-Site Adult Drug Court Evaluation—a six-year national evaluation of adult drug court impact—funded by the National Institute of Justice. Main objectives of this project were to evaluate the effect of drug courts compared to other criminal justice responses for individuals with substance use issues, and to examine the effect of different drug court practices and key components on participant outcomes. The first task of the project was to conduct a web-based survey of adult drug courts to develop a picture of such courts around the country. This task served two purposes. First, the primary purpose of this survey was to use the findings to guide our selection of the 23 drug courts included in NIJ’s multi-site impact evaluation, for which the sample sites were chosen purposively to achieve variation in programs that reflect the differences in drug courts and the populations they serve across the country. Although this was the main purpose of the task, the survey effort has a second additional and important purpose. Information from this survey provides the field with data on adult drug court characteristics and operations throughout the United States, and identifies similarities and differences in how the programs work. Such information is provided in this report.

### A Brief History of Adult Drug Courts: Where Have We Been?

A large and impressive research literature shows that substance use and abuse are linked to crime and criminal behavior (Anglin and Perrochet 1998; Ball, Rosen, Flueck, and Nurco 1982; Boyum and Kleiman 2002; Brownstein, Baxi, Goldstein, and Ryan 1992; Condon and Smith 2003; Dawkins 1997; DeLeon 1988a; DeLeon 1988b; Harrison and Gfroerer 1992; Inciardi, Martin et al. 1996; Inciardi 1992, Inciardi and Pottieger 1994; Johnson, Goldstein et al. 1985; MacCoun and Reuter 2001; Miller and Gold 1994; Mocan and Tekin 2004). Increases in drug use prevalence, the crack cocaine epidemic of the 1980s, and changes in legislation and criminal codes were related to tremendous increases in drug offenses during the last quarter of the 20<sup>th</sup> century (Office of Justice Programs—OJP/National Association of Drug Court Professionals—NADCP 1997). At that time, the U.S. experienced a nearly three-fold increase in drug and drug-related arrests (Roman, Butts, and Rebek 2004), such that these crimes are the most widespread in nearly every American community (OJP/NADCP 1997).

During the 1980s and 1990s, offenders swamped the unprepared criminal justice system, and many were not identified as having substance use issues. Among incarcerated individuals, few—only about 15 percent—receive substance abuse treatment within the criminal justice system (Harrell and Roman 2001; Karberg and James 2005; Marlowe, Festinger, and Lee 2004) despite evidence that such treatment would help. While individuals leave treatment at estimated rates of between 40 to 90 percent, several studies show that those who remain in treatment for a

sufficient period later commit fewer crimes (French, Zarkin, Hubbard, and Rachal 1993; Lewis and Ross 1994; Simpson, Joe, and Brown 1997).

Given the evidence that treatment can be helpful to those who commit offenses and the realization that the historically adversarial nature of the justice system was unproductive when addressing substance abuse (OJP/NADCP 1997), several criminal justice system innovations emerged during the past three decades to treat offenders with drug and alcohol abuse issues in the community with criminal justice system oversight. The first large-scale program was Treatment Accountability for Safer Communities (TASC—originally called Treatment Alternatives to Street Crime). TASC was charged with funneling those with drug offenses from the court system into treatment facilities and establishing a link between the judicial system and treatment providers (Nolan 2001, Roman et al. 2004). In the late 1980s, Intensive Supervision Probation (ISP) also was developed. ISP—designed to supervise drug offenders in the community, rather than in prison or jail—was more rigorous than TASC, with the goal of providing more intensive oversight than regular probation and the hope of reducing prison overcrowding (Tonry 1990).

While these programs created links between treatment and the criminal justice system, they did not fully exploit the ability of the criminal justice response to encourage people to participate in and complete treatment. Drug courts evolved in the late 1990s as a form of “therapeutic jurisprudence,” with the first court established in Miami, Florida (Hora, Schma, and Rosenthal 1999; Senjo and Leip 2001; Slobogin 1995; Wexler and Winick 1991). The drug court model uses legal procedures and policies—through intensive court-based supervision—to improve psychosocial outcomes for individual participants. The inception of these courts was supported by a research base showing that coerced treatment is as effective as voluntary treatment (Anglin, Brecht, and Maddahian 1990; Belenko 1999; Collins and Allison 1983; DeLeon 1988a; DeLeon 1988b; Hubbard, Marsden, et al. 1989; Lawental, McClellan et al. 1996; Siddall and Conway 1988; Trone and Young 1996). Since that time, several studies have found that participation in drug courts can reduce recidivism rates (Finigan 1998; Goldkamp and Weiland 1993; Gottfredson and Exum 2002; Harrell and Roman 2001; Jameson and Peterson 1995; Peters and Murrin 2000; Wilson, Mitchell, and MacKenzie 2006). As a result, drug courts have multiplied (OJP/NADCP 1997; Roman et al. 2004), with more than 2,100 drug courts, of which 1,174 were adult drug courts in 2007 (Huddleston, Marlowe, and Casebolt 2008).

In 1997, the Drug Court Program Office in the Office of Justice Programs in collaboration with the National Association of Drug Court Professionals produced a document promoting ten key components to drug court operations and identified these as the best practices of the day. These components are often held up as integral to the drug court model, and have been used by communities in developing their individual programs. During the past decade, several nationally-focused surveys of drug courts were implemented to understand the programs in operation. The Drug Court Clearinghouse and Technical Assistance Project at American University’s Justice Program Office conducted two such surveys in 1995 and 1997 (Cooper 1997). The 1995 survey of 20 drug court programs that had been in operation for more than a year included early courts such as those in Pensacola (FL), Las Vegas (NV), and Los Angeles (CA). The 1997 survey of 97 programs surveyed a number of drug court team members, including judges, prosecutors, defense counsel, treatment providers, and participants, among others. Dimensions included in the

surveys focused on practitioner perceptions of drug court impacts, effectiveness, and cost savings, as well as basic information about program characteristics.

In addition to the Drug Court Clearinghouse surveys, two other drug court surveys had a national scope prior to the MADCE survey. The National TASC office (1999) conducted a survey of treatment services available to drug court participants in 212 drug courts, finding that drug court treatment services “comport with scientifically established principles of treatment effectiveness.” A more recent national drug court survey, conducted by the Bureau of Justice Assistance (BJA 2003), focused on needs assessment and possible areas for technical assistance for the 257 drug courts surveyed.

## **The MADCE Portrait of Adult Drug Courts**

The MADCE portrait presented in this volume is based on a survey that includes areas of inquiry from earlier surveys, but also expands the content of the information gathered beyond the scope of these previous works. We sought to conduct a comprehensive examination of drug courts to provide information about program policies and procedures without limiting to a narrow focus on particular technical assistance needs or policy areas. Our survey sheds light on how drug courts were operating in 2004, 15 years after the movement started.

### ***How Was the MADCE Adult Drug Court Survey Designed?***

The Urban Institute, with input from CCI and RTI, created a web-based, user-friendly survey for drug court program officials to complete. Using information from previously conducted drug court surveys,<sup>1</sup> as well as a theoretically-grounded conceptual framework developed for NIJ’s evaluation, the survey instrument was designed to cover a wide variety of program characteristics and operations.

The conceptual framework designed for the purposes of NIJ’s full evaluation allows us to better understand the impact of drug courts by linking drug court practices to outcomes that might produce the desired reduction in drug use and crime. Frameworks for evaluating drug courts have been proposed by Temple University (Goldkamp, White, and Robinson 2001), RAND (Longshore, Turner, et al. 2001), and Urban Institute (Butts, Roman, Rossman, and Harrell 2004). Temple University’s framework (see Figure 2-1.1) is largely atheoretical, but is helpful in identifying important court management practices that need to be considered in any drug court evaluation. RAND’s framework (see Figure 2-1.2) takes a needed step toward a theoretically-grounded evaluation framework by grouping drug court practices into categories that, with the development of a more comprehensive list of indicators, can be used to measure court variations expected to affect outcomes.

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<sup>1</sup> American University/Drug Court Clearinghouse and Technical Assistance Project (1999). Program Update Survey; Cooper 2001; National TASC 1999; New York State Unified Court System Statewide Drug Court Research Project Appendix A: Drug Court Survey and Appendix B: Drug Court Survey Update (July 29, 2002); Teen Court Evaluation Project: Teen Court Questionnaire. The Urban Institute; Appendix 1 of DCPO Drug Court Monitoring, Evaluation, and Management Information Systems report—Drug Court Needs Assessment of Evaluation and Management Information Systems.

**Figure 2-1.1. Elements of the Temple University Conceptual Framework**

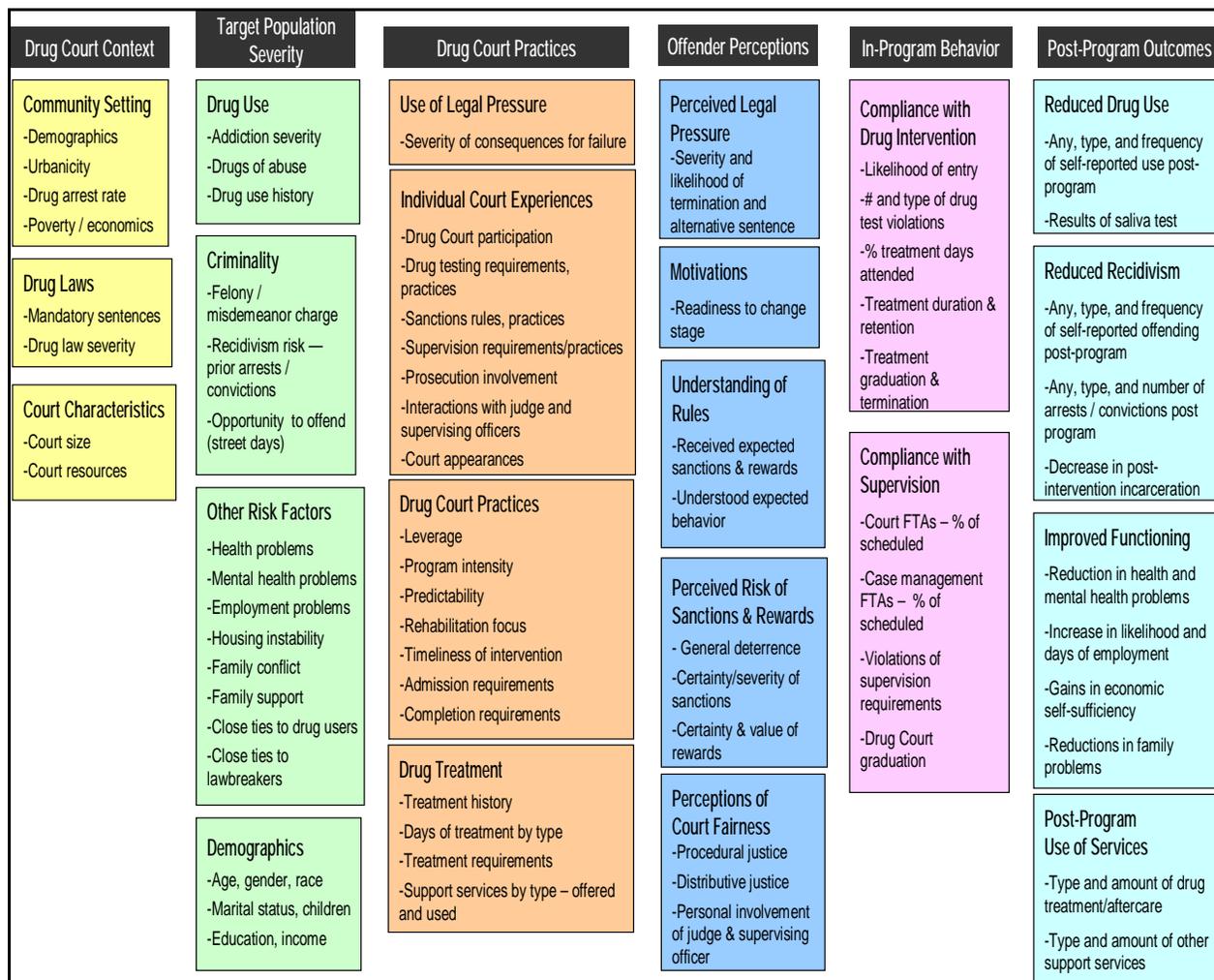
Dimensions of Program Structure and Process	Indicators (Examples)
1. Target Problem	<ul style="list-style-type: none"> <li>• Specific drug-crime problem program addresses — e.g., AOD related crime, homelessness and heroin addiction, property crime.</li> <li>• Problem that led to creation of drug court.</li> </ul>
2. Target Population	<ul style="list-style-type: none"> <li>• Type of client focused on by drug court — e.g., felony defendants, probation or parole revokees, etc.</li> </ul>
3. Court Processing Focus & Adaptations	<ul style="list-style-type: none"> <li>• Stage of court processing at which drug court intervention is offered to defendants — diversion, post-conviction, probation/parole and revocation?</li> </ul>
4. Identification, Screening, and Evaluation of Candidates – Reaching the Target	<ul style="list-style-type: none"> <li>• Criteria/procedures used to locate and enroll clients.</li> <li>• Use of clinical assessments to evaluate substance abuse involvement of potential program clients.</li> </ul>
5. Structure and Content of Treatment	<ul style="list-style-type: none"> <li>• Treatment programs associated with drug court.</li> <li>• Range of options for treatment, substantive services provided, as well as types of supporting services.</li> <li>• Program phases, graduation requirements, means of funding treatment services.</li> <li>• Courtroom dynamics, as observed.</li> </ul>
6. Responses to Performance — Participant Accountability	<ul style="list-style-type: none"> <li>• How program rewards positive achievements in treatment versus poor performance or non-compliance.</li> </ul>
7. Extent of System-Wide Support for Program	<ul style="list-style-type: none"> <li>• Political, financial, and bureaucratic support and/or participation by criminal justice actors and non-justice system agencies (health, treatment, social services).</li> </ul>

**Figure 2-1.2. Elements of the RAND Conceptual Framework**

Dimensions of Program Structure and Process	Indicators (Examples)
1. Leverage	<ul style="list-style-type: none"> <li>• Percent of pre-plea vs. post-plea participants</li> <li>• Perceived aversiveness of discharge</li> </ul>
2. Population Severity	<ul style="list-style-type: none"> <li>• Severity of drug use</li> <li>• Severity of criminal involvement (current charge and prior charges)</li> </ul>
3. Program Intensity	<ul style="list-style-type: none"> <li>• Required frequency of urine testing</li> <li>• Required frequency of court appearances</li> <li>• Required hours of treatment</li> </ul>
4. Predictability	<ul style="list-style-type: none"> <li>• Consistency of rewards and sanctions</li> <li>• Conformance of rewards/sanctions with protocol</li> <li>• Time elapses between noncompliance and response</li> <li>• Perceived predictability</li> </ul>
5. Rehabilitation Emphasis	<ul style="list-style-type: none"> <li>• Collaborative decision-making</li> <li>• Attention to multiple needs</li> <li>• Flexibility in procedure</li> <li>• Re-entry</li> <li>• Drug court dynamics (observed)</li> </ul>

Our conceptual framework builds on these two models by hypothesizing causal linkages to be tested in the full evaluation (see Figure 2-1.3). The post-program outcomes of drug use, recidivism, individual functioning, and service use are hypothesized to result from the direct and indirect effects of in-program behavior (such as participation in drug treatment and compliance with drug court supervision); offender beliefs and attitudes; perceived court pressure (i.e., perceptions that the consequences of program termination are severe and that the penalties for noncompliance are certain and aversive are expected to result in greater participation in treatment and compliance with rules); drug treatment (including need for treatment, motivation to change, and reductions in criminal thinking); and drug court practices, target population, and context.

**Figure 2-1.3. NIJ’s Multi-Site Adult Drug Court Evaluation Conceptual Framework**



To ensure that we incorporated inter-court variation in our sampling for NIJ’s full evaluation, we included information that would be part of our sampling criteria for the outcome evaluation in the web-based survey of courts. Thus, we were sure to address items in the third column of our conceptual framework. Specifically, we asked about:

- *Drug Treatment.* Drug treatment is core to the drug court model, and we developed survey items designed to yield an understanding of the comprehensiveness of the treatment being offered to participants.
- *Monitoring/Accountability.* The day-to-day use of drug tests, judicial review hearings, and case management are hypothesized to be important determinants of offender perceptions and behavior, based on theory and findings from earlier studies (Harrell and Kleiman 2001). We developed survey items that asked about program requirements related to these court practices, and how the courts incorporated the practices into their operations.

- *Supervision Style.* Many drug court judges, observers, and participants from past drug court studies conducted by the Urban Institute point to the important effects of the judge's courtroom style on offender behavior. Direct conversation and eye contact between judges and participants are hypothesized to contribute to the belief that judges care about progress and affect treatment participation. Indeed, judicial encouragement may be the primary reward used by drug courts, made tangible in recognition ceremonies and token gifts (see Satel 1998). However, because the drug court model simultaneously stresses the importance of sanctions, different courts and judges tend to strike widely varying balances between positive and negative reinforcement. Thus, we asked courts about their courtroom procedures, the extent to which they provide both sanctions and incentives, and how these processes work operationally.

The web-based survey was developed focusing on the aforementioned important topics, then piloted on a small number of courts and researchers whose feedback was used to refine the web design and survey content.

The resulting survey included five major sections, as well as subsections covering more specific topics within each area (see Appendix A to review the full survey). The five sections were (1) General Information, including population served, points of entry into the program, and case flow; (2) Program Structure, including program characteristics, eligibility criteria, and substance abuse assessment; (3) Program Operations, including management information systems, entry into the drug court program, program staffing, case management, and program contacts; (4) Treatment and Drug Testing, including substance abuse treatment services and drug testing; and (5) Courtroom Practices, including courtroom practices, infractions and sanctions, achievements, and graduation. The web-based data entry form was set up so that respondents could complete and save individual sections, and return to the survey at a later date if necessary to complete any remaining sections.

### ***Who Participated in the Survey?***

The primary purpose of the web-based survey was to examine adult drug courts across the country and to understand their operations and practices so as to inform decisions about courts to include in NIJ's MADCE impact evaluation. As a result, the intention of the web-based survey was to identify and survey courts that were meant to be the primary focus of the MADCE effort. Distinct from some past survey efforts, this survey was not meant to be nationally representative in its own right. We did not try to include all drug courts across the country because many were serving populations that were not the focus of our study (e.g., juveniles, family courts, courts just starting up), nor did we try to choose a nationally representative sample of courts to include in the survey. Instead, we were focused on a particular set of courts—those primarily serving adults and those that had some experience in implementing their drug court for at least one year; we attempted to survey the universe of drug courts fitting these criteria as of February 2004. We did not attempt to sample from this population of courts, but rather invited all such courts to participate in the survey. Indeed, not all courts invited to participate did so, and the resulting sample of courts includes some nonrandom nonresponse. Thus, this report documents the

practices and policies of a set of adult drug courts for one particular snapshot in time. Since this time, more drug courts have started around the country.

To identify courts meeting the criteria of primarily serving adults and of being in operation for at least one year as of February 2004, an initial list of drug courts was developed from reports on active drug courts compiled by the Office of Justice Programs' Drug Court Clearinghouse and Technical Assistance Project at American University.<sup>2</sup> A total of 635 drug courts were identified as meeting these criteria. Contact information for courts was provided by American University, the National Association of Drug Court Professionals (NADCP), and through direct communication with state court administrators. State drug court coordinators also were contacted to verify operational drug courts and clarify any remaining issues. Through this process, a total of 42 courts were determined to have either ceased operation at that time or had been in operation for less than one year at that time. Those courts were dropped from the sample, yielding a final count of 593 active adult drug courts across the United States in February 2004 that we invited to participate in our survey. A total of 380 drug courts completed our survey between February and June of 2004 (see Figure 2-1.4), resulting in a 64 percent response rate.<sup>3</sup>

To understand how our resulting sample compared to those who were invited to participate in the survey, we conducted a set of comparative analyses based on the region of the country and size of the geographic areas in which courts were located, and based on the number of participants the courts served as self-reported to the American University/Drug Court Clearinghouse and Technical Assistance Project. The proportions of courts that existed in particular regions of the country in February 2004 that were invited to participate in the survey were similar to the proportions of courts from those regions that actually participated. Of the 593 courts invited to participate in the survey, 28 percent were in the Midwest, 9 percent were in the Mountain region, 17 percent were in the New-England/Mid-Atlantic Region, 26 percent were in the South, and 21 percent were in the West. About the same percentages of courts in those regions actually completed our survey. Among those that completed the survey, 27 percent were in the Midwest (63 percent of courts from that region), 9 percent were in the Mountain region (67 percent of courts from that region), 17 percent were in the New-England/Mid-Atlantic Region (80 percent of courts in that region), 26 percent were in the South (55 percent of courts in that region), and 21 percent were in the West (62 percent of courts in that region).

Some variation existed in terms of those courts that responded to the survey and the overall set of courts invited to participate in the survey based on size of geographic region. For these purposes, we define metropolitan, sub-metropolitan, and non-metropolitan as per the National Center for Health Statistics (Ingram and Franco 2006). Metropolitan areas are defined as counties in metropolitan statistical areas with populations of 1 million or more; sub-metropolitan areas are defined as metropolitan statistical areas with populations of 250,000-999,999 or 50,000 to 249,999; and non-metropolitan are those not defined as either metropolitan or sub-metropolitan, or those designated as micropolitan (meaning clusters of 10,000 or more persons). Of the 593

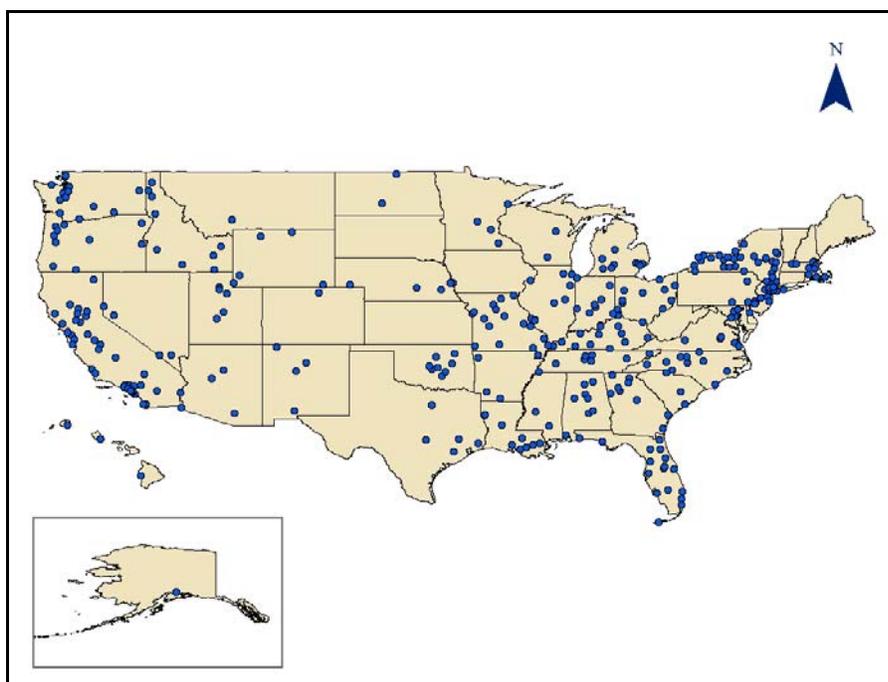
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<sup>2</sup> The May 22, 2003, and the November 7, 2003, editions.

<sup>3</sup> Courts were contacted numerous times and through diverse avenues to request participation in the study. Letters, postcard reminders, and e-mails were sent from the National Institute of Justice, the National Association of Drug Court Professionals, and Urban Institute. Researchers also made telephone contact with courts to encourage participation.

courts invited to participate in the survey, 36 percent were metropolitan, 39 percent were sub-metropolitan, and 25 percent were non-metropolitan. Among those that completed the survey, 41 percent were metropolitan, 36 percent were sub-metropolitan, and 23 percent were non-metropolitan. A total of 73 percent of the courts in metropolitan areas participated in the survey, 59 percent of courts in sub-metropolitan areas, and 60 percent of courts in non-metropolitan areas.

**Figure 2-1.4. Location of Survey Respondents**



*Source: Urban Institute Adult Drug Court Survey*

*Note: N=375 valid responses*

*This map does not depict 2 respondents from Puerto Rico and 1 respondent from Guam.*

Of the 593 courts invited to participate in the study, 113—or 19 percent—identified themselves to the American University/Drug Court Clearinghouse and Technical Assistance Project as large courts (that is, as serving a large number of participants). Of the total courts that actually completed the survey, 22 percent were among these large courts. In total, our sample includes 75 percent of the largest courts.

## **The Structure of This Report and the Analyses Presented in It**

The remainder of this report documents the results of the survey described above. Chapters 2 and 3 provide descriptive information about adult drug court program characteristics and operations. Where appropriate, we also examine how these characteristics and operations relate to one another to further identify how courts may vary based on particular characteristics. Chapter 4 examines how characteristics and operations can be combined to classify courts across several dimensions of operation at one time to identify various profiles of courts around the country,

rather than just looking at just one or two aspects of courts at a time. Courts are profiled based on participant eligibility requirements, program intensity, and best practices around sanctioning. Chapter 5 re-examines information from Chapters 2, 3, and 4 (drug court characteristics, operations, and profiles) for regional and geographic differences. Chapter 6 offers an analysis of the extent to which drug courts at that time implemented best practice recommendations from a decade ago.

The analyses presented in this report are entirely descriptive and exploratory in nature. The information here is meant to provide the drug court field—primarily drug court practitioners and policymakers—with an understanding of the landscape of adult drug courts at the time the survey was conducted. Thus, simple descriptive information is provided throughout, including frequency distributions and cross-tabulations.

In some cases in Chapters 2, 3, and 5, we tested a chi-square statistic when conducting a cross-tabulation to understand if the proportion of courts meeting a particular set of criteria was meaningfully different than the proportion of courts meeting other criteria. While these differences were not hypothesized in advance, we thought the contribution of the statistical test allowed individuals to see that some differences in proportions were more meaningful than others.

In Chapter 4, we create profiles of drug courts using an analytic technique called cluster analysis. Again, we are not hypothesis testing when conducting this analysis. Rather, cluster analysis is exploratory in nature and hypothesis generating. It tells readers how courts group together based on how they implement various court policies and practices. Tukey tests are conducted to examine if the groups of courts are meaningfully different from one another once they are identified. Greater detail about this analysis is provided in Chapter 4.

## References

- American University/Drug Court Clearinghouse and Technical Assistance Project (1999). Program Update Survey. <http://www.american.edu/spa/justice/publications/execsum.pdf>.
- Anglin M.D. and B. Perrochet. (1998). Drug Use and Crime: A Historical Review of Research Conducted by the UCLA Drug Abuse Research Center.
- Anglin M.D., M.L. Brecht, and E. Maddahian. (1990). Pre-treatment Characteristics and Treatment Performance of Legally Coerced Versus Voluntary Methadone Maintenance Admissions. *Criminology*, 27: 537-57.
- Ball J., L. Rosen, J. Flueck, and D. Nurco. (1982). Lifetime Criminality of Heroin Addicts in the United States. *Journal of Drug Issues*, 3: 225-239.
- Belenko S. (1999). Research on Drug Courts: A Critical Review. *National Drug Court Institute Review*, 2, 2:1-58.
- Boyum D. A. and M.A. Kleiman. (2002). Substance-abuse policy from a crime-control perspective. In J. Q. Wilson & J. Petersilia (Eds.), *Crime: Public policies for crime control*. Oakland, CA: ICS, 331-382.

