

NATIONAL CENTER FOR STATE COURTS

EVALUATION OF THE CITY OF WICHITA TREATMENT-BASED DRUG COURT

FINAL REPORT

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I. OVERVIEW

"A decade ago, a few innovative jurisdictions began to reexamine the relationship between criminal justice and substance abuse treatment systems. It was obvious that treatment providers and criminal justice practitioners shared common goals: stopping drug use and drug-related activity. Thus, the concept of treatment-oriented drug courts was born."¹ When the drug court concept first began only a handful of judicial officials and treatment providers, with little or no resources, were involved, yet they have surfaced across the country in astounding numbers. There are currently over 450 drug courts in the U.S. and another 287 under consideration. The Wichita Municipal Drug Court, established in 1995, with the strong support of city government, remains the only operating drug court in the state of Kansas. There are two others that are currently in the planning stages: one of tribal jurisdiction in Horton/Kickapoo and another in Kansas City.²

Those who initiated the concept believed that alternatives to the normal judicial procedures could break recurring drug use. The Wichita Drug Court works under the philosophy that a drug court team comprised of a judge, a prosecutor, a probation officer and a treatment provider would provide better opportunity for long-term changes in a drug users life than the traditional judicial procedures. By breaking the cycle of drug use, it also eliminates the related criminal activity and consequently, the revolving door to the courtroom and jail.

The goals, as stated by the Wichita Drug Court, are:

¹ Drug Strategies, *Drug Courts: A Revolution in Criminal Justice*, grant support from the National Drug Court Institute, 1999, p.8.

² Office of Justice Programs, Drug Court Clearinghouse and Technical Assistance Project at American University: Summary of Drug Court Activity by State and County. February 14, 2000.

- To reduce substance abuse;
- To alleviate court crowding; and
- To keep non-violent offenders out of jail.

The Wichita Drug Court, since inception, has centered on the drug court team approach. Though the players have changed, the drug court team remains committed. They feel that the drug court does make a difference in the participant's behavior and results in providing a benefit to the community. Resources have been few, mostly utilizing existing court staff and facilities. But the attitude that is present is able to breed success. There has been little, if any, formal training for drug court staff, yet there is an understanding of the basic drug court concept and its far-reaching community impact.

A Drug Court Enhancement Grant was submitted to the Drug Courts Office, Office of Justice Programs, in 1996 by the City of Wichita. The technical revisions to this grant were submitted in June 1997. The amount of this grant was for \$135,000 (matching funds in the amount of \$45,174 were contributed by the City of Wichita.) As a part of this supplemental grant, an evaluation of the drug court was to be done. The National Center for State Court's (NCSC) proposal to conduct this evaluation was accepted and a contract was awarded in October 1999.

During the evaluation, there was a high level of cooperation by the Court and the treatment providers, as they were eager to improve their current operations. Many different individuals have served as drug court team members. The judge is the only team member who has been with the court since its establishment. Yet, the newest drug court team members are able to see the potential of such a court and its intended benefits as well.

Along with the opportunity for feedback from an evaluation, there have also been other changes in the Court which assist in the improvement of the current system. The Court Administrator has had experience in working with drug courts. And, the Administrative Judge as well as the probation officer assigned to the drug court have experience in alcohol and drug treatment. The vendor for a new software program to collect, consolidate and monitor the drug court data has been selected and has begun development. Most importantly, there is a keen awareness among the Court and the drug court team that this process of evaluation is a prime opportunity to take a stable grassroots program, implement change and greatly enhance outcomes.

A. HISTORY OF THE CITY OF WICHITA DRUG COURT

Wichita's Municipal Drug Court was established under the premise of operating as a community court in a neighborhood setting. The Neighborhood Drug Court originally dealt with non-driving under the influence related alcohol and drug cases. These included possession of non-narcotic drugs, controlled substances, marijuana and drug paraphernalia. The goal of the Neighborhood Drug Court was to break the recurring cycle of repeat offenders by providing intensive, interactive treatment and corrections in a community-based environment.

The concept operated from four police substations that served the four quadrants of the City. The drug court team, a judge, prosecutor and clerk traveled the "circuit" holding court at different facilities each day. There were some conflicts in scheduling demands with the use of the substations. There was also

concern that the community forum format worked well for certain casetypes, such as Environmental Court, but not those that dealt with true criminal proceedings. Within a short time, the name was changed to the Wichita Municipal Drug Court (Wichita Drug Court) and a more centralized location was chosen.

The City of Wichita implemented the Neighborhood Drug Court with funding from the U.S. Department of Justice Comprehensive Communities (CCP) Program. The City of Wichita has continued to support the Wichita Drug Court through grant requests, on-going funding for the Court and additional funds for treatment. Current court funding has allowed for a judge and probation officer to staff the drug court team. The City Attorney's office has supported the program by providing a prosecutor as a part of the team. Initial expectations were that defendants would pay for their own treatment. However, the City of Wichita has provided additional funding for indigent defendants or those who simply never paid. The most recent contract with the current treatment provider, Comprehensive Community Care of Sedgwick County (ComCare), was in the amount of \$77,750.

B. PROJECT PLAN

The NCSC's proposal to evaluate Wichita's Municipal Drug Court consisted of five tasks. These are listed along with a short description of how they were accomplished during the study.

Task 1: Review of Evaluation Methodology Under Initial Grant

NCSC project staff initiated a conference call with Edna Johnson, Wichita Municipal Court Administrator; Kay Gales, Administrative Assistant to the Director and Cherie Nelson, Drug Court Probation Officer on December 8, 1999. During this call, the discussion was to familiarize the project staff with available data and information. Several documents and samples of forms and reports were requested. The information was received prior to the site visit and is listed in Appendix A of the report. The NCSC project staff reviewed the information and documents received.

The initial grant described a comprehensive evaluation of the drug court program that would include both a process and outcome assessment. In reviewing all available information provided by the drug court, it became apparent that an outcome evaluation could not be completed at this time. Statistical data necessary to determine recidivism rates and a cost benefit analysis per drug court participant was not available. With the installation of the planned software for the drug court, it appears that the type of information necessary for an outcome evaluation will be available in the future. Ms. Johnson was informed in a telephone conversation and in-person that we would not have the data to complete this portion of the evaluation. Thus, emphasis of the evaluation and the report will be primarily subjective and based on process improvement.

Task 2: Identification of Gaps in Current Data

Prior to the site visit and in the review of available documentation, there were additional conversations with Ms. Johnson and Ms. Gales to ascertain if there was additional data or documentation available to review. They sent all possible information that they felt could be useful. During the site visit, the NCSC project staff reviewed additional reports, forms and documentation.

A "Drug Court Self-Assessment" survey, developed by Judge William G. Meyer, member of the NCSC project staff, was sent to the drug court key players. The survey was completed, returned and analyzed prior to the site visit to provide further direction in formatting the on-site evaluation schedule. A copy of the self-assessment can be found in Appendix B. Appendix C contains the self-assessment distribution list..

The NCSC project staff developed a site visit plan based on the first two tasks. The Court was notified of the plan prior to the site visit and assisted in scheduling interviews.

Task 3: Recommendations on Necessary Qualitative or Descriptive Data of Information

The result of this task is listed in the section II, part C of this report, Summary of Available Data. Recommendations are listed later in the report relating to this task.

Task 4: Collection and Analysis of Available Data

To provide the city and the Wichita Drug Court with the necessary and appropriate recommendations, further data was gathered during the site visit. The NCSC project staff consisted of Ms. Laura Klaversma, project director, Judge Bill Meyer, and Mr. David Tapley. The site visit included:

- *Observations of the Wichita Drug Court paper flow process*
- *Observations of the Wichita Drug Court sessions*
- *Interviews with members of the Court, the City of Wichita, the Wichita Drug Court, and treatment providers (Appendix D: Interviewees)*
- *Observation and tour of ComCare*
- *Sample Case File Flowchart Review (6 cases)*

Task 5: Preparation of Written Report

After the completion of the site visit, the NCSC project staff discussed the data collected and began writing the draft report.

II. PROGRAM SUMMARY

A. SUMMARY OF PROGRAM OPERATION

1. Drug Court Team

"For many judges, prosecutors, public defenders and others who have built local drug court programs, the key to their success has been a team approach...People come to see themselves as part of a team effort to improve court proceedings and reduce criminal activity."³

The Wichita Drug Court fits the model of a team approach. As previously discussed, the drug court team consists of the judge, the prosecutor, the probation officer and the treatment provider. A public defender is not currently a part of the drug court team, although a private attorney may participate in the court hearings if hired by the defendant. Also, at this time, staffing is not occurring on a regular basis nor does it involve the entire drug court team. The probation officer and the treatment provider meet prior to each review hearing session to discuss each participant on the docket and their status in treatment. A recommendation for each participant is discussed and noted on a review sheet that is presented to both the judge and prosecutor upon their arrival in court.

There appears to be some issues at this time from the perspective of the prosecutor in finding the time to attend these meetings. The current prosecutor is also responsible for attending Environmental Court that is

³ Drug Strategies, 1999, p.17.

held after regular business hours from the four separate locations of the Neighborhood Court. Acquiring time has also been a problem for the judge in regards to attending staffing. Staffing, however, is an essential component to drug court participant success. In fact, the team approach to successful drug case disposition relies heavily on the appearance that the drug court team provides while in court. If the defendant begins to feel that the team is not unified from the standpoint of information sharing, then the entire program stands to be undermined. In other words, if the defendant feels as though he or she can get away with something based on the fact that a major player on the drug court team does not know exactly what is going on, then he or she just might do so. It is with this in mind, that the NCSC project staff strongly recommends that the drug court team collaborate to determine what time all team members will be available so that staffing becomes a high priority within the system. The collaboration might even include rearranging the Court's calendar so, that full cooperation among team members becomes a reality.

Recommendation: The Court should establish staffings as a high priority of the drug court concept by reprioritizing their time so the entire drug court team is in attendance.

Listed below are brief descriptions of the current roles of each drug court team member:

Judge: The judge makes the decisions based on the recommendations of the probation officer, treatment provider and prosecutor.

Prosecutor: The prosecutor explains the options to defendants charged with a drug offense at their first and second appearances. The prosecutor screens the applicants and notifies the judge of which defendants have been accepted and which have been denied.

Probation Officer: The probation officer tracks the participants of the program by coordinating with the treatment provider and the prosecutor and notifying the judge. The probation officer attends all hearings as well as staffings. The probation officer is supervised by the Probation Supervisor who is supervised by the Court Administrator.

Treatment Provider: The treatment provider coordinates with the court on the involvement of each participant in his or her treatment plan. This includes notifying the court of urination analysis (UA) results, attendance at individual or group sessions, payment on treatment and other information that affects the successful completion of the drug court program.

2. Drug Court Caseflow

Potential drug court participants are either issued a Uniform Criminal Complaint (UCC) or are arrested at the time of the offense. The determination between the two is made based on the level of criminal activity and officer discretion. Those defendant's that are arrested are typically arraigned by video within 24 hours of arrest and either bond out or are released by the judge following arraignment. A future court date, typically the 1:00 p.m. docket, for a first appearance in drug court is made at the time of arraignment. These dates set at arraignment for the first

appearance in drug court are currently three weeks out. If the defendant remains in custody following the arraignment, then he or she will be placed on a first appearance drug docket usually two weeks from the time of arraignment. If a person is arrested and bonds out prior to the video arraignment, then the booking desk will assign the defendant an arraignment date and time. Currently, this date is also three weeks out from the time of their release.

Currently, those defendants that are issued a citation will be summoned for their first appearance in drug court typically three to four weeks from the time of offense. It should be noted that the timeliness of this process has been greatly improved. The examples of drug court cases (1997/1998) that were flowcharted for caseflow information purposes indicate that this time period between citation issuance and the service of the summons was approximately five months. Nationally, timely sanctions following a drug offense are a primary component of successful drug courts. The clerk who issues the drug court summons currently receives the UCCs at the end of each month and at an average of 100 per delivery. It was asserted as a part of the site visit, however, that the dates in which officers assign court appearances are frequently incorrect, thus, causing the clerk to perform additional work in reassigning the correct calendar dates. The project staff recommends that the Court issue calendars, including correct court dates and times, to the police department so that this issue of inefficiency is resolved.

Recommendation: The Court should ensure the police department receives accurate court calendaring information so that citation assignment of court appearances is correct.

Each morning, a clerk walks over to the jail/booking desk and collects arrest sheets, bond sheets, and UCCs from the previous day. The case has actually been initiated at the police case desk by assignment of a police case number. This case initiation performed at the police desk becomes very important to the Court in regards to processing time because certain basic defendant information can be transferred to the Court's case management system. The same clerk that collected the criminal data from the jail will initiate the case in Municipal Court by assigning the case a docket number and entering the defendant's bond information and the court date and time.

The Drug Court deals with non-driving, drug-related misdemeanor offenses that typically include possession of a controlled substance and/or drug paraphernalia. At the first and second appearance, a defendant is informed by the prosecutor that the options for the drug offense charge are: (1) plead guilty, (2) request continuance to seek advice of counsel, (3) plead not guilty, thus, a trial setting, or (4) apply for the drug court diversion program. At the beginning of the 1:00 p.m. docket, the prosecutor gives an overview of the deferred judgment program. It is explained that a plea of guilty must be entered upon successful application submission and that the term of the program is 12 months. Any defendant who wishes to apply will be handed an application along with an

information sheet stating the requirements and criteria for such at this time. The judge calls the docket and those who have completed the application will bring it forward and a subsequent hearing will be scheduled for application acceptance/denial. The judge also handles those who make a different choice at that time by allowing them to plead guilty, schedule a trial or request a continuance.

One way that this process has been expedited successfully in other drug courts is to make the deferred judgment application and information sheet available to the defendant at an earlier point in time. For instance, both the application and information sheet could be included with the summons if the defendant was issued a citation and not arrested. Or it could also be made available to them at the jail if the person had been arrested. Utilizing both means of accelerated communication gives the defendant a chance to consider his or her alternatives prior to the first court appearance in drug court. Therefore, not only does it stand to hasten sanctions made on the defendant, but also it improves caseflow and saves valuable court time during the hearing sessions.

Recommendation: The Court should consider making the application for deferred judgment and information sheet available to the defendant prior to his or her first drug court appearance.

All drug court applicants return for a second appearance in drug court. It is at this time that the prosecutor notifies the judge of the decision to accept or deny each applicant. If they have been denied, the

judge gives them the option of pleading guilty, setting a trial date or granting a continuance so they can retain an attorney.

When the participant returns to sign the deferred judgment contract, they meet with the probation officer who explains the expectations of the program in further detail. At this time, they are introduced to the treatment provider representative who establishes contact with the participant by scheduling a clinical assessment.

It should be noted at this time that the current probation officer is very open in regards to participant access and communication. Each defendant is encouraged to telephone the probation officer in office at any time to discuss any problems that might arise during their program participation. Fostering an open-ended relationship between the Court and the drug court participant can be very effective in forming a lasting bond that may ultimately breed success from a therapeutic jurisprudence perspective.

After the program and expectations are explained to the defendant, the person signs the deferred judgment contract, and a future court date is set. Each defendant comes to the court once a month for a review hearing. This may be less if the defendant is doing well on the program. At the present time, reviews are held three days each week (Monday, Wednesday and Friday). The drug court team members make recommendations to the judge. However, since the drug court team, as a whole, does not generally meet prior to court, the treatment provider and probation officer develop

the recommendations. The prosecutor notifies the judge of any differences he may have with the recommendations during court.

When a defendant has completed the treatment program, paid the treatment and court fees, they graduate from the program. The defendants receive a completion certificate from the treatment center and a medallion from the court.

For defendants who have not complied with the drug court program, they may be set for the termination docket. At that time, the judge decides whether to put them on probation, sentence them to jail or allow them to restart the drug court program. It is important to understand that if the decision is made at the termination hearing to bar them from the program, they are not allowed to reenter the program.

There is, however, a growing class of particular participants that are terminated from the program but, remain as a part of the active drug court caseload for all intents and purposes. Formally, they are not a participant in the deferred judgment program and traditional prosecution in the form of a conviction is sought, yet they continue to attend review hearings and receive treatment. This is problematic from the treatment provider's perspective due to the current billing arrangement between ComCare and the City. After a participant is formally terminated from the deferred judgment program, ComCare is not eligible for reimbursement from the City. Undoubtedly, it is therapeutically beneficial to the participant to continue program requirements. However, the treatment

provider cannot and should not be expected to bear the cost of providing treatment for these individuals without compensation. The defendant should be the one to incur any cost associated with continued treatment.

Recommendation: Where a defendant is terminated from the program and is able to continue treatment, the Court should mandate that the offender should be responsible for treatment and UA costs as they are incurred.

3. Drug Court Procedures

Though the Wichita Drug Court has been operational for over five years, there are very few written procedures. The only written eligibility criteria is on the information sheet, but it appears that this is not necessarily followed to determine who is accepted into the drug court program. Rather, the decision of program acceptance is currently being based on the defendant's lack of a nonviolent criminal history. With this in mind, the NCSC project staff recommend that the Court review the current criteria for acceptance, revise as necessary, and base all future drug court applicants acceptance on these written criteria.

Recommendation: The Court should review the current written criteria for program acceptance, revise as deemed necessary, and use these criteria as determinants for future program acceptance.

The NCSC project staff requested any written documentation on procedures, sanctions, criteria, or related information. Most of the information provided appeared to be written to assist NCSC project staff

or for grant applications rather than developed and utilized in-house as operational tools.

Sanctions were discussed as part of the NCSC interview protocol. It appears that the drug court team members understood the existence of certain sanctions and the reasons why, but the consistent application of those sanctions was questionable. Once again, as a result of the lack of written procedures or guidelines, there appears to be some inconsistencies in the application of sanctions placed upon non-compliant participants. The Court should develop a reference manual that clearly defines uniform procedures as they relate to the drug court team. This reference manual should include a sanctions guideline that is applied consistently to all non-compliant participants. The procedures outlined in the manual should be reviewed periodically in training sessions for all court staff members. The supervisors, managers, and administrative staff members should obtain continuous feedback from staff as to how the procedures are working and be prepared to alter procedures when necessary. Not only do inconsistent practices make it difficult to effectively manage a court's caseload, but they also create an appearance of the Court being unfair because similarly situated participants are treated differently.

Recommendation: The Court should actively promote the development of a reference manual that clearly defines uniform procedures as they relate to the drug court team. Included in this manual should be sanction guidelines for all non-compliant drug court participants.

4. Drug Court Participants

Since the number of applicants and participants is counted manually, there is no automated reporting structure that tracks these numbers. Individual case records are kept in four separate places, (clerk's office, probation officer's records, prosecutor's records, and treatment provider's records) so the information exists, but is not very accessible. In fact, in order to capture a complete picture of a participant's current case history, one would need to review all four of these sources. It is with this in mind, that the NCSC project staff recommends that there should be one drug court file housed in the clerk's office as the official court file. A drug court file should contain the following:

- Demographic data regarding the defendant: age, address, race, criminal history and any information that would be helpful regarding data analysis (refer to Section II, C, Summary of Available Data).
- Charges, plea documents, any drug court application, factual basis for the current offense.
- Hearing dates, what occurred and why; e.g., if sanctions or rewards were meted out, what they were and why the sanction was imposed or reward given.
- Any change in status and why - revocation, graduation, etc.
- Confidential information--probation reports, attendance at treatment and general progress, drug screening results and defendants compliance with testing requirements.

This is not to say that the probation office and the prosecutor's office should not maintain their own file but that information appropriate for the drug court file should be preserved in a central location. The treatment provider's file should be kept separate based on facility location, however, information on participant attendance at treatment and general progress, drug screening results and defendants compliance with testing requirements should be made a part of the court file.

The treatment information is protected from disclosure by 42 U.S.C. sec. 290dd and 42 CFR part 2. The drug screen results and any AOD admissions should be protected from disclosure by a memorandum of understanding (MOU). However, there is not currently an MOU in place for the Wichita Drug Court (refer to Section III, B, Problem Area 1 of the report).

Recommendation: The Court should have one drug court file housed in the clerk's office as the official court file with the appropriate information recorded from all sources: probation officer, prosecutor and treatment provider.

It is very difficult to track individuals or monitor the overall program based on the current system configuration. However, the information for the "Drug Court Grantee Data Collection Survey" provided to the Drug Courts Program Office in 1999, states that there have been 965 participants since the Wichita Drug Court started in 1995. This document lists the number that have graduated from the program as 207. However, a defendant is not considered graduated until they have

completed treatment and paid all treatment and court fees. It appears that several defendants may have completed treatment, but were still considered participants as the fees to either the court or treatment provider had not been paid. Since the tracking of participants is manual and not linked, it is difficult to get an accurate count of this.

A further breakdown of the participants indicates that from the initiation of the drug court in July 1995 until April 1997, there were 357 participants. During April 1997 to December 1998, 318 new participants started the program. And, 268 new participants started the program from January 1999 to June 1999.

From the information provided, 207 defendants (approximately 21% of the total participants) have graduated and 179 defendants have been terminated from the program. There are 557 defendants still enrolled in the program, which is 60% of the accepted applicants. There appears to be a very high percentage of participants who have not completed the twelve month program, but have neither graduated or been terminated. This may be due to the difficulty in tracking participants and therefore, encouraging a timely end to involvement in the program.

Much demographic and participant information is not available, once again due to the lack of tracking and reporting elements of the program. Though there are some basic demographic elements made available on the report to the Drug Court Programs Office, it does not seem to account for all participants. There is no information available at

this time on participants after termination or graduation from the program and, thus, no means of tracking recidivism.

5. Sample Caseflow Discussion

As a part of the site visit, NCSC project staff requested that drug court team members identify six different cases that represented a mixture of success and failure as a means to map caseflow from the date of offense to current case activity. It is important to realize that a successful case is deemed as one where the participant complied with program expectations and successfully graduated. Analyzing each case, as previously discussed, involves compiling four different sources of case information and, thus, is very time consuming.⁴ For that reason, a limited number (six) were selected, reviewed and documented as a part of this report.

This section of the report will present the six cases and discuss a repetitive key problem area as identified by the limited case file review. It will also provide a recommendation with the hope of laying a foundation for the development of an action plan aimed at improving the court's capacity to process its caseload effectively.

The dynamics of a drug court do not adhere to the same operative procedure of trial courts. Notwithstanding, there are some strong similarities between judicial leaders and their bearing on the pace of litigation. For instance, it was noted repeatedly during the caseflow

⁴ Technically speaking, there were five sources reviewed by NCSC project staff in collecting this information. The fifth source were LAW (case management system) screen prints.

review that there appear to be numerous continuances that delay a defendant's program acceptance. Understandably, some of these are the result of a lack of defense representation; however, most of the continuances reviewed in our limited scope are unneeded.

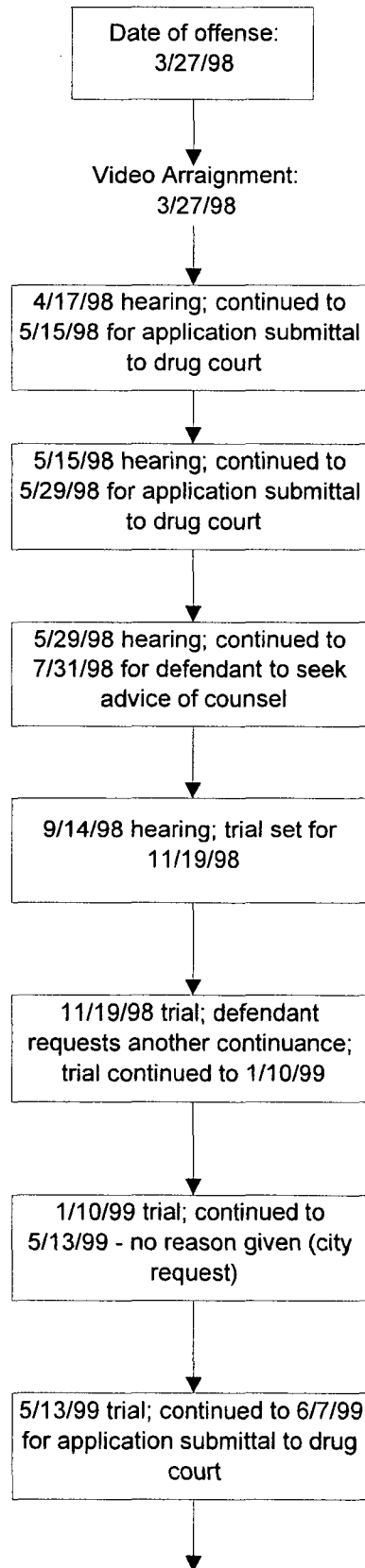
Each time the Court reschedules a case, clerical staff must repeat procedures, the equal effort expended to schedule the case initially. Every continuance affects the caseload as if another filing had been added to the system. Beyond the cost factors and the public's perception that the Court is inefficient, repeated continuances inflate calendars and complicate processing for all concerned, including judges. In addition, this practice affects disposition rate and case currency adversely. Project staff recommend the development of a continuance policy that is strictly followed throughout the life of each case.

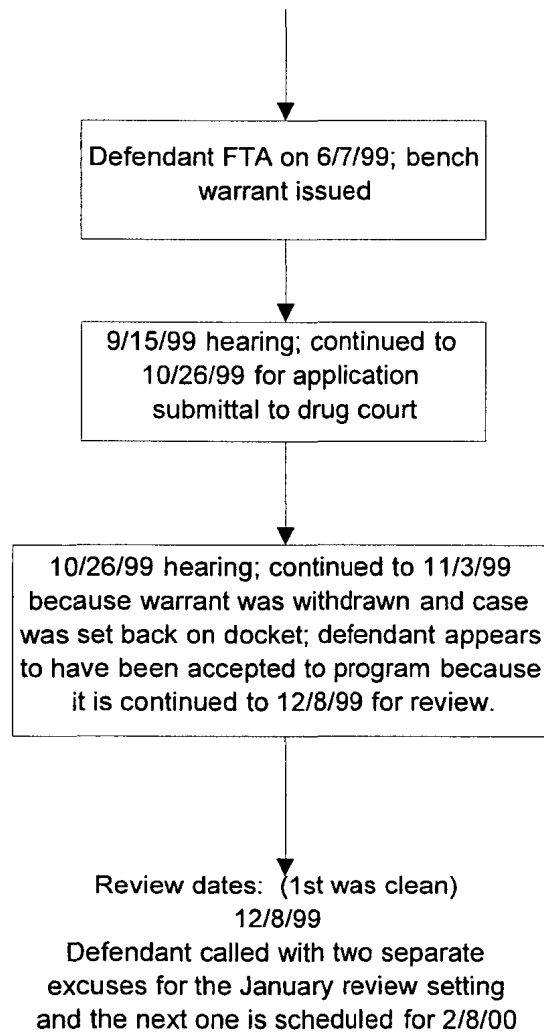
Having a written policy limiting the granting of continuances articulated in its caseflow management plan is a way for the Court to emphasize that parties and court staff should share responsibility for seeing that cases move at a reasonable pace to conclusion without undue burden on court resources. Monitoring the incidence and reasons for continuances permits the Court to ascertain how well it is managing continuances. Eliminating continuances by agreed order enables the Court to maintain greater management control over the pace of litigation in keeping with its responsibility to exercise active management of its cases.

Recommendation: The Court should develop a written continuance policy that is strictly adhered to as a means to ensure that case events are meaningful and that court resources are not exhausted.

Docket #: 98-CM03984
Case #: 98-C29331
D.O.B.: 6/4/75 (22) W/M
Offense: 1 charge of
possession of marijuana

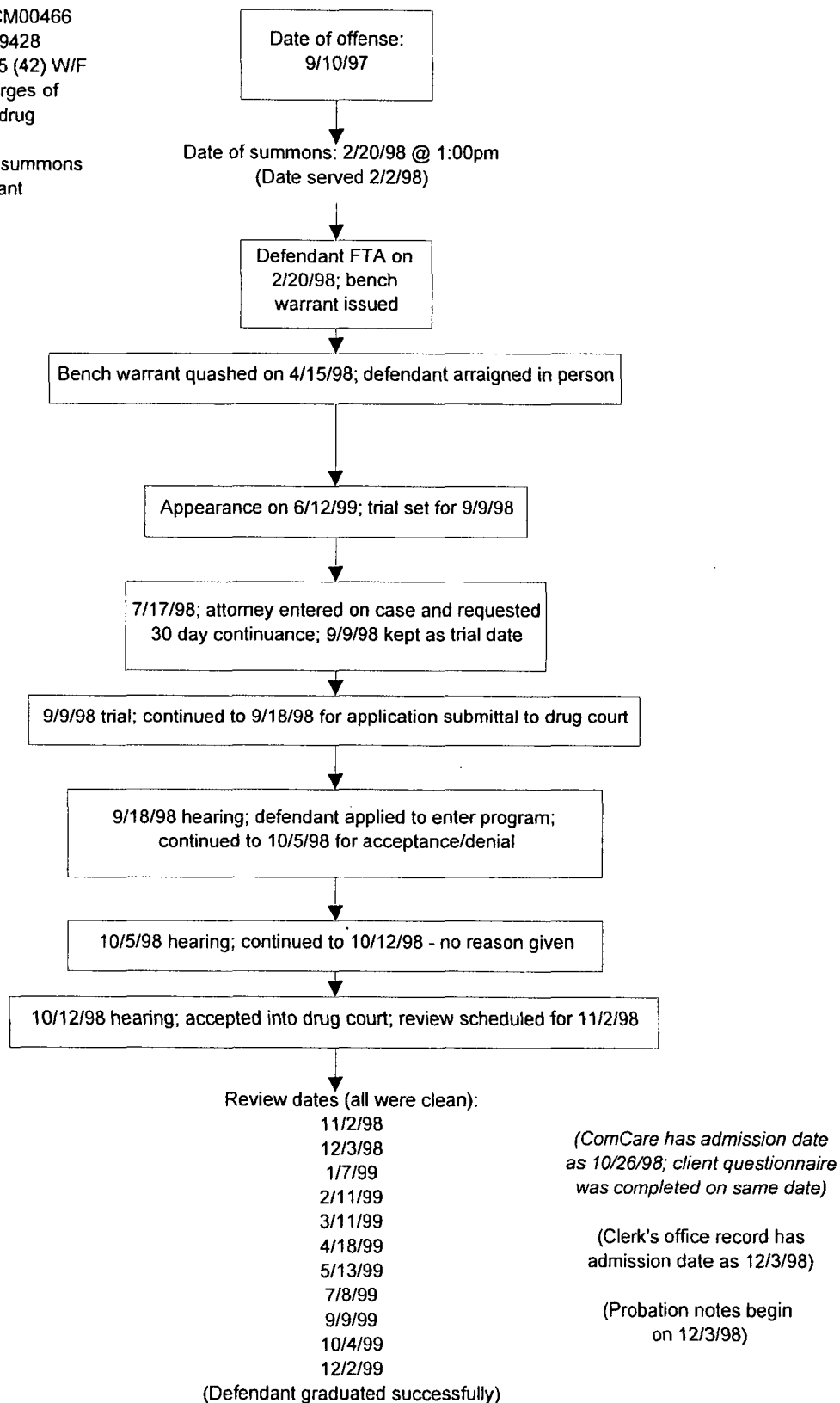
Defendant arrested; bonded
out on 3/28/98





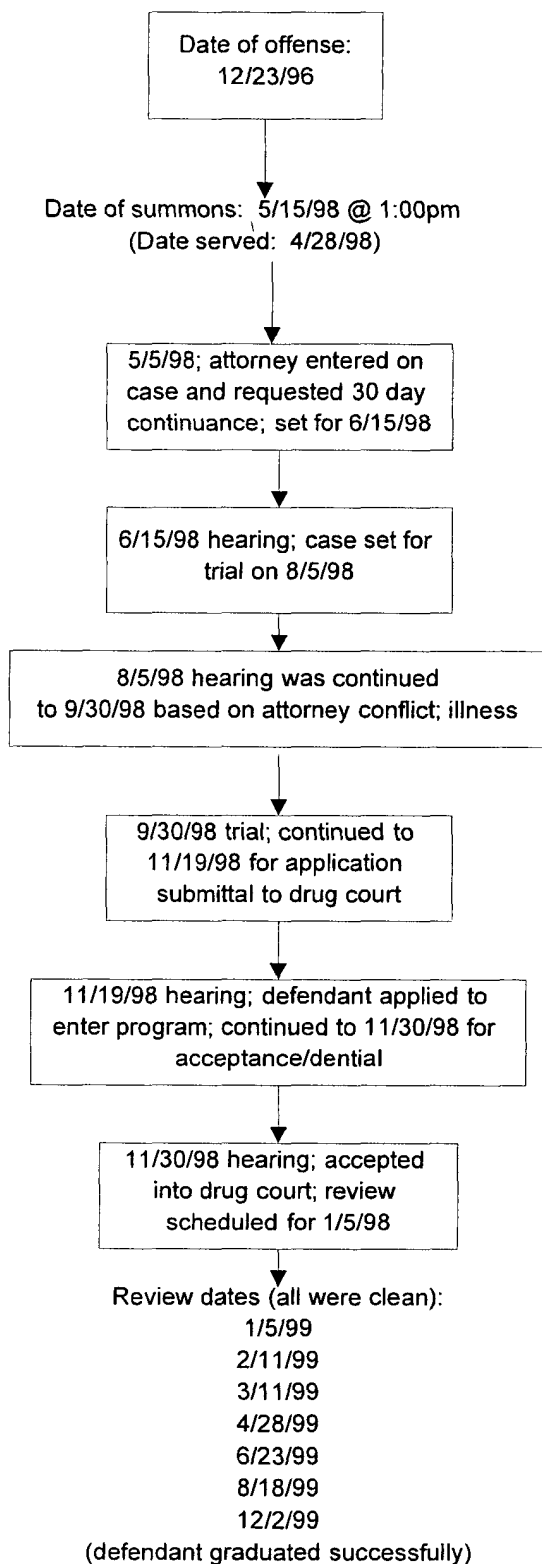
Note: All flowcharts are developed by compiling five sources: clerk's office file, prosecutor's file, probation notes, ComCare file, and "Law" screen prints.

Docket #: 98-CM00466
Case #: 97-C89428
D.O.B.: 4/29/55 (42) W/F
Offense: 2 charges of
possession of drug
paraphernalia
* not arrested; summons
sent to defendant



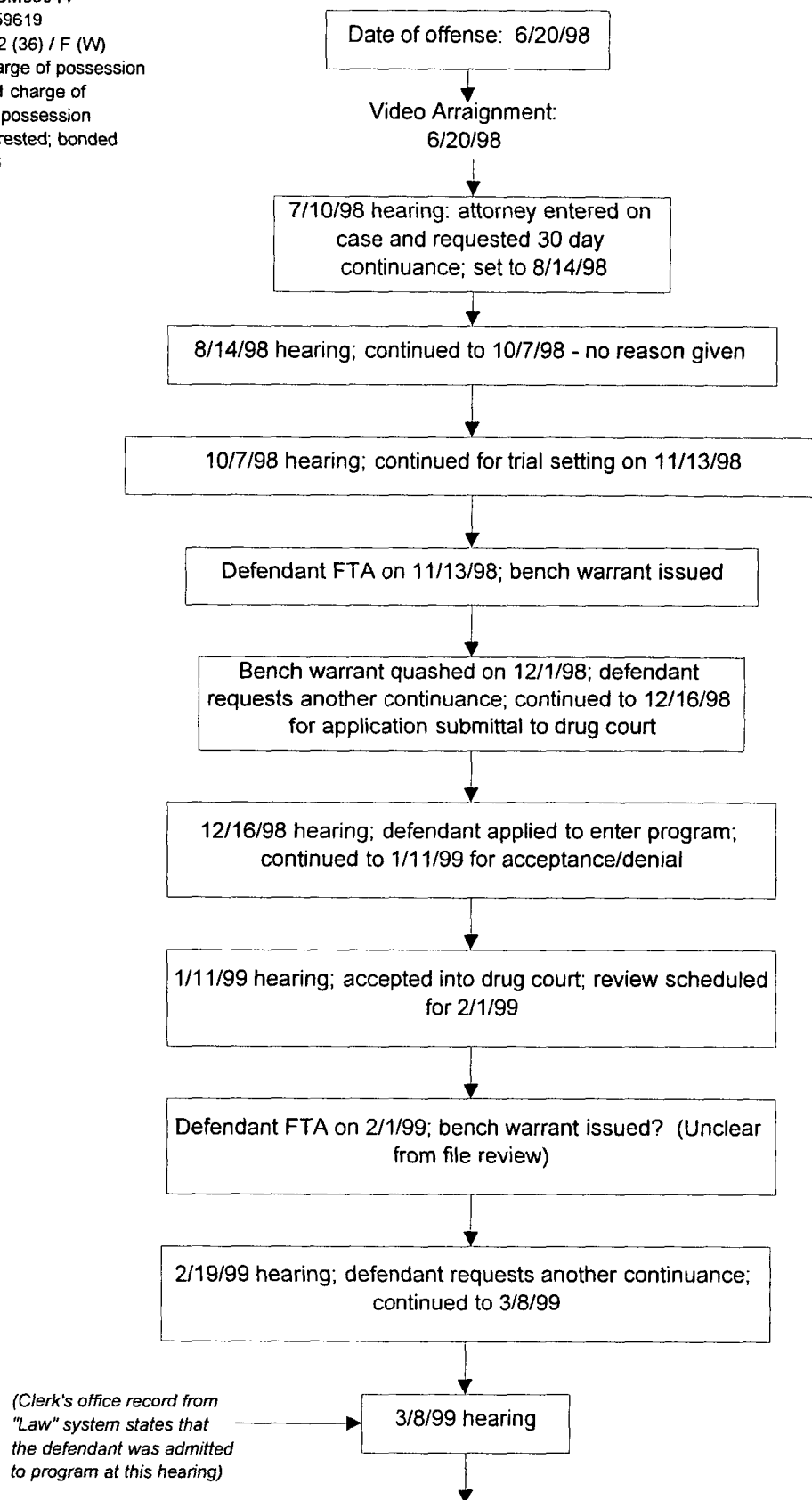
Note: All flowcharts are developed by compiling five sources: clerk's office file, prosecutor's file, probation notes, ComCare file, and "Law" screen prints.

Docket #: 98-CM04893
Case #: 96-C124209
D.O.B.: 11/23/48 (49)
W/F
Offense: 1 charge of
possession of
marijuana; 1
charge of paraphernalia
possession
Defendant not arrested;
summons sent to
defendant.



Note: All flowcharts are developed by compiling five sources: clerk's office file, prosecutor's file, probation notes, ComCare file, and "Law" screen prints.

Docket #: 98-CM08044
Case #: 98-C59619
D.O.B. 2/14/62 (36) / F (W)
Offense: 1 charge of possession
of marijuana; 1 charge of
paraphernalia possession
*Defendant arrested; bonded
out on 6/20/98



↓
Review dates: (All were clean, but there were a few problems
with attendance at group meetings which were adequately
addressed by defendant providing proper written excuses, etc.)