- Brownstein H.H., H. Shiledar Baxi, P.J. Goldstein, and P.J. Ryan. (1992). The Relationship of Drugs, Drug Trafficking, and Drug Traffickers to Homicide. *Journal of Crime and Justice*, 15: 25-44.
- Bureau of Justice Assistance (BJA 2003). Drug Court Survey. Drug Court Program Office Report, Drug Court Monitoring, Evaluation, and Management Information Systems. Drug Court Needs Assessment of Evaluation and Management Information Systems.
- Butts J.A., J. Roman, S.B. Rossman, and A.V. Harrell (2004). Shaping the Next Generation of Juvenile Drug Court Evaluations. In Butts J.A. and J. Roman (Eds.). *Juvenile Drug Courts and Teen Substance Abuse*. Washington, DC: Urban Institute Press.
- Collins J.J. and M. Allison. (1983). Legal coercion and retention in drug abuse treatment. *Hospital and Community Psychiatry*, 34, 12: 1145-49.
- Cooper C.S. (2001). 2000 Drug Court Survey Report: Program Operations, Services, and Participant Perspectives: Executive Summary. OJP Drug Court Clearinghouse and Technical Assistance Project. November 2001.
- Cooper C.S. (1997). 1997 Drug Court Survey Report: Program Operations, Services, and Participant Perspectives: Executive Summary. OJP Drug Court Clearinghouse and Technical Assistance Project. October 1997.
- Condon J. and N. Smith. (2003). Prevalence of Drug Use: Key Findings from the 2002/2003 British Crime Survey, United Kingdom Home Office.
- Dawkins M.P. (1997). Drug Use and Violent Crime Among Adolescents. *Adolescence*, 32: 395-405.
- DeLeon G. (1988a). Legal Pressure in Therapeutic Communities. *Journal of Drug Issues*, 18: 625-640.
- DeLeon G. (1988b). Legal Pressure in Therapeutic Communities. In C. G. Leukfield and F. M. Tims (Eds.), *Compulsory Treatment of Drug Abuse: Research and Clinical Practice* (NIDA Research Monograph 86, DHHS Publication No. ADM 88-1578, Rockville, MD: National Institute on Drug Abuse, 160-177.
- Drug Court Program Office. Drug Court Monitoring, Evaluation, and Management Information Systems, Appendix 1. <http://www.ncjrs.org/pdffiles1/bja/195077.pdf>.
- Everitt B. S. (1993). *Cluster Analysis: Third Edition*. New York, NY: Halsted Press.
- Finigan M. (1998). An Outcome Program Evaluation of the Multnomah County S.T.O.P. Drug Diversion Program. West Linn, OR: Northwest Professional Consortium.
- French M.T., G.A. Zarkin, R.L. Hubbard, and J.V. Rachal. (1993). The Effects of Time in Drug Abuse Treatment and Employment on Posttreatment Drug Use and Criminal Activity. *American Journal on Drug and Alcohol Abuse*, 19: 19-33.
- Goldkamp J.S., M.D. White, and J.B. Robinson. (2001). Do Drug Courts Work? Getting Inside the Drug Court Black Box. *Journal of Drug Issues*, 31: 27-72.
- Goldkamp J.S. and D. Weiland. (1993). Assessing the Impact of Dade County's Felony Drug Court. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Gottfredson D.C. and M.L. Exum. (2002). The Baltimore City Drug Treatment Court: One-Year Results from a Randomized Study. *Journal of Research in Crime and Delinquency*, 39, 3: 337-356.

- Harrell A. and J. Roman. (2001). Reducing Drug Use and Crime Among Offenders: The Impact of Graduated Sanctions. *Journal of Drug Issues*, 31, 1: 207-232.
- Harrell K. and Kleiman, M. (2001). Drug Testing in Criminal Justice Settings. In C. Leukefeld & F. Tims (Eds.), *Clinical and Policy Responses to Drug Offenders. Policies and Issues*. New York, NY: Springer Publishing Company.
- Harrison L. and J. Gfroerer. (1992). The Intersections of Drug Use and Criminal Behavior: Results from the National Household Survey on Drug Abuse. *Crime and Delinquency*, 38: 422-443.
- Hora P.F., W.G. Schma, and J. Rosenthal. (1999). Therapeutic Jurisprudence and the Drug Treatment Court Movement: Revolutionizing the Criminal Justice System's Response to Drug Abuse and Crime in America. *Notre Dame Law Review*, 74, 2: 439-527.
- Hubbard R.L., M.E. Mardsen, J.V. Rachal, H.J. Harwood, E.R. Cavanaugh, and H.M. Ginzburg. (1989). *Drug Abuse Treatment: A National Study of Effectiveness*. Chapel Hill, NC: University of North Carolina Press.
- Huddleston C.W, D.B. Marlowe, and R. Casebolt. (2008). *Painting the Current Picture: A National Report Card of Drug Courts and Other Problem-Solving Court Programs in the United States*. Washington, DC: Bureau of Justice Assistance, May Volume II, Number 1.
- Inciardi J.A. and A.E. Pottieger. (1994). Crack Cocaine Use and Street Crime. *Journal of Drug Issues*, 24: 273-292.
- Inciardi J.A., S.S. Martin, C.A. Butzin, R.M. Hooper, and L.D. Harrison. (1996). An Effective Model of Prison-based Treatment for Drug-Involved Offenders. *Journal of Drug Issues*, 27, 2: 261-278.
- Ingram D.D. and Franco, S. (2006). 2006 NCHS Urban-Rural Classification Scheme for Counties. <http://wonder.cdc.gov/wonder/help/CMF/Urbanization-Methodology.html>.
- Jameson and Peterson (1995). *Evaluation of the First Year of Operation of the Jackson County Drug Court*. Kansas City: Ewing Kauffman Foundation.
- Johnson B.D., P.J. Goldstein, E. Preble, J. Schmeidler, D.S. Lipton, B. Spunt, and T. Miller. (1985). *Taking Care of Business: The Economics of Crime by Heroin Users*. Lexington, MA: Lexington Books.
- Karberg J. and J. James. (2005). *Substance Dependence, Abuse, and Treatment of Jail Inmates*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Lawental E., A.T. McClellan, G.R. Grissom, P. Brill, and C. O'Brien. (1996). Coerced Treatment for Substance Abuse Problems Detected Through Workplace Urine Surveillance: Is It Effective? *Journal of Substance Abuse*, 8, 1: 115-128.
- Lewis B.F. and R. Ross. (1994). Retention in Therapeutic Communities: Challenges for the Nineties. In F. M. Tims, G. De Leon & N. Jainchill (Eds.) *Therapeutic Community: Advances in Research and Application*. Washington: Government Printing Office, 99-116.
- Longshore D.L., S. Turner, S.L. Wenzel, A.R. Morral, A. Harrell, D. McBride, E. Deschenes, and M.Y. Iguchi . (2001). Drug Courts: A Conceptual Framework. *Journal of Drug Issues*, 31(1): 12.
- MacCoun R.J. and P. Reuter. (2001). *Drug War Heresies: Learning from Other Vices, Times, and Places*. New York, NY: Cambridge University Press.

- Marlowe D.B., D.S. Festinger, and P.A. Lee. (2004). The Judge is a Key Component of Drug Court. *National Drug Court Institute Review*, 4, 2: 1-34.
- Miller N.S. and M.S. Gold. (1994). Criminal Activity and Crack Addiction. *The International Journal of Addictions*, 29, 1069-1078.
- Mocan H.N. and E. Tekin. (2004). Guns, Drugs and Juvenile Crime: Evidence From a Panel of Siblings and Twins. IZA Discussion Paper No. 932.
- National TASC. Drug Court Treatment Services Inventory. U.S. Department of Justice, Office of Justice Programs. Drug Courts Program Office, (September 1999).  
<http://www.ncjrs.org/pdffiles1/bja/188085.pdf>. Appendix A of Peyton, Elizabeth and Robert Gossweiler. Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey. May 2001.
- New York State Unified Court System Statewide Drug Court Research Project. (2002). Appendix A: Drug Court Survey and Appendix B: Drug Court Survey Update (July 29, 2002).
- Nolan J.L. (2001). *Reinventing Justice: The American Drug Court Movement*. Princeton, NJ: Princeton University Press.
- Office of Justice Programs and National Association of Drug Court Professionals. (OJP/NADCP 1997). *Defining Drug Courts: The Key Components*. Washington, DC: U.S. Department of Justice. NCJ 205621.
- Peters R.H. and M.R. Murrin. (2000). Effectiveness of Treatment-Based Drug Courts in Reducing Criminal Recidivism. *Criminal Justice and Behavior*, 27, 1: 72-96.
- Roman J., J.A. Butts, and A. S. Rebeck. (2004). *The Evolution of Drug Treatment Courts*. Submitted to the National Institute of Justice, U.S. Department of Justice. Washington, DC: The Urban Institute. March.
- Satel S. (1998). Observational Study of Courtroom Dynamics in Selected Drug Courts. *National Drug Court Institute Review*, 1: 43-72.
- Senjo S. and L.A. Leip. (2001). Testing Therapeutic Jurisprudence Theory: An Empirical Assessment of the Drug Court Process. *Western Criminology Review*, 3, 1.
- Siddall J.W. and G.L. Conway. (1988). Interactional Variables Associated with Retention and Success in Residential Drug Treatment. *International Journal of the Addictions*, 23, 12: 1241-1254.
- Simpson D.D., G.W. Joe, and B.S. Brown. (1997). Treatment Retention and Follow-up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors*, 11: 294-307.
- Slobogin C. (1995). Therapeutic Jurisprudence: Five Dilemmas to Ponder. *Psychology, Public Policy and Law*, 1: 193-196.
- Tonry M. (1990). Stated and Latent Functions of ISP. *Crime and Delinquency*, 36, 1: 174-191.
- Trone J. and D. Young. (1996). *Bridging Drug Treatment and Criminal Justice*. Vera Institute Program Brief. New York: Vera Institute of Justice.

Wexler D.B. and B.J. Winick. (1991). Therapeutic Jurisprudence as a New Approach to Mental Health Law Policy Analysis and Research. *University of Miami Law Review*, 979.

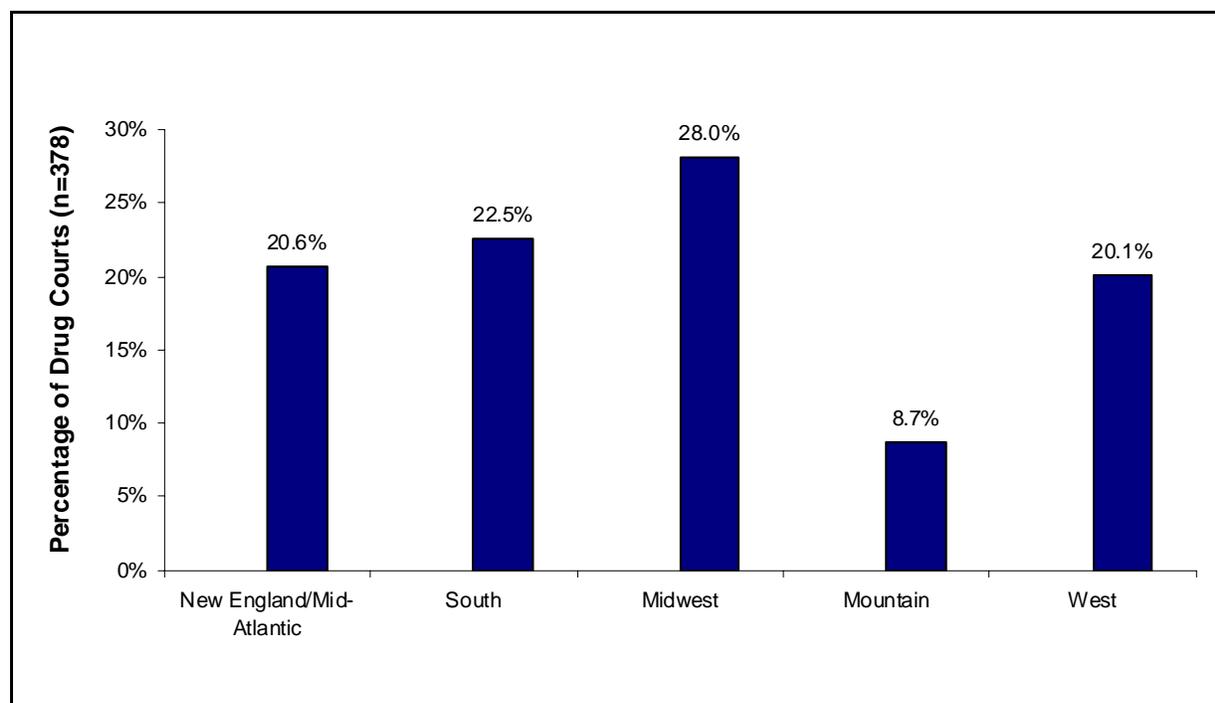
Wilson, D.B., Mitchell, O. and MacKenzie, D.L. (2006). A Systematic Review of Drug Court Effects on Recidivism. *Journal of Experimental Criminology*, 2: 459-487.

## Chapter 2. Characteristics of Adult Drug Courts

### What Drug Courts Are Out There?

The drug court movement started in Florida, but at the time of our survey the largest share of adult drug courts reported that they were based in the Midwest (28.0 percent, see Figure 2-2.1).<sup>4</sup> About one-fifth of drug courts reported being in each of three regions: the New England/Mid-Atlantic region (20.6 percent), the South (22.5 percent), and the West (20.1 percent). The Mountain region had the smallest number of drug courts, with less than 10 percent reporting being based there (8.7 percent).

**Figure 2-2.1. Regional Distribution of Adult Drug Courts**



Source: Urban Institute Adult Drug Court Survey

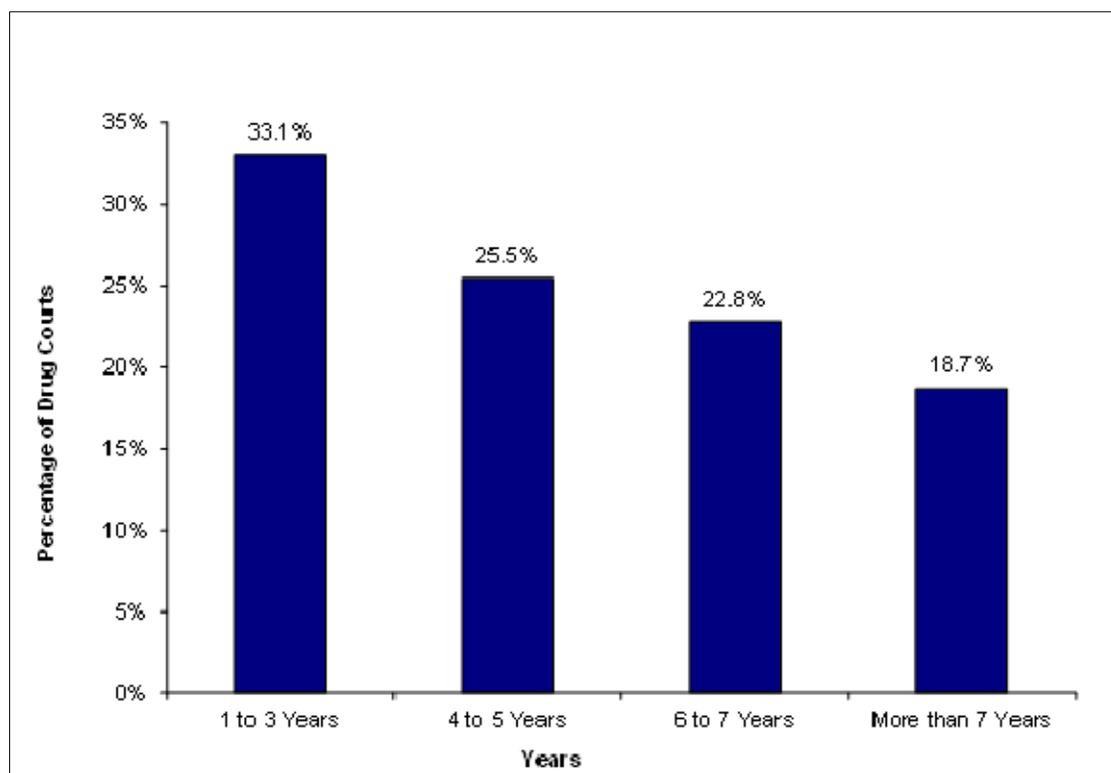
Note: N=378 valid responses

<sup>4</sup> For the purposes of this report, five regions within the United States are identified: New England/Mid-Atlantic, South, Midwest, Mountain, and West.

- The New England/Mid-Atlantic region includes Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, and Delaware.
- The South includes Maryland, the District of Columbia, Virginia, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, and Puerto Rico.
- The Midwest includes West Virginia, Kentucky, Ohio, Indiana, Michigan, Illinois, Wisconsin, Arkansas, Texas, Oklahoma, Kansas, Missouri, Iowa, Nebraska, South Dakota, North Dakota, and Minnesota.
- The Mountain region is New Mexico, Arizona, Colorado, Utah, Wyoming, Idaho, and Montana.
- The West includes Nevada, California, Oregon, Washington, Alaska, Hawaii, and Guam.

Since the first drug court began operating in the late 1980s, there has been a proliferation of courts around the country (Roman et al. 2004). Many courts are relatively young in terms of how long they have been in existence: over half—60 percent—have been in operation for five or fewer years (see Figure 2-2.2). One-third of drug courts reported having been in operation for only one to three years (33.1 percent), and one-quarter have been operating for four or five years (25.5 percent). Just less than 20 percent of courts reported operating more than seven years.

**Figure 2-2.2. Drug Court Years of Operation**



*Source: Urban Institute Adult Drug Court Survey*

*Note: N=369 valid responses*

Overall, drug courts in the West are significantly older than drug courts in other regions of the country and are the most likely to have been in operation for more than seven years (37.5 percent of Western courts, see Table 2-2.1). Drug courts in the Mountain and the New England/Mid-Atlantic regions are generally younger than drug courts in other regions with 45.5 percent and 41.0 percent, respectively, in operation for only one to three years. Only 6.1 percent of courts in the Mountain region and 11.5 percent of courts in the New England/Mid-Atlantic region have been in operation for more than seven years. As compared to these regions, Southern and Midwestern drug courts more closely mirror the age distribution of courts in the sample as a whole.

**Table 2-2.1. Drug Court Years of Operation, by Region**

Years of Operation	Percent of Courts by Region					Total Percent (N)
	New England/ Mid-Atlantic	South	Midwest	Mountain	West	
1 to 3 Years	41.0	31.7	33.7	45.5	19.4	33.1 (122)
4 to 5 Years	25.6	22.0	33.7	18.2	20.8	25.4 (94)
6 to 7 Years	21.8	24.4	20.2	30.3	22.2	22.8 (84)
More than 7 Years	11.5	22.0	12.5	6.1	37.5	18.7 (69)
Total Percent (N)	21.1 (78)	22.2 (82)	28.2 (104)	8.9 (33)	19.5 (72)	100 (369)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=34.0$ ,  $p<.01$

Across regions, drug courts are located in urban, rural, and suburban areas. More than 80 percent of courts are located in urban or rural areas, about evenly divided between the two types of locales (see Table 2-2.2). No specific measure of metropolitan status was used here, rather courts self-identified as urban, rural, or suburban.

**Table 2-2.2. Geographic Areas of Drug Courts**

Geographic Area	Percent of Courts
Rural	41.2
Urban	40.4
Suburban	18.4

Source: Urban Institute Adult Drug Court Survey

Note:  $N=369$  valid responses

## The Size of Adult Drug Courts

Most courts across the country operate with a small population of participants. Nearly half of the drug courts reported that their programs have fewer than 50 active participants (see Table 2-2.3). Nearly 20 percent of courts have between 50 and 74 active participants. Only 13 percent of courts are quite large with 200 or more active participants. The mean number of currently active participants is 91.5. (See Chapter 5 in this volume for differences in the number of active participants based on regional and geographic location of drug courts.)

Most courts across the country operate with a small population of participants. Nearly half of the drug courts reported that their programs have fewer than 50 active participants.

**Table 2-2.3. Number of Participants Currently Active in Drug Court Programs**

Participants	Percent of Courts
Less than 50	46.2
50 to 74	18.5
75 to 99	8.7
100 to 149	9.8
150 to 199	3.8
200 to 249	3.0
250 to 299	2.4
300 to 349	1.9
350 to 399	1.4
400 or more	4.4

Source: Urban Institute Adult Drug Court Survey

Note: N=368 valid responses

The number of currently active participants gives one a sense of a drug court program's capacity each year, but not necessarily of its case flow. To examine case flow further, we asked participants to report the number of new entrants into their program during 2003, the number of graduates of the program during 2003, and the number of people who had the alternative sentence imposed during 2003. Courts reported a mean of 89 new entrants in 2003 (with a median of 41), a mean of 42 program graduates (with a median of 17), and a mean of 33 participants who had the alternative sentence imposed in 2003 (with a median of 13). Although the majority of courts did not report serving large numbers of participants, the majority (52.2 percent) also reported that more people are eligible for the drug court than can participate, indicating that they do not have the capacity to serve all those who might benefit from the program in their area.

## Who Is Eligible to Participate in Drug Courts?

To understand who is being chosen to participate in drug courts, we asked courts what the minimum eligibility criteria are in order to be enrolled in the program. Many programs have criteria related to both substance use issues and type of criminal behavior. More than half (53.2 percent) of the courts indicated that the minimum eligibility criteria include an eligible charge and a clinical assessment (see Table 2-2.4). The low response to “eligible drug charge alone” and “eligible drug charge and a clinical assessment” in comparison to “eligible charge alone” and “eligible charge and a clinical assessment” may be due to the fact that some courts may not distinguish between eligible charges and eligible drug charges.

**Table 2-2.4. Minimum Criteria for Eligibility**

Criteria	Percent of Courts
Eligible charge and a clinical assessment	53.2
Eligible charge alone	22.0
Eligible drug charge and a clinical assessment	10.0
Eligible drug charge alone	5.7
Eligible charge, positive test, and a clinical assessment	4.0
Eligible drug charge, positive drug test, and a clinical assessment	2.4
Court Answered “Other”	2.7

*Source: Urban Institute Adult Drug Court Survey*

*Note: N=372 valid responses. Three original survey responses had extremely low frequencies: (1) a positive drug test alone, (2) a clinical assessment alone, and (3) an eligible charge and a positive drug test. Thus, they are grouped together under “other.”*

### **Eligibility Based on Criminal Charges and History**

Eligible charges vary for felony and misdemeanor offenses (see Table 2-2.5). For misdemeanor offenses, the majority of the courts accept offenders charged with drug possession, property offenses, prostitution, forgery, and probation/parole violations; however, responses were almost evenly split between yes and no on several of these offenses. A large percentage of courts (45.8 percent) also accept offenders charged with driving while intoxicated (DWI) or driving under the influence (DUI) misdemeanor offenses. For felony offenses, the large majority of courts accept offenders charged with drug possession, property offenses, prostitution, forgery, and

probation/parole violations. Again, a large percentage of the courts (59.0 percent) accept offenders charged with DWI/DUI felony offenses.

**Table 2-2.5. Types of Charges Admitted into Drug Courts**

Charge	Percent of Courts
Felony drug possession	94.3
Felony forgery	89.1
Felony property offense	86.9
Felony probation/parole violation	81.4
Felony prostitution	71.4
Misdemeanor drug possession	62.1
Felony DWI/DUI	59.0
Misdemeanor forgery	57.2
Misdemeanor probation/parole violation	56.5
Misdemeanor property offense	56.0
Misdemeanor prostitution	52.4
Felony drug sales	47.3
Misdemeanor DWI/DUI	45.8
Misdemeanor drug sales	29.8
Misdemeanor domestic violence	28.6
Felony domestic violence	20.1
Other misdemeanor violence	16.3
Other felony violence	8.9

Source: Urban Institute Adult Drug Court Survey

Note: Valid responses range from N=331 to N=368

Beyond eligibility criteria related to instant offense, we learned that most drug courts also set eligibility criteria about offenders' criminal histories. Almost all of the courts (96.0 percent) indicated that they limit program entry based on criminal history. Many courts (59.7 percent) reported that nonviolent *felonies* are the most serious type of prior conviction permitted; however, a fairly large number of courts (27.9 percent) indicated that nonviolent *misdemeanors* are the most serious type of prior convictions allowed. The majority of courts that limit entry based on criminal history (84.6 percent) also reported that they do not have a limit on the maximum number of prior convictions allowed, suggesting that for the most part there is no limit on the number of priors, as long as they are of the right type (i.e., nonviolent misdemeanors or felonies).

## Eligibility Based on Substance Use

In addition to criteria related to criminal charges and histories, many courts have eligibility criteria related to outcomes of clinical assessments for substance abuse issues. To understand courts' participant populations further, we asked what types of drug users are admitted into the programs. The largest group of courts (38.0 percent) reported that they admit only those individuals diagnosed as addicted or dependent (see Table 2-2.6).

Another 32.9 percent reported allowing frequent or regular users into the program, in addition to those diagnosed as addicted. Surprisingly, a substantial number of drug courts (29.1 percent) admit anyone who uses illegal drugs, regardless of whether they are diagnosed as addicted or dependent. This pattern did not vary by type of geographic area.

Thirty-eight percent of courts admit only those individuals diagnosed as addicted or dependent, meaning that the remaining courts allow participants into programs with lesser substance use issues.

**Table 2-2.6. Types of Users the Drug Courts Admit**

Admissions Criteria	Percent of Courts
Diagnosed as addicted or dependent	38.0
Frequent or regular users, as well as those diagnosed as addicted	32.9
Anyone who uses illegal drugs	29.1

Source: Urban Institute Adult Drug Court Survey

Note: N=374 valid responses

Additional results reveal that, in practice, large numbers of drug courts are admitting offenders who are abusing alcohol and marijuana, but may not be clinically dependent or abusing more serious drugs. Consistent with the number of courts admitting individuals with lower levels of substance use and the number admitting individuals with DWI/DUI offenses, 65.6 percent of courts reported that a participant can be admitted into drug court for alcohol abuse only. An even larger percentage of courts (87.7 percent) indicated that participants can enter drug court for marijuana abuse only. Allowing participants into drug court based on alcohol abuse only did not vary by type of geographic area; however, allowing participants into drug court based on marijuana abuse only did vary geographically ( $\chi^2=10.2$ ,  $p<.01$ ). The majority of courts that *do not* accept participants into drug court based only on marijuana abuse are located in urban areas (62.2 percent), suggesting they may have a greater focus on more serious drug problems.

To further understand the severity of drug problems that drug courts address, courts characterized their participant population based on this issue. The majority of courts (68.0 percent) reported that their drug court population is characterized by a mix of severe crack/cocaine, heroin, or methadone dependent users, as well as marijuana users or minimal

users of other drugs (see Table 2-2.7). Another 26.2 percent serve primarily severe users, and 5.9 percent serve primarily marijuana or minimal users.

**Table 2-2.7. Drug Use of Court Population**

Population	Percent of Courts
Primarily severe crack/cocaine or heroin or methadone dependent users	26.2
Primarily marijuana users or those minimally using other drugs	5.9
A mix of the above	68.0

Source: Urban Institute Adult Drug Court Survey

Note: N=359 valid responses

In general, suburban and urban courts serve populations with significantly more severe drug use problems than rural drug courts. Table 2-2.8 shows that nearly 40 percent of urban drug courts and approximately 31 percent of suburban drug courts serve populations of primarily severe cocaine/crack, heroin, or methadone dependent users, compared with only 10 percent of rural drug courts. In addition, just over 9 percent of rural drug courts serve populations with primarily mild dependencies compared with only 3.5 percent of urban drug courts and 4.4 percent of suburban drug courts. Rural drug courts are also most likely to serve a mix of people with mild and severe dependencies (80.7 percent). As mentioned above and consistent with the information in Table 2.8, rural and suburban drug courts are significantly more likely than urban programs to admit participants to the program for marijuana abuse only.

**Table 2-2.8. Substance Use of Drug Court Population, by Type of Geographic Area**

Substance Use	Percent of Courts by Area			Total Percent (N)
	Urban	Rural	Suburban	
Primarily severe cocaine/crack or heroin or methadone dependent users	39.6	10.0	30.9	26.1 (92)
Primarily marijuana users or those minimally using other drugs	3.5	9.3	4.4	6.0 (21)
A mix of the above	56.9	80.7	64.7	67.9 (239)
Total Percent (N)	40.9 (144)	39.8 (140)	19.3 (68)	100 (352)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=34.9$ ,  $p<.01$

## What Assessment Tools Are Adult Drug Courts Using?

The types of substance use problems addressed by drug courts vary, so we asked courts to report the substance use assessment tools they use to determine eligibility for participants. Table 2-2.9 presents this information. Although almost all courts (88.0 percent) report using clinical assessments, a large number of courts use other sources of information to assess substance use issues, indicating that eligibility is not based solely on clinical criteria. When determining drug court eligibility, many courts report relying (at least partially) on less objective sources of information, such as self-reported drug use history and the professional judgment of the person conducting the initial screening. Almost half use the results of drug tests and about one-third use information gathered from family members, friends, employers, and others known to the participant.