4/7/99

5/5/99

6/2/99

7/7/99

8/18/99

9/22/99

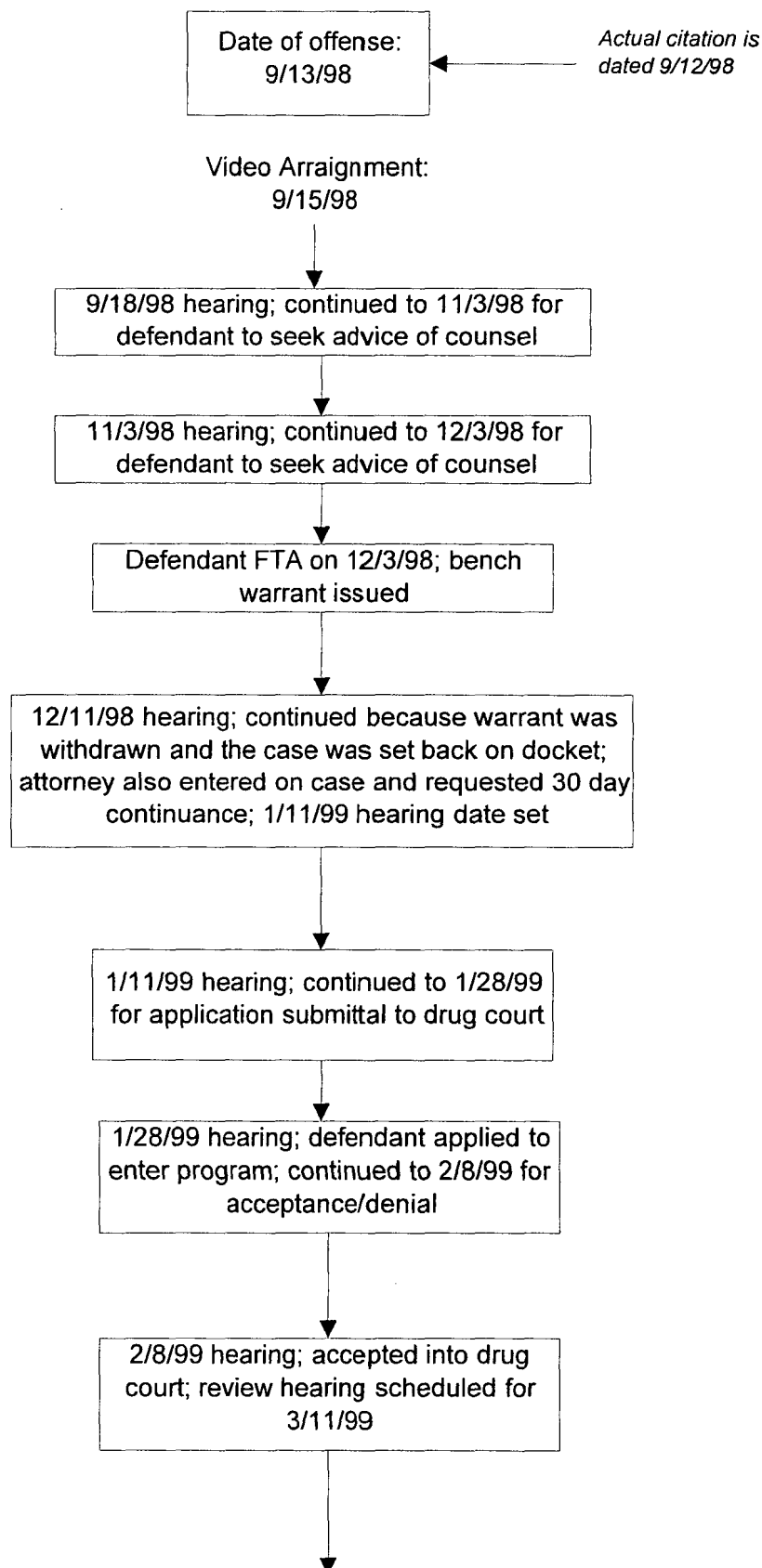
11/17/99

1/26/00;

and future date in
files as to when
next review will
occur.

Note: All flowcharts are developed by compiling five sources: clerk's office file, prosecutor's file, probation notes, ComCare file, and "Law" screen prints.

Docket #: 98-CM11945
Case #: 98-C90298
D.O.B.: 10/9/64 (33)/F
(W)
Offense: 1 charge of
possession of marijuana.
* Defendant arrested;
unclear as to whether
defendant bonded out or
was released per judge.

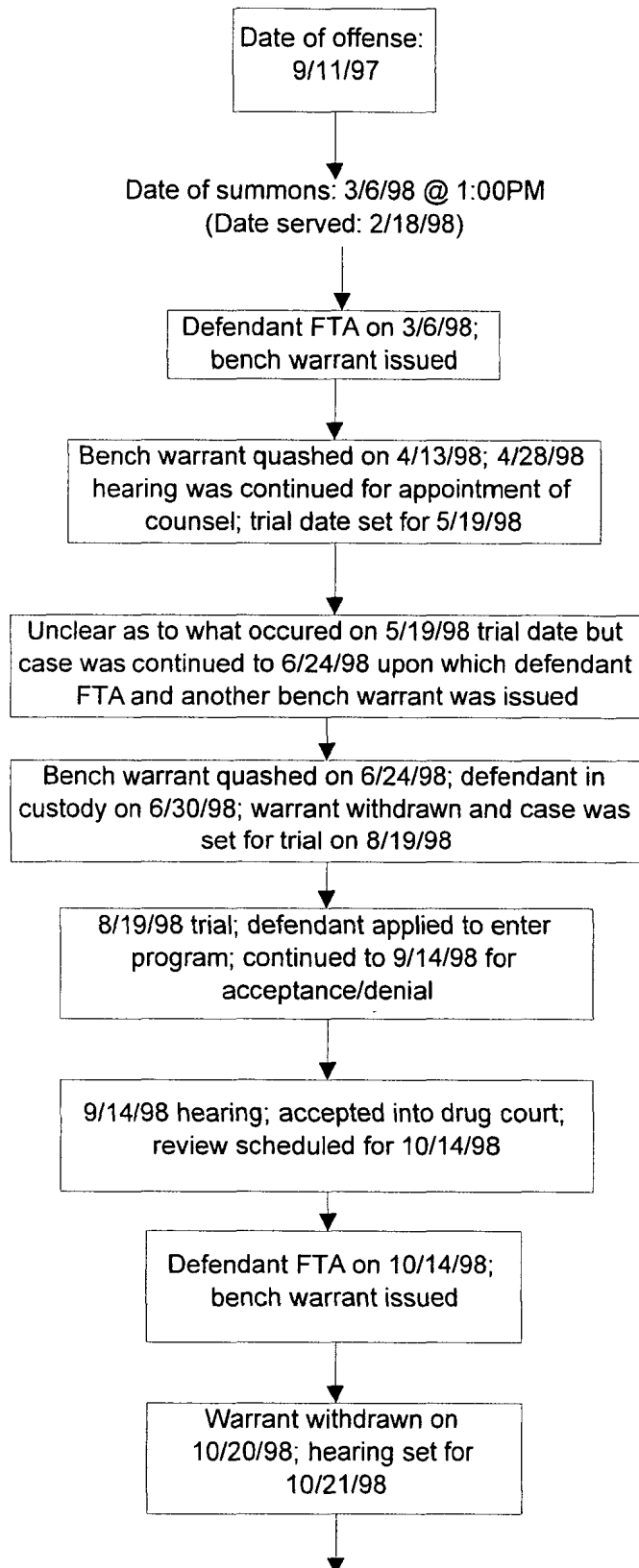


<u>Review Dates (Clean)</u>	<u>Review Dates (Dirty)</u>	<u>FTA</u>	<u>Unclear as to UA</u>
7/8/99	3/11/99	9/1/99	Results from
8/19/99	4/8/99	10/12/99	<u>Probation Notes</u>
8/31/99	4/15/99		5/14/99
	6/9/99		
	6/25/99		

* Bench warrants issued on both FTA dates

Note: All flowcharts are developed by compiling five sources: clerk's office file, prosecutor's file, probation notes, ComCare file, and "Law" screen prints.

Docket #: 98-CM01466/98-CM08747/
99-CM11552
Case #: 97-C90102
D.O.B.-10/28/58 (39)/F (B)
Offense: 1 charge of possession
of drug paraphernalia; 1 charge
of prostitution in emph.; 1 charge
of sodomy for hire; 1 charge of
prostitution.
Other offenses: 2/9/98 and
9/17/98 (both are possessions of
drug paraphernalia)
*Defendant not arrested; summons
sent to defendant.



Review Dates (Clean)

11/18/98
12/15/98
1/19/99
3/3/99
4/28/99
7/7/99

Review Dates (Dirty)

2/18/99
4/14/99
5/19/99
6/2/99

Unclear as to UA

Results from
Probation Notes

8/4/99
9/8/99
10/6/99
11/3/99
12/21/99
1/12/00

* next scheduled review
hearing is 2/14/00

Note: All flowcharts are developed by compiling five sources: clerk's office file, prosecutor's file, probation notes, ComCare file, and "Law" screen prints.

B. SUMMARY OF PROGRAM OUTCOMES

Program outcomes can be viewed as quantitative or qualitative. A quantitative outcome would use numbers to justify meeting the expected goals of the program. This might include the following:

- Number of drug court participants that remained drug free after graduation and for what period of time
- Number of drug court participants arrested or convicted after graduation, during what period of time and for what offense
- Number of participants who re-entered the drug court program, after the participant was terminated or graduated
- Number of participants employed at graduation
- Number of participants who received training or education while in the program

Upon reviewing the documentation, data and information provided by the court, it was determined that these types of outcomes could not be determined at this time. With the implementation of the planned drug court software, this type of information should be available for future evaluations.

A more subjective evaluation of the program outcomes was conducted through the interviews and survey process. Though there were concerns regarding various aspects of the program, the overall feeling was that the Wichita Drug Court is a successful program. All of the drug court team members feel that

this approach to misdemeanor drug offenses offers the participant and community a better end result. The drug court team members are actively seeking further direction for improvements on their process to increase the program's success.

C. SUMMARY OF AVAILABLE DATA

In the 1998 Drug Courts Program Office publication entitled *Drug Court Monitoring, Evaluation, and Management Information Systems*,⁵ a list was presented on the types of information that should be routinely collected to monitor a drug court program and evaluate its processes. In evaluating the various types of information that are available to monitor the Wichita Drug Court, the project staff found that even if the information was available it (1) could be located in one of four sources for record keeping (court records, treatment records, prosecutor's records or probation officers records, (2) could only be collated manually for any monitoring, evaluation or reporting purposes. Much of the information that exists in the four sources is incomplete or inaccurate. This is due to the manual process and lack of coordination in record keeping. This list would provide an excellent opportunity for the drug court team to review the four potential locations for the types of information that is currently available and that which will be available when the drug court software program is on-line. It would provide an opportunity to discuss the sharing of information as well as the responsibility for record keeping that is necessary to effectively and efficiently monitor the Wichita Drug Court program.

⁵ U.S. Department of Justice, Office of Justice Programs, *Drug Court Monitoring, Evaluation, and Management Information Systems*, May 1998, p. 4-5.

1. Number of persons screened for program eligibility
2. Number of persons found eligible for the program
3. Current charges and criminal histories of persons found eligible
4. Number of persons admitted to the program
5. Number of eligible persons who were not admitted to the program (Note: If at all possible, the reasons for nonadmission should be obtained and demographic, case, and criminal history information should be collected for these persons, for comparison purposes.)
6. Characteristics of persons admitted to the program, including date of arrest, date of admission to the drug court program, age, sex, race/ethnicity, family status, employment status, educational level, current charge(s), criminal justice history, drug use history, alcohol and other drug treatment history, mental health treatment history, medical needs (including detoxification), and nature and severity of substance abuse problem
7. Treatment recommendations (from initial assessment and any follow-up assessments) and record of treatment regimen followed by each participant
8. Number of participants currently active in the program, with appropriate categorization to reflect the number of persons in specific program phases, duration of time in program, principal types of treatment being provided, etc.
9. Number and characteristics of persons who successfully complete the program
10. Number and characteristics of persons who have been terminated from the program, reasons for termination, and length of time in the program before termination
11. Criminal justice sanctions imposed on noncompleters
12. Number of participants who fail to appear at drug court hearings and number of bench warrants issued for participants, by stage of participation in the program
13. Re-arrests during involvement in the drug court program and for a period of at least one year thereafter, and the types of arrests (e.g., drug possession, other nonviolent offense, violent offense)

14. Fees, fines, costs, and restitution paid by each participant
15. Community service hours provided by each participant
16. Drug test histories of each participant while in the drug court program
17. Record of attendance and treatment progress for each participant
18. Record of program sanctions imposed on each participant in response to positive drug test or other evidence of noncompliance with program requirements
19. Principal accomplishments of each participant while in the program (e.g., advancement to new phase, attainment of GED or other educational objective, employment, family reunification, birth of drug-free baby)
20. Costs of drug court operations and the source(s) of funding for each operational component

Recommendation: The drug court team should use the 20-point list found in the 1998 Drug Courts Program Office entitled *Drug Courts Monitoring, Evaluation, and Management Information Systems* to plan for efficient and effective record keeping for the Wichita Drug Court. The plan should include what will be collected, how and where it will be collected, and what and how information will be shared.

D. SUMMARY OF TREATMENT SERVICES

The Wichita Drug Court has had at least two treatment providers since the program began in July 1995. Recovery Services Center (RSC, later called Options) had a contract from February 1996 through September 1998. The second treatment provider, Comprehensive Community Care of Sedgwick County (ComCare), began with a contract as the treatment provider in November 1998. However, program participants who started treatment with Options remained with Options even after ComCare began their contract.

Options treatment had three levels of service for the drug court participants. Option A was an education track for participants who were evaluated as not being drug dependent. Option B was a less intensive outpatient treatment program and was designed primarily for offenders who had recently completed treatment but had a relapse. Option C was an intensive outpatient program for participants who were evaluated as drug dependent. Options described the services available to drug court participants as medical detox, medical assessment, psychological assessment social detoxification; secure detoxification; sanctioned placement; residential treatment; group and individual outpatient counseling; assessment; vocational counseling; UA's; breath tests; gas chromatograph tests; work based programs; living and family skills training and aftercare services. During the interviews with the NCSC project staff, there did not appear to be a clear understanding as to the range of services actually utilized for the drug court participants.

One of the reasons that interviewees felt the City of Wichita and the Wichita Drug Court chose to pursue proposals for a new provider was that there appeared to be a need for services that were more specific to the drug court program and participants. The City of Wichita initiated a Request for Proposal prior to the contract ending with Options. A screening panel reviewed four individual proposals and selected ComCare.

The contract with ComCare states that the evaluation and treatment services would consist of drug and alcohol evaluation, individual and group therapy, drug and alcohol testing and reporting to the municipal court judge. An

initial assessment costs \$50. When accepted into the Wichita Drug Court Program, there are three tracks of treatment and a recovery life skills program. The ComCare information sheet describes these tracks as follows:

- *Drug Information School \$300: One-day educational experience. The cost also includes UA testing that is required by the court and throughout the course of the diversion program.*
- *Transition Group \$624: A six-week program designed to educate and facilitate the clients in examining their own alcohol and drug use. The Transition sessions will be followed by monthly Life Skills group meetings.*
- *Primary Treatment \$895: This track is designed for individuals with a chemical addiction. Clients could be placed in an entry-level treatment group, advanced recovery groups, cultural/gender specific groups, and/or Relapse Prevention groups.*
- *Recovery Life Skills: Serves as a Continuing Care component following Transition or Primary treatment. Education/employment skills training could be addressed at this time if necessary.*

It is important to note, however, that Wichita's drug court ranks in the top twenty percent in terms of average annual cost per client for treatment services. Wichita also ranks with the majority of those drug courts (60%) who utilize the services of a single treatment provider. A 1997 American University survey provides us with the following two tables:

Program Costs: (70% of all reporting respondents)

<i>Under \$900:</i>	<i>20%</i>	<i>\$2,101 - \$2,500:</i>	<i>6%</i>
<i>\$901 - 1,200:</i>	<i>25%</i>	<i>\$2,501 - 3,000:</i>	<i>6%</i>

<i>\$1,201 - 1,500:</i>	<i>16%</i>	<i>\$3,001 - 3,500:</i>	<i>6%</i>
<i>\$1,501 - 1,800:</i>	<i>5%</i>	<i>\$3,501 - 4,500:</i>	<i>6%</i>
<i>\$1,801 - 2,100:</i>	<i>10%</i>		

Number of Providers Serving Per Program: (100% of reporting respondents)

<i>One principal provider:</i>	<i>60%</i>
<i>Two principal providers:</i>	<i>11%</i>
<i>3-5 principal providers:</i>	<i>11%</i>
<i>6-8 principal providers:</i>	<i>2%</i>
<i>8+ principal providers:</i>	<i>15%*</i>

Those programs with eight or more providers are: Bakersfield, CA (86); Salinas, CA (12); San Francisco, CA (12); Santa Clara County, CA (varies); Denver, CO (13); New Haven, CT (14); Camden, NJ (10); Brooklyn, NY (80); Rochester, NY (12); Suffolk County, NY (15); and Akron, OH (12).⁶

The treatment costs include an intake assessment, individual/group sessions, UA testing and monthly reports to the court. . The clients are expected to pay for their treatment based on a sliding fee scale. The largest difficulty that ComCare faces is in collecting the fees. It is felt that though it is the responsibility of the treatment provider to collect the fees, that there is no current support from the judge for this to occur.

⁶ Office of Justice Programs, Drug Court Clearinghouse and Technical Assistance Project at American University: Drug Court Survey Report, Volume III: Treatment Provider Services and Perspectives, pgs. 153-154, 1997.

III. PROGRAM OPERATIONS EVALUATION

A. METHODOLOGY

The project staff conducted an on-site visit to the Wichita Drug Court between January 24 and 26, 2000. Prior to the visit, the drug court team members were sent a Drug Court Self-Assessment.⁷ Each team member, as well as various others selected by court administration who play a significant role in drug court operations, completed the self-assessment instrument.⁸ The self-assessment tool is based upon the ten Key Components that have been adopted as a standard for drug courts.⁹ For the purpose of the self-assessment process, each Key Component is further broken down into five or six benchmarks that are rated by team members on a scale of 1 to 5 depending on the rater's view of how well the court was meeting the benchmark.

The team members' responses were collated, averaged, ranked, and graphed. Particular areas of perceived strength and weakness were identified through the self-assessment process.¹⁰

The site visit confirmed certain strengths and weaknesses already identified through the data compiled from the self-assessment and assisted the project staff to understand barriers and opportunities facing this drug court. Even

⁷ The self-assessment instrument is contained in Appendix B.

⁸ Individuals that were sent the self-assessment are identified in Appendix C.

⁹ See Drug Court: The Key Components, (DOJ, Office of Justice Programs, Drug Court Programs Office, January 1997).

¹⁰ See Appendix E.

The graphic representation of the collated data is broken down numerically by Key Component and benchmark (Appendix E); graphically (line and bar) showing all 10 Key Components (Appendix F); graphically (bar) by each Key Component and benchmark (Appendix G).

with the limited site visit, the project staff facilitated problem solving among drug court team members.

B. STRENGTHS AND WEAKNESSES

1. Strengths

Strengths and weaknesses were identified based upon the project staffs' observation and through the use of the self-assessment instrument.

General areas of strength observed are:

- Commitment by the court and drug court team to the drug court process
- High quality treatment provider who is engaged in the process
- Judge had good interaction and rapport with drug court participants
- Entire Municipal Court manages an overwhelming volume of cases

Other strengths of the Wichita Drug Court based on the Key Components are listed as they relate to each Key Component. Since the emphasis of this report is to provide information on potential areas of improvement, only one strength is listed for each key component. On a 5 point scale with a score of 5 being attainment of the specific benchmark, the project staff selected the highest rated benchmark as rated by drug court team members to illustrate the particular area of strength for that Key Component. The ten identified strengths of the Wichita Drug Court by Key Component are:

1. **Key Component #1: Integration of Treatment and Court Processing**

Court and treatment providers maintain ongoing communication about general problems that arise.

2. **Key Component #2: Non-adversarial Process**

Prosecuting attorney promptly determines eligibility and participates in a coordinated strategy for responding to alcohol and other drug (AOD) use.

3. **Key Component #3: Early Identification and Referral**

Eligible participants are promptly advised about program requirements and the merits of participating.

4. **Key Component #4: Treatment Continuum Available**

Individuals are initially screened and periodically assessed to ensure proper offender/treatment matching.

5. **Key Component #5: AOD Testing**

AOD testing policies and procedures are based on established guidelines such as American Probation and Parole Association (APPA).

6. Key Component #6: Coordinated Strategy and Response

The drug court team maintains frequent, regular communication to provide timely reporting of progress and non-compliance, which enables the court to respond to changes immediately.

7. Key Component #7: Court/Participant Interaction

Program graduation is recognized as a significant achievement.

8. Key Component #8: Monitoring and Evaluation

An evaluator has been selected and an evaluation is in progress.

9. Key Component #9: Multi-Disciplinary Training

The members of the team have undergone training in addiction and substance abuse treatment.

10. Key Component #10: Partnerships between Court and Community

The Drug Court has a professional staff that reflects the diversity of the population served.

Each of these identified strengths scored 3 or above on the 5 point scale. Several of the identified areas scored 4.5 or above.¹¹

Any discussion about the strengths of the Wichita Drug Court as identified through the self-assessment instrument would be incomplete if it did not emphasize the treatment component. Not only did team members rank this Key Component very high, but benchmarks dealing with treatment under the other Key Components were also rated high. Viewed globally, the team members overwhelmingly felt that the treatment provider was an integral member of the team who contributed substantially to the drug court program and provided excellent treatment services. Although there was a change in treatment providers from Options to ComCare, team members disclosed to project staff the high degree of confidence they reposed in treatment services. However, some peripheral problems related to treatment were identified as discussed below.

2. Weaknesses

Cumulatively, the self-assessment disclosed four Key Components where the Wichita Drug Court has weaknesses. Those areas are Key Component #2 (Non-Adversarial Procedure), Key Component #5 (Drug Testing), Key Component #9 (Multi-Disciplinary Training), and Key Component #10 (Building Partnerships). In addition, the ratings of

¹¹ Appendix G.

individual benchmarks under other Key Components when combined with on-site interviews and observations identified other problem areas.

Problem Area 1: Non-Adversarial Proceedings

The low ratings concerning Key Component #2 are attributed to the fact that defense counsel do not participate in the process, nor were defense counsel consulted in the set-up of the program. Apparently, defense counsel simply does not have the resources to staff the court on a regular, on-going basis. Even conceding this lack of resources, it would be a better practice to have defense counsel review drug court procedures and suggest improvements where defendants' due process right may be implicated. Of course, constitutional concerns mandate representation by counsel when so requested by a defendant and the defendant is going to be sentenced to jail for a misdemeanor.¹²

Recommendation: Defense counsel should be involved in the drug court process. If resources do not allow for defense counsel to staff the court on a regular on-going basis, it should, at the very least, review the drug court procedures and suggest improvements.

Of particular concern to the project staff is that a drug court participant is not informed of the potential consequences of admission of AOD use during review hearings. On one hand, the court is encouraging the drug court participant to be candid about AOD usage, yet the participant has no guarantee that such admission may not be used against

¹² *State v. Delacruz*, 899 P.2d 1042, 1045 (Kan.1995) discussing *U.S. v. Nichols*, 511 U.S. 738 (1994) and *Scott v. Ill.*, 440 U.S. 367 (1979).

the participant in some subsequent proceeding. The fact that the reviews are not of record and the prosecutor has not used such admissions to bring new charges is of small comfort if such derivative use were to occur in the future.

The project staff strongly recommends, at a minimum, that potential drug court participants be advised before program acceptance that there are no restrictions on the use of AOD admissions. The project staff also recommends that the city attorney have a written policy on AOD admissions, including the limited derivative use thereof. The policy should be given in writing to the potential drug court participant. Such a policy would encourage drug court participants to be more forthcoming about substance abuse, which would contribute to participants' recoveries.

Recommendation: The project staff strongly recommends, at a minimum, that potential drug court participants be advised before program acceptance that there are no restrictions on the use of AOD admissions. The project staff also recommends that the city attorney have a written policy on AOD admissions, including the limited derivative use thereof. The policy should be given in writing to the potential drug court participant.

Problem Area 2: Drug Testing

Two concerns were identified under Key Component #5 (Drug Testing): randomness and frequency. In order to be a useful tool in monitoring abstinence and participant progress, drug testing procedures must thwart the participants' perceived desire and ability to avoid detection. The best procedure is to randomize testing and to test with

sufficient frequency so that a person's metabolism does not have an opportunity to process the drug out of the participant's system, which would result in non-detection when a person is using alcohol or other drugs. Currently, ComCare is not testing randomly. Participants know that the only time they may be tested is when they report for treatment. Additionally, participants are only tested on an average of once per month. Occasionally, the court orders testing during court appearances, which is conducted by the probation department.

The project staff met with the treatment provider to devise solutions to the drug testing difficulties. Random testing could be accomplished with a call-in system. Each participant is assigned a color and is required to call the treatment provider each day to learn whether their assigned color has come up randomly. Concerns about flooding the phone lines could be avoided by having participants call after hours to listen to a pre-recorded message telling them which color had to test within 24 hours.

The issue of frequency of drug testing is more problematic. The treatment provider simply has not budgeted for more frequent testing. Any expense of additional testing would have to be borne by the participants. The treatment provider concurred that more testing would enhance monitoring and compliance and agreed to raise the issue with the drug court team.

The project staff noted that the treatment provider has hired two additional testing technicians. The project staff consider this to be a positive step because it will enable the treatment provider to handle the larger volume that is to be the expected result of implementing the project staffs' recommendations.

Recommendation: Drug testing procedures need to be random and of sufficient frequency so that a person's metabolism does not have an opportunity to process the drug out of the participant's system, which would result in non-detection when a person is using alcohol or other drugs.

Problem Area 3: Multi-Disciplinary Training

All drug court team members acknowledged a need for additional training. Given the advances that are being made in psychopharmacology, treatment, and drug testing, on-going training is essential. The project staff suggested certain training that is available through the National Drug Court Institute and the National Judicial College. Because money for training is always a concern, the project staff noted that some scholarships may be available to the National Judicial College courses.

In addition, the project staff noted the need for additional team building. One of the observed strengths of the Wichita Drug Court is the individual commitment of team members. However, the prosecutor's office has assigned various prosecutors to the drug court for relatively short time periods. While the prior prosecutor attended staffings, the current prosecutor is unable to attend due to preparation time needed for

his environmental calendar. Although it may have been perceived as a lack of commitment, his failure to attend staffings should not be seen as such. The project staff were impressed with his individual commitment and noted his environmental prosecutions could have positive effects for drug court participants because the prosecutions involved crack houses, slum lords, and neighborhood deterioration. The project staff recommend that Joe Trotter or Carolyn Cooper at American University, Drug Courts Office, be contacted for low cost technical assistance in team building.

Recommendation: Training on various drug court issues is recommended for all members of the drug court team. Training would also be beneficial for the Administrative Judge, Court Administrator and other City of Wichita staff that interact with the Wichita Drug Court. Funding can be achieved through the City of Wichita budget process and through scholarships offered at some training events.

Recommendation: The project staff recommend that Joe Trotter or Carolyn Cooper at the American University, Drug Courts Office, be contacted for low cost technical assistance in team building.

Problem Area 4: Building Partnerships

The drug court does not have broad-based community or governmental support. The removal of the drug court from the neighborhood courts separated the court from the communities that the program served, as well as law enforcement, and caused some political fallout. The project staff do not and cannot opine whether the downtown consolidation was justified, only that the result had some negative consequences for the drug court.

Additionally, broad-based city government support is problematic because of rifts that exist between the drug court judge and city administration personnel. A community agency based policy steering committee does not exist and there are no linkages with law enforcement.

A possible solution to the lack of community partnership may well require a change of judge. The current judge candidly admitted the lack of dialogue with certain administration members. He also was willing, at the time of the site visit, to change assignments, but requested any such move be postponed until the summer of 2000 so he could implement the new drug court data system. A change of judge does not necessarily mean better relationships between the drug court and the administration. The drug court must be able to prove to the administration that it efficiently deals with substance abusing offenders in a fiscally prudent way. The lack of adequate data has prevented such a showing in the past.

Recommendation: The Wichita Drug Court should build community partnerships. This may include a change in the drug court judge. The drug court should have a community agency based policy steering committee as well as linkages with law enforcement. Adequate record keeping and data gathering is needed also to increase support from the administration and the community.

Other Issues

There were several other issues raised during discussions with team members.

The treatment provider and probation officer were particularly concerned with offenders not paying for their treatment on a regular basis. Failure to pay for treatment jeopardizes the ability of the treatment provider to continue to provide services and constrains effective therapy. Offenders are more invested in treatment when they have to pay as the treatment progresses. This issue was raised with the drug court judge. Judge Shull agreed to encourage offenders to be current on their treatment expenses as long as the treatment provider made a concomitant promise to collect past due fees and keep participants current.

Recommendation: Drug court participants should pay for their treatment. The judge should encourage them to pay their fees. The treatment provider has the responsibility to collect past due fees and keep participants current.

Although team members rated court-participant interaction positively through the self-assessment instrument, on-site interviews and court observations by consultants raised concerns about courtroom decorum. In several situations, it appeared defendants were rude to the court with apparent impunity. Canon 3A(2) of the Judicial Canons of Ethics requires a judge to maintain order and decorum in proceedings before the court.¹³ In an effort to develop court-defendant trust, drug court proceedings are often relaxed. However, the informality of proceedings should not be interpreted by participants to be a license to be disrespectful to the court. The court must set a tone in drug court proceedings that

¹³ Shaman, Lubet and Alfini, *Judicial Conduct and Ethics* (Mitchie: 1990), p. 514.

encourages interaction between drug court participants and the judge, yet maintains judicial dignity.

Concerns also arose about a participant's timely entry into the drug court program. Although the self-assessment clearly demonstrated that participants were advised of the program promptly, it also indicated that team members were dissatisfied as to the time it took for the participant to enter the program. (Compare Key Component 3B with 3E in Appendix E) Discussions with team members revealed that the drug court judge often continued the case multiple times to decide whether the defendant wants to enter the program. Decision deferral by an offender often means a lack of motivation to engage in treatment on the defendant's part, as well as a missed opportunity to confront the addict when he is in crisis.¹⁴ The project staff recommend the drug court judge not continue the case multiple times in anticipation of the participant's decision to enter the program. In most circumstances, a single two-week continuance is sufficient.

Recommendation: The project staff recommend that the drug court judge not continue the case multiple times in anticipation of the participant's decision to enter the program. In most circumstances, a single two-week continuance is sufficient.

¹⁴ See DiClemente and Hughes, "Stages of Change, Profiles in Outpatient Alcoholism Treatment," 2 Journal of Substance Abuse, 217-235 (1990); DOJ, Drug Courts: *The Key Components*, *supra* at 13. Also see Proskask and DiClemente, "Toward a Comprehensive Model of Change," in Miller, William and Richard Hester (eds), *Treating Addictive Behaviors: Processes of Change* (New York Plenum Press, 1986).

The final concern relates to the availability of auxiliary and rehabilitative services as an adjunct to treatment.¹⁵ This issue was raised with probation and treatment team members. The treatment provider, ComCare, has strong ties with mental health professionals and provides treatment for drug court participants with co-occurring mental disorders. Additionally, the treatment provider is bringing on a vocational counselor to improve participant employment acquisition and retention. Thus, the treatment provider is currently working on expanding auxiliary and rehabilitative services.

¹⁵ Key Component #4, benchmark D, Appendix E.

IV. COST BENEFIT ANALYSIS

Over the last eleven years, the manner in which justice is being served has changed due to the advent of treatment-based drug courts. Communities want to know whether this non-traditional approach reduces recidivism and criminal activity. Deservedly so, the public tends to maintain a watchful eye on governmental spending and relates each and every expenditure with great expectation. Cost effectiveness, thus, becomes a major determinant in the future of such therapeutic jurisprudence. The Wichita Drug Court does not currently have adequate types of information or means of gathering it to provide a quantitative analysis of these issues. This is not wholly unusual from a national perspective. Many drug courts are now finding that in an attempt to evaluate their program they have not collected or developed a system to collect the necessary information since inception of operation.

However, since there is a great interest in the long-term community effects of drug courts and their related costs, many national and local evaluations have been conducted. Results of various studies indicate that some of the areas of effectiveness are that "(1) drug courts provide more comprehensive and closer supervision of the drug-using offender than other forms of community supervision, (2) Drug Treatment Court (DTC) participation lowers drug use and criminal behavior, (3) DTC's reduce criminal behavior after participants graduate,

but few studies have tracked recidivism longer than one year, and (4) DTC's produce cost savings."¹⁶

The cost of crimes committed by drug abusers is high. "Crime related costs comprised \$2.4 billion (or 70%) of the costs to tax paying citizens (summing police protection, adjudication, corrections, victim losses and theft losses together)." This same study found that when drug court participants completed their treatment, they reduced their criminal activity and consequently, there was a drop in the costs related to crime.¹⁷

Studies have indicated that there can be cost savings in health care, jail and prison costs, as well as, a reduction in crime. Even more convincing, the CALDATA study, involving 1850 randomly selected participants, concluded that for every dollar spent on treatment, seven dollars were saved through crime reduction, increased job retention and productivity, lowered health expenses, increased child support payments, etc.¹⁸

Simply stated, by reducing crime, a drug court, such as the Wichita Drug Court, may provide a safer public environment. All of these factors provide an excellent incentive for the City of Wichita not only to retain their drug court, but utilize the recommendations in this report as a motivational tool for its improvement.

¹⁶ See Hora, Schma and Rosenthal, "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, Vol. 74; No. 2. (January 1999), pgs. 531-532.

¹⁷ Gernstein, Dean R., Harwood, fountain, Suter and Malloy. Health Welfare Agency, State of California, Evaluating Recovery Services: the California Drug and Alcohol Treatment Assessment (CALDATA, 1994), pgs. 64 and 71, respectively.

¹⁸ Gernstein et al., pg. 89.

V. SUMMARY OF RECOMMENDATIONS

Recommendation: The Court should establish staffings as a high priority of the drug court concept by reprioritizing their time so the entire drug court team is in attendance.

Recommendation: The Court should ensure the police department receives accurate court calendaring information so that citation assignment of court appearances is correct.

Recommendation: The Court should consider making the application for deferred judgment and information sheet available to the defendant prior to his or her first drug court appearance.

Recommendation: The Court should review the current written criteria for program acceptance, revise as deemed necessary, and use these criteria as determinants for future program acceptance.

Recommendation: The Court should actively promote the development of a reference manual that clearly defines uniform procedures as they relate to the drug court team. Included in this manual should be sanction guidelines for all non-compliant drug court participants.

Recommendation: The Court should collapse the records of the prosecutor and the probation officer into the existing court file and maintain this file in the clerk's office.

Recommendation: The Court should develop a written continuance policy that is strictly adhered to as a means to ensure that case events are meaningful and that court resources are not exhausted.

Recommendation: The drug court team should use the 20-point list found in the 1998 Drug Courts Program Office entitled *Drug Courts Monitoring, Evaluation, and Management Information Systems* to plan for efficient and effective record keeping for the Wichita Drug Court. The plan should include what will be collected, how and where it will be collected, and what and how information will be shared.

Recommendation: Defense counsel should be involved in the drug court process. If resources do not allow for defense counsel to staff the court on a regular on-going basis, it should, at the very least, review the drug court procedures and suggest improvements.

Recommendation: The project staff strongly recommends, at a minimum, that potential drug court participants be advised before program acceptance that there are no restrictions on the use of AOD admissions. The project staff also recommends that the city attorney have a written policy on AOD admissions, including the limited derivative use thereof. The policy should be given in writing to the potential drug court participant.

Recommendation: Drug testing procedures need to be random and of sufficient frequency so that a person's metabolism does not have an opportunity to process the drug out of the participant's system, which would result in non-detection when a person is using alcohol or other drugs.

Recommendation: Training on various drug court issues is recommended for all members of the drug court team. Training would also be beneficial for the Administrative Judge, Court Administrator and other City of Wichita staff that interact with the Wichita Drug Court. Funding can be achieved through the City of Wichita budget process and through scholarships offered at some training events.

Recommendation: The project staff recommend that Joe Trotter or Carolyn Cooper at the American University, Drug Courts Office, be contacted for low cost technical assistance in team building.

Recommendation: The Wichita Drug Court should build community partnerships. This may include a change in the drug court judge. The drug court should have a community agency based policy steering committee as well as linkages with law enforcement. Adequate record keeping and data gathering is needed also to increase support from the administration and the community.

Recommendation: Drug court participants should pay for their treatment. The judge should encourage them to pay their fees. The treatment provider has the responsibility to collect past due fees and keep participants current.

Recommendation: The project staff recommend that the drug court judge not continue the case multiple times in anticipation of the participant's decision to enter the program. In most circumstances, a single two-week continuance is sufficient.

VI. CONCLUSION

Though the Wichita Municipal Drug Court has been in existence for over five years, in many ways it is still in its infancy. Most drug courts begin with a community task force. This task force develops the drug courts goals, objectives, criteria and expectations for participants and links valuable community resources with the court. The Wichita Drug Court developed quite differently and consequently, though it has been very functional, could still greatly benefit from this kind of a start-up process.

The recommendations of this report should be instituted at two levels: the community and administrative level and the drug court team level. The Municipal Court Task Force that meets twice each month could be the link to the community and oversee some of the administrative recommendations. As members of this Task Force learn more about the drug court and organize a plan for the implementation of some of the recommendations, the drug court can garner a broader base of support. It is important that support for the drug court exist within the community, the City management, law enforcement and the court. To develop this level of support, the drug court must show accountability through reliable record keeping and data collection methods. With appropriate monitoring of the program, as expected with the new software, the court should be able to demonstrate to the community both cost savings and recidivism reduction.

Implementing the other report recommendations will require the participation of the entire drug court team. The possibility of the change in the drug court judge presents a natural opportunity for the incoming judge or the chief judge to be the change facilitator while relying on the current presiding judge and for the institutional history. Because the

drug court is based upon shared decision making, the interval between the computer software installation and change of judge can be utilized to develop consensus among team members on the changes that are going to be made, how change will be accomplished, who is responsible for specific tasks and the timetable for achieving agreed upon goals. Using the Key Components as a guide and recommendations from this report, the drug court team can realistically shape change.

With this collaborative and broad-based approach to change, the Wichita Municipal Drug Court can engender public support and modify court procedures to meet systemic needs. The following ingredients to facilitate change are already in place:

- 1) Commitment by drug court team members and the court to the drug court philosophy
- 2) Evaluation that provides direction and recommendations
- 3) In process software development to appropriately monitor and evaluate the drug court
- 4) Court staff expertise in the areas of drug courts and addictions
- 5) Quality treatment provider

By planning for change and thoughtful implementation, the Wichita Municipal Drug Court can readily achieve its goals as well as state and local recognition for success.