**Table 2-2.9. Substance Abuse Assessments: Sources of Information Used to Determine Drug Court Eligibility**

Source of Information	Percent of Courts
Clinical assessments	88.0
Professional judgment of the person conducting initial screening	86.4
Self-reported drug use history	80.1
Self-reported drug treatment history	68.9
Drug test results	45.5
Contact with family member, friend, employer, or other acquaintance	34.6

*Source: Urban Institute Adult Drug Court Survey*

*Note: N=376 valid responses*

Many drug courts do not rely on a single tool, but instead use several sources of information, including both objective and subjective measures of substance use. When looking at the patterns of sources used, three combinations account for 54.5 percent of all responses. The most frequent combination reported is the use of all six information sources, with 23.3 percent of courts indicating that they use all the items listed in Table 2-2.9. The next most frequent combination of sources (reported by 17.7 percent of courts) includes the use of four items: clinical assessments, self-reported drug use history, self-reported drug treatment history, and the professional judgment of the person conducting the initial screening. The third most frequent combination of information sources (reported by 14.5 percent of courts) includes all of the items shown in Table 2-2.9, except for contact with family members, friends, employers, or other acquaintances.

Those that indeed used clinical assessment tools also reported the specific tool, or tools, they used to assess substance use issues for program participants (see Table 2-2.10). Although a large

majority of courts are using a standardized assessment tool, such as the Addiction Severity Index (ASI), many courts are using non-standardized assessment instruments. The most widely used clinical assessment by courts in our survey is the ASI (60.4 percent), followed by some “other” instrument (48.9 percent), and an “instrument designed by drug court staff” (19.6 percent). Participants were allowed to specify what “other” instruments they used and among this group, the most frequently specified instrument is the Substance Abuse Subtle Screening Inventory (SASSI), with 21.9 percent of courts indicating this instrument is used when conducting clinical assessments. The next most frequently specified instrument among the “other” instrument group is the American Society of Addiction Medicine (ASAM) Patient Placement Criteria, with 11.9 percent of courts specifying this tool. In addition, 18.7 percent of courts reporting the use of an “other” instrument specified some combination of multiple assessment tools, many of which also included the SASSI and ASAM.

An analysis of all the possible combinations of assessment tools used may be more revealing than knowing the most frequently used tools. Such an analysis showed that three patterns of assessment tools accounted for the majority of responses (62.5 percent). The most frequent pattern of assessment tools (for 27.5 percent of courts) is the sole use of the ASI. The next most frequent pattern of tools (for 21.8 percent of courts) is the single selection of some “Other” assessment instrument. Finally, the third most frequent pattern (for 13.3 percent of courts) is the use of the ASI in combination with some “Other” assessment instrument.

**Table 2-2.10. Instruments Used when Clinical Assessments Are Conducted**

Assessment Tool	Percent of Courts
Addiction Severity Index(ASI)	60.4
Instrument designed by court staff	19.6
Simple Screening Instrument	13.6
Drug Dependence Scale (DDS)	6.3
Alcohol Dependence Scale (ADS)	6.0
American Drug and Alcohol Survey (ADAS)	3.3
Texas Christian University Prevention Management and Evaluation System	2.4
Offender Profile Index (OPI)	2.1
None	2.1
Some Other Assessment Tool	48.9

Source: *Urban Institute Adult Drug Court Survey*

Note: *N=331 valid responses*

In addition to assessments for substance abuse issues, about 13.2 percent of courts conduct formal mental health screenings for all participants and another 36.1 percent conduct such

screenings for only some participants. About half of the drug courts (50.7 percent) do not conduct formal mental health screenings. Of those that do conduct mental health screenings, the large majority of courts (67.5 percent) use screening instruments other than a set of standard instruments that we identified as possible responses in the survey (see Table 2-2.11). It is not clear if these other instruments have been standardized or if they are tools that have been developed by drug court staff for their own program's purposes and use.

**Table 2-2.11. Instruments Used when Formal Mental Health Screening Is Conducted**

Assessment Tool	Percent of Courts
Beck Depression Inventory (BDI)	14.4
Brief Symptom Inventory (BSI)	11.3
Symptom Checklist 90 Revised (SCL-90R)	3.8
Referral Decision Scale (RDS)	3.1
Some Other Assessment Tool	67.5

Source: Urban Institute Adult Drug Court Survey

Note: N=160 valid responses

## Who Is Excluded from Participating in Drug Courts?

Nearly all courts in our survey (98.9 percent) have specific *exclusion* criteria, other than instant offenses and criminal history, for potential participants who may otherwise be eligible for the drug court program. Table 2-2.12 shows commonly cited exclusion criteria, limited to only those criteria for which at least 15 percent of courts reported they use. Some of the most frequently employed exclusion criteria include the offender refuses to participate (85.6 percent), the district attorney (DA) has discretion due to the offender's suspected major drug trafficking (78.5 percent), the offender is a sex offender (71.8 percent), and the offender has a severe mental disorder (69.7 percent).

## How Are Drug Court Programs Structured?

### Judicial Assignments

A unique feature of drug courts is ongoing judicial interaction with participants, meaning that the same judge(s) are seeing program participants on a regular basis and are able to establish meaningful relationships (OJP/NADCP 1997). The judicial relationship is hypothesized to be one of the most influential aspects of drug court effectiveness, with participants finding this type of investment consequential and significant. Mirroring this idea, most courts have one judge who is assigned to drug court cases. The majority of courts (73.3 percent) have one judge who hears all drug court cases, but has other cases on his/her docket, too. Only 7.0 percent of courts have

one judge whose entire docket is dedicated to drug courts cases. A small proportion of courts—15.8 percent—has two or more judges to hear drug court cases, as well as other cases.

**Table 2-2.12. Criteria Used to Exclude from Admission to Drug Court (Besides Charge and Criminal History)**

Criteria	Percent of Courts
Defendant refuses to participate	85.6
DA discretion due to suspected major drug trafficking	78.5
Defendant is a sex offender	71.8
Presence of a severe mental disorder	69.7
Other DA discretion	57.4
Presence of a severe medical condition	48.9
Substance abuse disorder not present or severe enough for treatment	48.1
Lack of motivation or readiness for treatment	38.6
Defendant graduated drug court in past	38.0
DA discretion due to suspected "flight risk"	37.5
Defendant failed drug court in past	37.2
Defendant is not a legal resident of the United States	35.4
Defendant has another pending criminal case	31.9
Defendant is on parole	26.1
DA discretion due to weak criminal case (e.g. not jail-bound)	23.9
Defendant is a gang member	22.3
Legal use of prescribed medications	20.5
Substance abuse disorder too severe for available services	16.5

*Source: Urban Institute Adult Drug Court Survey*

*Note: N=376 valid responses*

Similarly, 76.8 percent of courts reported that judicial assignment to drug court does not rotate among judges. Without rotation, judges can build lasting relationships with participants who may be in the program for several months to more than a year, and have an opportunity to develop a style and rapport with the program. Of the 23.2 percent of courts that reported the assignment does rotate among judges, 48.8 percent reported that the assignment lasts until the judge decides to step down. About 7.5 percent of these courts reported that the judge is assigned for one year and 25.0 percent reported that the judge is assigned for two years.

## Program Phase Structure

Drug court programming is often structured in phases with each phase representing a new set of treatment and monitoring requirements. Usually early phases of the program are more intensive than later phases, as participants are improving and moving toward program graduation. Almost all of the courts (93.1 percent) reported that their drug court programs are structured in phases. Courts with a phase structure reported the minimum number of months required to complete each phase of the program. Table 2-2.13 shows that almost all (97.4 percent) of the courts that have a phase structure, also reported having a minimum phase length for three phases. About 56 percent of courts reported a minimum length for a phase four, while only 17.2 percent reported a minimum number of months for a phase five. The average length of phases was shortest for phase one, with a mean of 3.1 months as the minimum number of months required for completion. The mean number of minimum required months to complete phases was higher for phases two (4.0 months) and three (4.5 months).

**Table 2-2.13. Minimum Number of Months Required to Complete Each Phase**

Phase	Mean	Median	Percent of Courts that have Phase
1	3.1	3.0	99.1
2	4.0	3.0	98.8
3	4.5	4.0	97.4
4	4.5	3.0	56.0
5	3.7	3.0	17.2

Source: Urban Institute Adult Drug Court Survey

Note: N=348 valid responses

## Program Requirements for Length of Participation before Graduation

Requirements regarding length of time in the program were not just relevant to program phases, but also related to graduation. Only 3.7 percent of courts reported no required minimum amount of time in the program before participants are allowed to graduate. On average, courts require 13.1 months in the program before participants are allowed to graduate. A total of 79.9 percent of courts reported a minimum required time to graduation between 12 and 18 months, with 61.3 percent of courts reporting that participants are required to complete a minimum of 12 months of programming before graduation. (See Chapter 5 in this volume for differences in minimum expected length in program based on regional and geographic location of drug courts.)

Next, we asked whether the minimum expected length of drug court participation varies depending on a number of criteria (i.e., misdemeanor versus felony charge, drug-related versus non-drug-related charge, length of alternative sentence, type of drug used by participant, initial drug test results, clinical assessment, criminal history, and probation violator status). Courts were asked to identify all possible ways that minimum expected length of participation may vary, and were given the option of responding that the length does not vary. For the majority of courts (70.5 percent), the minimum expected length of participation does not vary for any reason. However, for other courts, the minimum expected length of participation varies for several reasons. For the courts that vary minimum expected length of participation, most (65.8 percent) do so based on the results of the participant's clinical assessment (see Table 2-2.14). After clinical assessment, criminal history, probation violator status, and misdemeanor versus felony charge also seem to relate to variation in the minimum expected length of program participation for a substantial number of courts.

Regardless of program graduation requirements that vary across the country, participants in courts spend, on average, 16 months enrolled in programs before graduating.

**Table 2-2.14. Criteria That Affect the Minimum Expected Length of Program Participation**

Criteria	Percent of Courts
Clinical assessment	65.8
Criminal history	30.6
Probation violator status	24.3
Misdemeanor vs. felony charge	18.9
Length of alternative sentence	14.4
The type of drug used by participant	14.4
Initial drug test results	11.7
Drug-related charge vs. non-drug related charge	8.1

*Source: Urban Institute Adult Drug Court Survey*

*Note: N=111 valid responses*

Regardless of all the criteria discussed above about the minimum number of months to graduate and how this varies within courts or between courts, participants across all courts spend, on average, 16 months enrolled in programs before graduating (with a median of 15 months). Very little variation existed around this number with 82.0 percent of courts reporting average period of participation somewhere between 12 and 18 months.

## Chapter Summary

For the past 20 years, the drug court model has been embraced by several stakeholders in the criminal justice system and new drug courts have sprung up all over the country. The results of the MADCE web-based survey of drug courts—based on data collected in 2004—show us that the region with a greater proportion of drug courts than other regions is the Midwest, while the region with the fewest is the Mountain region. Reflecting the rapidly increasing numbers of drug courts that have become operational since the late 1980s, more than half of drug courts have been in operation five or fewer years and only one-fifth of courts have been operating for more than seven years.

Most drug courts operate programs that are quite small. Nearly half have less than 50 active participants. On the other hand, 10 percent of courts operate very large programs with 200 or more active participants at one time.

Eligibility requirements range from court to court, but more than half require both an eligible charge and a clinical assessment for participants to enroll. Courts accept a variety of charges as eligible in both misdemeanor and felony categories. In addition to an eligible charge, most courts limit eligibility based on criminal histories. Interestingly, limits are not often placed on participants based on the number of prior convictions they have had, but rather on the types of convictions they have had—that is, few courts allow prior convictions for violent misdemeanor or felony offenses.

In addition to courts having requirements about what makes a person eligible for the program, almost all courts report having some type of exclusion criteria beyond eligible charges for the instant offense and criminal history. The most commonly cited exclusion criteria include an offender refusing to participate, a district attorney using discretion to exclude due to suspecting the offender is involved in major drug trafficking, an offender is a sex offender, and an offender has some type of severe mental disorder.

Drug courts were started to limit the number of people involved in the criminal justice system who also have substance use issues. The types of substance use issues being addressed varies for courts across the nation. More than one-third of courts only serve those who are *diagnosed* as addicted to or dependent on drugs; one-third serve *regular* users of drugs or alcohol; and just under one-third serve anyone who *uses*. Thus, some courts are focusing on a population with much more severe problems than others may be focused on, and some are focused on a mix of populations. Two-thirds of courts allow participants into the program for alcohol abuse only, and most allow participants in for marijuana abuse only. Urban courts are significantly less likely to be focused on the population using only marijuana compared to rural and suburban areas, suggesting urban courts serve a population that is using much “harder” drugs.

Almost all drug courts are structured in phases of programming with one or two judges dedicated to hearing the cases. On average, courts require 13.1 months in programming before graduation, with most requiring between 12 and 18 months. The expected length of programming before graduation is the same for participants in most courts and does not change for particular participants; however, for the third of courts that does vary expected length based on individual

participants, most do so because of the outcome of a participant's clinical assessment. Despite minimum program length requirements, participants actually spend an average of 16 months enrolled in drug courts before they graduate. Most courts report the average period of participation for their participants to be between 12 and 18 months.

## References

- Office of Justice Programs and National Association of Drug Court Professionals. (OJP/NADCP 1997). *Defining Drug Courts: The Key Components*. Washington, DC: U.S. Department of Justice. NCJ 205621.
- Roman J., J.A. Butts, and A. S. Rebeck. (2004). *The Evolution of Drug Treatment Courts*. Submitted to the National Institute of Justice, U.S. Department of Justice. Washington, DC: The Urban Institute. March.

## Chapter 3. Adult Drug Court Operations

Although there is a commonly held vision of what operations are necessary to classify a program as a drug court, courts around the country implement programs in different ways. Operations vary based on the resources of a community; when the drug court was established; and the personal styles, missions, and characteristics of the court staff and judge assigned to the operating court. This chapter describes drug court designs across the country and how such courts implemented the day-to-day operations of their programs as of 2004.

Throughout the discussion of drug court operations, we refer to commonly held ideas regarding key components of the drug court model. In 1997, the Office of Justice Programs in collaboration with the National Association of Drug Court Professionals published a document entitled, *Defining Drug Courts: The Key Components* (OJP/NADCP 1997). We examine whether the core of what was presented a decade ago in terms of the “very best practices, designs, and operations of drug courts” remain relevant. Did the key components of the drug court model identified then remain the key components of drug court models in 2004? Thus, we examine how drug courts were operating in relation to these identified key components where our data allows us to do so.

### When Do Participants Enter Drug Court Programs?

Courts allow participants to enter the program at a variety of points in the criminal justice process (see Table 2-3.1). Most courts reported multiple ways people could get into their drug court. The greatest percent of courts reported the point of entry for participants is “after a plea is entered, but final disposition is suspended during treatment,” while the least frequent points of entry include “as a part of parole violation” and “as a community reentry from jail/prison program.”

To understand the variety of paths into drug court that exist, we grouped courts into mutually exclusive categories of points of entry based on their answers to the measures in Table 2-3.1. For some courts, there was only one point in the process for entry; while for others, there were combinations of entry points. The most frequent court type for points of entry was the single selection of “after a plea is entered, but final disposition is suspended during treatment,” with 17.5 percent of courts selecting only this response. The next most frequent type of court in terms of points of entry was the combination of “after case disposition” and “as a part of probation violation,” with 11.1 percent of courts indicating these two responses. The frequencies of the remaining possible combinations of entry points ranged anywhere from 0.3 to 8.2 percent, indicating a wide variety of drug court entry structures among the courts.

Despite the various entry points for participants allowed by courts, we examined at which point the *majority* of participants enter a single program. Consistent with the findings above, the largest portion of drug courts (44.7 percent) reported that the majority of participants enter the program “after a plea is entered, before final disposition” (see Table 2-3.2). In very few cases are

the majority of drug court participants probation violators (9.9 percent), parole violators (0.3 percent), or entering as part of a community reentry program (0.6 percent).

**Table 2-3.1. Points of Participant Entry into Drug Court**

Entry Point	Percent of Courts
After a plea is entered, but final disposition is suspended during treatment	61.0
As a part of probation violation	60.2
After case disposition (as a condition of the sentence)	53.7
Before a plea is entered (diversion)	30.5
As a community reentry from jail/prison program	13.4
As a part of parole violation	9.9

*Source: Urban Institute Adult Drug Court Survey*

*Note: N=374 valid responses*

**Table 2-3.2. Point at Which the Majority of Participants Enter Drug Court**

Entry Point	Percent of Courts
After a plea is entered, before final disposition	44.7
After case disposition (condition of sentencing)	27.7
Before a plea (diversion)	17.0
Probation violation	9.9
Community Reentry	0.6
Parole violation	0.3

*Source: Urban Institute Adult Drug Court Survey*

*Note: N=365 valid responses*

Therefore, the data indicate that the vast majority of drug court participants across the country enter the program at three points of access: (1) before a plea—or diversion; (2) after a plea has been entered, but before final disposition; and (3) after case disposition, as a condition of sentencing. Focusing on these three most common access points, we examined if these points of access vary by particular court characteristics. Indeed, the point at which the majority of participants enter the program varies by how long the drug court has been operating. Table 2-3.3

Older courts are more likely than younger courts to have the majority of their participants come into the program before a plea is entered—using a “traditional” diversion model

illustrates this. The most recently formed drug courts are significantly less likely than older programs to allow the majority of participants to enroll in the program before a plea is entered. Meanwhile, older courts are more likely to have the majority of their participants coming into the program before pleas are entered. This indicates that older courts may be truer to the diversion model than courts that have been set up more recently, which seem to prefer a post-plea model. Newer courts may be shifting away from the “traditional” diversion model of drug courts and implementing new variations of this approach. (See Chapter 5 in this volume for differences in points of entry based on regional and geographic location.)

**Table 2-3.3. Points at Which the Majority of Participants Enter into the Drug Court, by Years of Operation**

Majority Entry Point	Percent of Courts by Years of Operation				Total Percent (N)
	1 to 3 Years	4 to 5 Years	6 to 7 Years	More Than 7 Years	
Before a plea is entered (diversion)	21.0	27.4	16.1	35.5	19.0 (62)
After a plea is entered, but final disposition is suspended during treatment	37.4	25.8	23.3	13.5	50.0 (163)
After case disposition (as a condition of the sentence)	32.7	23.8	26.7	16.8	31.0 (101)
Total Percent (N)	32.8 (107)	25.5 (83)	23.0 (75)	18.7 (61)	100 (326)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=17.7$ ,  $p<.01$

### Swiftmess of Program Entry

One key component of drug courts is to identify eligible participants early, and quickly place them into the program (OJP/NADCP 1997). How quickly an eligible participant is identified after arrest is due in part to the points in the criminal justice process that drug courts allow for entry into the program. We were interested in learning how promptly a person is identified and enrolled for drug court after they are arrested. The most commonly reported timeframe for this was more than one month. Thirty-five percent of courts indicated that the time elapsing between arrest and the first appearance in drug court was more than 30 days, on average, for the participants in their programs (see Table 2-3.4). The next most commonly reported timeframe

was between 16 and 30 days (23.2 percent). Combining these two categories, the majority of courts have at least 16 days pass between the arrest and the initial appearance in drug court. However, for 41.8 percent of courts, the time elapsing between arrest and drug court appearance is two or fewer weeks.

**Table 2-3.4. Average Number of Days between Arrest and Initial Appearance in Drug Court**

Days	Percent of Courts
3 days or less	11.8
4 to 7 days	13.9
8 to 15 days	16.1
16 to 30 days	23.2
More than 30 days	35.0

*Source: Urban Institute Adult Drug Court Survey*

*Note: N=366 valid responses*

The amount of time that passes between first appearance in drug court and entry into the treatment program is much less than the amount of time that passes between arrest and first appearance in drug court (see Table 2-3.5). In the majority of courts (60.9 percent), participants are reported to enter the treatment program within a week of their first drug court appearance.

### ***Contracts with Participants***

Drug court participants are frequently asked to sign a contract, or multiple contracts, at the point of enrolling in the program in order to participate. Drug court contracts come in several forms and include different points of agreement (see Table 2-3.6). Almost all drug courts (91.0 percent) require participants to sign contracts agreeing to program rules. A majority of courts (62.5 percent) also require participants to sign contracts waiving their rights in court. Almost half of drug courts (47.1 percent) require participants to sign contracts agreeing to the alternative sentence for failure to comply with drug court requirements.

**Table 2-3.5. Average Number of Days between Initial Appearance in Drug Court and Entry into Treatment Program**

Days	Percent of Courts
Less than 1 day	16.9
1 to 3 days	23.5
4 to 7 days	20.5
8 to 15 days	18.6
16 to 30 days	14.2
More than 30 days	6.3

Source: Urban Institute Adult Drug Court Survey

Note: N=366 valid responses

**Table 2-3.6. Participants Are Required to Sign Contracts to Participate in Drug Court**

Type of Contract	Percent of Courts
A contract agreeing to program rules	91.0
A contract waiving their rights in court	62.5
A treatment contract with providers that agrees to program rules	56.9
A contract agreeing to alternative sentence for failure to comply	47.1
No signed contracts	2.4

Source: Urban Institute Adult Drug Court Survey

Note: N=376 valid responses

In order to determine what combination of contracts are most frequently required, an analysis of all possible combinations of contracts required by individual courts was conducted. The most frequent combination of contracts used is requiring all four contracts, with 27.8 percent of courts indicating that participants are obligated to sign all four of the contracts listed in Table 2-3.6. The next most frequent response combination is requiring only a single contract agreeing to program rules (14.8 percent).

## Participant Contracts and Alternative Sentences

It is considered a best practice that, upon enrollment in a drug court program, participants are told what the alternative jail or prison sentences would be if they were to fail in the program. We asked courts to report the minimum and maximum alternative jail or prison sentences established for participant failure in advance of participation in drug court. The large majority of courts (80.3 percent) reported having no established minimum alternative sentences. Just less than 5 percent reported having minimum alternative sentences of longer than 12 months. Likewise, the large majority of courts (73 percent) reported having no established maximum alternative sentences. Less than 8 percent of courts have maximum alternative sentences that are 12 months or less in length. Given that the majority of courts have neither minimum, nor maximum established alternative sentences, it appears that many drug court participants are required to acknowledge (by signing contracts) the possibility of having alternative sentences imposed for failure; however, they are not given specific information on what the sentence will be. This is likely due to the fact that the alternative sentences are not standardized, but instead vary based on criminal history and severity of the offense.

Table 2-3.7 shows drug court contract requirements by *minimum* alternative sentence. Drug courts with any length minimum alternative sentences are significantly more likely to require participants to sign contracts agreeing to the alternative sentence for failure to comply than courts that do not have any minimum sentence (42.8 percent). Drug courts with minimum alternative sentences between 13 and 18 months are the most likely to require a contract agreeing to an alternative sentence for failure to comply (100 percent). Although not statistically significant, other patterns of contracts seem to relate to minimum alternative sentences. Interestingly, all drug courts with minimum alternative sentences between 13 and 24 months require a contract agreeing to the program rules (100 percent). The category with the fewest drug courts requiring a contract waiving the participant's rights in court (37.5 percent) are those with minimum alternative sentences in excess of 24 months, perhaps a reflection of the relatively lengthy sentence that participants may face as alternatives to drug court participation. More drug courts with minimum alternative sentences between 19 and 24 months (100 percent) than courts in other categories require participants to sign treatment contracts with providers agreeing to program rules. Altogether, drug courts with minimum alternative sentences of 13 months or more are less likely to not require any signed contracts.

Table 2-3.8 shows drug court contract requirements by *maximum* alternative sentence. Drug courts with maximum alternative sentences between 13 and 24 months are significantly most likely to require a contract agreeing to the program rules (100 percent), while drug courts with maximum alternative sentences between 25 and 36 months are the least likely to do so (68.4 percent). Drug courts with maximum alternative minimum sentences between 13 and 24 months are also significantly more likely to require a contract agreeing to an alternative sentence for failure to comply (84.6 percent).

## What Activities Do Those in Drug Court Participate In?

Drug court participants are often required to participate in numerous activities and complete several milestones before they can move through various phases and onto graduation. These activities are designed to assist participants in treatment success, as well as to provide the court with information to hold participants accountable for their behavior related to any ongoing substance use and criminal activity.

**Table 2-3.7. Drug Court Contract Requirements, by Minimum Alternative Sentence**

Contract Requirements	Percent of Courts by Maximum Alternative Sentence						Total Percent (N)*
	None	1 to 6 Months	7 to 12 Months	13 to 18 Months	19 to 24 Months	More Than 24 Months	
A contract agreeing to program rules	91.8	89.3	85.2	100.0	100.0	87.5	91.2 (332)
A contract waiving their rights in court	61.6	64.3	74.1	80.0	75.0	37.5	62.6 (228)
A contract agreeing to alternative sentence for failure to comply <sup>a</sup>	42.8	57.1	66.7	100.0	75.0	75.0	47.5 (173)
A treatment contract with providers that agrees to program rules	56.9	57.1	55.6	60.0	100.0	62.5	57.4 (209)
No signed contracts	2.4	3.6	3.7	0.0	0.0	0.0	2.4 (9)
Total Percent (N)	80.2 (292)	7.7 (28)	7.4 (27)	1.4 (5)	1.4 (4)	2.2 (8)	100 (364)

Source: Urban Institute Adult Drug Court Survey

Note: \*The total column does not add to 100 percent because participants were allowed to respond to all types of contracts.

<sup>a</sup>  $X^2=16.8, p<.01$

**Table 2-3.8. Drug Court Contract Requirements, by Maximum Alternative Sentence**

Contract Requirements	Percent of Courts by Maximum Alternative Sentence							Total Percent (N)*
	None	1 to 6 Months	7 to 12 Months	13 to 24 Months	25 to 36 Months	37 to 48 Months	More Than 48 Months	
A contract agreeing to program rules <sup>a</sup>	92.8	83.3	90.0	100.0	68.4	85.7	90.9	91.2 (330)
A contract waiving their rights in court	61.7	50.0	65.0	76.9	52.6	42.9	72.7	62.4 (226)
A contract agreeing to alternative sentence for failure to comply <sup>b</sup>	43.2	33.3	60.0	84.6	42.1	42.9	63.6	47.2 (171)
A treatment contract with providers that agrees to program rules	54.9	83.3	55.0	69.2	73.7	57.1	57.6	57.2 (207)
No signed contracts	2.7	0.0	5.0	0.0	0.0	14.3	0.0	2.5 (9)
Total Percent (N)	72.9 (264)	1.7 (6)	5.5 (20)	3.6 (13)	5.2 (19)	1.9 (7)	9.1 (33)	100 (362)

Source: Urban Institute Urban Institute Adult Drug Court Survey

Note: \*The total column does not add to 100 percent because participants were allowed to respond to all types of contracts.

<sup>a</sup>  $X^2=15.1$ ,  $p<.05$  and <sup>b</sup>  $X^2=14.6$ ,  $p<.05$

## Case Management

Case management is a key component of the drug court model (OJP/NADCP 1997). Part of what is thought to help participants with success in treatment is making sure that other areas of their lives are being addressed and not in chaos. Drug court programs provide case management activities in a variety of ways. Some have drug court staff specifically hired for this purpose, and others work with more traditional resources within the criminal justice system. Among our courts, nearly half (48.9 percent) have drug court program staff perform primary case management responsibilities for participants (see Table 2-3.9). In the remaining courts, primary case management responsibilities are provided by probation or parole (23.5 percent) or by treatment providers (18.1 percent). For a small fraction of courts, case management services are provided by TASC staff, pretrial services staff, or some other resource.

**Table 2-3.9. Who Has Primary Case Management Responsibilities**

Primary Case Management Responsibilities	Percent of Courts
Drug court case manager	28.1
Probation/Parole	23.5
Drug court program director or coordinator	20.8
Treatment provider	18.1
TASC	3.2
Pretrial services	0.5
Court Answered "Other"	5.7

Source: Urban Institute Adult Drug Court Survey

Note: N=370 valid responses

### Frequency of Case Management

In the large majority of courts (78.5 percent), the frequency of case management varies by phase of the program. For the remaining courts, the frequency of case management is the same throughout the course of the program. During the initial phase of the program, participants are reported to have a great deal of contact with case managers (see Table 2-3.10). For 87.5 percent of courts, participants see case managers once per week or more frequently during the first phase of the program. Seeing participants this often is notable given that case managers regularly have fairly large caseloads. The average caseload per primary case manager, counting drug court and non-drug court participants, is 38.9 individuals (with a median of 35.0).

**Table 2-3.10. Frequency with Which Participants See Their Case Managers in Phase 1\***

Frequency of Case Management Contact	Percent of Courts
Not at all	2.7
Less than once a week	9.8
One time a week	35.1
More than once a week	52.4

Source: Urban Institute Adult Drug Court Survey

Note: N=368 valid responses

\*If the program did not have phases (i.e., 5.4 percent of courts), then the answer is for the first two months of program.

Table 2-3.11 shows how frequency of contact with a case manager during phase one varies by who the primary case manager is. In drug courts where treatment providers serve as primary case managers, the frequency of contact between the participant and the case manager during phase one is significantly more likely to be more than once per week. This level of contact is understandable given that intensive outpatient treatment, often provided through drug courts,

requires multiple contacts with participants every week. Courts where drug court program staff provides the primary case management are significantly more likely to see participants once per week or less than once per week. Drug courts where TASC handles this responsibility are more likely to have contact either not at all or less than once weekly. However, drug courts in which probation/parole staff provides case management reportedly are more likely to have contact with participants at least once per week.

**Table 2-3.11. Type of Primary Case Management by Frequency of Participant Contact with Case Manager During Phase 1**

Responsible for Primary Case Management	Percent of Courts by Frequency of Contact				Total Percent (N)
	Not at All	Less Than Once per Week	One Time per Week	More Than Once per Week	
Drug court case manager	0.0	41.7	33.6	23.3	28.1 (103)
Drug court program director or coordinator	0.0	22.2	27.3	17.6	21.0 (77)
Pretrial services	0.0	0.0	0.8	0.5	0.6 (2)
Probation/Parole	11.1	19.4	22.7	25.9	23.8 (87)
TASC	33.3	8.3	3.9	0.5	3.3 (12)
Treatment provider	11.1	5.6	7.0	26.9	17.5 (64)
Court Answered "Other"	44.4	2.8	4.7	5.2	5.7 (21)
Total Percent (N)	2.5 (9)	9.8 (36)	35.0 (128)	52.7 (193)	100 (366)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=92.6$ ,  $p<.01$

## Case Management Caseloads

The size of case managers' caseloads also is of importance when discussing their ability to see participants. We were able to explore this issue among programs in which case management is provided by drug court staff. More than one-quarter of drug court case managers (26.6 percent) had average caseloads between 0 and 20 participants, 36.6 percent of case managers had average caseloads of 21 to 40 participants, 23.4 percent of case managers had average caseloads of 41 to 60 participants, and the remaining drug courts reported having case managers whose caseloads included more than 61 participants, 2.0 percent of whom reported more than 100 participants per caseload.

Table 2-3.12 examines the frequency of contact with participants based on the average caseload that case managers have at particular courts. Surprisingly, drug courts reporting no contact between the participant and the primary case manager during phase one are more likely to have an average caseload per primary case manager of only 0 to 20 and 41 to 60. Drug courts reporting contact between the participant and the primary case manager as less than once per week are less likely to have an average caseload of 0 to 20, but more likely to have an average caseload of more than 60. This second finding indicates that those case managers with higher caseloads see their participants less often than other courts.

## Staffing Meetings

Another court activity that is related to case management is staffing meetings. Staffing meetings are times when the drug court team gets together to discuss individual participants' cases and make recommendations about future actions with particular people. Nearly all courts (98.7 percent) have staffing meetings to discuss individual participants' treatment and progress. The majority of these courts (79.9 percent) have such meetings at least weekly, with 67.9 percent reportedly having staffing meetings once per week, and 12.0 percent reporting having such meetings even more frequently. The majority of courts that hold these meetings also indicated that individuals in attendance include the judge, the program director/coordinator, case managers, treatment provider representatives, supervision officers, defense attorneys, and prosecutors. Although we asked courts who attended these meetings, it is not clear if all partners attend every staffing meeting.

In nearly all of the courts (99.2 percent), recommendations about what will happen to a participant in court are made during staffing meetings. The majority of the drug court programs in which these recommendations are made (74.2 percent) indicated that the court/judge "sometimes" overrules the recommendation, while 22.5 percent of courts reported that the recommendations are "never" overruled. Only 3.3 percent of courts reported that the court/judge "often" overrules the recommendations made during staffings.

**Table 2-3.12. Average Caseload per Primary Case Manager by Frequency of Participant Contact with Case Manager during Phase 1**

Average Caseload per Primary Case Manager	Percent of Courts by Frequency of Contact				Total Percent (N)
	Not at All	Less Than Once per Week	One Time per Week	More Than Once per Week	
0 to 20	70.0	17.1	19.8	30.4	26.6 (93)
21 to 40	0.0	22.9	38.0	40.2	36.6 (128)
41 to 60	30.0	25.7	25.6	21.2	23.4 (82)
61 to 80	0.0	11.4	7.4	6.0	6.9 (24)
81 to 100	0.0	14.3	6.6	1.6	4.6 (16)
More than 100	0.0	8.6	2.5	0.5	2.0 (7)
Total Percent (N)	2.9 (10)	10.0 (35)	34.6 (121)	52.6 (184)	100 (350)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=42.6$ ,  $p<.01$

### **Substance Abuse Treatment**

Providing substance abuse treatment is obviously a primary function of drug courts and is the major activity for which drug courts require participants' participation (OJP/NADCP 1997). An additional recommendation is that the treatment provided is comprehensive in nature, meaning a variety of treatment options are made available to participants so that they can use the services that best meet their needs. The majority of drug court programs (73.7 percent) rely on multiple substance abuse treatment providers to serve their participants (see Table 2-3.13). Only about one-quarter of courts have a single treatment provider. Twenty percent of courts operate their own substance abuse treatment program, meaning treatment staff is hired and the program is directly operated by the court.

**Table 2-3.13. Number of Substance Abuse Providers That Serve Drug Court Participants**

Number of Providers	Percent of Courts
1	26.5
2	13.8
3 to 5	26.5
6 to 10	12.7
11 to 20	10.1
21 to 50	9.3
51 to 100	1.3

Source: Urban Institute Adult Drug Court Survey

Note: N=378 valid responses

We conducted further analysis to examine whether courts that run their own treatment programs use fewer treatment providers than those who do not (Table 2-3.14). Although the pattern of results indicates that courts that operate their own treatment program contract with fewer providers than those that do not, these differences are not statistically significant.

### Types of Substance Abuse Treatment Provided

In order to determine what specific types of substance abuse services are given to drug court participants, we provided courts with a list of 14 distinct types of treatment services and asked them to indicate which of the services are available to their participants. We found that almost all courts, with little variation, provide the following types of treatment services: residential (84.1 percent), intensive outpatient (91.5 percent), outpatient individual counseling (97.4 percent), outpatient group counseling (97.9 percent), drug education (86.8 percent), self-help (93.9 percent), and relapse prevention (88.9 percent). Of these most common types of substance abuse treatment, residential treatment is significantly less likely to be provided by rural courts than courts in urban and suburban areas ( $X^2=7.2$ ,  $p<.05$ ). Similarly, residential treatment is much less likely to be provided in the Mountain region than in other regions of the country ( $X^2=48.4$ ,  $p<.01$ ). These findings may speak to the actual availability of these services in these locations, rather than the courts' interest in providing them.

Almost all courts, with little variation, provide the following types of treatment services: residential, intensive outpatient, outpatient individual counseling, outpatient group counseling, drug education, self-help, and relapse

**Table 2-3.14. Number of Substance Abuse Treatment Providers, by Whether the Drug Court Runs Its Own Treatment Program**

Number of Providers	Percent of Courts, by Whether They Run Their Own Program		Total Percent (N)
	Yes	No	
1	30.7	25.6	26.6 (100)
2 to 5	48.0	38.5	40.4 (152)
6 to 10	10.7	13.3	12.8 (48)
11 to 20	4.0	11.3	9.8 (37)
20 or more	6.6	11.3	10.4 (39)
Total Percent (N)	19.9 (75)	80.1 (301)	100 (376)

Source: Urban Institute Urban Institute Adult Drug Court Survey

Note: Fisher's exact test=NS

The other types of substance abuse treatment that we asked about are less commonly provided (see Table 2-3.15). About two-thirds of courts indicate that detoxification (67.5 percent) is available. Since many drug courts will not admit individuals using methadone into their programs, it is not surprising that a relatively small number of courts indicate that methadone maintenance and methadone-to-abstinence treatment are available (18.0 percent and 20.9 percent, respectively). Versions of therapeutic communities are embraced by a substantial minority of courts, with 29.4 percent of courts reporting that this type of treatment is available to participants in prison or jail, and 39.4 percent reporting that it is available in a community-based setting. Only 18 percent of courts report the alternative substance abuse treatment approach of acupuncture.

**Table 2-3.15. Less Common Substance Abuse Treatment Services Available to Drug Court Participants**

Treatment Type	Percent of Courts That Provide Treatment
Detoxification	67.5
Community-based therapeutic community	39.4
Prison or jail-based therapeutic community	29.4
Pharmacological interventions	23.0
Methadone to abstinence	20.9
Acupuncture	18.0
Methadone maintenance	18.0

Source: Urban Institute Adult Drug Court Survey

Note: N=378 valid responses

### Treatment Availability

Of course, drug courts can only provide treatment when the providers they work with have available openings for their participants to start treatment. Of the four most common types of treatment provided, drug courts report having the greatest amount of difficulty finding treatment slots in residential facilities programs, while they have much less trouble finding available slots in outpatient programs (see Table 2-3.16). As one might expect, a little more than 10 percent of drug courts reportedly never have problems finding slots for participants in residential treatment; whereas 45.2 percent of court programs have trouble finding slots often or always. At the same time, less than nine percent of drug courts often or always have trouble finding slots in any category of outpatient treatment. (See Chapter 5 in this volume for differences in difficulty finding treatment slots based on regional and geographic location of drug courts.)

Of the four most common types of treatment provided, drug court programs report having the most difficulty finding open treatment slots for participants needing residential programs.

**Table 2-3.16. How Often Drug Courts Have Trouble Finding Available Slots in Treatment Programs**

Treatment Type	Percent of Courts			
	Never	Sometimes	Often	Always
Residential	11.4	43.4	27.1	18.1
Intensive outpatient	66.9	24.4	6.8	1.9
Outpatient: individual counseling	71.2	24.8	3.7	0.3
Outpatient: group counseling	79.3	17.6	3.2	0.0

Source: Urban Institute Adult Drug Court Survey

Note: Valid responses range from N=369 to N=376

## Relapse

One important substance abuse treatment feature that is relevant to drug court programs is the extent to which participants may relapse and then return to treatment. Because the treatment we are discussing here is tied to criminal justice consequences, we asked courts if they allowed relapsed participants to remain in their programs. Three-quarters of the courts indicated that they do not have a limit on the number of times participants are permitted to relapse while in the drug court program—that is, relapse rarely or never leads to drug court failure (see Table 2-3.17). Less than one-half percent of courts do not allow relapsed participants to remain in the program.

## Mental Health Treatment Provided

Finally, we asked courts whether or not the drug court integrates mental health and substance abuse treatment for participants with co-occurring disorders. The majority of courts indicated that they do integrate mental health and substance abuse treatment (see Table 2-3.18). However, this finding seems surprising given previously reported findings that only half of courts conduct formal mental health screening for participants.

**Table 2-3.17. Number of Times the Drug Courts Allow Participants to Remain in Treatment after Relapse**

Participant Retention in Treatment After Relapse	Percent of Courts
None	0.3
Yes, one time	1.9
Yes, two times	3.2
Yes, three times	10.0
Yes, four or more times	10.2
Yes, relapse rarely/never leads to drug court failure	74.5

Source: Urban Institute Adult Drug Court Survey

Note: N=372 valid responses

**Table 2-3.18. Drug Courts Integrate Mental Health and Substance Abuse Treatment for Participants with Co-Occurring Disorders**

Integrated Mental Health and Substance Abuse Treatment	Percent of Courts
Yes	79.3
No, treatment is not integrated	13.8
No, defendants with co-occurring disorders are excluded from drug court	6.9

Source: Urban Institute Adult Drug Court Survey

Note: N=376 valid responses

## Drug Testing

### How Drug Tests Are Administered

Frequent drug testing is critical to the drug court model (OJP/NADCP 1997). An objective testing program is considered the best way to monitor participant progress and to provide accurate information for the courts' accountability structures. Nearly all courts (99.7 percent) collect urine samples for testing purposes (see Table 2-3.19). Some courts use multiple methods for drug testing. The most frequent approach is the single collection of a urine sample (69.8 percent). However, 9.3 percent of courts use both urine and patch samples, followed by saliva

and urine samples (9.0 percent). Together, these three approaches accounted for 88.1 percent of all courts.

**Table 2-3.19. Method Used to Collect Drug Test Samples**

Drug Testing Method	Percent of Courts
Urine	99.7
Patch	15.6
Saliva	14.6
Hair	8.2

Source: Urban Institute Adult Drug Court Survey

Note: N=378 valid responses

The primary collector of drug tests varies from court to court. Just over one-third of courts use treatment providers for drug testing (see Table 2-3.20). Others use criminal justice agents as collectors, with 19.2 percent using court staff and 24.2 percent using probation department staff. Slightly more than 20 percent use some other type of collector. Specifically, of those who indicated some other type of drug test provider, most cited an outside contractor, agency, laboratory, or private clinic (44 percent); fewer reported another criminal justice agency, such as the sheriff's department, jail, or other corrections or community supervision agencies (14 percent); and 15 percent could not identify a primary collector and listed several options. Regardless of who the primary collector is, almost all courts (99.5 percent) report that the collection of drug test specimens is supervised or observed.

**Table 2-3.20. Primary Collector of Drug Tests**

Drug Test Collector	Percent of Courts
Treatment provider	35.1
Probation department	24.2
Court staff	19.2
Pretrial services agency	0.5
Court Answered "Other"	21.1

Source: Urban Institute Adult Drug Court Survey

Note: N=376 valid responses

## Types of Drugs Being Tested

Nearly all courts implement best practices around drug testing in that they test participants for multiple kinds of drugs, including alcohol (OJP/NADCP 1997). More specifically, nearly *all* courts test for marijuana (99.2 percent), crack/cocaine (97.4 percent), heroin/opiates (96.6 percent), and methamphetamine (92.3 percent), and *most* courts test for benzodiazepines (83.1 percent) and alcohol (85.7 percent; see Table 2-3.21). Fewer courts test for other stimulants (64.6 percent), LSD (29.1 percent), and PCP (44.7 percent). One-fifth of courts also report testing for some other types of drugs. Within this group, the most commonly cited addition is the general category of barbiturates (20 percent).

**Table 2-3.21. Drugs That Are Tested**

Drugs Tested	Percent of Courts
Marijuana	99.2
Crack/Cocaine	97.4
Heroin/opiates	96.6
Methamphetamine	92.3
Alcohol	85.7
Benzodiazepines	83.1
Stimulants	64.6
PCP	44.7
LSD	29.1
Court Answered “Other”	20.1

*Source: Urban Institute Adult Drug Court Survey*

*Note: N=378 valid responses*

An analysis of all possible response combinations of drugs tested shows that the most frequent combination includes all nine drugs on the list, with 18.5 percent of courts indicating that they test for marijuana, crack/cocaine, heroin/opiates, alcohol, methamphetamine, benzodiazepines, stimulants, LSD, and PCP. The next most frequent combination reported by 15.6 percent of courts includes seven drugs—those listed with the exception of LSD and PCP. The third most frequent combination reported by 9.3 percent of courts includes six substances—marijuana, crack/cocaine, heroin/opiates, alcohol, methamphetamine, and benzodiazepines.

### Frequency of Drug Testing and Availability of Results

As with case management contacts, the frequency of drug testing varies with the phase of the drug court program for the majority of courts (81.4 percent). Most courts (85.2 percent) reported that participants are tested more than once per week during phase one (or during the first two months of the program). This is compatible with the recommendation that drug courts test participants for drug use no less than twice per week during the initial part of the program (OJP/NADCP 1997). Due to concerns about the length of the survey, we did not ask about drug testing frequency for the remaining program phases; however, we would expect that in the majority of courts the frequency of drug testing may decrease as participants advance into latter phases of the program based on drug court program design.

Most drug courts test participants for drug use more than once per week during the early stages of the program.

The majority of courts (66.0 percent) indicated that drug test results are available within 24 hours, as recommended as a drug court best practice (OJP/NADCP 1997), with 43.3 percent reporting that results were available immediately (see Table 2-3.22). Despite this, a large number of courts report that results are available within a week or more (34 percent). How quickly courts get results of drug tests back certainly affects how quickly they can act in terms of providing sanctions or incentives based on the outcome of these tests.

**Table 2-3.22. How Quickly Drug Test Results Are Available to the Court or Court Staff**

Availability of Test Results	Percent of Courts
Immediately (within an hour)	43.3
1 to 2 hours	2.9
Within 24 hours	19.8
Within a week	33.2
More than one week	0.8

*Source: Urban Institute Adult Drug Court Survey*

*Note: N=374 valid responses*

## Courtroom Hearings

### Judicial Interaction

Another key component of the drug court model is ongoing interaction between drug court participants and the judge who is the leader of the drug court team (OJP/NADCP 1997). This involves regular courtroom hearings to assess the status of each participant's progress. Important features of these hearings are that: (1) the judge directly interacts with the participants instead of just interacting with the defense attorneys, (2) a significant number of participants are in attendance at one time so that the judge is providing education to both the participant of focus and others who are waiting for their hearings, and (3) hearings are frequent in nature during the initial phases of drug court programs. We asked about each of these three features of courtroom hearings in our survey. First, we found that in terms of judge–participant interaction, 100 percent of courts reported that the judge speaks directly to the participants and not solely to participants' attorneys.

### Courtroom Hearings as an Intervention Strategy

Second, we asked about the extent to which the courtroom hearings, themselves, provide an intervention point for participants in attendance. The concept is that those who are waiting for their hearings will learn about the benefits of complying with program requirements and the consequences for noncompliance as they listen to other participants' hearings. Despite the alleged value of this approach, 42.0 percent of courts do not require participants to stay in the courtroom after their cases are addressed. Related to the idea of courtroom hearings providing further intervention for participants, some courts prepare a day's docket in a specific order to have maximum impact on those attending. A third of courts schedule the cases that are being either sanctioned for infractions (11.9 percent) or rewarded for achievements (18.8 percent) first on the day's docket (see Table 2-3.23). However, more than half of courts do not seem to have a specific strategy for the order of cases, instead simply indicating that the order varies.

Interestingly, we found that case order is significantly related to whether or not participants are permitted to leave the courtroom after their case has been heard (see Table 2-3.24). Of the courts in which participants are permitted to leave the courtroom after their cases have been heard, 29.1 percent hear those cases that will be rewarded for achievements first, in comparison to 11.4 percent of those courts that do not permit participants to leave the courtroom. These results suggest that courts in which participants are permitted to leave the courtroom after their case is heard may be more likely to first hear the cases for participants who are doing the best or making progress in the program. Because of this progress, court staff may believe those participants do not require the added intervention of staying in the courtroom for other participants' hearings. Additionally, those courts in which participants are not permitted to leave after their case are more likely to not have a specific strategy to the order of cases as compared to those courts in which participants are permitted to leave after their cases.

**Table 2-3.23. The First Cases Heard on a Day's Docket**

Order of Cases	Percent of Courts
The order of cases varies	54.1
Those that will be rewarded for achievements	18.8
Another strategy to the order of cases	15.1
Those that will be sanctioned for infractions	11.9

Source: Urban Institute Adult Drug Court Survey

Note: N=377 valid responses

**Table 2-3.24. First Cases Heard on a Day's Docket, by Whether the Participant Is Allowed to Leave the Courtroom after His/Her Case Has Been Addressed**

Order of Cases	Are Participants Allowed to Leave the Courtroom After Their Cases Have Been Addressed?		Total Percent (N)
	Percent of Courts		
	Yes	No	
Those that will be sanctioned for infractions	12.7	11.4	11.9 (45)
Those that will be rewarded for achievements	29.1	11.4	18.8 (71)
Another strategy to the order of cases	9.5	19.2	15.1 (57)
The order of cases varies	48.7	58	54.1 (204)
Total Percent (N)	41.9 (158)	58.1 (219)	377

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=22.5$ ,  $p<.01$

Lastly, as with case management and drug testing, participants' appearance in court varies by phase of the program, with the majority of courts (83.3 percent) indicating such. The majority of courts (65.8 percent) require participants to appear once per week or more during phase one (or the first two months of the program) while 32.9 percent of courts indicated that participants appear in court less than once per week.

## What Happens When Participants Do Not Comply with Drug Court Requirements?

Having an established, coordinated strategy for responding to participants' compliance and noncompliance is a key component of the drug court model (OJP/NADCP 1997). Indeed, a strategy for responding to program infractions and imposing corresponding sanctions is a cornerstone of the drug court model. This strategy ideally should include a continuum of responses to continued drug use and other noncompliant behavior within which both the court personnel and treatment providers operate. Additionally, it is suggested that a written copy of the sanctioning strategy be provided to participants to emphasize "the predictability, certainty, and swiftness" with which sanctions will be applied when individuals are noncompliant. We asked courts whether their drug court has a written schedule of sanctions defining which sanctions accompany given infractions. Surprisingly, we found that only 44.4 percent of drug courts have such written schedules of sanctions. Of the courts that have written schedules of sanctions, 67.1 percent indicated that participants do receive copies of the schedule, and 72.5 percent reported that the judge "almost always" follows this schedule.

Less than half of courts have written schedules of sanctions and only a portion of these courts actually provide the schedule to participants so they are fully aware of what sanctions to expect.

## Swiftness of Sanctioning

As noted, one feature of sanctioning within drug courts is the idea of applying sanctions as swiftly as possible once an infraction is detected. Applying this concept may require allowing staff members other than judges to apply sanctions. We explored this issue in the survey and found that although 71.5 percent of courts only allow judges (or magistrates) to impose sanctions, some drug courts (28.5 percent) allow personnel in the drug court team other than the judge (or magistrate) to give sanctions. Of these, the most frequent type of drug court team member allowed to impose sanctions other than the judge is probation or parole (48.6 percent; see Table 2-3.25), followed by case managers (38.3 percent) and treatment providers (34.6 percent). Since some courts allow sanctions to be imposed by multiple sources other than the judge, we examined the most frequent patterns of responses with respect to the staff that can impose sanctions. The most frequent pattern is that only probation or parole are allowed to impose sanctions, which was reported by 22.4 percent of the courts who noted that staff beyond the judge are allowed to impose sanctions. The next most frequent pattern regarding who is allowed to impose sanctions is the case manager only (13.1 percent) followed by treatment provider only (10.3 percent). Thus, these results indicate that the majority of courts

Sanctions for positive drug tests are given more quickly than sanctions for other types of program rule infractions.

that allow agencies or personnel other than the judge to impose sanctions (57.0 percent) allow only one other person or entity to do so.

**Table 2-3.25. Those Allowed to Impose a Sanction Other Than the Judge/Magistrate**

Sanctioning Agent	Percent of Courts
Probation / parole	48.6
Case manager	38.3
Treatment provider	34.6
Drug court staff	30.8
Court Answered “Other”	11.2

Source: Urban Institute Adult Drug Court Survey

Note: N=107 valid responses

### Response to Positive Drug Test Results

To further investigate how certain and swift consequences are for program requirement infractions, we asked about how courts responded to particular scenarios; first to positive drug test results and second to other types of infractions. The majority of courts (77.3 percent) indicated that every positive drug test results in a sanction. Additionally, 45.3 percent of courts reported that sanctions escalate and are always more severe than the prior sanction when participants have had repeated infractions. Another 54.4 percent reported sanctions are *sometimes* more severe for repeated noncompliance than the previous response to the last infraction. In terms of swiftness, 13.6 percent of courts impose a sanction for a positive drug test within a day of the results, regardless of whether the participant has a court appearance at that time, and 34.3 percent do so within a week (see Table 2-3.26). Another 41.2 percent wait until the next court appearance to impose the sanction, which could be quite swift—within a few days or a week—or it could involve a great deal of time if the participant is not required to attend hearings on a weekly basis.

**Table 2-3.26. How Quickly a Sanction Is Imposed for a Positive Drug Test**

Sanctioning Swiftness	Percent of Courts
Within a day, regardless of court appearance	13.6
Within a week, regardless of court appearance	34.3
At the next court appearance only	41.2
Court Answered “Other”	10.9

Source: *Urban Institute Adult Drug Court Survey*

Note: N=376 valid responses

Another factor that might affect how quickly a sanction is imposed is who is allowed to impose sanctions. We reported above that in the majority of courts (71.5 percent), no one other than the judge is allowed to impose the sanction. We expect that it would take courts in which only the judge is allowed to impose sanctions longer to impose the sanction than in courts where others are permitted to impose sanctions. Indeed, a significantly greater proportion of courts that allow staff other than the judge to impose sanctions are able to give sanctions for positive drug tests within one day or within one week of the infraction, regardless of when the next court appearance is, as compared to courts that only allow judges to impose sanctions (see Table 2-3.27). Conversely, a greater proportion of courts that solely allow judges to impose sanctions only do so at the next court appearance. These results suggest that drug courts in which persons other than the judge are permitted to impose sanctions are able to respond to positive drug tests more quickly than those in which only the judge has the authority to impose sanctions.

Courts that allow staff other than the judge to impose sanctions are able to give sanctions more quickly as compared to courts that only allow judges to impose sanctions.

### Response to Infractions Other Than Positive Drug Test Results

Next, we asked courts how soon sanctions for infractions other than positive drug tests are imposed. Nearly 37 percent of courts impose sanctions for infractions other than positive drug tests within one week; fewer courts than the proportion that do so for positive drug tests (see Table 2-3.28). These results indicate that sanctions for drug tests may be imposed more quickly than sanctions for other infractions. The percent of courts that impose the sanction within one day is smaller for other infractions (5.9 percent) than for positive drug tests (13.6 percent). Additionally, the percent of courts that impose the sanction at the next court appearance is larger for other infractions (55.2 percent) than for positive drug tests (41.2 percent).

As with sanctions imposed for positive drug tests, we expect that it would take courts in which only the judge is allowed to impose sanctions longer to impose the sanction for other infractions than in courts where others are permitted to impose sanctions. Indeed, a significantly greater proportion of courts that allow staff other than the judge to impose sanctions are able to give sanctions for other infractions within in one day or within one week of the infraction, regardless of when the next court appearance is, compared to courts that only allow judges to impose sanctions (see Table 2-3.29). However, the same general pattern shown in Table 2-3.28 appears here. While a greater number of courts responding within one day and a smaller number of courts responding at the next court appearance only is found for courts in which persons other than the judge are permitted to impose sanctions, the overall percent of courts that impose sanctions within one day for other infractions (8.5 percent) is much smaller than those imposing sanctions within one day for positive drug tests (22.4 percent). This again adds weight to the idea that courts are quicker to respond to positive drug tests results than to other types of infractions.

**Table 2-3.27. How Quickly a Sanction Is Imposed for a Positive Drug Test, by Whether Anyone Other Than the Judge Is Allowed to Impose Sanctions**

When Is Sanction Imposed?	Is Anyone Other Than the Drug Court Judge Permitted to Impose Sanctions?		
	Percent of Courts		Total Percent (N)
	Yes	No	
Within a day, regardless of court appearance	22.4	10.2	13.7 (51)
Within a week, regardless of court appearance	39.3	31.9	34.0 (127)
At the next court appearance only	24.3	48.5	41.6 (155)
Court Answered "Other"	14.0	9.4	10.7 (40)
Total Percent (N)	28.7 (107)	71.3 (266)	100 (373)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=21.9, p<.01$

**Table 2-3.28. How Quickly a Sanction is Imposed for an Infraction Other Than a Positive Drug Test**

When Is Sanction Imposed?	Percent of Courts
Within a day, regardless of court appearance	5.9
Within a week, regardless of court appearance	30.9
At the next court appearance only	55.2
Court Answered “Other”	8.0

Source: Urban Institute Adult Drug Court Survey

Note: N=375 valid responses

**Table 2-3.29. How Quickly a Sanction is Imposed for Infractions Other Than Positive Drug Tests, by Whether Anyone Other Than the Judge is Allowed to Impose Sanctions**

When Is Sanction Imposed?	Is Anyone Other Than the Drug Court Judge Permitted to Impose Sanctions?		Total Percent (N)
	Percent of Courts		
	Yes	No	
Within a day, regardless of court appearance	8.5	4.9	5.9 (22)
Within a week, regardless of court appearance	37.7	27.8	30.6 (114)
At the next court appearance only	43.4	60.5	55.6 (207)
Court Answered “Other”	10.4	6.7	7.8 (29)
Total Percent (N)	28.5 (106)	71.5 (266)	100 (372)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=9.4$ ,  $p<.05$

## ***Maximum Number of Sanctions***

Finally, we were curious when drug courts would “call it quits” with a participant when it came to noncompliance. We found that almost all courts (91.7 percent) have no maximum number of sanctions allowed before the alternative sentence is imposed. These decisions seem to be made on a case-by-case basis, rather than having a specified rule on a maximum number. Those few courts with a maximum number of sanctions allow an average of 4.5 sanctions before the alternative sentence is imposed. Additionally, 61.9 percent of courts would allow a participant to be eligible for drug court again if s/he absconded for more than 30 days. Again, there may not be a firm set of rules for making these decisions.