¹ Drug Strategies, *Drug Courts: A Revolution in Criminal Justice*, grant support from the National Drug Court Institute, 1999, p.8.

¹ Office of Justice Programs, Drug Court Clearinghouse and Technical Assistance Project at American University: Summary of Drug Court Activity by State and County. February 14, 2000.

¹ Drug Strategies, 1999, p.17.

¹ Technically speaking, there were five sources reviewed by NCSC project staff in collecting this information. The fifth source were LAW (case management system) screen prints.

¹ U.S. Department of Justice, Office of Justice Programs, *Drug Court Monitoring, Evaluation, and Management Information Systems*, May 1998, p. 4-5.

¹ Office of Justice Programs, Drug Court Clearinghouse and Technical Assistance Project at American University: *Drug Court Survey Report, Volume III: Treatment Provider Services and Perspectives*, pgs. 153-154, 1997.

¹ The self-assessment instrument is contained in Appendix B.

¹ Individuals that were sent the self-assessment are identified in Appendix C.

¹ See Drug Court: The Key Components, (DOJ, Office of Justice Programs, Drug Court Programs Office, January 1997).

¹ See Appendix E.

The graphic representation of the collated data is broken down numerically by Key Component and benchmark (Appendix E); graphically (line and bar) showing all 10 Key Components (Appendix F); graphically (bar) by each Key Component and benchmark (Appendix G).

¹ Appendix G.

¹ *State v. Delacruz*, 899 P.2d 1042, 1045 (Kan.1995) discussing *U.S. v. Nichols*, 511 U.S. 738 (1994) and *Scott v. Ill.*, 440 U.S. 367 (1979).

¹ Shaman, Lubet and Alfini, *Judicial Conduct and Ethics* (Mitchie: 1990), p. 514.

¹ See DiClemente and Hughes, "Stages of Change, Profiles in Outpatient Alcoholism Treatment," 2 *Journal of Substance Abuse*, 217-235 (1990); DOJ, Drug Courts: *The Key Components*, *supra* at 13. Also see Proskasak and DiClemente, "Toward a Comprehensive Model of Change," in Miller, William and Richard Hester (eds), *Treating Addictive Behaviors: Processes of Change* (New York Plenum Press, 1986).

¹ Key Component #4, benchmark D, Appendix E.

¹ See Hora, Schma and Rosenthal, "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*, Vol. 74; No. 2. (January 1999), pgs. 531-532.

¹ Gernstein, Dean R., Harwood, fountain, Suter and Malloy. Health Welfare Agency, State of California, *Evaluating Recovery Services: the California Drug and Alcohol Treatment Assessment (CALDATA*, 1994), pgs. 64 and 71, respectively.

¹ Gernstein et al., pg. 89.

APPENDICES

APPENDIX A

**INFORMATION PROVIDED TO NCSC
BY THE COURT**

**INFORMATION PROVIDED TO NCSC
BY THE COURT**

- Grant application for the Drug Court Enhancement Grant;
- A revision to the Drug Court Enhancement Grant Application dated June 12, 1997;
- A Charter Ordinance pertaining to judges of the Municipal Court which created the Neighborhood Municipal Court (this judge was to hear environmental and drug court cases). Since that time, the drug court hearings are heard in the City Hall courtroom;
- City Ordinance 1.04.150;
- A sample disposition sheet and accompanying charge documents;
- A Drug Court Deferred Judgement Information Sheet;
- An Application for the Drug Court Deferred Judgment Program;
- A copy of a drug court deferred judgment information sheet assigned to a defendant Jason Clark. This copy is kept in the Prosecutor's Office file;
- A copy of the Probation Officer's notes kept in the Probation Office file. This information is also used for information from the treatment centers;
- A copy of the treatment provider's notes;
- A copy of the agenda report to the City Council and contract for a new drug court treatment provider Comprehensive Community Care of Sedgwick County (ComCare);
- A copy of the agenda report and contract for the initial treatment provider. This contract amendment was initiated to allow remaining participants an opportunity to complete their treatment. New clients were not to be assigned to this treatment provider once the contract was awarded to ComCare;
- Two overview/progress reports submitted by the Prosecutor's Office through June 1999. The third six month progress report is not due until January 2000;
- Drug Court Grantee Data Collection Survey through June 1999;
- Drug Court Statistics gathered for the Data Collection Survey, January through December 1998 and January through November 1999; and
- As part of the Drug Court Enhancement Grant; a contractor was hired to analyze the current drug court procedures and data collection methods. Recommendations for hardware/software needs were then made. From the recommendations made by the contractor, the Court developed a Request for Proposal for a software vendor to develop new screens.

APPENDIX B

SELF-ASSESSMENT

DRUG COURT SELF-ASSESSMENT©

Utilizing the Key Components
as a Standard

Developed by:
Judge William G. Meyer
Denver, CO
©1998.

INTRODUCTION TO THE DRUG COURT SELF-ASSESSMENT

The drug court self-assessment is not a test. It will not be graded. Your assessment will not be compared against others to determine which court is "better." As noted in the publication Defining Drug Court: The Key Components, not every jurisdiction will have components that are perfect "tens." The Key Components are designed to be inspirational, defining the very best practices, designs, and operations of drug courts. Thus, the results of your self-assessment should not be viewed as a failure where you don't meet the benchmark, rather it should be viewed as an opportunity from which you can improve, given adequate resources and considering the political realities in your jurisdiction.

If you don't know the answer to a statement and, therefore, cannot rate it, you must rate yourself a "one." Obviously, this will motivate you to find out the answer. Be candid in your responses.

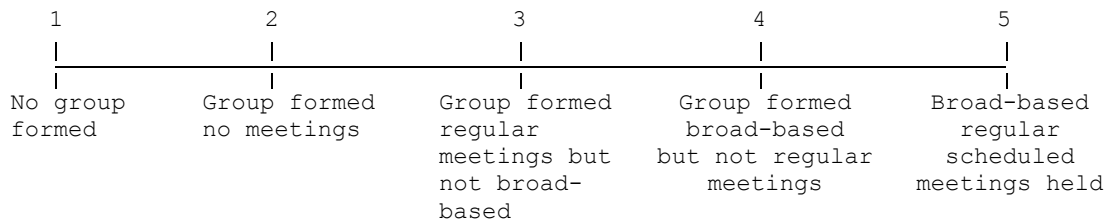
The drug court self-assessment was designed as a tool of assistance, not a scale of adequacy. The self-assessment is intended to inform practitioners of the areas upon which they can focus to improve their program. Please use the assessment as designed.

WILLIAM G. MEYER
District Court Judge

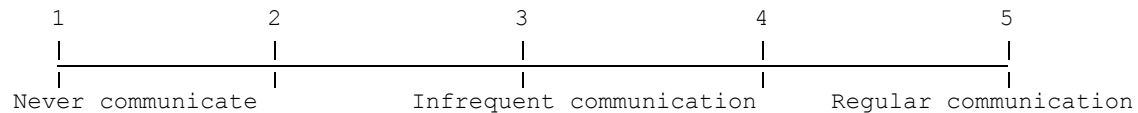
KEY COMPONENT #1

Drug courts integrate alcohol and other drug treatment services with justice system case processing

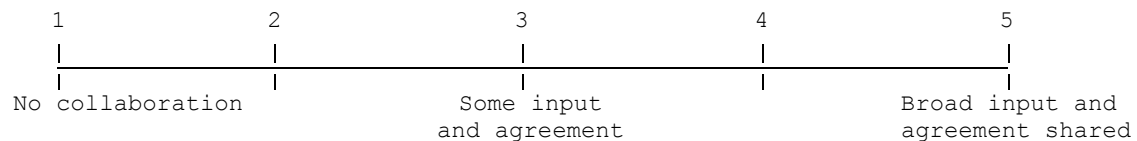
A. Initial and ongoing planning is carried out by a broad-based group which meets regularly.



B. Court and treatment providers maintain ongoing communication about general problems that arise.



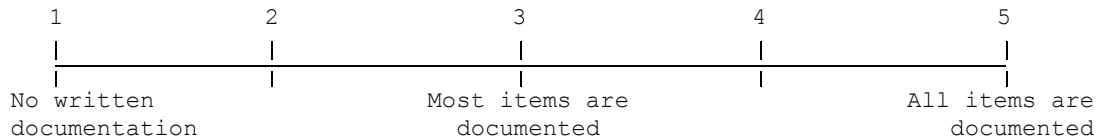
C. The Drug court's mission goals, eligibility criteria operating procedures and performance measures are collaboratively developed and defined.



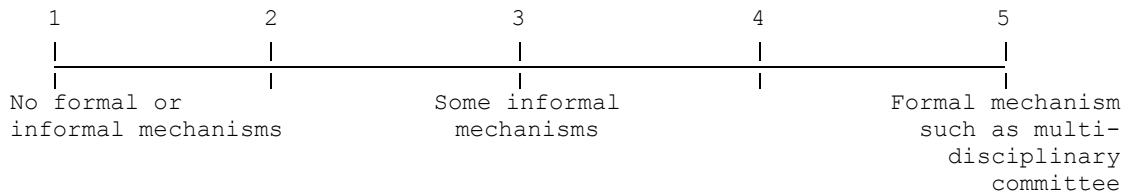
KEY COMPONENT #1

continued

D. Documents exist that detail drug courts mission, goals, eligibility, criteria, operating procedures and performance measures.



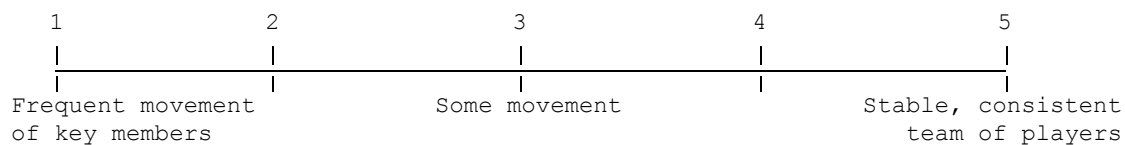
E. Mechanisms exist for shared decision making and conflict resolution among drug court team members.



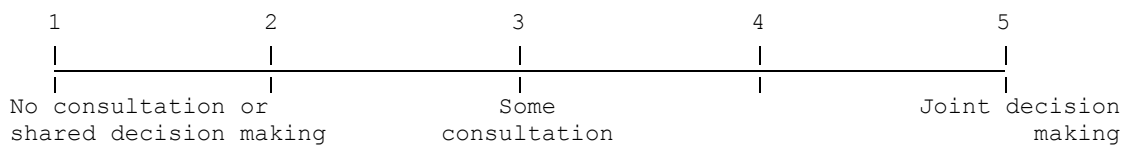
KEY COMPONENT #2

Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights

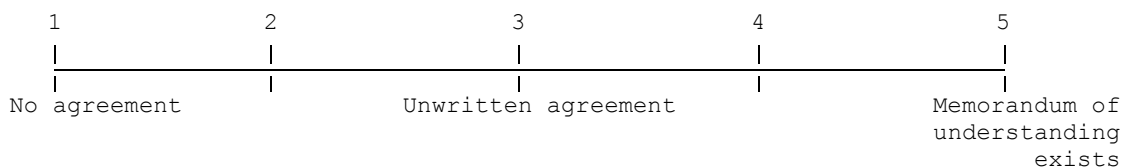
- A. Prosecutors, Defense Counsel and Judge are assigned to drug court for sufficient time to insure team building, stability and consistency.



- B. Prosecutors and defense counsel participate in program design, eligibility criteria and case processing policies and procedures.



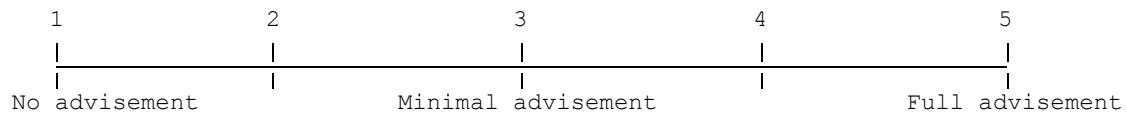
- C. Prosecutors and defense counsel have a memorandum of understanding regarding defendants' admissions of AOD use during court reviews.



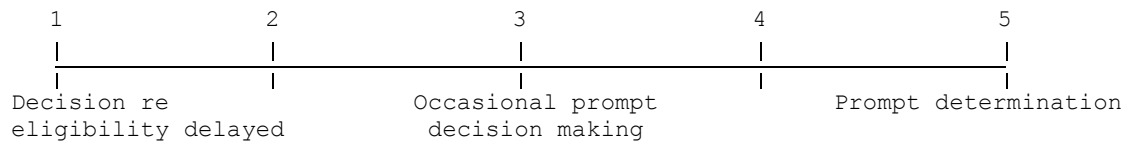
KEY COMPONENT #2

continued

D. Defense counsel explains to defendant the drug court concept and procedures and advises client alternative causes of action including treatment and benefits of sobriety.



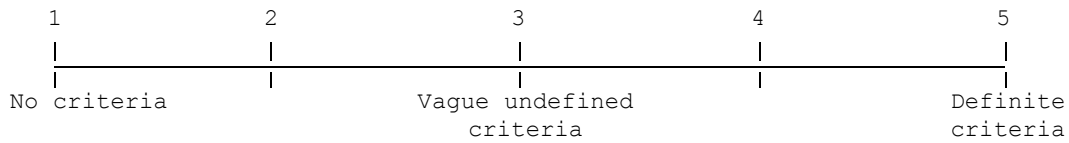
E. Prosecuting attorney promptly determines eligibility and participates in a coordinated strategy for responding to AOD use.



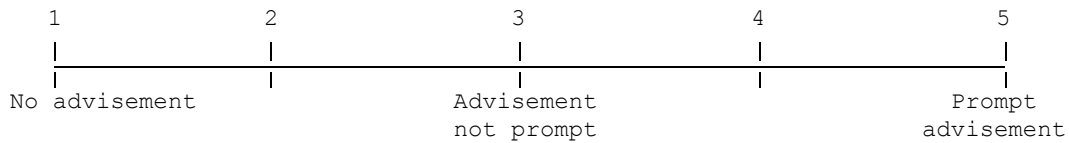
KEY COMPONENT #3

Eligible participants are identified early and promptly placed in the drug court program

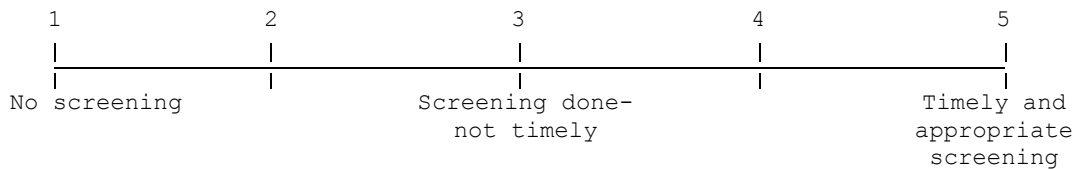
A. Eligibility screening is based upon written criteria and criminal justice personnel screen cases for referral.



B. Eligible participants are promptly advised about program requirements and merits of participating.



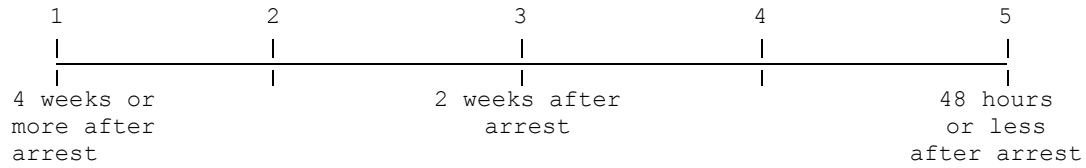
C. Trained professionals screen eligible drug court individuals for AOD problems and treatment suitability.



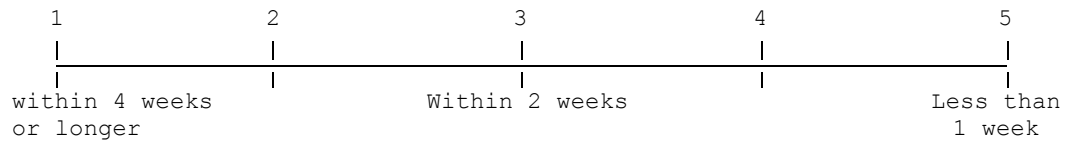
KEY COMPONENT #3

continued

D. Initial appearance before drug court judge occurs immediately after arrest or apprehension.



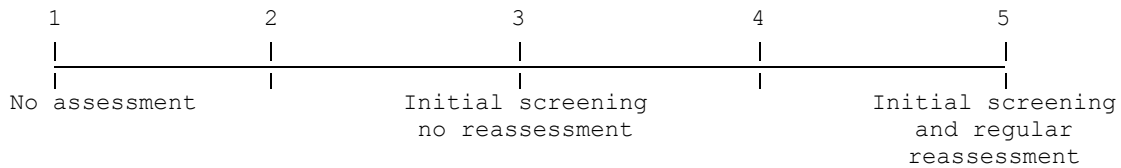
E. The Court requires that eligible participants enroll in AOD services immediately.



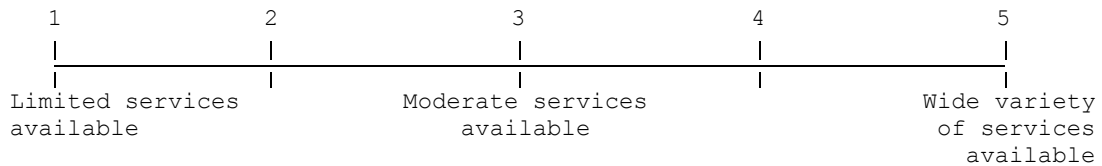
KEY COMPONENT #4

Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services

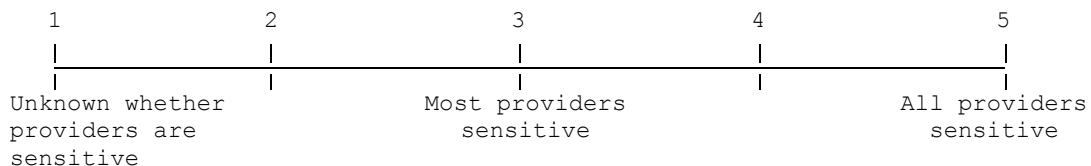
- A. Individuals are initially screened and periodically assessed to insure proper offender/treatment matching.



- B. Treatment services are comprehensive including detox, education, outpatient, intensive outpatient, inpatient, therapeutic communities, etc.



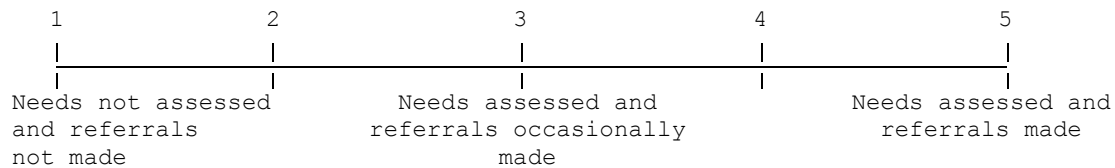
- C. Treatment designs and delivery systems are sensitive and relevant to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.