## **What Happens when Participants Comply with Drug Court Requirements?**

### ***Incentives for Achievements***

Just as drug courts respond to noncompliance, they are also designed to reward adherence to program requirements and treatment milestones (OJP/NADCP 1997). Incentives for progress throughout the program give participants a greater sense of accomplishment and perhaps a stronger sense of purpose for being in the program. Indeed, the vast majority of courts (92.9 percent) report some type of formal incentive system. The types of achievements for which courts typically give incentives are completing a program phase (82.0 percent of courts), completing school or vocational programming (60.9 percent of courts), obtaining employment (55.0 percent of courts), and completing requirements of a residential treatment program (52.1 percent of courts; see Table 2-3.30). Nearly one-quarter of courts listed other types of achievements that they reward. Of these, just over half listed either drug court graduation, general program compliance, or sobriety in general. The remainder cited personal accomplishments, such as obtaining a driver’s license, housing, or custody of one’s children. Few noted giving incentives for progress in outpatient treatment programs.

The types of formal incentives given to participants include verbal praise, gifts and prizes, symbolic tokens, and removal of sanctions (see Table 2-3.31). Verbal acknowledgments are clearly the most widely used type of incentive by all courts (92.1 percent of courts), followed by symbolic tokens (62.4 percent) and removal of sanctions (59.5 percent).

**Table 2-3.30. Achievements for Which Courts Typically Give Incentives**

Achievements Acknowledged with Incentives	Percent of Courts
Completed a program phase	82.0
Completed requirements of residential treatment program	52.1
Completed school or a vocational program	60.9
Obtained employment	55.0
Birth of a drug-free baby	50.5
90 days clean and sober with no sanctions	48.7
Entered school or a vocational program	47.1
30 days clean and sober with no sanctions	42.1
Court Answered "Other"	23.3

Source: *Urban Institute Adult Drug Court Survey*

Note: N=351 valid responses

**Table 2-3.31. Types of Incentives**

Types of Incentives	Percent of Courts
Verbal acknowledgment	92.1
Symbolic tokens	62.4
Removal of sanctions	59.5
Gifts or prizes	54.2
Court Answered "Other"	8.4

Source: *Urban Institute Adult Drug Court Survey*

Note: N=351 valid responses

## Graduation

Once participants progress through all the phases or meet all the requirements of a drug court program, they are eligible to graduate. Often courts have several criteria that participants have to meet in order to graduate. Some criteria are related to treatment success, others are related to time spent without sanctions, and still others are related to different life successes that drug courts hope to see participants achieve while they are enrolled in the program.

We found that only 10.4 percent of courts do not have a minimum number of months that participants are required to be clean and sober before they are eligible to graduate. Of the remaining majority of courts that do require participants to be clean and sober for a certain period of time, the mean number of months required is 8.8 months, with a median of 6.0 months. In addition, results indicate that the majority of courts (60.5 percent) have no minimum number of months that participants are required to be sanction-free before graduating. Of the remaining courts that do require participants to be sanction-free for a certain period of time before graduating, the mean number of months required is 6.7 months, with a median of 4.5 months.

Nearly all courts required some other type of milestone before graduation, with only two courts reporting they required none of the milestones we listed in the survey as requirements for graduation (see Table 2-3.32). Notably, 93.1 percent of courts required that participants complete treatment programs before graduation. Thus, in many courts, in addition to a specific number of months clean and sober, nearly all acknowledged that successful completion of treatment was necessary. Interestingly, more than three-quarters of courts report requiring that participants be enrolled in school or employed before graduation. Increasing participant employability or education is listed as an important area of focus to improve participants' lives, and OJP/NADCP (1997) lists this among three primary outcomes of drug courts, along with reductions in substance abuse and criminal behavior.

Of interest to many policymakers is what happens to someone after they successfully complete a drug court program and graduate. In more than half the courts we surveyed (58.1 percent), a continuing care component is offered to participants who complete the program, if they choose to use it. The purpose of continuing care is to help support participants in their success and work to prevent relapse of substance abuse issues.

### ***Criminal Charges after Graduation***

In addition, and important to criminal justice stakeholders and participants, themselves, is what happens to a person's criminal charges after s/he successfully graduates from drug court. Recognizing that some courts may have multiple tracks for drug court participants with perhaps varying kinds of criminal justice outcomes, we asked courts what happens to the criminal charges for the *majority* of their participants after graduation (see Table 2-3.33). Charges are dismissed in 46.3 percent of courts, charges are reduced in 7.3 percent of courts, and charges and the conviction are expunged in 7.1 percent of courts. The charges and conviction stand, but with a reduced sentence in 22.5 percent of courts.

As would be expected, drug courts that employ a diversion strategy are significantly more likely to dismiss charges upon the participant's graduation.

**Table 2-3.32. Other Graduation Requirements**

<b>Graduation Requirements</b>	<b>Percent of Courts Having Requirement</b>
Completed requirements of treatment program	93.1
Employed or in school	77.3
Aftercare plan	63.2
Pay court costs	61.9
Pay restitution fees	57.1
Exit status interview	46.8
High school diploma or GED	45.5
Pay drug testing fees	40.7
Graduate application	31.2
Community service	28.0
Employment training-related requirement	24.9
Pay child support	23.8

Source: Urban Institute Adult Drug Court Survey

Note: N=376 valid responses

**Table 2-3.33. What Happens to Criminal Charges after Graduation for the Majority of Participants**

<b>What Happens to Charges?</b>	<b>Percent of Courts</b>
Charges are dismissed	46.3
Charges and conviction stand with reduced sentence	22.5
Charges are reduced	7.3
Charges and conviction are expunged	7.1
Court Answered "Other"	16.8

Source: Urban Institute Adult Drug Court Survey

Note: N=369 valid responses

Table 2-3.34 shows the outcome of criminal charges after graduation by the points of entry into the program for drug courts. As would be expected, drug courts that employ a diversion strategy are significantly more likely to dismiss the charges upon the participant's graduation. A reduction in charges or, a reduced sentence with no changes to charges, are very unlikely outcomes for these drug courts. Similarly, for drug courts where the majority of participants enter the program after disposition, the charges are very unlikely to be dismissed upon the participant's graduation. For these courts, a reduction in the sentence with no change to the charges or conviction is significantly more likely. These courts are also the ones to be most likely to expunge the charges and conviction.

**Table 2-3.34. Points at Which the Majority of Participants Enter into the Drug Court, by Criminal Charge Outcome for the Majority of Participants**

Majority Entry Point	Percent of Courts by Criminal Charge Outcome				Total Percent (N)
	Charges are Dismissed	Charges are Reduced	Charges and Conviction Stand with Reduced Sentence	Charges and Conviction are Expunged	
Before a plea is entered (diversion)	86.2	3.5	3.5	6.9	20.4 (58)
After a plea is entered, but final disposition is suspended during treatment	68.2	12.6	11.9	7.3	53.2 (151)
After case disposition (as a condition of the sentence)	13.3	6.7	68.0	12.0	26.4 (75)
Total Percent (N)	57.4 (163)	9.2 (26)	25.0 (71)	8.5 (24)	100 (284)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=119.5$ ,  $p<.01$

## Chapter Summary

Most courts allow participants to enter the program at multiple points in the criminal justice process; the most frequent entry points are after a plea, with the final disposition suspended during treatment; after case disposition as a condition of the sentence; and as part of a probation violation. Fewer participants are allowed into programs before a plea is entered, as part of a parole violation, or as part of a community reentry program.

Although there are multiple routes into drug court programs, courts typically have one point in the criminal justice process where the majority of their participants enter. The most commonly

cited points of program entry for the majority of drug court participants are after a plea is entered, but before the final disposition of the case; after case disposition as a condition of the sentence; and before a plea is entered. Older courts, more often than younger courts, allow the majority of their participants into the program using a diversion model, whereby participants enroll in the program before entering pleas.

Identifying participants early and swiftly moving them into the program is an important part of the drug court model. Two-thirds of courts report having 30 or fewer days between the arrest of the participant and his/her first appearance in drug court. Slightly more than one-third of the drug courts report more than a 30-day lapse between these two events. For treatment, 60 percent of courts report getting participants into treatment in one week or less after the person's first drug court appearance.

As part of program enrollment, most courts require participants sign some form of program contract. Most courts require contracts with participants agreeing to program rules; two-thirds require contracts with participants waiving their rights in court; more than half require contracts with participants agreeing to treatment program rules; and just under half require contracts with participants agreeing to the alternative sentence upon program failure.

Once in the program, participants must participate in several activities. Case management is one key activity. Nearly half of courts conducted their own case management with specific drug court case manager staff or program coordinators providing this service. Alternatives to specific drug court staff included case management from probation or parole officers or from treatment providers. During phase one of the program, more than half of the programs saw their participants more than once per week and another third saw participants once per week for case management. When treatment providers are the case managers, they are more likely than other providers to see participants more than one time per week.

Related to managing participant cases, most courts reported having staffing meetings. These meetings are times when drug court team members—the drug court staff, judge, prosecutor, defense attorney, treatment provider/s, etc.—come together to discuss individual cases. Typically, teams discuss the issues taking place for particular participants and next steps in the cases are planned.

Along with case management, participants also are required to actively participate in substance abuse treatment as part of the drug court programming. Thus, every participant in drug court must be enrolled in such a program. Three-quarters of drug courts rely on multiple treatment providers to supply such services. One-fifth of courts operate their own treatment program, whether the program is the only one used for the court or whether it is in tandem with other treatment providers.

Most drug courts provide residential treatment, outpatient individual counseling, intensive outpatient treatment, outpatient group counseling, drug education, self-help, and relapse prevention. Across all courts, residential treatment was cited as the type of treatment for which the courts are most likely to have trouble finding open slots for participants; by contrast,

outpatient individual counseling and group counseling are the least troublesome with regard to finding open slots.

As part of the participant accountability process, participants are regularly drug tested so courts know if continued use is an issue. During phase one of programs, nearly all courts test participants for drug use more than once weekly, and two-thirds of courts get the test results within 24 hours. Nearly all courts test for the following drugs: marijuana, crack/cocaine, heroin/opiates, and methamphetamine. Most courts additionally test for benzodiazepines and alcohol. Also, most courts collect urine samples for drug testing, and supervise or observe these collections.

In addition to case management, treatment, and drug testing, drug court participants also must attend regular courtroom hearings. During phase one of programming, participants appear for courtroom hearings once per week or more frequently in two-thirds of the courts. In all courts, the judge speaks directly to the participant instead of wholly directing his/her comments or questions to other program representatives or defense attorneys.

For more than half of the reporting courts, the cases on a day's docket in court are not sequenced in any particular way. In only one-third of courts are the daily dockets ordered either so that the people being sanctioned or the people being acknowledged for achievement are first on the docket. The courts that do not have a particular order to their case dockets are significantly less likely to allow participants to leave the courtroom after their particular case has been heard.

Sanctions and incentives are key components of drug court programs; it is believed these elements motivate participants to comply with program requirements. Most courts report providing some type of reward system for participants, usually involving verbal praise or small tokens to acknowledge achievements. For noncompliance, sanctions should be predictable, certain, and swift to be applied appropriately. Having a written schedule of sanctions is one way that these actions can be transparent to participants, thereby helping them predict what behavior might elicit a particular response. Although considered a best practice for drug courts, just under half of courts have written schedules of sanctions; and, only two-thirds of those that do provide their written schedules to the participants. For nearly three-quarters of these drug courts, the judge almost always follows the written schedule.

For seven in ten courts, the judge is the only person allowed to give a sanction. Other drug court staff, treatment providers, and probation or parole officers are not allowed to sanction participants in these programs. Courts respond to positive drug tests with sanctions more quickly than other types of infractions. More than half of drug courts sanction participants within one week for a positive drug test, and just over one-third sanction participants within one week for infractions other than positive drug tests. Courts that allow staff other than the judge to sanction participants are able to react significantly more quickly than courts in which only the judge sanctions participants.

Most courts require participants to have a minimum number of months clean and sober—averaging about eight months—before they allow participants to graduate. Conversely, the majority of courts do not have a minimum number of months where participants must be

sanction-free before graduating. Nearly all courts require some other type of milestone besides being clean and sober to be accomplished before graduation, with the most commonly cited milestones being successfully completing treatment and being in school or employed.

Courts reported what happens to participants' charges after graduation for the majority of their participants. Nearly half of courts dismiss charges; for slightly more than one-fifth of courts, charges and convictions stand with a reduced sentence. As expected, drug courts that use the diversion model for program entry are more likely to dismiss charges after graduation than courts that do not employ a diversion model.

## References

Office of Justice Programs and National Association of Drug Court Professionals. (OJP/NADCP 1997).  
Defining Drug Courts: The Key Components. Washington, DC: U.S. Department of Justice. NCJ  
205621.

## Chapter 4. Profiles of Adult Drug Courts: How Do Drug Court Characteristics and Operations Come Together?

Thus far, a number of drug court characteristics and operations have been discussed, but how do these concepts come together for particular drug courts? How are courts combining structural components and operational strategies? To move beyond simple characterizations of courts and to create a fuller picture of how these courts implement their programs, we identified *types* of courts based on several key features and components of the drug court model at one time.

To this end, we conducted three sets of cluster analyses. Cluster analysis provides a number of advantages to further our understanding of the types of courts that exist. First, using this methodology, we can examine multiple drug court characteristics simultaneously. Courts can be grouped based on *patterns* of characteristics (e.g., assessing court eligibility requirements based on a variety of measures of participant eligibility), rather than on a single characteristic such as the number of prior criminal convictions. Second, unlike other types of statistical approaches, cluster analysis groups *types of courts* together, rather than *types of variables*. For instance, with factor analysis, one would determine which court characteristics group together, while with cluster analysis one determines the types of courts that group together based on their similar responses to measures of characteristics. Thus, the result of a cluster analysis is mutually exclusive groups of courts based on similar patterns of responses. Since we have no *a priori* definition of the nature of drug court profiles, cluster analysis is a useful tool to explore multivariate data and to help identify previously unknown groups of courts.<sup>5</sup> Essentially, cluster analysis is a technique that generates hypotheses, rather than tests them.

We conducted three separate cluster analyses to understand the types of courts that operate across the U.S. The first analysis characterizes courts based on the severity of their participant eligibility requirements; the second analysis characterizes courts based on measures of program intensity; and the third analysis characterizes courts based on adherence to best practices around sanctioning.

### Profiles of Adult Drug Courts Characterizing Participant Eligibility Requirements

The results of our first cluster analysis indicate that adult drug courts can indeed be distinguished by patterns of eligibility requirements. Three profiles of courts came to light in our analysis: (1) courts that have narrow requirements with strict criteria around substance use and criminal history; (2) courts that have broader requirements based on substance use criteria, but stricter

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<sup>5</sup> Everitt 1993; Fleiss and Zubin 1969. We used SAS to perform cluster analysis with the Proc FASTCLUS procedure (SAS Institute 1990). Follow-up Tukey tests were performed to test for statistical differences between each pair of groups on measures used in cluster analyses.

requirements related to criminal history; and (3) courts that have broader requirements based on criminal history criteria, but stricter requirements with regard to substance abuse criteria.

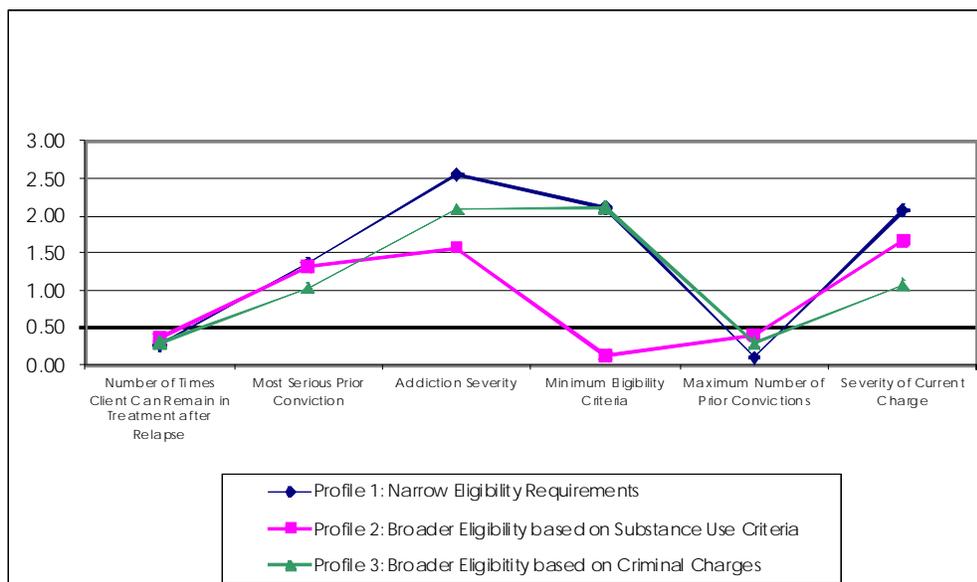
We included six measures in a cluster analysis to explore profiles of participant eligibility requirements. Appendix B includes a complete list of measures, response scales, and the proportion of the sample answering each response. The response scales range from the least restrictive eligibility criteria (the most broad) to the most restrictive eligibility criteria (the most narrow), with eligibility operationalized as both initial program admittance criteria and program retention criteria with respect to participant in-program behavior:

- The first measure is the *number of times a participant can remain in treatment after relapse before drug court failure*. Responses range from “relapse alone rarely or never leads to drug court failure” (0) to “client is not allowed to remain in treatment after relapse” (3).
- The second measure is the *most serious prior conviction allowed to be eligible for the drug court program*, ranging from prior “violent offense felonies” being permitted into the court (0) to “no prior convictions” being permitted (3).
- The third measure is the *severity of the addiction required by the participant to be eligible for the drug court program*. The responses range from “alcohol abusers allowed, the court is not restricted to only those diagnosed as addicted or dependent” (0) to “only participants diagnosed as addicted or dependent” (3) are eligible for the court.
- The fourth measure identifies the *minimum eligibility criteria that a participant must have in order to be admitted into the court*. It ranges from “an eligible charge alone” (0) to “an eligible drug charge, a positive drug test, and a clinical assessment” (3).
- The fifth measure of participant eligibility includes the *maximum number of prior convictions a person can have to be allowed into the drug court program*. The response scale ranges from “no limit on the number of prior convictions” (0) to “zero prior convictions” allowed (3).
- The sixth and final measure included assesses the *severity of the current charge allowed to remain eligible for the court*. The response range from “allows felonies, including drug sales, domestic violence, and other violence” (0) to “allows misdemeanors only” (3).

Three profiles of courts emerged from the analysis based on patterns of responses to eligibility criteria measures (see Figure 2-4.1). The Y-axis in the figure represents the average scores of each profile on the variables measuring characteristics of participant eligibility, which are listed along the X-axis. By examining differences in average levels of particular measures across the profiles, as well as how the profiles compare in the patterning of responses across all of the measures, we can see which variables distinguish profiles on the characteristics of interest. The three profile lines are fairly parallel and are mostly distinguished by level of eligibility requirements. There is some crossover between lines, with addiction severity, minimum eligibility criteria, and severity of the current charge being the characteristics that most dramatically differentiate groups. Table 2-4.1 documents statistically significant mean

differences between profiles for measures included in the analysis. Five of the six measures statistically distinguish profiles of courts; interestingly, the number of times a participant is allowed to remain in treatment after relapse does not distinguish any of the profiles from one another.

**Figure 2-4.1. Profiles Characterizing Participant Eligibility Requirements**



Profile 1 is a group of courts with narrow eligibility requirements (30 percent of the sample). The profile has significantly narrower requirements than the other two profiles on two of the six measures: addiction severity and severity of current charge. It is also significantly different than Profile 3 on most serious prior conviction and Profile 2 on minimum eligibility criteria and maximum number of convictions. In other words, Profile 1 has the strictest eligibility policies in terms of criminal history. These courts do not allow previous violent felony convictions; and if they allow felony charges for the current incident, they exclude violent felonies and felony drug sales. Although prior violent felony convictions are not allowed, these courts do not report having a maximum number of prior convictions that would make a person ineligible for the program.

One third of courts in the sample have narrow—or restrictive—eligibility requirements based on both criminal charges and history and substance use criteria.

**Table 2-4.1. Means and Standard Deviations of Profiles Characterizing Participant Eligibility Requirements**

Participant Eligibility Requirements	Total	Profile 1: Narrow Eligibility Requirements	Profile 2: Broader Eligibility based on Substance Use Criteria	Profile 3: Broader Eligibility based on Criminal Charges
Number of Times a Participant Can Remain in Treatment after Relapse	0.31 (0.59)	0.27 (0.61)	0.36 (0.61)	0.30 (0.57)
Most Serious Prior Conviction	1.21 (0.71)	1.37 <sup>c</sup> (0.75)	1.32 <sup>c</sup> (0.76)	1.03 <sup>a,b</sup> (0.61)
Addiction Severity	2.09 (0.82)	2.56 <sup>b,c</sup> (0.59)	1.57 <sup>a,c</sup> (0.65)	2.09 <sup>a,b</sup> (0.85)
Minimum Eligibility Criteria	1.55 (0.93)	2.10 <sup>b</sup> (0.29)	0.12 <sup>a,c</sup> (0.28)	2.11 <sup>b</sup> (0.25)
Maximum Number of Prior Convictions	0.26 (0.70)	0.10 <sup>b</sup> (0.43)	0.40 <sup>a</sup> (0.87)	0.29 (0.72)
Severity of Current Charge	1.54 (0.71)	2.08 <sup>b,c</sup> (0.53)	1.67 <sup>a,c</sup> (0.76)	1.07 <sup>a,b</sup> (0.45)
N	329	99	92	138

a Mean is significantly different from Profile 1 ( $p \leq 0.05$ ).

b Mean is significantly different from Profile 2 ( $p \leq 0.05$ ).

c Mean is significantly different from Profile 3 ( $p \leq 0.05$ ).

Source: Urban Institute Adult Drug Court Survey

Note: 49 observations were excluded from this analysis due to missing data.

Profile 1 courts also have relatively strict policies regarding what substance use issues a potential participant must have in order to be eligible for the program. Since Profile 1 courts only accept frequent or regular drug users and participants diagnosed as dependent or addicted, they are significantly different from both Profiles 2 and 3 on addiction severity. Profile 1 is also significantly distinguished from Profile 2 on minimum eligibility criteria; Profile 1 courts require eligible charges and clinical assessments for admittance, while Profile 2 only requires eligible charges.

Profile 2 courts (28 percent of the sample) have broader eligibility criteria based on requirements around substance use. Although they are significantly different from Profile 1 on maximum number of prior convictions—Profile 2 allows five or more prior convictions, whereas Profile 1 has no limit to the number of prior convictions they allow—Profile 2 courts have very few requirements in terms of substance use. Profile 2 is significantly lower than both Profiles 1 and 3 on minimum eligibility criteria and addiction severity. These courts require only an eligible charge for admittance into the program with their minimum eligibility criteria not involving a substance use criterion at all. In terms of addiction severity, substance use issues can range from marijuana use with no diagnosis of addiction to frequent or regular drug use, or those with a diagnosis of addiction.

Finally, Profile 3 courts (42 percent of the sample) have broader eligibility criteria based on requirements around criminal history. These courts are significantly different than both Profiles 1 and 2 on most serious prior conviction and severity of current charge. These courts allow prior felony convictions, with some including violent offenses. They also allow current felony charges into the program, including drug sales, domestic violence, or other types of violent charges.

In sum, three profiles of courts exist related to participant eligibility requirements: (1) courts that have narrow requirements, (2) courts that have broader requirements based on substance use criteria, and (3) courts that have broader requirements based on criminal history criteria.

## Profiles of Adult Drug Courts Characterizing Program Intensity

Adult drug courts can also be distinguished by patterns of program intensity. Our analysis showed five such profiles of courts: (1) courts with high intensity with few contracts (i.e., providing sanctions for positive drug tests and residential treatment for participants, as well as imposing multiple graduation requirements and frequent drug court contact, but requiring few contracts from participants); (2) courts with similar high intensity, but requiring multiple contracts from participants; (3) courts with moderate intensity, requiring few contracts from participants; (4) courts with low intensity, as distinguished by less frequent contact with participants, less certainty of sanctions, and fewer graduation requirements; and (5) courts with moderate intensity, requiring multiple contracts from participants.

We included five measures in a cluster analysis to explore profiles of program intensity. Appendix B includes a complete list of measures, response scales, and the proportion of the sample answering each response. The response scales range from the least intense level for the program characteristic of interest to the most intense level:

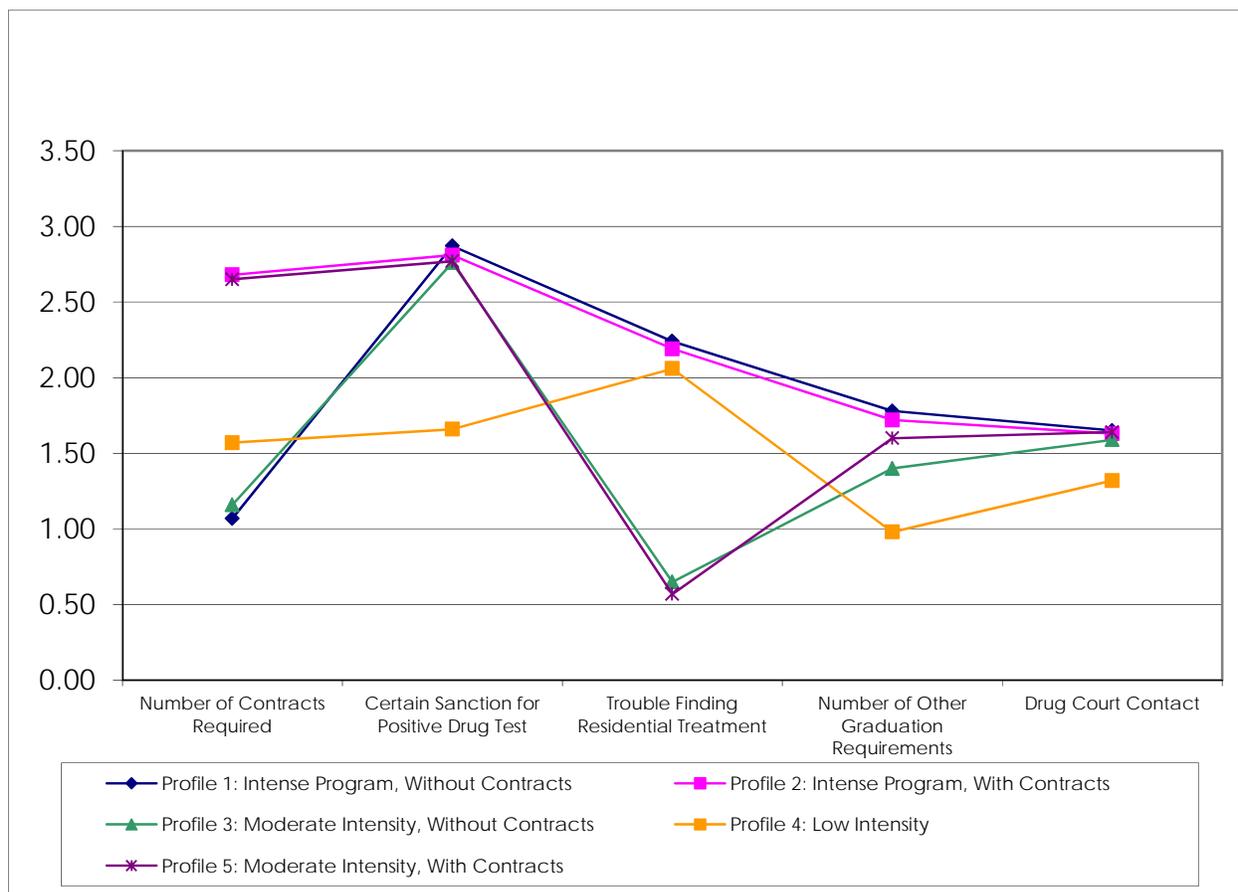
- The first measure is the *number of contracts required*, ranging from “no contracts required” (0) to “4 contracts required” (3). These contracts include agreeing to treatment rules, agreeing to program rules, agreeing to the alternative sentence upon failure, and agreeing to waive rights in court.
- The second measure is the *certainty of a sanction for a positive drug test, taking into account the frequency of drug testing for particular courts*. The responses range from

“not drug tested at all” (0) to “drug tested more than once a week with a certain sanction” (3).

- The third measure is the *extent to which courts experience difficulty finding residential treatment for their participants*. We conceptualize this measure such that programs that do not have trouble finding residential treatment are more intense because their participants can be involved in intense treatment, while participants in courts that have trouble finding residential treatment are not exposed to treatment that is as intense. The responses range from “always have trouble finding residential treatment” (0) to “never have trouble finding residential treatment” (3).
- The fourth measure is *number of other graduation requirements beyond being without a sanction and clean and sober for a certain period of time* (e.g., being employed, having paid court fees, etc.). The responses range from “no other graduation requirements” (0) to “10 other graduation requirements” (3).
- The fifth measure of program intensity is *an index of contact with the drug court program*. We averaged the scores of five variables: frequency of court appearances during Phase 1, frequency of drug tests during Phase 1, frequency of case manager meetings during Phase 1, number of days between arrest and first court appearance, and number of days between first court appearance and entering treatment. For the last two measures, responses were reversed so that higher numbers of days elapsing between the two events represent *less intense* programs. Responses for the index ranged from “least intense contact” (0) to “most intense contact” (3).

Five profiles of drug courts emerged from the analysis based on patterns of responses to program intensity measures (see Figure 2-4.2). As with participant eligibility requirements, the profiles for program intensity are fairly parallel with only some crossover for particular variables. Number of contracts required, trouble finding residential treatment, and number of other graduation requirements seem to be the variables that most distinguish between profiles. Table 2-4.2 documents statistically significant mean differences between profiles for measures included in the analysis. All five measures statistically distinguish profiles of courts.

Nearly one-third of courts have high levels of program intensity and activity, and they also require their participants to sign contracts before enrolling.

**Figure 2-4.2. Profiles Characterizing Drug Court Program Intensity**

Profile 1 (19 percent of the sample) and Profile 2 (27 percent of the sample) are courts with the highest program intensity, but Profile 2 courts require significantly more contracts with their participants (approximately 2.5 contracts) than Profile 1 (only one contract). Beyond this difference, the two profiles have similar program intensity levels. The two profiles have significantly more certainty related to sanctions for positive drug tests—participants are drug tested more than once per week during Phase 1 with a certain sanction for a positive test—as well as quicker and more frequent contact with participants than Profile 4. These courts also have a greater number of other graduation requirements (two additional requirements) than Profiles 3 (1.5 additional requirements) and 4 (1 additional requirement). Further, the courts in Profiles 1 and 2 have significantly less trouble finding residential treatment than Profiles 3 and 5. These intense courts only sometimes experience trouble finding residential treatment for participants, whereas courts in both Profiles 3 and 5 reported always or often having trouble.

Profile 3 (21 percent of the sample), Profile 4 (9 percent of the sample), and Profile 5 (25 percent of the sample) all represent programs of low and moderate intensity. Similar to the intense programs, these profiles also can be distinguished by the number of contracts the courts require participants to sign. Profile 5 courts require significantly more contracts with their participants (approximately 2.5 contracts) than either Profiles 3 (only 1 contract) or 4 (1.5 contracts), and Profile 4 requires significantly more contracts than Profile 3. Profile 4 courts also have significantly less trouble finding residential treatment for participants (reporting only sometimes having trouble) than Profiles 3 and 5 courts that reported always or often having trouble.

**Table 2-4.2. Means and Standard Deviations of Profiles Characterizing Drug Court Program Intensity**

<b>Program Intensity Measures</b>	<b>Total</b>	<b>Profile 1: Intense Program, Without Contracts</b>	<b>Profile 2: Intense Program, With Contracts</b>	<b>Profile 3: Moderate Intensity, Without Contracts</b>	<b>Profile 4: Low Intensity</b>	<b>Profile 5: Moderate Intensity, With Contracts</b>
Number of Contracts Required	1.96 (0.86)	1.07 <sup>b,d,e</sup> (0.45)	2.68 <sup>a,c,d</sup> (0.37)	1.16 <sup>b,d,e</sup> (0.43)	1.57 <sup>a,b,c,e</sup> (0.64)	2.65 <sup>a,c,d</sup> (0.38)
Certain Sanction For Positive Drug Test	2.70 (0.51)	2.87 <sup>d</sup> (0.29)	2.81 <sup>d</sup> (0.34)	2.76 <sup>d</sup> (0.41)	1.66 <sup>a,b,c,e</sup> (0.68)	2.77 <sup>d</sup> (0.38)
Trouble Finding Residential Treatment	1.46 (0.91)	2.24 <sup>c,e</sup> (0.43)	2.19 <sup>c,e</sup> (0.39)	0.65 <sup>a,b,d</sup> (0.48)	2.06 <sup>c,e</sup> (0.44)	0.57 <sup>a,b,d</sup> (0.50)
Number of Other Graduation Requirements	1.57 (0.65)	1.78 <sup>c,d</sup> (0.62)	1.72 <sup>c,d</sup> (0.64)	1.40 <sup>a,b,d</sup> (0.62)	0.98 <sup>a,b,c,e</sup> (0.53)	1.60 <sup>d</sup> (0.59)
Drug Court Contact	1.60 (0.31)	1.65 <sup>d</sup> (0.29)	1.63 <sup>d</sup> (0.32)	1.59 <sup>d</sup> (0.29)	1.32 <sup>a,b,c,e</sup> (0.39)	1.64 <sup>d</sup> (0.27)
N	364	68	97	75	32	92

a Mean is significantly different from Profile 1 ( $p \leq 0.05$ ).

b Mean is significantly different from Profile 2 ( $p \leq 0.05$ ).

c Mean is significantly different from Profile 3 ( $p \leq 0.05$ ).

d Mean is significantly different from Profile 4 ( $p \leq 0.05$ ).

e Mean is significantly different from Profile 5 ( $p \leq 0.05$ ).

Source: Urban Institute Adult Drug Court Survey

Note: 14 observations were excluded from this analysis due to missing data.

Although Profile 4 is more intense than Profile 3 on two measures and more intense than Profile 5 on one measure, it is less intense compared to both these profiles on the remaining measures. Profile 4 conducts significantly fewer drug tests (about once per week or less) and has less certainty of providing a sanction for a positive drug test than Profiles 3 and 5 (which drug test once a week or more than once a week and provide a certain sanction for a positive test). Courts in Profile 4 also have significantly fewer graduation requirements and less frequent contact with participants than courts in Profiles 3 and 5.

In sum, five types of courts can be distinguished based on program intensity: (1) courts with high intensity requiring few contracts from participants; (2) courts with high intensity requiring multiple contracts from participants; (3) courts with moderate intensity requiring few contracts from participants; (4) courts with low intensity, as distinguished by less frequent contact with participants, less certainty of sanctions, and fewer graduation requirements; and (5) courts with moderate intensity requiring multiple contracts from participants.

## Profiles of Adult Drug Courts Characterizing Best Practices around Sanctioning

Finally, courts can be distinguished by patterns of adherence to best practices around sanctioning. A coordinated strategy for responding to participants' compliance with incentives and noncompliance with sanctions are key components of the drug court model (OJP/NADCP 1997) with an emphasis on the “the predictability, certainty, and swiftness” with which sanctions are applied. Thus, to investigate use of best practices around sanctioning, we examined the certainty (the transparency and predictability of the sanctioning strategy), the swiftness or celerity of sanctioning (how quickly or swiftly participants get sanctioned), and severity of sanctioning practices (if sanctions increase in severity with repeated infractions).

Four profiles of courts were identified when conducting this analysis: (1) least adherent courts, meaning those whose sanctioning practices are not transparent, whose sanctions do not become progressively more severe, who do not impose sanctions quickly (low celerity), and who reward few milestones achieved by participants; (2) moderately adherent courts with low transparency of sanctions; (3) moderately adherent courts with low celerity; and (4) most adherent courts with transparent sanctioning practices, certain sanctions for positive drug tests, progressively more severe sanctions, and quickly imposed sanctions.

We included six measures in a cluster analysis to explore best practices around sanctioning. Appendix B includes a complete list of measures, response scales, and the proportion of the sample answering each response. The response scales range from the lowest level of adherence to best practices for that particular measure to the highest level of adherence to best practices:

- The first measure is *transparency of sanctions* ranging from “no written schedule of sanctions exists” (0) to “a written schedule of sanctions exists, is always or almost always followed, and the defendant is given a copy of it” (3).

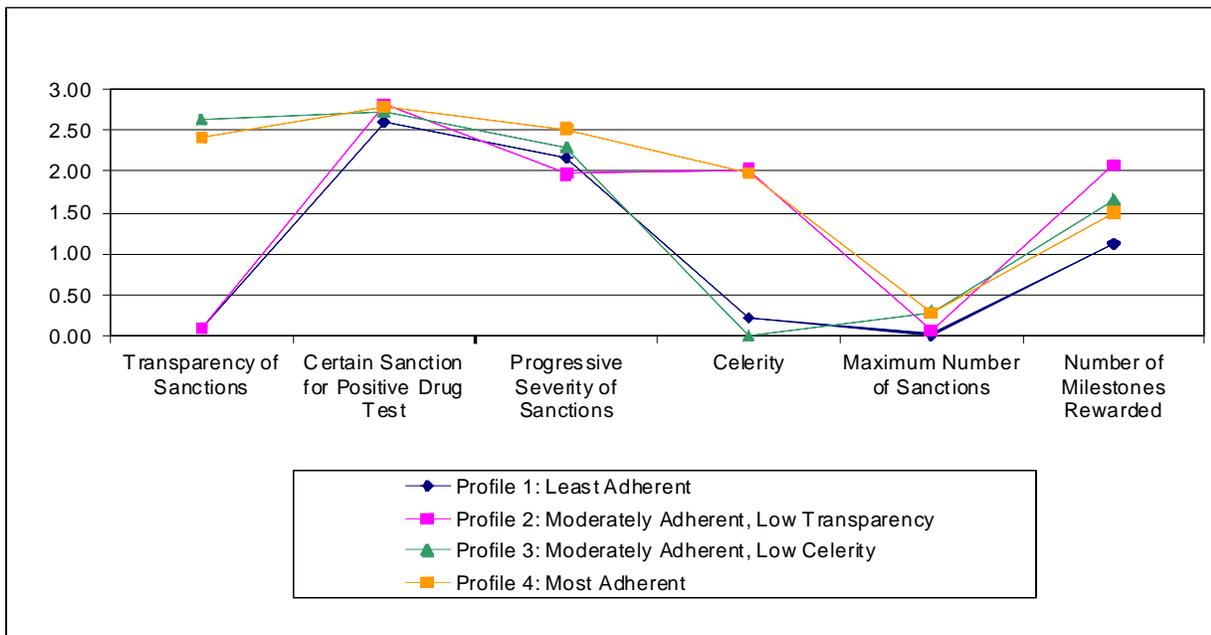
- The second measure is the *certainty of a sanction for a positive drug test*, taking into account the frequency of drug testing for particular courts. The responses range from “not drug tested at all” (0) to “drug tested more than once a week with a certain sanction” (3).
- The third measure is *whether courts use progressively more severe sanctions after each infraction*. It ranges from “no” (0), sanctions are not more severe, to “yes, always more severe than the last sanction” (3).
- The fourth measure is a measure of *celerity, documenting how quickly courts sanction for a positive drug test*. Responses range from “at the next court appearance” (0) to “within a day, regardless of the next court appearance” (3).
- The fifth measure is the *maximum number of sanctions a participant can have before an alternative sanction is imposed*. The scale is continuous, ranging from “no maximum number of sanctions” (0) to “1 sanction” (3).
- The sixth and final measure is the *number of milestones that courts reward participants for reaching*. The scale is continuous and ranges from “no milestones rewarded” (0) to “9 milestones rewarded” (3).

Four profiles of courts emerged from the analysis based on patterns of responses to measures of best practices around sanctioning (see Figure 2-4.3). These profiles show more cross-over between lines and less parallelism than the profiles in the other two cluster analyses presented above. Table 2-4.3 documents statistically significant mean differences between profiles for measures included in the analysis. All six measures statistically distinguish profiles of courts.

Profile 1 courts (36 percent of the sample) are least adherent to sanctioning practices and are significantly less transparent when it comes to sanctioning than Profiles 3 and 4. Profile 1 courts do not have written schedules of sanctions, whereas Profiles 3 and 4 have written schedules of sanctions that the participant receives and that are sometimes to always followed. Profile 1 is less likely to provide a certain sanction for a positive drug test than Profile 2, but is not significantly different than Profiles 3 and 4 on this scale. Sanctions from Profile 1 courts are sometimes more severe, a significant difference compared to sanctions from courts in Profile 4 where sanctions are sometimes to always more severe. Profile 1 courts are also lower on celerity than Profiles 2 and 4, with courts in Profile 1 only imposing sanctions at the next court appearance and courts in Profiles 2 and 4 imposing sanctions within one week or day of the infraction, regardless of when the next court appearance is. Finally, Profile 1 courts reported a greater maximum number of sanctions (no maximum) than Profiles 3 and 4 and fewer milestones rewarded than all other profiles.

Profile 2 (26 percent of the sample) and Profile 3 (17 percent of the sample) are both moderately adherent to best practices around sanctioning, each with its own distinguishing characteristic. Profile 2 is moderately adherent, but is low on transparency of sanctions—they do not have a written schedule of sanctions. Profiles 3 and 4 are significantly more transparent than Profile 2 because they have written schedules of sanctions that participants receive and that are sometimes to always followed. Profile 3 is moderately adherent, but is low on celerity, only imposing sanctions at the next court appearance. Profiles 2 and 4 both impose sanctions within one week or day of the infraction, regardless of when the next court appearance is.

**Figure 2-4.3. Profiles Characterizing Best Practices Around Sanctioning**



**Table 2-4.3. Means and Standard Deviations of Profiles Characterizing Best Practices around Sanctioning**

	Total	Profile 1: Least Adherent	Profile 2: Moderately Adherent, Low Transparency	Profile 3: Moderately Adherent, Low Celerity	Profile 4: Most Adherent
Transparency of Sanctions	1.00 (1.27)	0.09 <sup>c,d</sup> (0.29)	0.09 <sup>c,d</sup> (0.31)	2.63 <sup>a,b,d</sup> (0.60)	2.41 <sup>a,b,c</sup> (0.70)
Certain Sanction for Positive Drug Test	2.71 (0.51)	2.60 <sup>b</sup> (0.64)	2.81 <sup>a</sup> (0.35)	2.72 (0.50)	2.78 (0.39)
Progressive Severity of Sanctions	2.21 (0.76)	2.16 <sup>d</sup> (0.75)	1.97 <sup>d</sup> (0.73)	2.29 (0.76)	2.52 <sup>a,b</sup> (0.70)
Celerity	1.01 (1.09)	0.22 <sup>b,d</sup> (0.54)	2.02 <sup>a,c</sup> (0.72)	0.00 <sup>b,d</sup> (0.00)	1.98 <sup>a,c</sup> (0.70)
Maximum Number of Sanctions	0.13 (0.52)	0.02 <sup>c,d</sup> (0.22)	0.06 <sup>c,d</sup> (0.39)	0.29 <sup>a,b</sup> (0.81)	0.27 <sup>a,b</sup> (0.67)
Number of Milestones Rewarded	1.54 (0.94)	1.12 <sup>b,c,d</sup> (0.95)	2.08 <sup>a,c,d</sup> (0.72)	1.65 <sup>a,b</sup> (0.83)	1.50 <sup>a,b</sup> (0.89)
N	334	121	87	57	69

a Mean is significantly different from Profile 1 ( $p \leq 0.05$ ).

b Mean is significantly different from Profile 2 ( $p \leq 0.05$ ).

c Mean is significantly different from Profile 3 ( $p \leq 0.05$ ).

d Mean is significantly different from Profile 4 ( $p \leq 0.05$ ).

Source: *Urban Institute Adult Drug Court Survey*

Note: 44 observations were excluded from this analysis due to missing data.

Profile 4 (21 percent of the sample) represents courts that are the most adherent to best practices around sanctioning. Courts in this profile are high on transparency of sanctions (they have a written schedule of sanctions that is sometimes followed and participants get a copy of it), highest on progressively more severe sanctions (the sanctions are always more severe over time), and high on celerity (sanctions are imposed within a week or a day of the infraction, regardless of when the next court appearance is). Although not significantly higher than other profiles on certainty of sanctions for a positive drug test, they have the second highest score on this measure, meaning they drug test once per week with a certain sanction for a positive reading or more than once per week without a certain sanction.

In sum, four types of courts can be distinguished based on adherence to best practices around sanctioning: (1) least adherent courts; (2) moderately adherent courts with low transparency of sanctions; (3) moderately adherent courts with low celerity; and (4) most adherent courts.

Only one-fifth of courts are trying to be adherent to several best practices around sanctioning at the same time—making their sanction and reward policies predictable, certain, and swift.

## How Do Drug Courts Fit into All Three Profiles?

How do the three sets of profiles compare to one another? Is there a pattern of profiles into which courts fall across the three sets of cluster analyses? To answer these questions, we examined all the possible combinations of profiles into which courts could fall. In total, there are 119 possible combinations of profiles.<sup>6</sup> Within these combinations, there does not seem to be a predominant combination of profiles that captures a large portion of the sample. Of the 376 courts that have valid profile designations in at least one of the cluster analyses, 125 (or 33 percent) are in the top 13 possible combinations of profiles (see Table 2-4.4). The remaining 251 courts are scattered across another 78 combinations of profiles. No courts are represented in 28 combinations.

More specifically, the most frequent combination of profiles includes only 13 courts (3 percent of the sample). This combination is courts that have broader eligibility based on substance use criteria, have moderate intensity programs without contracts, and are least adherent to sanction practices. The next most frequent combination of profiles includes 12 courts (3 percent of the sample) and includes courts that have broader eligibility based on criminal charges, have moderate intensity programs without contracts, and are least adherent to sanction practices. The combination that perhaps represents what we would describe as “model” drug courts—courts that have narrow eligibility requirements, have intense programming with contracts, and are most adherent to sanction practices—captures only ten courts (3 percent of the sample).

## What Do the Profiles Mean in Comparison to Other Court Characteristics?

To further understand how the profiles presented above characterize drug courts, we compared them to a select group of descriptive court characteristics and operations presented previously in this report. In particular, we found three descriptive characteristics mattered for the profiles of courts: (1) the age of the court, (2) what happens to criminal charges after graduation, and (3) the number of drug court participants.<sup>7</sup> These variables distinguish either all three sets of profiles or some subset of the profiles, and are presented below. Differences found between profiles based on region of the country can be found in Chapter 5.

<sup>6</sup> This includes combinations of profiles where courts could be missing in one or two of the cluster analyses, but could not be missing from all three. Thus, two courts were eliminated because they were missing in all three analyses and, therefore, were not in any profile across the three analyses.

<sup>7</sup> We also examined if geographic area, point of entry into the court, and minimum time required for graduation mattered for profile groupings. However, profiles from all three cluster analyses were not significantly distinguished from one another based on these descriptive characteristics or the analysis was not robust due to empty cells.

**Table 2-4.4. Comparison of Courts across Analyses of Profiles**

Profile Designation Across Each Analysis	Percent of Courts
Broader Eligibility based on Substance Use Criteria, Moderate Intensity without Contracts, and Least Adherent to Sanction Practices	3
Broader Eligibility based on Criminal Charges, Moderate Intensity without Contracts, and Least Adherent to Sanction Practices	3
Broader Eligibility based on Criminal Charges, Moderate Intensity with Contracts, and Least Adherent to Sanction Practices	3
Narrow Eligibility, Intense Program with Contracts, and Moderately Adherent to Sanction Practices with Low Transparency	3
Broader Eligibility based on Criminal Charges, Intense Program without Contracts, and Least Adherent to Sanction Practices	3
Narrow Eligibility, Intense Program with Contracts, and Most Adherent to Sanction Practices	3
Broader Eligibility based on Substance Use Criteria, Intense Program without Contracts, and Moderately Adherent to Sanction Practices with Low Transparency	2
Narrow Eligibility, Moderate Intensity with Contracts, and Moderately Adherent to Sanction Practices with Low Transparency	2
Narrow Eligibility, Moderate Intensity with Contracts, and Least Adherent to Sanction Practices	2
Broader Eligibility based on Criminal Charges, Intense Program with Contracts, and Moderately Adherent to Sanction Practices with Low Transparency	2
Broader Eligibility based on Criminal Charges, Low Intensity, and Least Adherent to Sanction Practices	2
Narrow Eligibility, Intense Program without Contracts, and Least Adherent to Sanction Practices	2
Missing on Participant Eligibility, Intense Program with Contracts, and Moderately Adherent to Sanction Practices with Low Transparency	2
Another 78 possible combinations	68

Source: Urban Institute Adult Drug Court Survey

Note: N=376 valid responses

### *Age of Court*

Two sets of profiles can be distinguished based on age of court: (1) profiles characterizing participant eligibility requirements and (2) profiles characterizing program intensity. Courts in Profile 1 (Narrow Eligibility Requirements) are more likely to be younger courts (one to five years old) and less likely to be more than seven years old (see Table 2-4.5). Courts in Profile 2 (Broader Eligibility based on Substance Use Criteria) are less likely to be newer courts and more likely to be older courts—more than seven years old.

**Table 2-4.5. Participant Eligibility Requirements, by Age of Court**

Years of Operation	Percent of Courts by Profiles of Participant Eligibility			
	Profile 1: Narrow Eligibility Requirements	Profile 2: Broader Eligibility Based on Substance Use Criteria	Profile 3: Broader Eligibility Based on Criminal Charges	Total Percent (N)
1 to 3 years	37.5	30.0	32.1	33.1 (107)
4 to 5 years	32.3	16.7	24.1	24.5 (79)
6 to 7 years	18.8	21.1	28.5	23.5 (76)
More than 7 years	11.5	32.2	15.3	18.9 (61)
Total Percent (N)	29.7 (96)	27.9 (90)	42.4 (137)	100 (323)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=20.3$ ,  $p<.01$

Table 2-4.6 presents the results for program intensity by age of court. Courts in Profile 2 (Intense Programs with Contracts) are more likely to be young courts—one to three years old—and less likely to be in existence six years or more. Courts in Profile 3 (Moderate Intensity without Contracts) are less likely to be new courts (one to three years old) and more likely to be four years old or older. Courts in Profile 4 (Low Intensity) are more likely to be among the oldest courts, more than seven years old; and courts in Profile 5 (Moderate Intensity with Contracts) are more likely to be in the middle of the age range—four to seven years—rather than among the newest and oldest courts.

**Table 2-4.6. Program Intensity, by Age of Court**

Years of Operation	Percent of Courts by Profiles of Program Intensity					Total Percent (N)
	Profile 1: Intense Program w/o Contracts	Profile 2: Intense Program w/ Contracts	Profile 3: Moderate Intensity w/o Contracts	Profile 4: Low Intensity	Profile 5: Moderate Intensity w/ Contracts	
1 to 3 years	33.8	46.2	19.2	29.0	31.5	33.1 (118)
4 to 5 years	25.0	23.7	27.4	22.6	28.3	25.8 (92)
6 to 7 years	25.0	16.1	24.7	19.4	27.2	22.7 (81)
More than 7 years	16.2	14.0	28.8	29.0	13.0	18.5 (66)
Total Percent (N)	19.1 (68)	26.1 (93)	20.5 (73)	8.7 (31)	25.8 (92)	100 (357)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=21.7$ ,  $p<.05$

## Number of Drug Court Participants

Profiles characterizing program intensity can be distinguished based on number of drug court participants, but profiles based on participant eligibility requirements and best practices around sanctioning were not significantly different based on this. Table 2-4.7 shows how differences in court population size vary across profiles based on program intensity. Courts in Profile 1 (Intense Program without Contracts) and courts in Profile 5 (Moderate Intensity with Contracts) are smaller courts. Profile 1 courts are more likely to have less than 50 participants, and less likely to have 51 to 99 participants. Profile 5 courts are more likely to have less than 50 participants, and are less likely to have 100 or more participants. Courts in Profile 3 (Moderate Intensity without Contracts) and Courts in Profile 4 (Low Intensity) are larger courts. Profile 3 courts are less likely to have 51 to 99 participants, but are more likely to have 100 or more participants. Courts in Profile 4 are more likely to have more than 51 participants, and are less likely to have fewer than 50 participants.

**Table 2-4.7. Program Intensity, by Number of Drug Court Participants**

Number of Drug Court Participants	Percent of Courts by Profiles of Program Intensity					Total Percent (N)
	Profile 1: Intense Program w/o Contracts	Profile 2: Intense Program w/ Contracts	Profile 3: Moderate Intensity w/o Contracts	Profile 4: Low Intensity	Profile 5: Moderate Intensity w/ Contracts	
Less than 50	50.0	40.9	45.2	35.5	54.4	46.5 (166)
51 to 99	23.5	36.6	16.4	35.5	26.1	27.2 (97)
100 or more	26.5	22.6	38.4	29.0	19.6	26.3 (94)
Total Percent (N)	19.1 (68)	26.1 (93)	20.5 (73)	8.7 (31)	25.8 (92)	100 (357)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=16.3$ ,  $p<.05$

### ***Disposition of Criminal Charges after Graduation***

Profiles characterizing participant eligibility requirements can be distinguished based on what happens to the criminal charge after drug court graduation, but profiles based on program intensity and best practices around sanctioning were not significantly different based on this. Table 2-4.8 documents how profiles of participant eligibility requirements differ. Courts in Profile 1 (Narrow Eligibility Requirements) are more likely to reduce charges after graduation or expunge convictions and charges after graduation, and are less likely to do something other than the above options. Courts in Profile 2 (Broader Eligibility based on Substance Use Criteria) are more likely to dismiss charges after graduation, and less likely to have the charge and conviction stand with a reduced sentence. Courts in Profile 3 (Broader Eligibility based on Criminal Charges) are more likely to let charges and convictions stand with reduced sentences, and are less likely to dismiss or reduce charges.

**Table 2-4.8. Participant Eligibility Requirements, by What Happens to Criminal Charges after Graduation**

Criminal Charges After Graduation	Percent of Courts by Profiles of Participant Eligibility Requirements			Total Percent (N)
	Profile 1: Narrow Eligibility Requirements	Profile 2: Broader Eligibility based on Substance Use Criteria	Profile 3: Broader Eligibility based on Criminal Charges	
Charges are dismissed	47.9	51.1	41.6	46.1 (149)
Charges are reduced	13.5	5.6	4.4	7.4 (24)
Charges and conviction stand with reduced sentence	21.9	18.9	23.4	21.7 (70)
Charges and conviction are expunged	8.3	5.6	6.6	6.8 (22)
Court Answered “Other”	8.3	18.9	24.1	18 (58)
Total Percent (N)	33.2 (88)	27.6 (73)	39.3 (104)	100 (265)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=17.0$ ,  $p<.05$

## Chapter Summary

To move beyond simple characterizations of courts and to create a fuller picture of how these courts implement their programs, we identified *types* of courts based on several key features and components of the drug court model at one time. To do this, we conducted three separate cluster analyses to understand the types of courts that exist. The first analysis characterizes courts based on the severity of their participant eligibility requirements; the second analysis characterizes courts based on measures of program intensity; and the third analysis characterizes courts based on adherence to best practices around sanctioning.