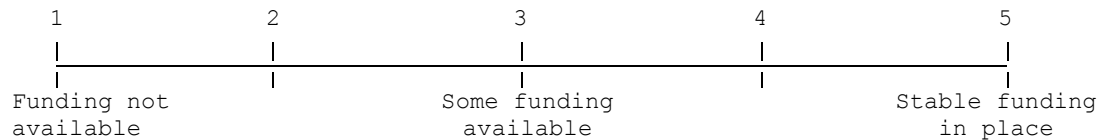
KEY COMPONENT #4

continued

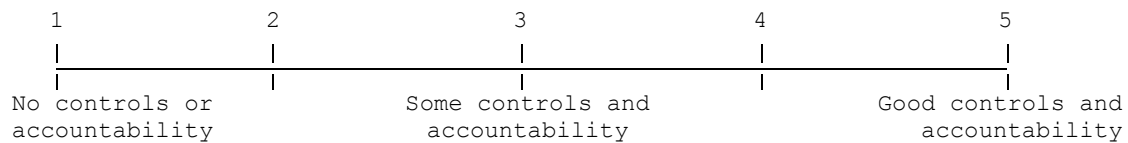
D. Referral to auxiliary services (i.e. housing, vocational and educational training, social services, job placement, etc.) and special services (i.e. mental health, prenatal, etc.) are available.



E. Funding for treatment is adequate, stable, and dedicated to drug court.



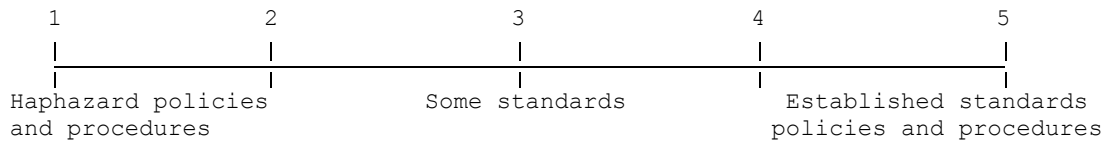
F. Treatment services have quality controls and are accountable.



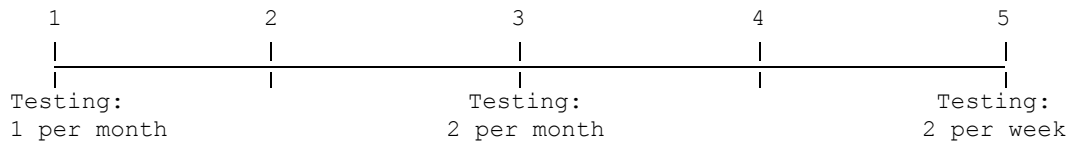
KEY COMPONENT #5

Abstinence is monitored by frequent alcohol and other drug testing

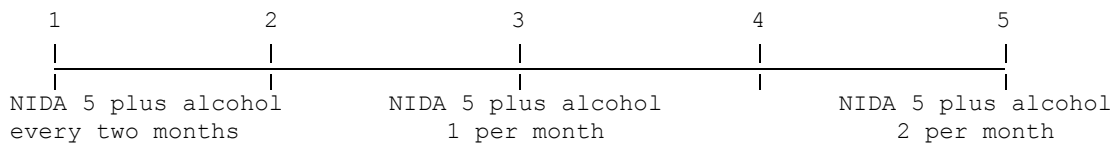
A. AOD testing policies and procedures are based on established guidelines such as APPA.



B. Random testing of not less than two per week initially, decreasing with abstinence.



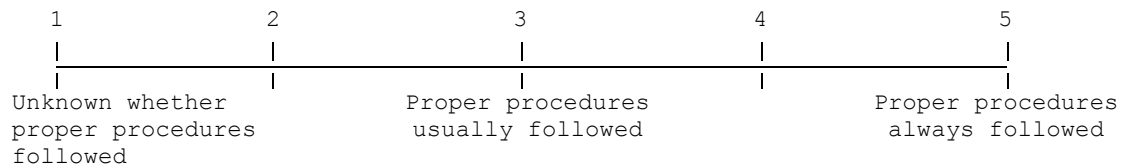
C. Scope of testing is sufficiently broad to detect drugs of abuse including alcohol.



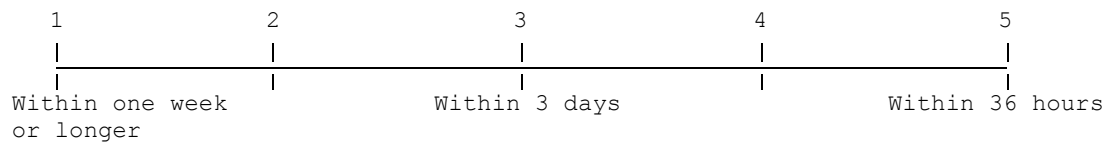
KEY COMPONENT #5

continued

D. Recognized standard collection and testing procedures are followed to insure high reliability of results.



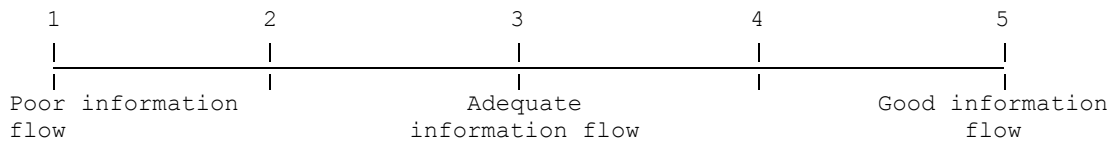
E. Court is immediately notified when participant fails tests, gives adulterated sample, or doesn't test.



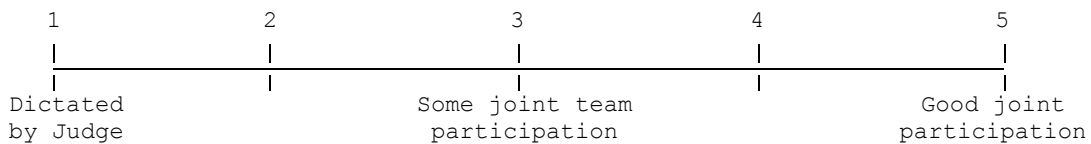
KEY COMPONENT #6

A coordinated strategy governs drug court responses to participants' compliance

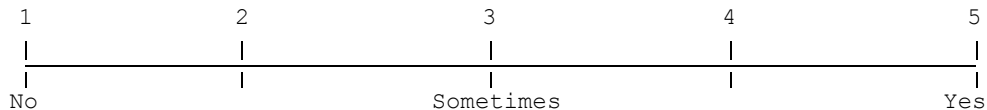
A. The drug court team maintain frequent, regular communication to provide timely reporting of progress and noncompliance enabling the Court to respond immediately.



B. Sanctions are developed jointly and are imposed after consultation with team members.



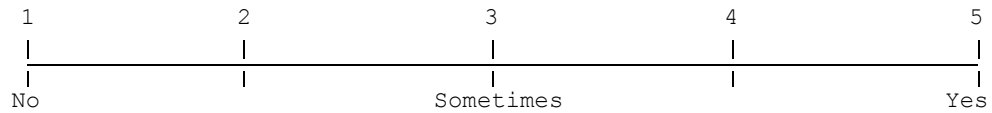
C. Imposed sanctions are graduated and commensurate with infraction.



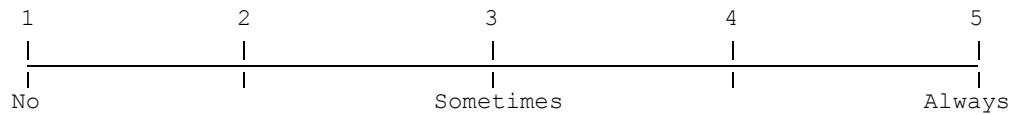
KEY COMPONENT #6

continued

D. Compliance with program requirements is rewarded.



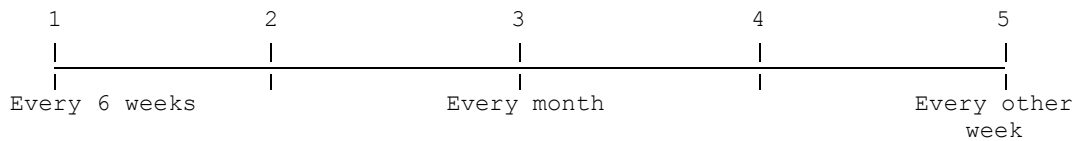
E. Consequences for program compliance/noncompliance are clearly explained to participant before enrollment so participant has clear expectations.



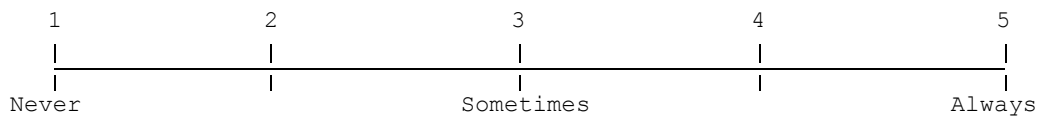
KEY COMPONENT #7

Ongoing judicial interaction with each drug court participant is essential

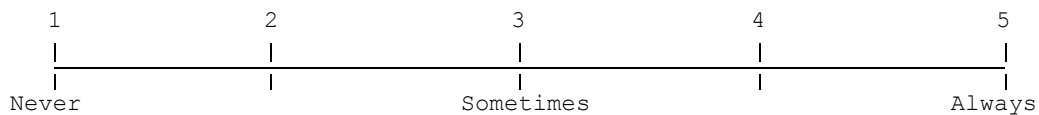
A. Regular status conferences are used to monitor participant performance.



B. Interval between status conferences is varied according to treatment protocols and participant progress.



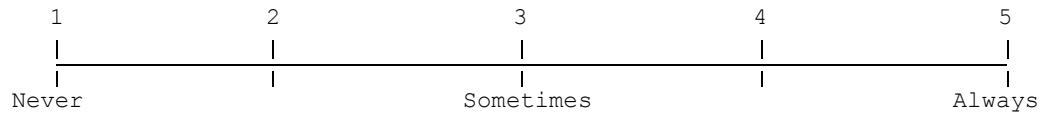
C. Court-participant interaction demonstrates to participant observers the benefits of program compliance and consequences for noncompliance.



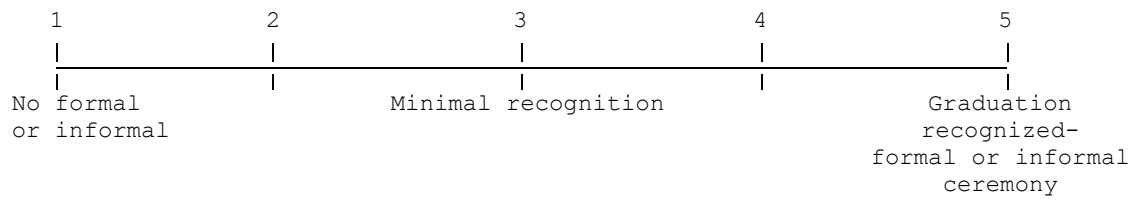
KEY COMPONENT #7

continued

D. The Court applies appropriate sanctions and incentives to match participant treatment progress.



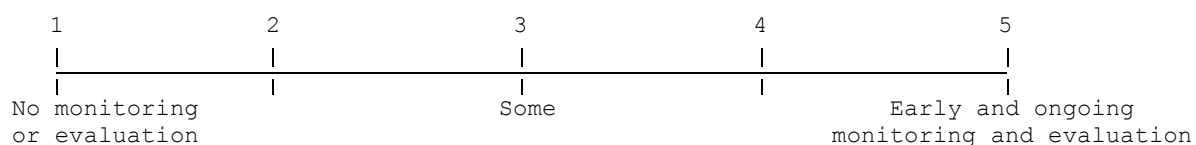
E. Program graduation is recognized as a significant achievement.



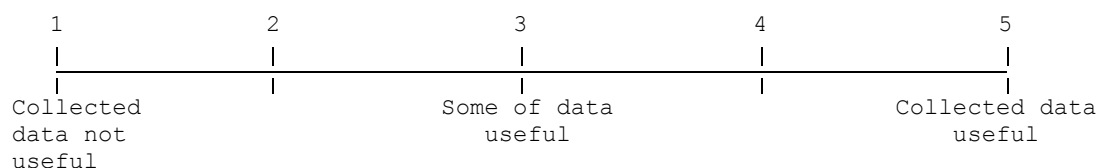
KEY COMPONENT #8

Monitoring and evaluation measure the achievement of program goals and gauge effectiveness

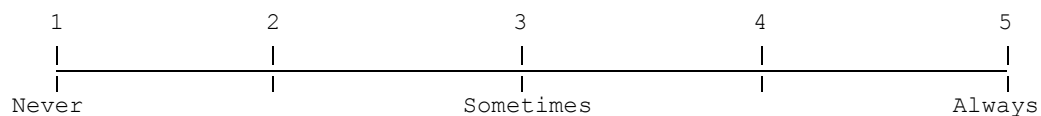
A. Monitoring and evaluation processes began at planning stage and are ongoing.



B. Monitoring and management data are assembled in useful format for regular review by program leaders, managers, and evaluators.



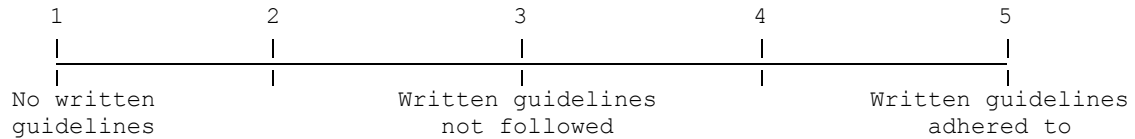
C. Program managers and leaders periodically review monitoring and management data to analyze program effectiveness, modify operations, and refine goals.



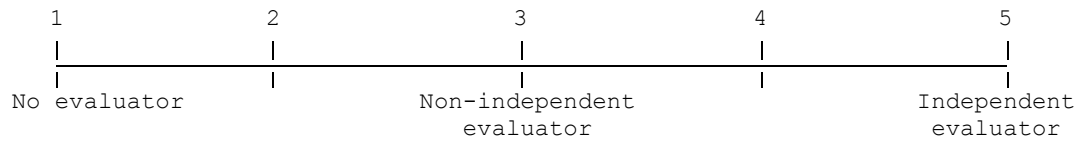
KEY COMPONENT #8

continued

D. Written guidelines exist and are followed to protect confidentiality and unauthorized disclosure of personal information.



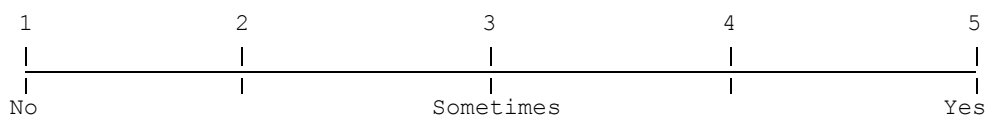
E. A non-independent evaluator or independent evaluator has been selected and an evaluation is in progress.



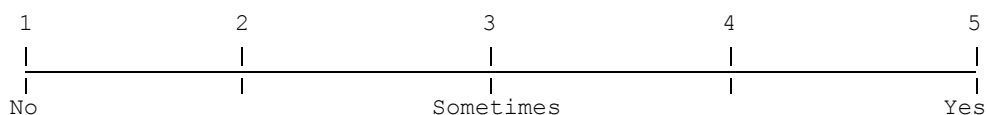
KEY COMPONENT #9

**Continuing interdisciplinary education
promotes effective drug court planning,
implementation, and operations**

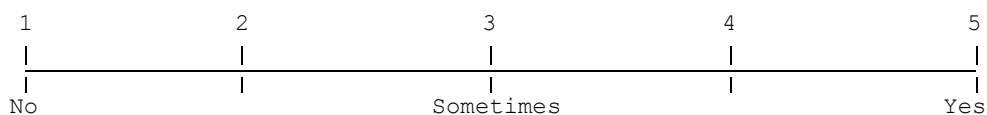
A. Key personnel have participated in training on the written operating procedures of the drug court.



B. Multi-disciplinary training is routine for new personnel and ongoing.



C. The Judge, public defender, prosecutor, probation, and assigned law enforcement staff have undergone training in addiction and substance abuse treatment.



KEY COMPONENT #9

continued

D. Team building is part of the regular training process.

1	2	3	4	5
No		Sometimes		Yes

E. All personnel, including the Drug Court Coordinating Committee, have undergone training on diversity.

1	2	3	4	5
No		Sometimes		Yes

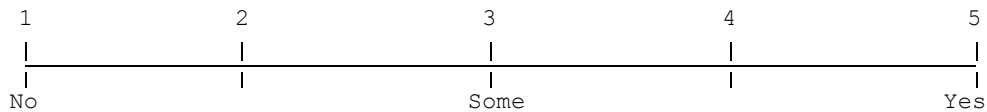
F. The drug court has an educational curriculum which is updated to provide for advances and needs.

1	2	3	4	5
No		Sometimes		Yes

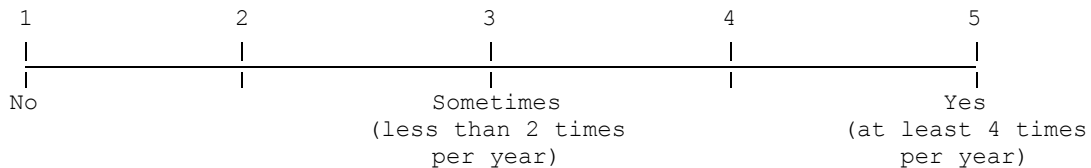
KEY COMPONENT #10

**Forging partnerships among drug courts,
public agencies and community-based
organizations generates local support and
enhances drug court effectiveness**

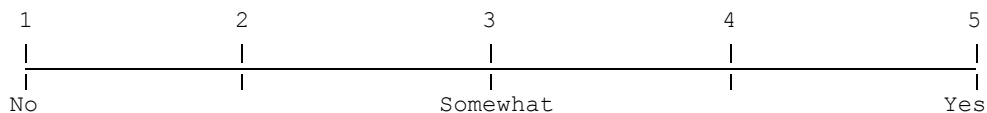
- A. The drug court has appropriate linkages with the law enforcement community to provide support for and monitoring of participants.



- B. Representatives from the court, community, treatment, health, and criminal justice agencies meet regularly to provide direction to the drug court program.



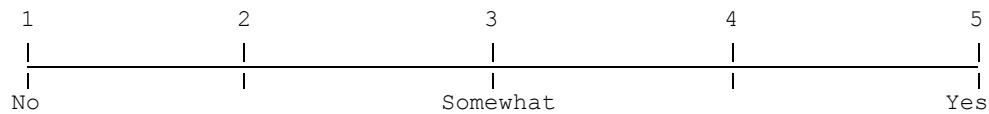
- C. The drug court has a professional staff that reflects the diversity of the population served.



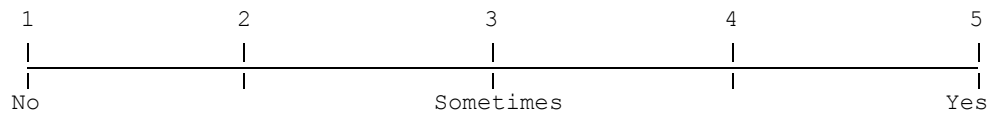
KEY COMPONENT #10

continued

D. The drug court has a press briefing book and provides opportunities for community involvement through forums and informational meetings.