Adult drug courts can indeed be distinguished by three patterns of eligibility requirements. Almost one-third of courts in the country use narrow requirements with strict criteria around substance use and criminal history. Nearly another third of courts have broader requirements based on substance use criteria, but stricter requirements related to criminal history. A third pattern of eligibility requirements is in place for 42 percent of courts. These courts have broader

requirements based on criminal history criteria, but stricter requirements around substance abuse criteria.

Adult drug courts also can be distinguished by patterns of program intensity. Our analysis showed five such profiles of courts. Profile 1 included 19 percent of courts with high intensity, yet few contractual requirements—that is, providing sanctions for positive drug tests and residential treatment for participants, as well as imposing multiple graduation requirements and frequent drug court contact, but requiring few contracts from participants. Profile 2 included 27 percent of courts with similar high intensity as Profile 1, but requiring multiple contracts from participants. Profile 3 was 21 percent of courts with moderate intensity requiring few contracts from participants. Profile 4 was only 9 percent of courts; these were low intensity courts, as distinguished by less frequent contact with participants, less certainty of sanctions, and fewer graduation requirements. Profile 5 represented one-quarter of all courts with moderate intensity requiring multiple contracts from participants.

Finally, four profiles of courts were identified when conducting our analysis about best practices around sanctioning. Thirty-six percent of courts were considered the least adherent courts, meaning those whose sanctioning practices are not transparent, whose sanctions do not become progressively more severe, who do not impose sanctions quickly (low celerity), and who reward few milestones achieved by participants. Twenty-six percent of courts were considered moderately adherent to best practices courts, with low transparency of sanctions. Seventeen percent of courts were considered moderately adherent courts, with low celerity. Finally, Profile 4 was 21 percent of courts, and these were most adherent to best practices with transparent sanctioning practices, certain sanctions for positive drug tests, progressively more severe sanctions, and quickly imposed sanctions.

## References

- Everitt B.S. (1993). *Cluster Analysis: Third Edition*. New York, NY: Halsted Press.
- Fleiss J. I. and J. Zubin. (1969). On the Methods and Theory of Clustering. *Multivariate Behavioral Research*, 4: 232-250.
- SAS Institute (1990). *SAS/STAT User's Guide, Vol 1: ACECLUS-FREQ*. Cary, NC: SAS Institute.

## Chapter 5. Drug Court Characteristics, Operations, and Profiles, by Region and Type of Geographic Area

Some survey items that we examined are interesting in and of themselves, while others vary by the region of the country<sup>8</sup> and type of geographic area—whether in a rural, urban, or suburban setting—in which the drug courts are located. Where this is the case, we provide the regional and geographic differences below for drug court characteristics, operations, and profiles.

### Drug Court Characteristics, by Region and Geographic Area

#### *Number of Participants, by Region and Geographic Area*

The mean number of active participants for drug courts surveyed was 91.5, but the average varied depending on the region of the country where the drug court operates (see Table 2-5.1). The mean number of participants was lowest in the Midwest (77.2) and Mountain (56.7) regions and highest in the New England/Mid-Atlantic (108.2) and Southern (102.5) regions.

Geographic area also played a role in the number of active participants in ways one might expect (see Table 2-5.2). Rural drug courts had the lowest mean number of participants (50.2), while urban drug courts had the highest (136.4).

#### *Time to Graduation, by Region and Geographic Area*

Region of the country played a role in the minimum time period required in programming before graduation, as shown in Table 2-5.3. Western drug courts favored longer minimum participation periods than drug courts in other regions of the country with approximately 30 percent requiring more than 12 months to graduate. Drug courts in the Mountain region required the shortest minimum participation periods with 87.5 percent requiring 12 months or less.

Examining region of the country, however, does not tell the whole story when it comes to understanding how long drug courts require participants to be in the program before they can graduate. Table 2-5.4 shows the minimum time required to graduate by geographic area. Although not statistically significant, rural drug courts are nearly twice as likely as urban drug courts to have no minimum time required to graduate (6.0 percent). These drug courts require the least amount of time to graduate with more than 80 percent requiring 12 or fewer months. Suburban drug courts require the longest enrollment period, with approximately 35 percent requiring more than 12 months.

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<sup>8</sup> As noted in the Chapter 2, for the purposes of this report, five regions within the United States are identified: New England/Mid-Atlantic, South, Midwest, Mountain, and West.

**Table 2-5.1. Mean and Median Number of Currently Active Participants in Drug Courts, by Region of the Country**

Region	Mean Number of Participants	Median Number of Participants
New England/Mid-Atlantic	108.2	62.0
South	102.5	62.0
Midwest	76.2	25.0
Mountain	55.9	25.0
West	98.9	62.0

Source: Urban Institute Adult Drug Court Survey

Note: N=368 valid responses

**Table 2-5.2. Mean Number of Currently Active Participants in Drug Courts, by Geographic Area**

Drug Court Location	Mean Number of Participants
Urban	136.4
Rural	50.2
Suburban	84.6

Source: Urban Institute Adult Drug Court Survey

Note: N=368 valid responses

Table 2-5.5 shows the mean and median months required to graduate by geographic area. On average, suburban drug courts required a longer participation period before graduation with a mean of 13.6 months, and rural drug courts required a shorter average participation period with a mean of 12.2 months.

**Table 2-5.3. Minimum Time Required to Graduate, by Region of the Country**

Minimum Time Required	Percent of Courts by Region					Total Percent (N)
	New England/Mid-Atlantic	South	Midwest	Mountain	West	
No minimum	0.0	3.6	10.5	0.0	0.0	3.8 (14)
1 to 6 months	5.2	2.4	4.8	0.0	4.0	3.8 (14)
7 to 12 months	76.6	75.0	58.1	87.5	65.3	69.7 (260)
13 to 18 months	15.6	9.5	20.0	12.5	29.3	18.0 (67)
More than 18 months	2.6	9.5	6.7	0.0	1.3	4.8 (18)
Total Percent (N)	20.6 (77)	22.5 (84)	28.2 (105)	8.6 (32)	20.1 (75)	100 (373)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=45.0, p<.01$

## Drug Court Operations, by Region and Geographic Area

### *Point of Entry into the Drug Court Program, by Region and Geographic Area*

As shown in Table 2-5.6, region of the country also matters for the points at which the majority of participants are being allowed into drug court programs. Significantly more drug courts located in the West (37.7 percent) take the majority of their participants before a plea is entered, following the more “traditional” drug court model of diversion. Drug courts in the New England/Mid-Atlantic and Mountain regions are very unlikely to follow this model, with only 5.5 percent and 3.6 percent doing so, respectively. More so than in other regions, drug courts in the Mountain region (67.9 percent) allow participants to enter the program after a plea has been entered, but before final disposition.

**Table 2-5.4. Minimum Time Required to Graduate, by Geographic Area**

Minimum Time Required	Percent of Courts by Area			Total Percent (N)
	Urban	Rural	Suburban	
No minimum	3.4	6.0	0.0	3.8 (14)
1 to 6 months	4.8	2.7	4.4	3.8 (14)
7 to 12 months	70.8	72.9	60.3	69.7 (255)
13 to 18 months	17.0	13.3	29.4	17.8 (65)
More than 18 months	4.1	5.3	5.9	4.9 (18)
Total Percent (N)	40.2 (147)	41.3 (151)	18.6 (68)	100 (366)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=NS$

**Table 2-5.5. Mean and Median Minimum Time Period Required to Graduate, by Geographic Area**

Drug Court Location	Mean Minimum Time Period in Months	Median Minimum Time Period in Months
Urban	12.5	12.0
Rural	12.2	12.0
Suburban	13.6	12.0

Source: Urban Institute Adult Drug Court Survey

Note: N=366 valid responses

Table 2-5.7 shows point of entry into the program by geographic area, which appears to have very little effect on points of entry for drug court participants. Approximately the same percentage of courts in urban, rural, and suburban locations take the majority of their participants at each category of entry point listed in the table.

**Table 2-5.6. Points at Which the Majority of Participants Enter Into the Drug Court, by Region**

Majority Entry Point	Percent of Courts by Region					Total Percent (N)
	New England/Mid-Atlantic	South	Midwest	Mountain	West	
Before a plea is entered (diversion)	5.5	22.5	19.4	3.6	37.7	19.0 (62)
After a plea is entered, but final disposition is suspended during treatment	58.9	50.7	45.2	67.9	37.7	50.0 (163)
After case disposition (as a condition of the sentence)	35.6	26.8	35.5	28.6	24.6	31.0 (101)
Total Percent (N)	22.4 (73)	21.8 (71)	28.5 (93)	8.6 (28)	18.7 (61)	100 (326)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=29.8$ ,  $p<.01$

**Table 2-5.7. Points at Which the Majority of Participants Enter Into the Drug Court, by Geographic Area**

Majority Entry Point	Percent of Courts by Area			Total Percent (N)
	Urban	Rural	Suburban	
Before a plea is entered (diversion)	22.4	15.9	18.3	19.0 (62)
After a plea is entered, but final disposition is suspended during treatment	48.5	50.8	51.7	50.0 (163)
After case disposition (as a condition of the sentence)	29.1	33.3	30.0	31.0 (101)
Total Percent (N)	41.1 (134)	40.5 (132)	18.4 (60)	100 (326)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=NS$

### ***Difficulty Finding Treatment Slots, by Region and Geographic Area***

Table 2-5.8 shows the difficulty of finding available treatment slots by geographic area. In general, urban drug courts have more difficulty finding available treatment slots than rural and suburban courts. Urban, rural, and suburban drug courts all reported more difficulty finding residential treatment slots than other types of treatment, with a greater percentage of urban courts reporting always having trouble with this. Similarly, urban drug courts responded as often or always having trouble finding individual outpatient counseling at higher rates than courts in other areas. Nearly 12 percent of rural drug courts reported having difficulty obtaining intensive outpatient treatment slots either often or always. By contrast, suburban drug courts reported little to no difficulty in finding outpatient group counseling, individual outpatient counseling, or intensive outpatient treatment.

Table 2-5.9 shows the difficulty in finding available treatment slots by region of the country. Overall, New England/Mid-Atlantic drug courts reported the least difficulty finding treatment slots. Drug courts in the Mountain region reported the most difficulty obtaining residential treatment slots with more than 75 percent reporting either often or always having trouble. By contrast, these drug courts reported the least difficulty finding intensive outpatient treatment and outpatient group counseling. Drug courts in the West reported the most difficulty finding individual outpatient counseling with 6.6 percent reporting difficulty often or always.

### ***Profiles of Adult Drug Courts, by Region***

All three sets of profiles described in the fourth chapter can be distinguished by region of the country. Table 2-5.10 includes the results of profiles characterizing participant eligibility requirements by region of the country. Courts in Profile 1 (Narrow Eligibility Requirements) are more likely to be in New England/Mid-Atlantic, the South, and the Mountain Region, while less likely to be in the Midwest or West. Courts in Profile 2 (Broader Eligibility based on Substance Use Criteria) are less likely to be in New England/Mid-Atlantic and the Mountain Region, but are more likely to be in the West. Courts in Profile 3 (Broader Eligibility based on Criminal Charges) are less likely to be in the West.

Table 2-5.11 documents regional differences for the program intensity profiles. Courts in Profile 1 (Intense Programs without Contracts) are more likely to be in the Midwest, and less likely to be in New England/Mid-Atlantic or the Mountain region. Courts in Profile 2 (Intense Programs with Contracts) are more likely to be in New England/Mid-Atlantic and the South than any other region. Courts in Profile 3 (Moderate Intensity without Contracts) are less likely to be in New England/Mid-Atlantic and the Midwest, but more likely to be in the West. Courts in Profile 4 (Moderate Intensity) are more likely to be in New England/Mid-Atlantic, and less likely to be in the Midwest, West, or Mountain regions. Finally, Courts in Profile 5 (Moderate Intensity with Contracts) are more likely to be in Mountain region, but less likely to be in New England/Mid-Atlantic or the South.

**Table 2-5.8. Trouble Finding Available Slots in Treatment Programs, by Geographic Area of Drug Court**

Treatment Type	Percent of Courts by Geographic Area			Total Percent (N)
	Urban	Rural	Suburban	
<b>Residential</b>				
Never	12.1	8.0	16.4	11.2 (41)
Sometimes	38.3	47.7	43.3	43.1 (158)
Often	27.5	27.2	26.9	27.2 (100)
Always	22.2	17.2	13.4	18.5 (68)
Total Percent (N)	40.6 (149)	41.4 (151)	18.3 (67)	100 (367)
<b>Intensive Outpatient</b>				
Never	67.1	64.0	72.1	66.8 (241)
Sometimes	23.3	24.5	26.5	24.4 (88)
Often	9.6	6.8	1.5	6.9 (25)
Always	0.0	4.8	0.0	1.9 (7)
Total Percent (N)	40.4 (146)	40.7 (147)	18.8 (68)	100 (361)
<b>Outpatient: Individual Counseling</b>				
Never	68.9	71.5	74.6	71.1 (260)
Sometimes	23.0	26.5	25.4	24.9 (91)
Often	7.4	2.0	0.0	3.8 (14)
Always	0.7	0.0	0.0	0.3 (1)
Total Percent (N)	40.4 (148)	41.3 (151)	18.3 (67)	100 (366)
<b>Outpatient: Group Counseling</b>				
Never	76.2	80.3	83.8	79.3 (291)
Sometimes	17.0	18.4	16.2	17.4 (64)
Often	6.8	1.3	0.0	3.3 (12)
Always	0.0	0.0	0.0	0 (0)
Total Percent (N)	40.1 (147)	41.4 (152)	18.5 (68)	100 (367)

Source: Urban Institute Adult Drug Court Survey

**Table 2-5.9. Trouble Finding Available Slots in Treatment Programs, by Region**

Treatment Type	Percent of Courts by Region					Total Percent (N)
	New England/ Mid-Atlantic	South	Midwest	Mountain	West	
<b>Residential</b>						
Never	7.7	11.8	17.0	3.1	10.7	11.5 (43)
Sometimes	65.4	48.2	39.6	18.8	30.7	43.4 (163)
Often	16.7	24.7	23.6	53.1	34.7	27.1 (102)
Always	10.3	15.3	19.8	25.0	24.0	18.1 (68)
Total Percent (N)	20.7 (78)	22.6 (85)	28.2 (106)	8.5 (32)	20.0 (75)	100 (376)
<b>Intensive Outpatient</b>						
Never	70.5	68.7	60.2	56.3	75.3	66.9 (247)
Sometimes	24.4	21.7	29.1	40.6	13.7	24.4 (90)
Often	2.6	8.4	6.8	3.1	11.0	6.8 (25)
Always	2.6	1.2	3.9	0.0	0.0	1.9 (7)
Total Percent (N)	21.1 (78)	22.5 (83)	27.9 (103)	8.7 (32)	19.8 (73)	100 (369)
<b>Outpatient: Individual Counseling</b>						
Never	71.8	67.9	69.5	66.7	78.7	71.2 (267)
Sometimes	25.6	28.6	26.7	30.3	14.7	24.8 (93)
Often	2.6	3.6	3.8	3.0	5.3	3.7 (14)
Always	0.0	0.0	0.0	0.0	1.3	0.3 (1)
Total Percent (N)	20.8 (78)	22.4 (84)	28.0 (105)	8.8 (33)	20.0 (75)	100 (375)
<b>Outpatient: Group Counseling</b>						
Never	83.3	78.8	74.5	68.8	86.7	79.3 (298)
Sometimes	14.1	17.7	21.7	31.3	9.3	17.6 (66)
Often	2.6	3.5	3.8	0.0	4.0	3.2 (12)
Always	0.0	0.0	0.0	0.0	0.0	0 (0)
Total Percent (N)	20.7 (78)	22.6 (85)	28.2 (106)	8.5 (32)	19.9 (75)	100 (376)

Source: Urban Institute Adult Drug Court Survey

**Table 2-5.10. Participant Eligibility Requirements, by Region of the Country**

Region of Country	Percent of Courts by Profiles of Participant Eligibility			
	Profile 1: Narrow Eligibility Requirements	Profile 2: Broader Eligibility based on Substance Use Criteria	Profile 3: Broader Eligibility based on Criminal Charges	Total Percent (N)
New England/Mid-Atlantic	22.2	10.9	22.5	19.2 (63)
South	27.3	18.5	23.2	23.1 (76)
Midwest	21.2	32.6	31.9	28.9 (95)
Mountain	12.1	5.4	9.4	9.1 (30)
West	17.2	32.6	13.0	19.8 (65)
Total Percent (N)	30.1 (99)	28 (92)	42 (138)	100 (329)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=22.6$ ,  $p<.01$

**Table 2-5.11. Program Intensity, by Region of the Country**

Region of Country	Percent of Courts by Profiles of Program Intensity					Total Percent (N)
	Profile 1: Intense Program w/o Contracts	Profile 2: Intense Program w/ Contracts	Profile 3: Moderate Intensity w/o Contracts	Profile 4: Moderate Intensity	Profile 5: Moderate Intensity w/ Contracts	
New England/Mid-Atlantic	13.2	29.9	13.3	53.1	10.9	20.6 (75)
South	25.0	26.8	24.0	18.8	16.3	22.5 (82)
Midwest	42.7	23.7	21.3	18.8	31.5	28.3 (103)
Mountain	2.9	5.2	10.7	0.0	18.5	8.8 (32)
West	16.2	14.4	30.7	9.4	22.8	19.8 (72)
Total Percent (N)	18.7 (68)	26.7 (97)	20.6 (75)	8.8 (32)	25.3 (92)	100 (364)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=65.2$ ,  $p<.01$

Table 2-5.12 shows court adherence to best practices around sanctioning by region of the country. Courts in Profile 1 (Least Adherent) are less likely to be in the South, and are more likely to be in the Midwest. Courts in Profile 2 (Moderately Adherent, Low Transparency) are more likely to be in New England/Mid-Atlantic, and less likely to be in the South. Courts in Profile 3 (Moderately Adherent, Low Celerity) are less likely to be in New England/Mid-Atlantic and the Midwest, but more likely to be in the South and the West. Profile 4 (Most Adherent) includes courts that are less likely to be in New England/Mid-Atlantic and the West, but more likely in the South.

**Table 2-5.12. Best Practices around Sanctioning, by Region of the Country**

Percent of Courts by Profiles of Sanctioning Practices					
Region of Country	Profile 1: Least Adherent	Profile 2: Moderately Adherent, Low Transparency	Profile 3: Moderately Adherent, Low Celerity	Profile 4: Most Adherent	Total Percent (N)
New England/Mid-Atlantic	20.7	33.3	14.0	11.6	21.0 (70)
South	19.8	14.9	33.3	36.2	24.3 (81)
Midwest	31.4	28.7	19.3	26.1	27.5 (92)
Mountain	8.3	4.6	3.5	10.1	6.9 (23)
West	19.8	18.4	29.8	15.9	20.4 (68)
Total Percent (N)	36.2 (121)	26.1 (87)	17.1 (57)	20.7 (69)	100 (334)

Source: Urban Institute Adult Drug Court Survey

Note:  $X^2=29.2$ ,  $p<.01$

## Chapter 6. What We Have Learned

Throughout the discussion of drug court characteristics and operations, we referred to commonly held ideas about what are believed to be the key components of a drug court. The assumption is that the more a drug court implements these components, the more they are operating as a “model” drug court would and the better off their participants will be. However, in 1997 when the Drug Courts Program Office in OJP in collaboration with NADCP promulgated the ten key components of drug court models as the “very best practices, designs, and operations of drug courts” (OJP/NADCP, 1997), little research had been conducted to understand which features of these programs were most influential on participant outcomes. The components were based on recommendations from an interdisciplinary committee of interested parties and were not theoretically grounded or tested (Butts et al. 2004). Still today, few evaluation studies represent high-quality research from which we can derive the most important components of drug court models (Roman and DeStefano 2004). These ideas have yet to be tested empirically.

The next important step for this field is, “identifying the relationships between individual drug court activities and outcome and combinations of activities and outcomes” that might lay the groundwork for improvements in drug court programming across the country (Roman and DeStefano 2004: 133). One of the goals of NIJ’s Multi-Site Adult Drug Court Evaluation is to empirically test which aspects of the drug court model, such as sanctioning practices or judicial interaction with participants, are most likely to lead to positive outcomes for participants. Specifically, we hope to open what has been described as the “black box” of drug court program features and why particular ones may lead to behavior changes, such as lower recidivism rates and less substance use and abuse (Roman and DeStefano 2004). Below we examine if drug courts are implementing the ten key components that were identified a decade ago based on findings from the current report.

### Are Drug Courts Implementing the Ten Key Components?

Several core components of the drug court model have been discussed throughout this volume, and our data show mixed results in the extent to which courts were implementing pieces of this core programming in their day-to-day operations at the time of our data collection. Some core components were clearly still relevant and being implemented widely in drug courts across the U.S. Yet other components evolved since the 1997 OJP/NADCP publication on drug court practices or have become less relevant for day-to-day drug court operations. Figure 2-6.1 documents the ten key drug court components put forth in 1997. Although the purpose of the survey and this report were not to determine if courts were implementing the ten key components, the data we gathered allow us to examine whether drug courts were operating in relation to some of these identified key components, specifically components one, three, four, five, six, and seven. Below, we summarize the highlights of drug court program operations at the time of the survey.

**Figure 2-6.1. Key Drug Court Components Identified by the Drug Court Program Office (OJP)**

1. The drug court integrates alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. The drug court provides access to a continuum of alcohol, drug, and other related treatment and rehabilitative services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

*Source: Office of Justice Programs and National Association of Drug Court Professionals, U.S. Department of Justice. 1997.*

The first key component is that a drug court must integrate alcohol and other drug treatment along with justice system case processing. Courts seemed to be implementing this key component. All courts reported providing some type of substance abuse treatment; however, we do not know the quality of the treatment being offered at the various courts.

OJP/NADCP (1997) identified other benchmarks related to the first key component, such as having specific measurable criteria for both courts and participants to comply with, that ongoing communication occurs between court staff and treatment staff, and that judges monitor treatment progress. According to our survey data, these benchmarks seemed to be reached by many courts. Participants had specific activities to do and accomplishments that they needed to reach. More than 90 percent of courts had contracts with participants agreeing to program rules, and all but two courts in the sample reported having some type of milestone that must be reached before allowing participants to graduate. Also, nearly all courts had staffing meetings with multiple representatives—including the judge—from the court and treatment systems present, and most of these courts had such meetings at least once per week.

The third key component is that eligible participants are identified as early in the criminal justice process as possible and placed into the program. Only a portion of drug court programs seemed to be implementing this component. Although most courts had eligibility requirements related to both the instant criminal charges or past criminal histories, as well as substance use and abuse issues, how quickly participants were identified to be in programs fluctuated based on when the

program allowed people to enter into the drug court and the extent to which the case was already processed before the drug court intervention. Nearly 39 percent of courts took the majority of their participants either after case disposition, as part of a probation or parole violation, or as a community reentry initiative after incarceration. Clearly, these cases were getting into drug court well past their entrance into the criminal justice system at arrest. One third of courts took more than 30 days between arrest and a person's first appearance in the drug court, and only about 42 percent did this in less than two weeks.

The fourth key component is that courts provide access to a range of alcohol, drug, and other related treatment and rehabilitative services. It seemed that most courts provided multiple types of substance abuse treatment with the most commonly provided being residential, intensive outpatient, outpatient individual counseling, outpatient group counseling, drug education, self-help, and relapse prevention. Again, we do not know the quality of the services provided or the extent to which these treatment services were specifically matched to participant needs. Also, the majority of courts reported integrating mental health treatment with substance abuse treatment as needed; however, only half conducted mental health screenings for participants. Finally, most drug courts provided case management services to participants as well.

The fifth key component is to frequently monitor abstinence from drug use. Drug courts were implementing this component, and many of its related benchmarks were being met. Slightly more than 80 percent of courts had participants take drug tests twice weekly or more frequently during the preliminary phase of the program, and nearly all courts reported that drug tests were observed or supervised in some way to limit tampering of specimens. Nearly all courts tested across a multitude of drugs, adhering to the recommendation that the scope of the test be wide enough to identify multiple types of users. And, as suggested, nearly all courts required some period of time for participants to be clean and sober before they were allowed to graduate.

The one recommendation related to monitoring abstinence that some courts seem to be incompatible with is swiftness of results and response, with one-third reporting that they got results within one week, but not within one day. Ideally, drug tests results are known within one day and communicated to program participants. Having a delay in drug court tests makes it harder for courts to quickly respond to results that may affect the extent to which participants make the connection between the failed drug tests and the response.

The sixth key component promoted in 1997 is to have a coordinated strategy for responding to participants' compliance with program requirements. OJP/NADCP (1997) recommended having a system of graduated sanctions to respond to noncompliance, as well as a system of incentives for compliant behavior. In addition, these responses to behavior should be predictable, certain, and swift. Only a portion of drug courts that were operating at the time of our study adhered to these recommendations.

Specifically, most courts provided sanctions and incentives to participants. However, when it came to sanctions, fewer than half of courts had any type of written schedule of sanctions and only a portion of these provided this schedule to participants so they could predict what types of sanctions were coming if they were noncompliant. Only two-thirds of courts always sanctioned after positive drug tests—leaving one-third of courts with participants who could not be certain if

they would get a sanction after testing positive—and fewer than half of the courts reported that sanctioning was always progressive, with the most recent always being more severe than the previous sanction applied. Further, only 13.6 percent of courts applied the sanction within one day of the failed drug tests. When you consider adherence to best practices across a number of dimensions within the same analysis, as we did in the fourth chapter by creating profiles of best practices around sanctioning, only 21 percent of the sample adhered to multiple best practices around sanctioning at the same time. That is, only one-fifth of courts had sanctioning programs that were trying to be predictable, certain, and swift all at once.

The final key component we can speak to, component seven, suggests ongoing judicial interaction with each drug court participant as critical to the drug court model. This includes regular status hearings with the judge directly interfacing with the participant and having enough participants at status hearings so that the judge can educate the person at the bench, as well as those waiting for their turn at the bench regarding the benefits and consequences of compliance or noncompliance. This component has been described as using the courtroom as a theater so that the hearings, themselves, serve as interventions (Butts et al. 2004).

Like component six, adult drug courts only partially adhered to recommendation seven. While 100 percent of courts had status hearings that involve direct judicial interaction with program participants, far fewer used the courtroom as an intervention point that might be useful beyond an individual's status hearing. Almost half of courts did not require participants to stay in the courtroom after their own status hearing, and more than half of courts did not have specific strategies for how they ordered the cases on a day's docket to maximize the opportunity for participants to see particular kinds of cases in action. Presumably in these courts, the courtroom was not being used as a theatrical center that allowed participants to learn from the mistakes or achievements of other participants.

Based on the above information, it's clear that drug courts in 2004 embraced some, but not all, of the key components. Whether courts are implementing key components of drug court models is interesting in and of itself; however, we noted above that the field has yet to have the evidence about which of these components matter most when it comes to participant outcomes. The final results of the MADCE shed light on some of these issues as one of the goals is to “unpack” the black box of drug court effectiveness.

## References

- Butts J.A., J. Roman, S.B. Rossman, and A.V. Harrell (2004). Shaping the Next Generation of Juvenile Drug Court Evaluations. In Butts J.A. and J. Roman (Eds.). *Juvenile Drug Courts and Teen Substance Abuse*. Washington, DC: Urban Institute Press.
- Office of Justice Programs and National Association of Drug Court Professionals. (OJP/NADCP 1997). *Defining Drug Courts: The Key Components*. Washington, DC: U.S. Department of Justice. NCJ 205621

Roman J. and C. DeStefano. (2004). Drug Court Effects and the Quality of Existing Evidence. In Butts, J.A. and J. Roman (Eds.). *Juvenile Drug Courts and Teen Substance Abuse*. Washington, DC: The Urban Institute Press. 107-136.

## Appendix A

### Adult Drug Court Survey Instrument

#### General Information

##### 1a. General Information

Name of person completing interview: \_\_\_\_\_

Title: \_\_\_\_\_

Name of your organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. What is your drug court's name?

\_\_\_\_\_

2. What year did this drug court start operating?

- Drop down list of years from 1993 – 2003, with a “before 1993” category.