E. Participation of public and private agencies and community organizations is formalized through a steering committee.



Drug Court Self-Assessment

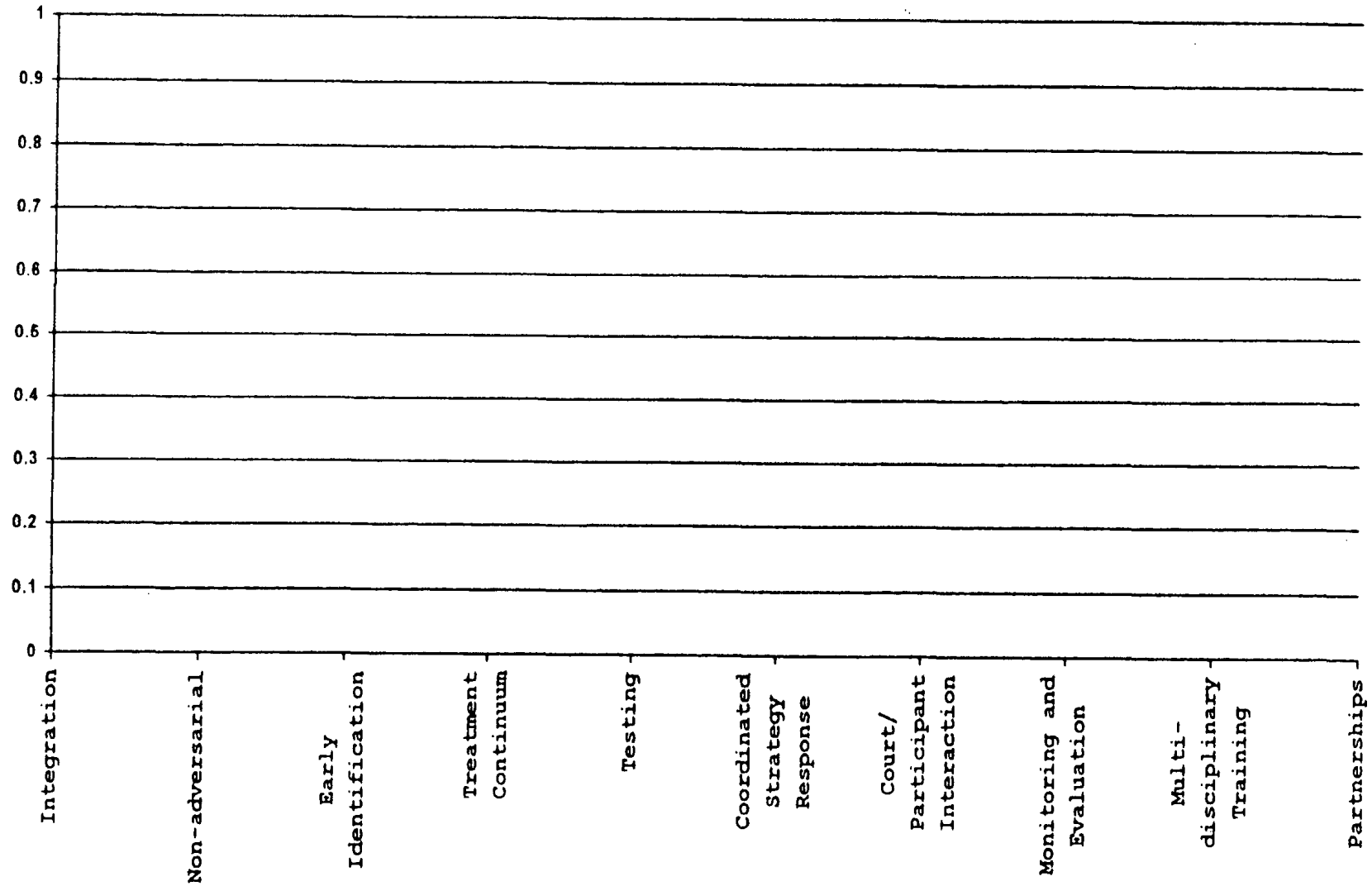
Record the score for each question in the appropriate space below.

1. Integration	2. Non-adversarial	3. Early Identification	4. Treatment Continuum	5. Testing
A.	A.	A.	A.	A.
B.	B.	B.	B.	B.
C.	C.	C.	C.	C.
D.	D.	D.	D.	D.
E.	E.	E.	E.	E.
			F.	
Total = _____ Out of 25 possible; divide total by 25: _____ (Score)	Total = _____ Out of 25 possible; divide total by 25: _____ (Score)	Total = _____ Out of 25 possible; divide total by 25: _____ (Score)	Total = _____ Out of 30 possible; divide total by 30: _____ (Score)	Total = _____ Out of 25 possible; divide total by 25: _____ (Score)
6. Coordinated Strategy Response	7. Court/ Participant Interaction	8. Monitoring and Evaluation	9. Multi-disciplinary Training	10. Partnerships
A.	A.	A.	A.	A.
B.	B.	B.	B.	B.
C.	C.	C.	C.	C.
D.	D.	D.	D.	D.
E.	E.	E.	E.	E.
			F.	
Total = _____ Out of 25 possible; divide total by 25: _____ (Score)	Total = _____ Out of 25 possible; divide total BY 25: _____ (Score)	Total = _____ Out of 25 possible; divide total by 25: _____ (Score)	Total = _____ Out of 30 possible; divide total by 30: _____ (Score)	Total = _____ Out of 25 possible; divide total by 25: _____ (Score)

Drug Court Key Components:

Graph of Self-assessment Questionnaire Results

Using the scores from the Assessment, plot the final score for each dimension on the graph below.



APPENDIX C

SELF-ASSESSMENT DISTRIBUTION LIST

Self Assessment Distribution List

Interviewee Name	Title
Rena Cole	ComCare - Licensed Master Level Psychologist
Kay Gales	Admin. Asst. to Director (Budget)
Edna Johnson	Municipal Court Administrator
Cherie Nelson	Probation Officer (Drug Court)
Blaise Plummer	Assistant City Attorney (Law Department)
Judge Richard Shull	Municipal Court Judge (Drug Court)
Jay Williams	Options -Treatment Counselor
Aaron Zarchan	Assistant City Attorney (Former Drug Court Prosecutor)

APPENDIX D

LIST OF INTERVIEWEES

List of Interviewees

Interviewee Name	Title
Rena Cole	ComCare - Licensed Master Level Psychologist
Judge Julie Connolly	Administrative Judge
Kay Gales	Admin. Asst. to Director (Budget)
Edna Johnson	Municipal Court Administrator
Mark Marion	Assistant City Attorney (Current Drug Court Prosecutor)
Jamie Matthews	Administrative Aide III
Cherie Nelson	Probation Officer (Drug Court)
Marie Oldfield	Information System Coordinator
Jerry Otter	Clerk II
Blaise Plummer	Assistant City Attorney (Law Department)
Judge Richard Shull	Municipal Court Judge (Drug Court)
Tom Smith	Grants in Aid Coordinator
Cherryl Whitney	Customer Service Clerk I
Jay Williams	Options - Treatment Counselor
Aaron Zarchan	Assistant City Attorney (Former Drug Court Prosecutor)

APPENDIX E

WICHITA DRUG COURT SELF-ASSESSMENT CUMULATIVE TOTALS AND AVERAGES FROM SEVEN TEAM MEMBERS

Wichita Drug Court Self-Assessment

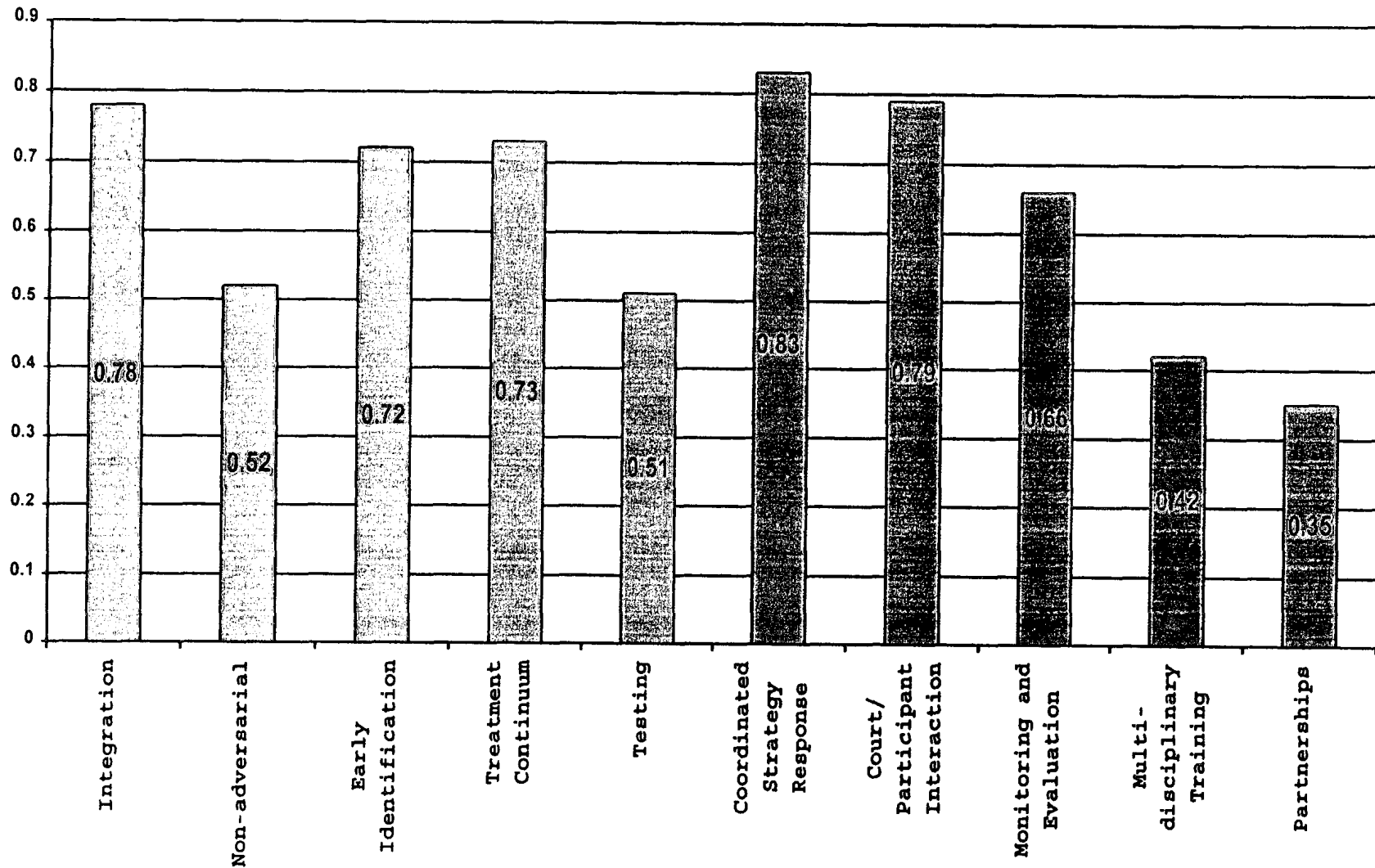
Cumulative totals and averages from seven team members

1. Integration	2. Non-adversarial	3. Early Identification	4. Treatment Continuum	5. Testing
A. 3.71	A. 2.14	A. 3.57	A. 4.57	A. 3.42
B. 5	B. 2	B. 4.71	B. 4.42	B. 1.57
C. 3.57	C. 2	C. 4.57	C. 3.71	C. 2.14
D. 2.85	D. 2.85	D. 2.64	D. 2.71	D. 4.14
E. 4.42	E. 4.42	E. 2.57	E. 3.14	E. 1.57
			F. 3.42	
Total 19.55 Out of 25 possible; divide total by 25: .78 (Score)	Total 13.13 Out of 25 possible; divide total by 25: .52 (Score)	Total 18 Out of 25 possible; divide total by 25: .72 (Score)	Total 21.97 Out of 30 possible; divide total by 30: .73 (Score)	Total 12.84 Out of 25 possible; divide total by 25: .51 (Score)
6. Coordinated Strategy Response	7. Court/ Participant Interaction	8. Monitoring and Evaluation	9. Multi-disciplinary Training	10. Partnerships
A. 4.85	A. 2.71	A. 2.85	A. 1.85	A. 1.71
B. 4.71	B. 4.14	B. 2.57	B. 2	B. 1.71
C. 3	C. 4.42	C. 2.57	C. 2.71	C. 3.42
D. 3.42	D. 3.85	D. 4.14	D. 2.57	D. 1.14
E. 4.72	E. 4.71	E. 4.42	E. 2.71	E. 1
			F. 1	
Total 20.69 Out of 25 possible; divide total by 25: .83 (Score)	Total 19.75 Out of 25 possible; divide total BY 25: .79 (Score)	Total 16.55 Out of 25 possible; divide total by 25: .66 (Score)	Total 12.84 Out of 30 possible; divide total by 30: .42 (Score)	Total 8.75 Out of 25 possible; divide total by 25: .35 (Score)

APPENDIX F

DRUG COURT KEY COMPONENTS: GRAPH OF SELF-ASSESSMENT QUESTIONNAIRE RESULTS

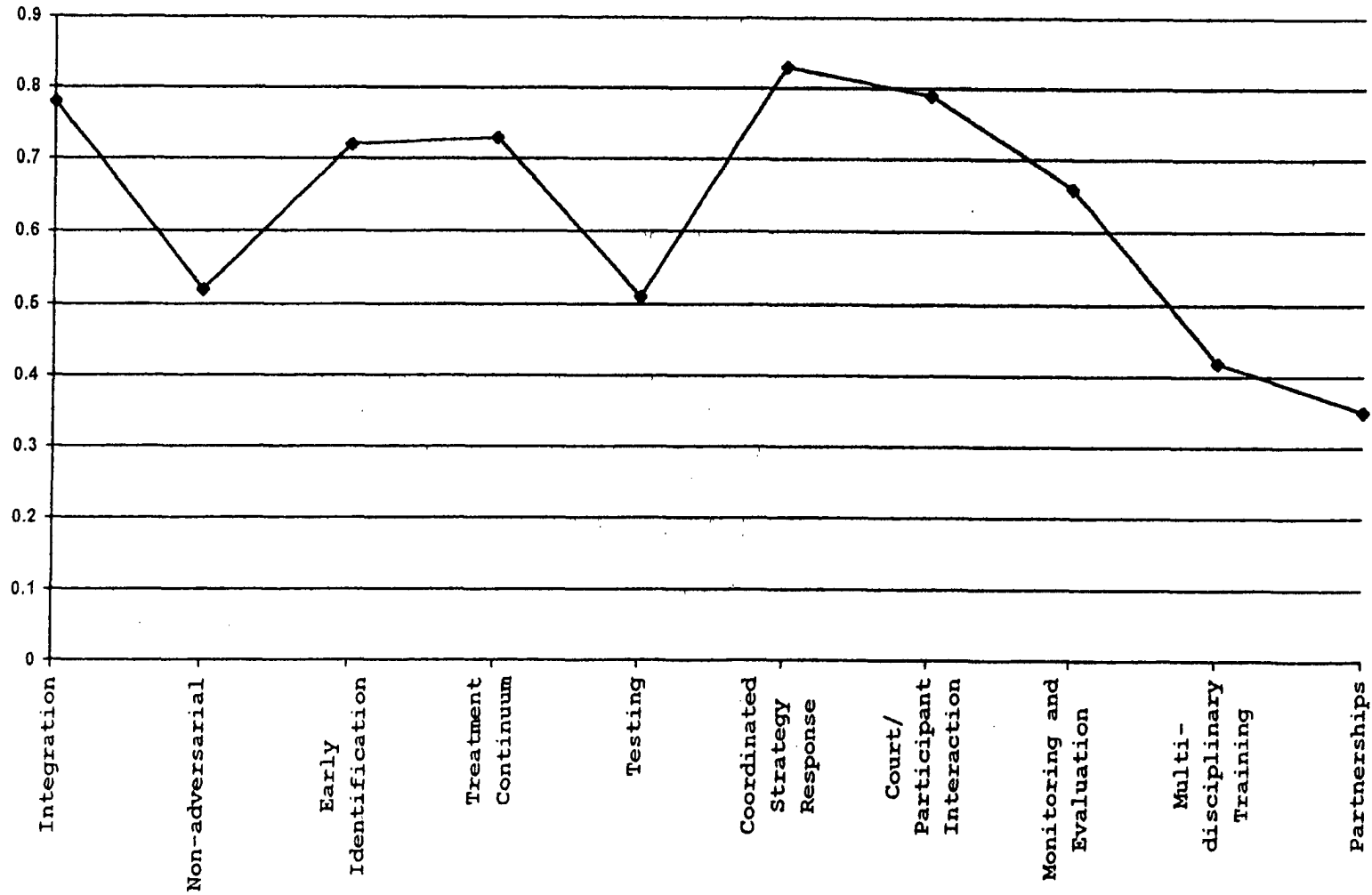
Drug Court Key Components: Graph of Self-assessment Questionnaire Results



Drug Court Key Components:

Graph of Self-assessment Questionnaire Results

Using the scores from the Assessment, plot the final score for each dimension on the graph below.