3. Would you consider the geographic area served by your program to be **primarily**:

- Urban
- Rural
- Suburban

4. At what point in the criminal justice process do clients enter the drug court? Please check all that apply.

- Before a plea (diversion)
- A plea is entered, but final disposition is suspended during treatment
- After case disposition (as a condition of the sentence)
- As part of a probation violation
- As part of a parole violation
- As a community reentry from jail/prison program

5. At what point in the criminal justice process do the *majority* of clients enter your drug court?
- Before a plea (diversion)
  - A plea is entered, but final disposition is suspended during treatment
  - After case disposition (as a condition of the sentence)
  - As part of a probation violation
  - As part of a parole violation
  - As a community reentry from prison program
6. After graduation, what happens to the criminal charges for the *majority* of your clients?
- Charges are dismissed
  - Charges are reduced
  - Charges and conviction stand with reduced sentence
  - Charges and conviction are expunged
  - Other (please specify: \_\_\_\_\_)

### **1b. Program Case Flow**

7. How many participants are *currently active* in your drug court program? <sup>a</sup>
- Less than 50
  - 50 to 74
  - 75 to 99
  - 100 to 149
  - 150 to 199
  - 200 to 249
  - 250 to 299
  - 300 to 349
  - 350 to 399
  - 400 or more
8. Given currently available resources, what is the *maximum* capacity of your program?
- Less than 50
  - 50 to 74
  - 75 to 99
  - 100 to 149
  - 150 to 199
  - 200 to 249
  - 250 to 299
  - 300 to 349
  - 350 to 399
  - 400 or more

9. **Typically**, how many people currently enter your program **monthly** (that is, the number of new clients admitted per month)?
- Less than 5
  - 5 to 10
  - 11 to 15
  - 16 to 20
  - 21 to 30
  - 31 to 40
  - More than 40
10. Are more people eligible for the drug court than can participate, given resource/program limitations?<sup>c</sup>
- No
  - Yes
11. **In 2003**, how many people were **new** entrants into the program?
- \_\_\_\_\_ *Three digits*
12. **In 2003**, how many people graduated or had the alternative sentence imposed for failing to comply with requirements? Please include all people in the program, not just those that entered the program in 2003. How many people...
- Graduated? \_\_\_\_\_
  - Had the alternative sentence imposed for failing to comply with requirements?  
\_\_\_\_\_
13. What is the **minimum** jail or prison alternative/sentence established for client failure in advance of participation in the drug court? If there is no minimum, please enter a "0".
- \_\_\_\_\_ months *Three digits*
14. What is the **maximum** jail or prison alternative/sentence established for client failure in advance of participation in the drug court? If there is no maximum, please enter a "0".
- \_\_\_\_\_ months *Three digits*

## Program Structure

### 2a. Program Characteristics

1. How are drug court cases assigned for judicial supervision?<sup>c</sup>
  - One judge hears all drug court cases and hears no other cases
  - One judge hears all drug court cases in addition to other cases
  - Two or more judges hear the drug court cases and hear no other cases
  - Two or more judges hear the drug court cases in addition to other cases
  - A special magistrate/master hears all drug court cases
  - A combination of judges and magistrates hear cases
  
2. Does the drug court assignment rotate among judges?<sup>c</sup>
  - No
  - Yes

#### If yes...

- 2.1 How long are judges typically assigned to your drug court?
  - One year
  - Two years
  - Until the existing drug court judge decides to step down
  - Other (please specify: \_\_\_\_\_ )
  
3. Is the drug court program structured in phases?<sup>a</sup>
  - No
  - Yes
  
4. How many phases do you have in the program and what is the *minimum* number of months required to complete each one? If the program is not structured in phases, then please answer under phase 1 for your complete program.
  - Phase 1: \_\_\_\_ months *two digits*
  - Phase 2: \_\_\_\_ months *two digits*
  - Phase 3: \_\_\_\_ months *two digits*
  - Phase 4: \_\_\_\_ months *two digits*
  - Phase 5: \_\_\_\_ months *two digits*
  
5. What is the *minimum period of time* clients are required to be enrolled in drug court in order to graduate? If there is no minimum please enter a “0”?
  - \_\_\_\_ months *two digits*

6. Does the *minimum expected length* of drug court participation vary depending on: Please check all that apply.
- Misdemeanor versus felony charge
  - Drug-related charge versus non-drug-related charge
  - Length of alternative sentence
  - The type of drug used by the participant
  - Initial drug test results
  - Clinical assessment
  - Criminal history
  - Probation violator status
  - The length does not vary
7. In practice, what is the *average period of time* clients are enrolled in drug court before graduating?
- \_\_\_ \_\_\_ months *two digits*
8. Does your drug court program allow defendants to remain in treatment after relapse?
- No
  - Yes, one time
  - Yes, two times
  - Yes, three times
  - Yes, four or more times
  - Yes, relapse rarely or never leads to drug court failure unless defendants also exhibit other types of non-compliance (e.g., new arrests, warranting, treatment absences, etc.)

## 2b. Eligibility Criteria

9. Does your drug court admit defendants charged with:

	Misdemeanor	Felony
Drug possession	Yes/No	Yes/No
Property offense	Yes/No	Yes/No
Prostitution	Yes/No	Yes/No
Forgery	Yes/No	Yes/No
Drug sales	Yes/No	Yes/No
Probation/parole violation	Yes/No	Yes/No
DWI/DUI	Yes/No	Yes/No
Domestic violence	Yes/No	Yes/No
Other violence	Yes/No	Yes/No
Other (please specify):		

10. Does your drug court have rules about who can enter based on the offender's criminal history?

- No
- Yes

**If yes ...**

10.1. What is the *most serious* type of *prior* convictions participants are allowed to have?

- None
- Non-violent offense misdemeanors
- Non-violent offense felonies
- Violent offense misdemeanors
- Violent offense felonies

10.2 What is the *maximum* number of prior convictions eligible participants are allowed to have?

- 0
- 1
- 2
- 3
- 4
- 5 or more
- No limit

11. Is your drug court population characterized by:

- Primarily severe cocaine/crack, or heroin, or methadone dependent users
- Primarily marijuana users or those minimally using other drugs
- A mix of the above

12. Does your drug court admit:

- Only defendants diagnosed as addicted or dependent
- Frequent or regular drug users, as well as those diagnosed as addicted or dependent
- Anyone who uses illegal drugs

13. Can a defendant get into the drug court program for alcohol abuse *only*?

- No
- Yes

14. Can a defendant get into the drug court program for marijuana abuse **only**?
- No
  - Yes
15. What are the **minimum** criteria for a person to be eligible for drug court?
- An eligible charge alone
  - An eligible drug charge alone
  - A positive drug test alone
  - A clinical assessment alone
  - An eligible charge and a positive drug test
  - An eligible drug charge and a positive drug test
  - An eligible charge and a clinical assessment
  - An eligible drug charge and a clinical assessment
  - An eligible charge, a positive drug test, and a clinical assessment
  - An eligible drug charge, a positive drug test, and a clinical assessment
16. What is the minimum age eligible to participate in your program? \_\_\_\_ \_\_\_\_ years
17. Besides charge and criminal history, what criteria are routinely used to **exclude** people from admission in drug court? Please check all that apply.<sup>a, b, and c</sup>
- None
  - Previous treatment failure
  - Substance abuse disorder not present or severe enough for treatment
  - Substance abuse disorder too severe for available services to address
  - Use of a specific substance
  - Presence of a severe mental disorder
  - Presence of a severe medical condition
  - Legal use of prescribed medications
  - Illegal use of prescribed medications
  - Lack of motivation or readiness for treatment
  - Lack of sufficient community ties or other social assets
  - Defendant refuses to participate
  - DA discretion due to suspected major drug trafficking
  - DA discretion due to suspected “flight risk”
  - DA discretion due to weak criminal case (e.g., not jail-bound)
  - Other DA discretion
  - Defendant has another pending criminal case
  - Defendant is on probation
  - Defendant is on parole
  - Defendant is a gang member
  - Defendant is not eligible for public health care
  - Defendant is not a legal resident of the United States
  - Defendant is a sex offender
  - Defendant failed drug court in the past
  - Defendant graduated from drug court in the past

18. Are participants required to sign a contract in order to begin participating in the drug court program? Please check all that apply.
- A contract agreeing to program rules
  - A contract waiving their rights in court
  - A contract agreeing to the alternative sentence for failure to comply with drug court requirements
  - A treatment contract with providers that agrees to program rules
  - No signed contracts

## **2c. Substance Abuse Assessment**

19. Which of the following sources of information determine whether defendants are eligible for drug courts? Please check all that apply.
- Clinical assessments
  - Drug test results
  - Self-reported drug use history
  - Self-reported drug treatment history
  - Professional judgment of person conducting the initial screening
  - Contact with family member, friend, employer, or other acquaintance

### **If clinical assessments are checked ...**

- 19.1 What instrument is used to assess clinical eligibility?<sup>a</sup> Please check all that apply.
- Addiction Severity Index (ASI)
  - Offender Profile Index (OPI)
  - Alcohol Dependence Scale (ADS)
  - Drug Dependence Scale (DDS)
  - Simple Screening Instrument (SSI)
  - Texas Christian University Prevention Management and Evaluation System
  - American Drug and Alcohol Survey (ADAS)
  - Instrument designed by court staff
  - Other (please specify): \_\_\_\_\_
20. Does the drug court conduct a formal mental health screening?<sup>a</sup>
- No
  - Yes, some defendants
  - Yes all defendants

**If yes...**

- 20.1 What instrument is used? <sup>a</sup>
- Beck Depression Inventory (BDI)
  - Brief Symptom Inventory (BSI)
  - Referral Decision Scale (RDS)
  - Symptom Checklist 90-Revised (SCL-90R)
  - Other (please specify): \_\_\_\_\_

**Program Operations****3a. Management Information Systems (MIS)**

1. Does the drug court have a computerized data system that tracks client progress including both criminal justice and treatment measures? <sup>a</sup>
- No
  - Yes

**If yes...**

- 1.1. Who is **required** to enter data into the data system? Please check all that apply.
- Court
  - Treatment program
  - Case management
  - Probation/Parole
  - Pretrial services
  - Other (please specify): \_\_\_\_\_
- 1.2. Who accesses the system for monitoring purposes? Please check all that apply.
- Treatment provider
  - Court staff
  - Case managers
  - Judge
  - Probation/Parole
  - Other (please specify): \_\_\_\_\_

- 1.3. Do you maintain computerized records of the following for participants of the drug courts: <sup>a and c</sup>

Assessment	No	Yes
Admissions	No	Yes
Current status	No	Yes
Sanctions	No	Yes
Discharges	No	Yes
Graduations	No	Yes
Re-arrest	No	Yes
Appearance at scheduled court hearings	No	Yes
Appearance at scheduled treatment appointments	No	Yes
Appearance at drug tests	No	Yes
Drug test results	No	Yes
Progress in treatment	No	Yes
Employment status	No	Yes
Family status	No	Yes
Educational status	No	Yes

### ***3b. Entry Into Drug Court Program***

2. ***On average***, how many days elapse between arrest and initial appearance before the drug court judge? <sup>c</sup>
- 3 days or less
  - 4 to 7 days
  - 8 to 15 days
  - 16 to 30 days
  - More than 30 days
3. ***On average***, how many days elapse between initial appearance before the drug court judge and the defendant's entry into the treatment program? <sup>c</sup>
- Less than 1 day
  - 1 to 3 days
  - 4 to 7 days
  - 8 to 15 days
  - 16 to 30 days
  - More than 30 days

### 3c. Program “Staffing”

4. Does the drug court program have “staffing” meetings to discuss individual defendant’s treatment?
- No
  - Yes

**If yes...**

- 4.1. How often are the “staffing” meetings?
- More than once per week
  - Weekly
  - Every other week
  - Once per month
  - Less than once a month, as needed
- 4.2. Who routinely attends the “staffing” meetings? Please check all that apply.
- The judge/s
  - Drug court program director or coordinator
  - Clinical director
  - Case manager
  - Treatment provider representatives
  - Supervision officers
  - Defense attorneys
  - Prosecutor
  - Others (please specify): \_\_\_\_\_
- 4.3. Are recommendations about what will happen to a defendant in court made during the “staffing” meetings?
- No
  - Yes

**If yes....**

- 4.3b. How often does the court/judge overrule “staffing” meeting recommendations in court?
- Always
  - Often
  - Sometimes
  - Never

### 3d. Case Management and Program Contacts

5. Who in the drug court program has *primary* case management responsibilities?
  - Drug court case manager
  - Drug court program director or coordinator
  - Pretrial services
  - Probation/Parole
  - TASC
  - Treatment provider
  - Other (please specify): \_\_\_\_\_
  
6. Does the frequency of defendant's meetings with case managers vary with the phase of the program?
  - No
  - Yes
  - The program does not have phases
  
7. In Phase 1, how often do participants see their case manager: (If the program does not have phases, then answer about the first two months of the program.)
  - More than once a week
  - One time a week
  - Less than once a week
  - Not at all
  
8. What is the average caseload per primary case manager, counting drug court and non-drug court clients?<sup>a</sup>
  - A blank limited to two digits.*

## Treatment / Drug Testing

### 4a. Substance Abuse Treatment Services

1. Does the drug court run its own substance abuse treatment program (e.g., treatment providers are hired and the program is operated directly by the court)?
  - No
  - Yes

2. How many substance abuse providers serve drug court participants in your program?

- 1
- 2
- 3 to 5
- 6 to 10
- 11 to 20
- 21 to 50
- 51 to 100
- More than 100

3. What substance abuse treatment services are **currently available** to drug court participants through drug court providers? Please check all that apply.<sup>a</sup>

- None
- Residential
- Intensive outpatient
- Outpatient: individual counseling
- Outpatient: group counseling
- Detoxification
- Drug education
- Methadone maintenance
- Methadone to abstinence
- Pharmacological interventions (e.g., naltrexone, buprenorphine) interventions
- Acupuncture
- Self-help (AA/NA, etc.)
- Relapse prevention
- Prison or jail-based therapeutic community
- Community-based therapeutic community
- Other (please specify: \_\_\_\_\_ )

4. How often does your drug court program have trouble finding available slots in the following treatment programs:

	Never	Sometimes	Often	Always
Residential	Never	Sometimes	Often	Always
Intensive outpatient	Never	Sometimes	Often	Always
Outpatient: individual counseling	Never	Sometimes	Often	Always
Outpatient: group counseling	Never	Sometimes	Often	Always

5. Does your drug court program integrate mental health and substance abuse treatment for those defendants with co-occurring disorders?
- No, defendants with co-occurring disorders are excluded from drug court
  - No, treatment is not integrated
  - Yes

#### **4b. Drug Testing**

6. When drug testing court participants, how is the sample collected? Please check all that apply.
- Saliva
  - Urine
  - Hair
  - Patch
7. Who is the **primary** collector of drug test samples:
- Court staff
  - Pretrial services agency
  - Probation department
  - Treatment provider
  - Other (please specify): \_\_\_\_\_
8. Is collection of drug test specimens supervised or observed?: <sup>a</sup>
- No
  - Yes
9. What drugs are tested for? Please check all that apply.
- Marijuana
  - Crack/cocaine
  - Heroin/opiates
  - Alcohol
  - Methamphetamine
  - Benzodiazepines
  - Stimulants
  - LSD
  - PCP
  - Other (specify: \_\_\_\_\_ )

10. How soon after testing are results available to the court or court staff?<sup>c</sup>
- Immediately (within an hour)
  - 1 to 2 hours
  - Within 24 hours
  - Within a week
  - More than one week
11. Does the frequency of drug testing defendants vary with the phase of the program?
- No
  - Yes
  - The program does not have phases
12. In Phase 1, how often are participants drug tested: (If the program does not have phases, then answer about the first two months of the program.)
- More than once a week
  - One time a week
  - Less than once a week
  - Not at all

## Courtroom Processes

### 5a. Courtroom Practices

1. Is a defendant allowed to leave the courtroom once his/her case has been addressed?
- No
  - Yes
2. Are the first cases heard on a day's docket:
- Those that will be sanctioned for infractions
  - Those that will be rewarded for achievements
  - Another strategy to the order of the cases
  - The order of cases varies
3. Does the judge speak directly to the defendants (not just to defendants' attorneys)?
- No
  - Yes

4. Does the frequency of a defendant's appearance in court vary with the phase of the program?
  - No
  - Yes
  - The program does not have phases
5. In Phase 1, how often do participants appear in court: (If the program does not have phases, then answer about the first two months of the program.)
  - More than once a week
  - One time a week
  - Less than once a week
  - Not at all

### ***5b. Infractions and Sanctions***

6. Does the drug court program have a written schedule defining which sanctions accompany given infractions?<sup>b</sup>
  - No
  - Yes

**If yes...**

- 6.1. Does the defendant receive a copy of the schedule so s/he are informed about which sanctions accompany given infractions?
  - No
  - Yes
- 6.2. Does the judge follow the schedule?
  - Always
  - Almost always
  - Sometimes
  - Never
7. Does every positive drug test result in a sanction?
  - No
  - Yes
8. With repeated infractions, is each sanction progressively more severe than the last?
  - No
  - Yes, sometimes more severe than last sanction
  - Yes, always more severe than last sanction

9. How soon is a sanction imposed for a positive drug test?
- Within a day, regardless of court appearance
  - Within a week, regardless of court appearance
  - At the next court appearance only
  - Other (please specify: \_\_\_\_\_ )
10. How soon is a sanction imposed for infractions other than positive drug tests?
- Within a day, regardless of court appearance
  - Within a week, regardless of court appearance
  - At the next court appearance only
  - Other (please specify: \_\_\_\_\_ )

11. Is anyone other than the judge/magistrate allowed to impose the sanction?
- No
  - Yes

**If yes...**

- 11.1. Who is allowed to impose the sanction? Please check all that apply.
- Drug court case manager
  - Treatment provider
  - Drug court staff
  - Probation / Parole
  - Other (please specify: \_\_\_\_\_ )

12. Is there a *maximum* number of sanctions before the alternative sentence is imposed?
- No
  - Yes

**If yes...**

- 12.1. What is the *maximum* number of sanctions before an alternative sentence is imposed? \_\_\_\_ *Two digits*

13. If someone absconds for more than 30 days is he or she still eligible for drug court participation?
- No
  - Yes

### 5c. Achievements

14. Do you have formal rewards for achievements?

- No
- Yes

**If yes...**

14.1. Below is a list of achievements. Which ones are typically rewarded? Please check all that apply. <sup>b</sup>

- 30 days clean and sober with no sanctions
- 90 days clean and sober with no sanctions
- Completed requirements of residential treatment program
- Completed a program phase
- Birth of a drug-free baby
- Entered school or vocational program
- Completed school or vocational program
- Obtained employment
- Other (please specify: \_\_\_\_\_)

14.2. Do rewards include: Please check all that apply.

- Verbal acknowledgment
- Gifts or prizes
- Symbolic tokens
- Removal of sanctions (such as decrease in the frequency of court appearances or drug tests)
- Other (please specify): \_\_\_\_\_

### 5d. Graduation

15. What are the graduation requirements from the drug court program? Please fill in the blanks. <sub>b</sub>

15.1. **Minimum** time clean and sober: If there is no minimum, please enter a "0". = \_\_\_\_\_ # months

15.2. **Minimum** time sanction-less: If there is no maximum, please enter a "0". = \_\_\_\_\_ # months

16. What are other graduation requirements from the drug court program? Please check all that apply.<sup>b</sup>

- 16.1. None
- 16.2. Pay drug testing fees
- 16.3. Pay court costs
- 16.4. Pay restitution fees
- 16.5. Pay child support
- 16.6. Employed or in school
- 16.7. Employment training-related requirement
- 16.8. High school diploma or GED
- 16.9. Completed requirements of treatment program
- 16.10. Graduate application
- 16.11. Exit status interview
- 16.12. Aftercare plan
- 16.13. Community service
- 16.14. Other (please specify):

17. After graduation, is there a continuing care component for participants who complete the drug court program?

- No
- Yes

### **5e. Other Issues**

18. Does your jurisdiction have any other programs for defendants with drug abuse issues?

- No
- Yes

**If yes...**

18.1. Do other programs include? Please check all that apply.

- Drug offender probation
- First time offender programs
- TASC
- Other (please specify): \_\_\_\_\_

19. Has your program ever received drug court federal funding?

- No
- Yes

**If yes...**

19.1 Please fill in the grant number: \_\_\_\_\_

20. What other *adult drug courts* are maintained in this jurisdiction? Please check all that apply.

- None
- Misdemeanor
- Felony
- Reentry
- Alcohol-related
- Dual diagnosis (mental health)
- Other (please specify): \_\_\_\_\_

We have no more questions for you. Thank you for participating!!!

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Endnotes:

Items/sections that are marked with a superscript <sup>“a”</sup> were taken from the National TASC Drug Court Treatment Services Inventory, September 1999. Items may have been modified or adapted for the current purposes.

Items/sections that are marked with a superscript <sup>“b”</sup> were taken from the New York State Unified Court System Statewide Drug Court Research Project, Drug Court Survey, Spring and Summer 2001. Items may have been modified or adapted for the current purposes.

Items/sections that are marked with a superscript <sup>“c”</sup> were taken from the US Department of Justice, Office of Justice Programs, Drug Courts Program Office, Drug Court Clearinghouse and Technical Assistance Project, Drug Courts: 1999 Program Update. Items may have been modified or adapted for the current purposes.

## **Appendix B**

### **Measures Used in Cluster Analyses**

Measures Used in Analysis of Client Eligibility Requirements							N	%
Number of Times a Client Can Remain in Treatment after Relapse								
0	:	Relapse alone rarely or never leads to drug court failure				241	73.3	
0.6	:	Four or more times				36	10.9	
1.2	:	Three times				33	10.0	
1.8	:	Two times				11	3.3	
2.4	:	One time				7	2.1	
3	:	Client is not allowed to remain in treatment after relapse				1	0.3	
Most Serious Prior Conviction								
0	:	Violent offense felonies				13	4.0	
0.75	:	Non-violent offense felonies				194	59.0	
1.5	:	Violent offense misdemeanors				30	9.1	
2.25	:	Non-violent offense misdemeanors				90	27.4	
3	:	No prior convictions allowed				2	0.6	
Addiction Severity								
0	:	Alcohol abusers allowed, not restricted to only those diagnosed as add				2	0.6	
1	:	Marijuana users allowed, not restricted to only those diagnosed as add				91	27.7	
2	:	Frequent or regular drug users, as well as those diagnosed as addicted				113	34.4	
3	:	Only defendants diagnosed as addicted or dependent				123	37.4	
Minimum Eligibility Criteria								
0	:	An eligible charge alone				71	21.6	
0.33	:	An eligible drug charge alone				15	4.6	
0.66	:	A positive drug test alone				1	0.3	
0.99	:	A clinical assessment alone				3	0.9	
1.32	:	An eligible charge and a positive drug test				4	1.2	
1.65	:	An eligible drug charge and a positive drug test				0	0.0	
1.98	:	An eligible charge and a clinical assessment				174	52.9	
2.31	:	An eligible drug charge and a clinical assessment				37	11.3	
2.64	:	An eligible charge, a positive drug test, and a clinical assessment				15	4.6	
3	:	An eligible drug charge, a positive drug test, and a clinical assessment				9	2.7	
Maximum Number of Prior Convictions								
0	:	No limit on the number of prior convictions				280	85.1	
0.5	:	5 or more prior convictions				8	2.4	
1	:	4 prior convictions				4	1.2	
1.5	:	3 prior convictions				13	4.0	
2	:	2 prior convictions				10	3.0	
2.5	:	1 prior conviction				6	1.8	
3	:	0 prior convictions				8	2.4	
Severity of Current Charge								
0	:	Allows felonies, including drug sales, domestic violence, and other viole				12	3.7	
1	:	Allows felonies, including either drug sales, domestic violence, or other v				157	47.7	
2	:	Allows felonies, but not drug sales, domestic violence, or other violence				129	39.2	
3	:	Allows misdemeanors only				31	9.4	

Measures Used in Analysis of Program Intensity			N	%
<b>Number of Contracts Required</b>				
0	No contracts required		9	2.5
0.75	1 contract required		63	17.3
1.5	2 contracts required		92	25.3
2.25	3 contracts required		96	26.4
3	4 contracts required		104	28.6
<b>Certain Sanction for Positive Drug Test</b>				
0	Not drug tested at all		3	0.8
0.75	Drug tested less than once per week without a certain sanction		1	0.3
1.5	Drug tested once a week without a certain sanction or less than once per week with a certain sanction		20	5.5
2.25	Drug tested more than once a week without a certain sanction or once a week with a certain sanction		90	24.7
3	Drug tested more than once a week with a certain sanction		250	68.7
<b>Trouble Finding Residential Treatment</b>				
0	Always have trouble finding residential treatment		66	18.1
1	Often		103	28.3
2	Sometimes		157	43.1
3	Never have trouble finding residential treatment		38	10.4
<b>Number of Other Graduation Requirements</b>				
0	No other graduation requirements		2	0.6
0.3	1 other graduation requirement		16	4.4
0.6	2 other graduation requirements		23	6.3
0.9	3 other graduation requirements		34	9.3
1.2	4 other graduation requirements		58	15.9
1.5	5 other graduation requirements		71	19.5
1.8	6 other graduation requirements		60	16.5
2.1	7 other graduation requirements		40	11.0
2.4	8 other graduation requirements		32	8.8
2.7	9 other graduation requirements		23	6.3
3	10 other graduation requirements		5	1.4
<b>Drug Court Contact</b>				
0	Least Intense Contact		0	0.0
0.45			2	0.6
0.6			1	0.3
0.75			8	2.2
0.9			3	0.8
1.05			9	2.5
1.2			26	7.1
1.35			44	12.1
1.5			62	17.0
1.65			69	19.0
1.8			71	19.5
1.95			46	12.6
2.1			23	6.3
3	Most Intense Contact		0	0.0

<b>Measures Used in Analysis of Best Practices Around Sanctioning</b>			<b>N</b>	<b>%</b>
<b>Transparency of Sanctions</b>				
0	:	No written schedule of sanctions exists	190	56.9
0.75	:	Written schedule of sanctions exists, is sometimes or never followed, but defendant does not receive a copy	12	3.6
1.5	:	Written schedule of sanctions exists, is always or almost always followed, but defendant does not receive a copy	41	12.3
2.25	:	Written schedule of sanctions exists, is sometimes or never followed, and defendant receives a copy	12	3.6
3	:	Written schedule of sanctions exists, is always or almost always followed, and defendant receives a copy	79	23.7
<b>Certain Sanction for Positive Drug Test</b>				
0	:	Not drug tested at all	3	0.9
0.75	:	Drug tested less than once per week without a certain sanction	1	0.3
1.5	:	Drug tested once a week without a certain sanction or less than once per week with a certain sanction	17	5.1
2.25	:	Drug tested more than once a week without a certain sanction or once a week with a certain sanction	78	23.4
3	:	Drug tested more than once a week with a certain sanction	235	70.4
<b>Progressive Severity of Sanctions</b>				
0	:	No	1	0.3
1.5	:	Yes, sometimes more severe than last sanction	175	52.4
3	:	Yes, always more severe than last sanction	158	47.3
<b>Celerity</b>				
0	:	At the next court appearance only	160	47.9
1.5	:	Within a week, regardless of next court appearance	122	36.5
3	:	Within a day, regardless of next court appearance	52	15.6
<b>Maximum Number of Sanctions</b>				
0	:	No maximum number of sanctions	311	93.1
0.3	:	10 sanctions	3	0.9
0.6	:	9 sanctions	0	0.0
0.9	:	8 sanctions	1	0.3
1.2	:	7 sanctions	1	0.3
1.5	:	6 sanctions	2	0.6
1.8	:	5 sanctions	2	0.6
2.1	:	4 sanctions	4	1.2
2.4	:	3 sanctions	6	1.8
2.7	:	2 sanctions	3	0.9
3	:	1 sanction	1	0.3
<b>Number of Milestones Rewarded</b>				
0	:	No Milestones Rewarded	24	7.2
0.33	:	1 Milestone Rewarded	43	12.9
0.66	:	2 Milestones Rewarded	35	10.5
0.99	:	3 Milestones Rewarded	23	6.9
1.32	:	4 Milestones Rewarded	29	8.7
1.65	:	5 Milestones Rewarded	29	8.7
1.98	:	6 Milestones Rewarded	32	9.6
2.31	:	7 Milestones Rewarded	41	12.3
2.64	:	8 Milestones Rewarded	65	19.5
3	:	9 Milestones Rewarded	13	3.9

## About the Authors

### Editors

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