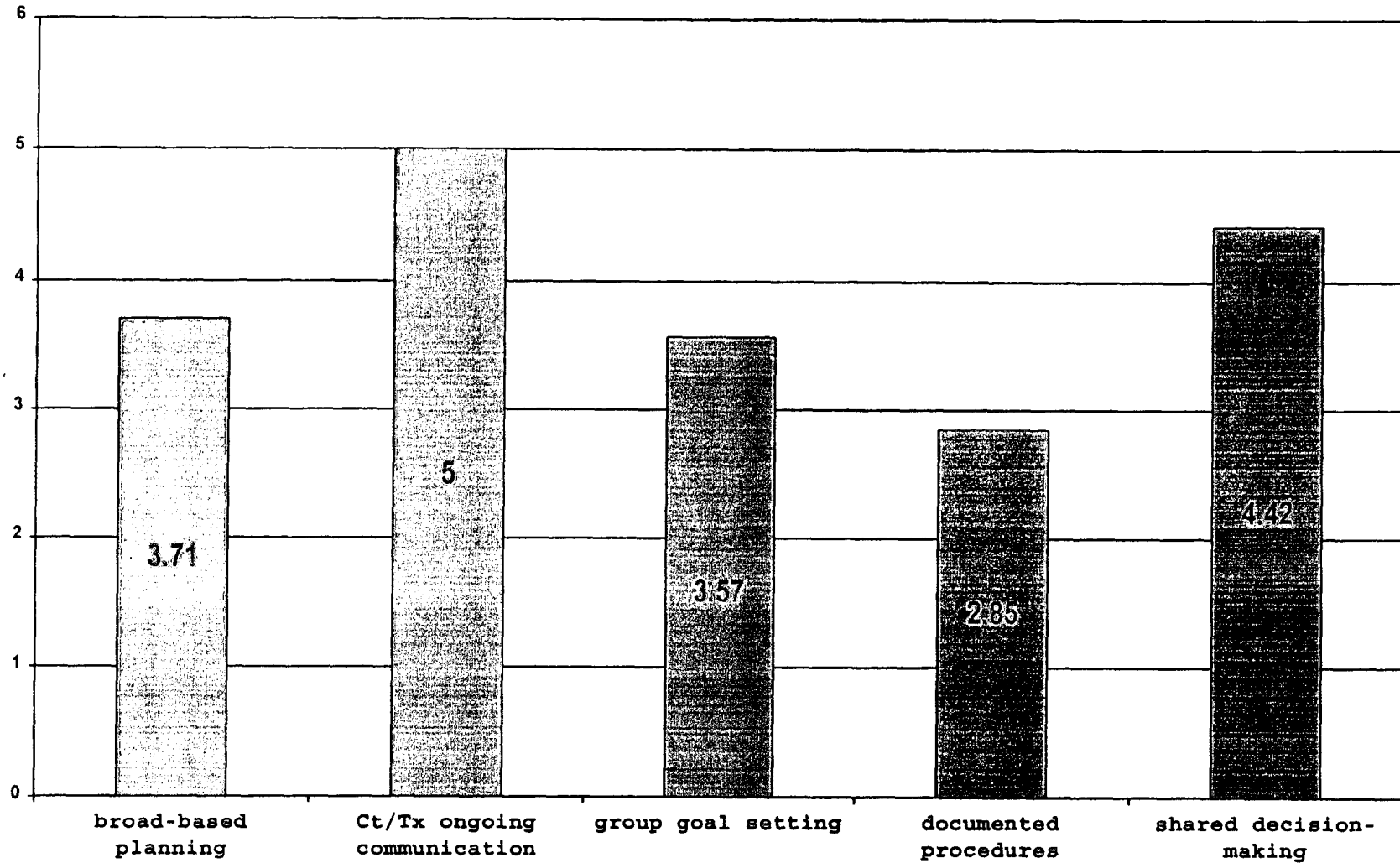


APPENDIX G

DRUG COURT KEY COMPONENTS

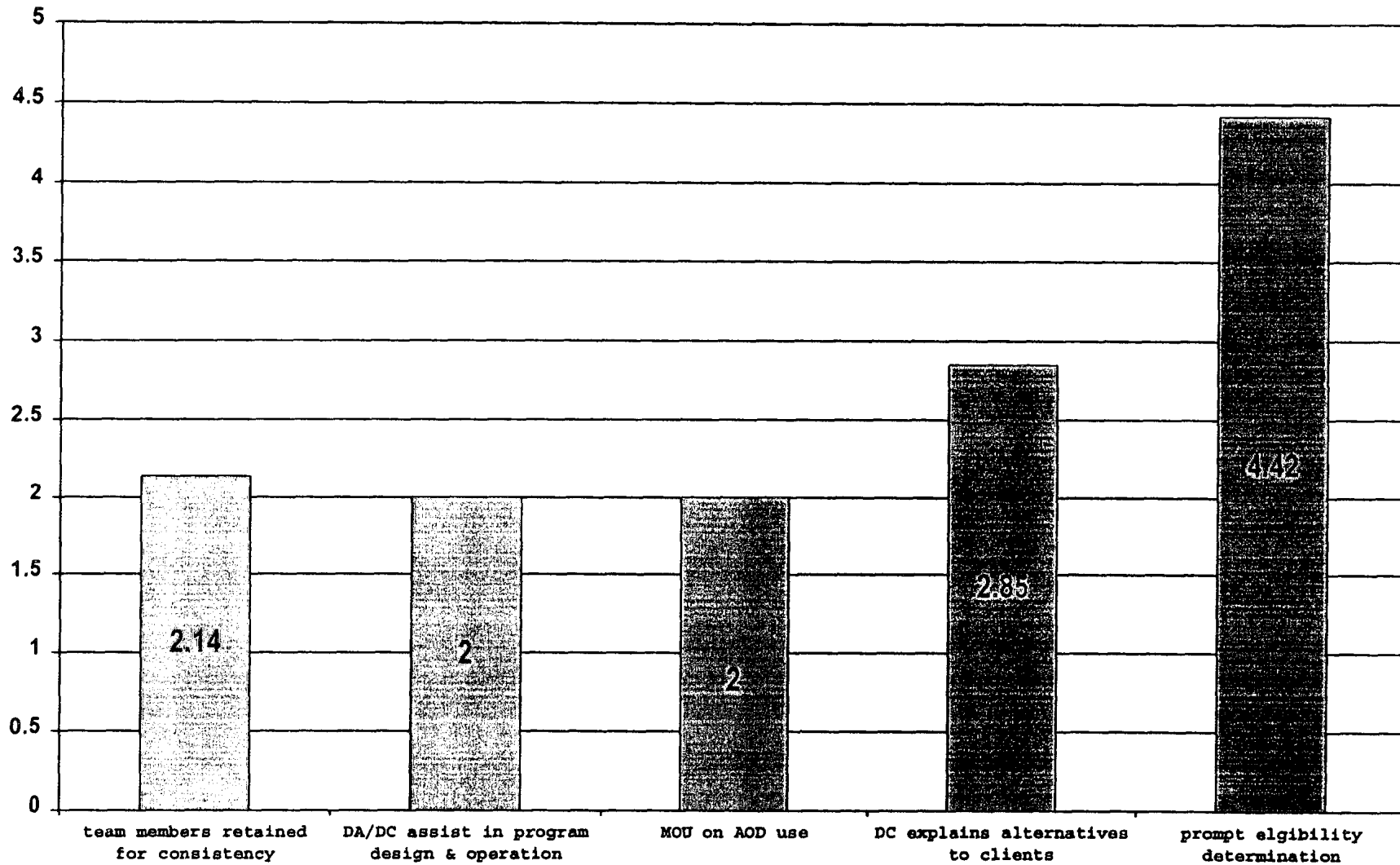
Drug Court Key Components:

Key Component 1 - Integration

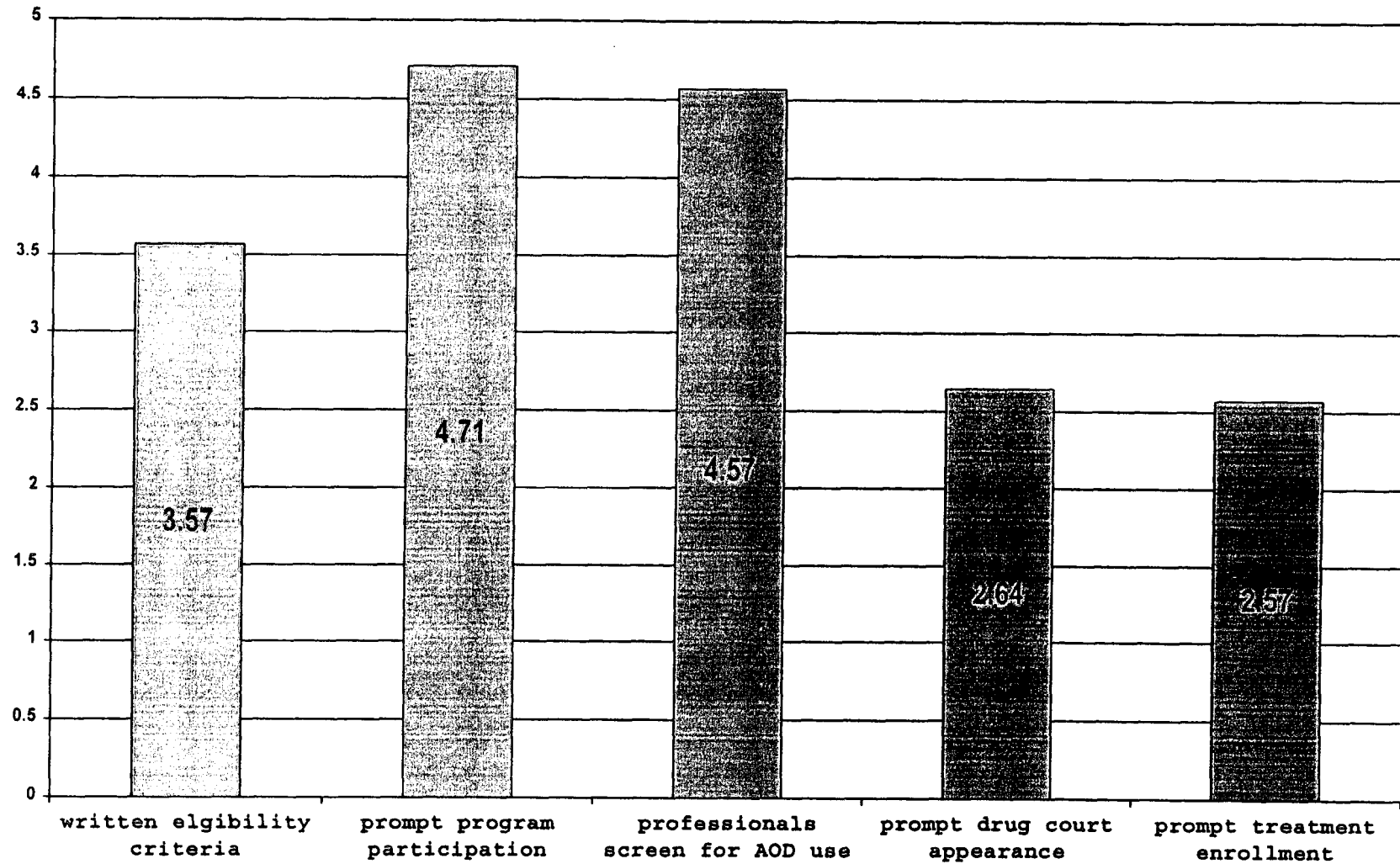


DRUG COURT KEY COMPONENTS:

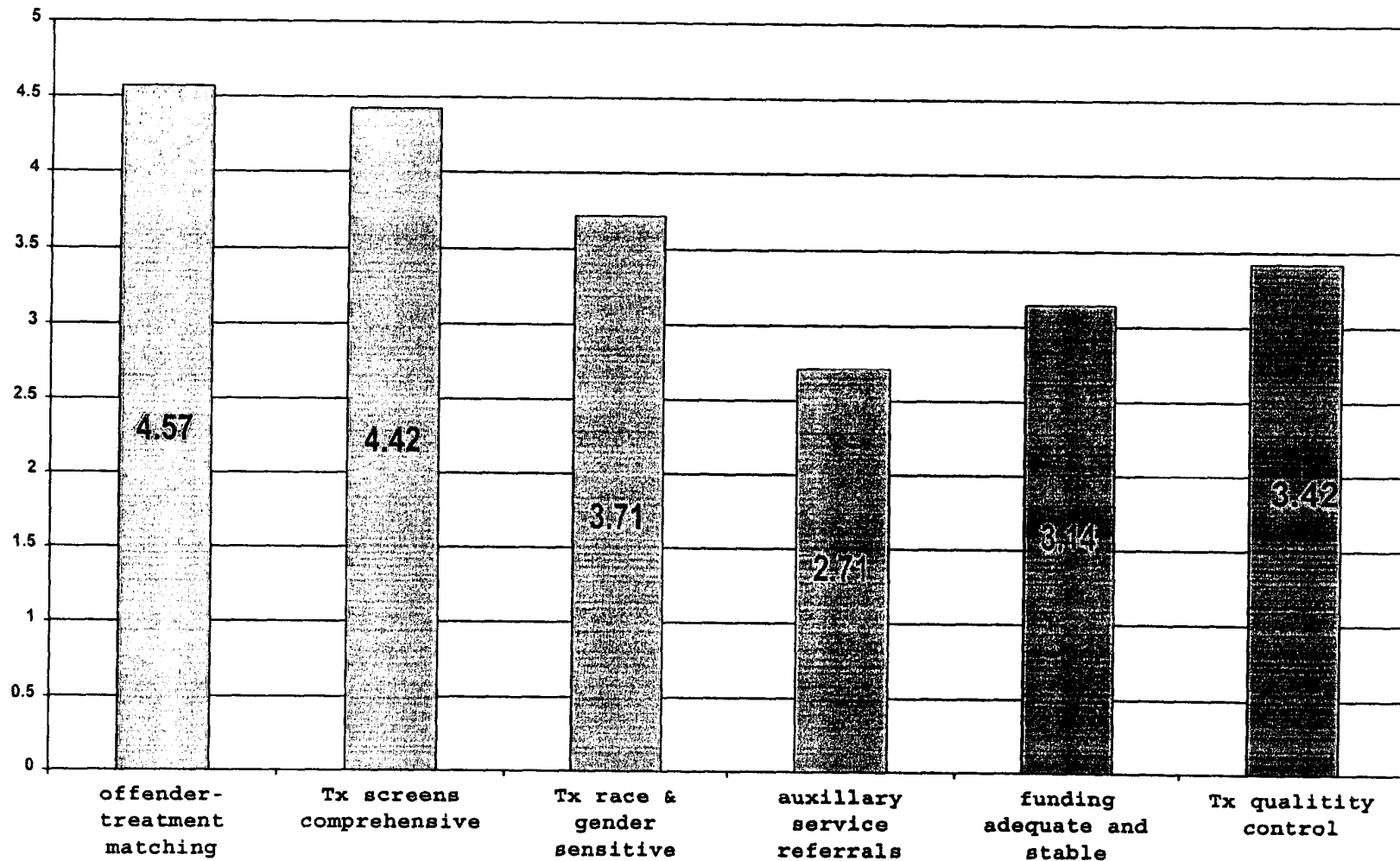
KEY COMPONENT 2-NON ADVERSARIAL



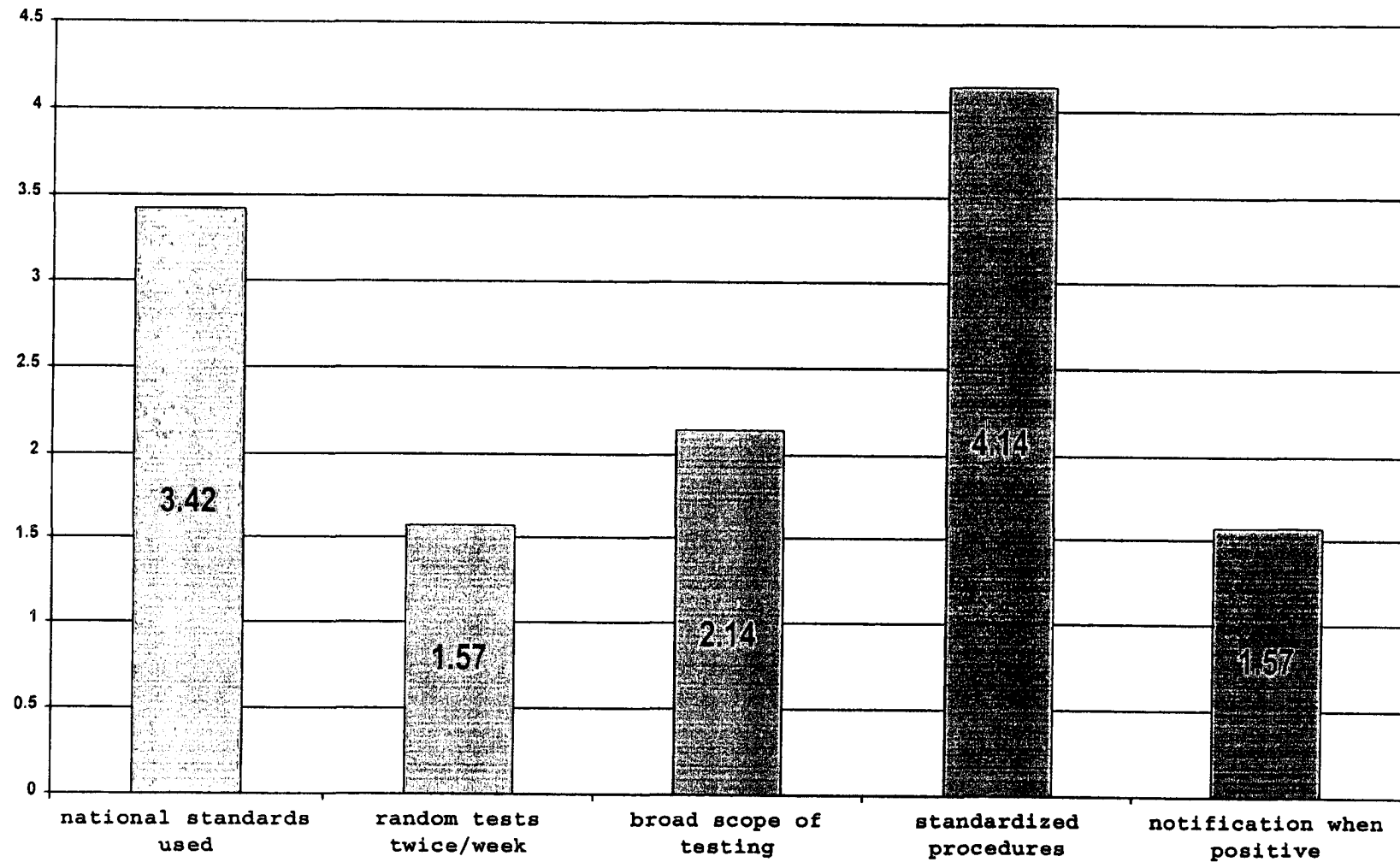
Drug Court Key Components: Key Component 3-Early Identification



Drug Court Key Components: Key Component 4-Treatment Continuum

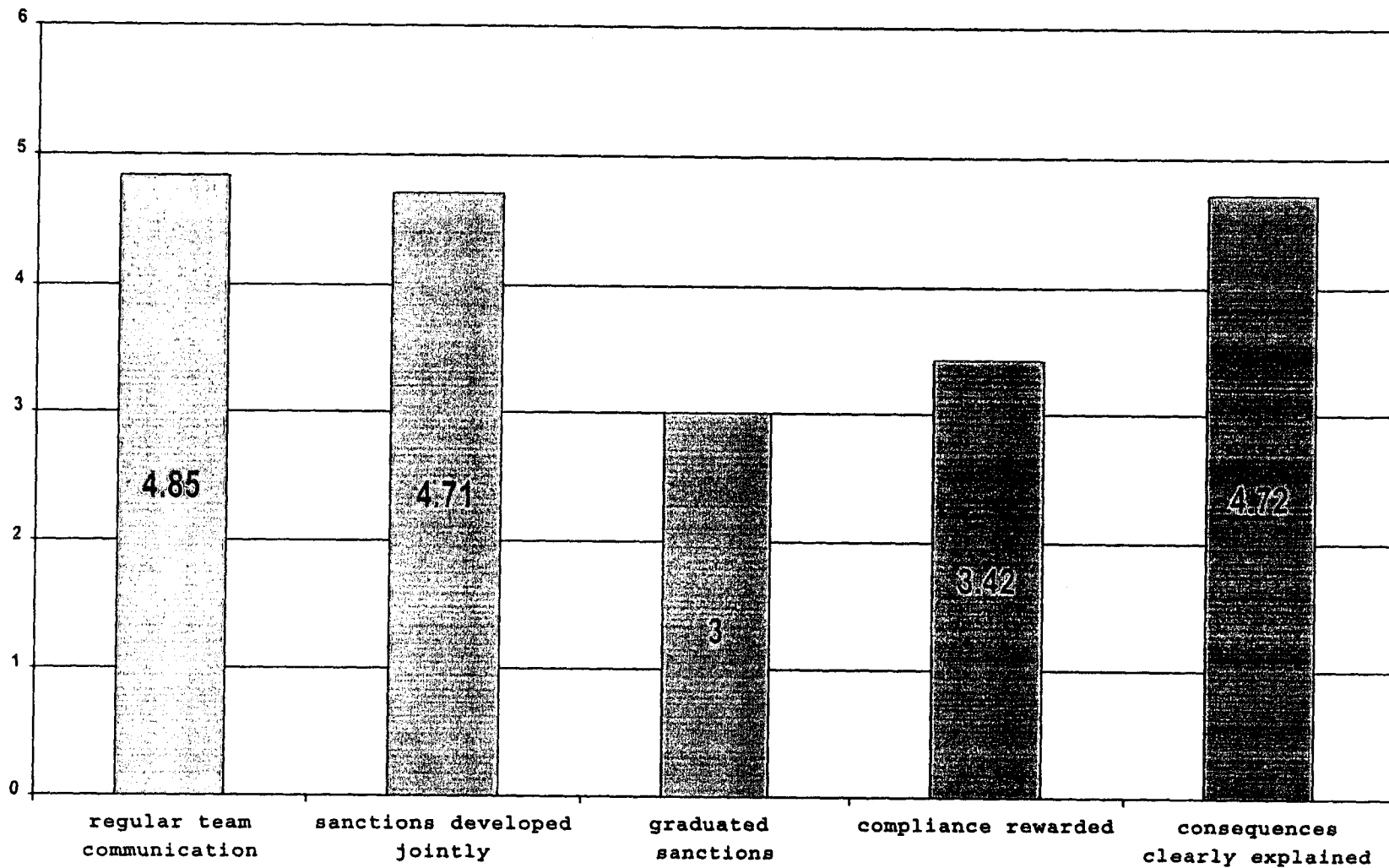


Drug Court Key Components: Key Component 5-Testing

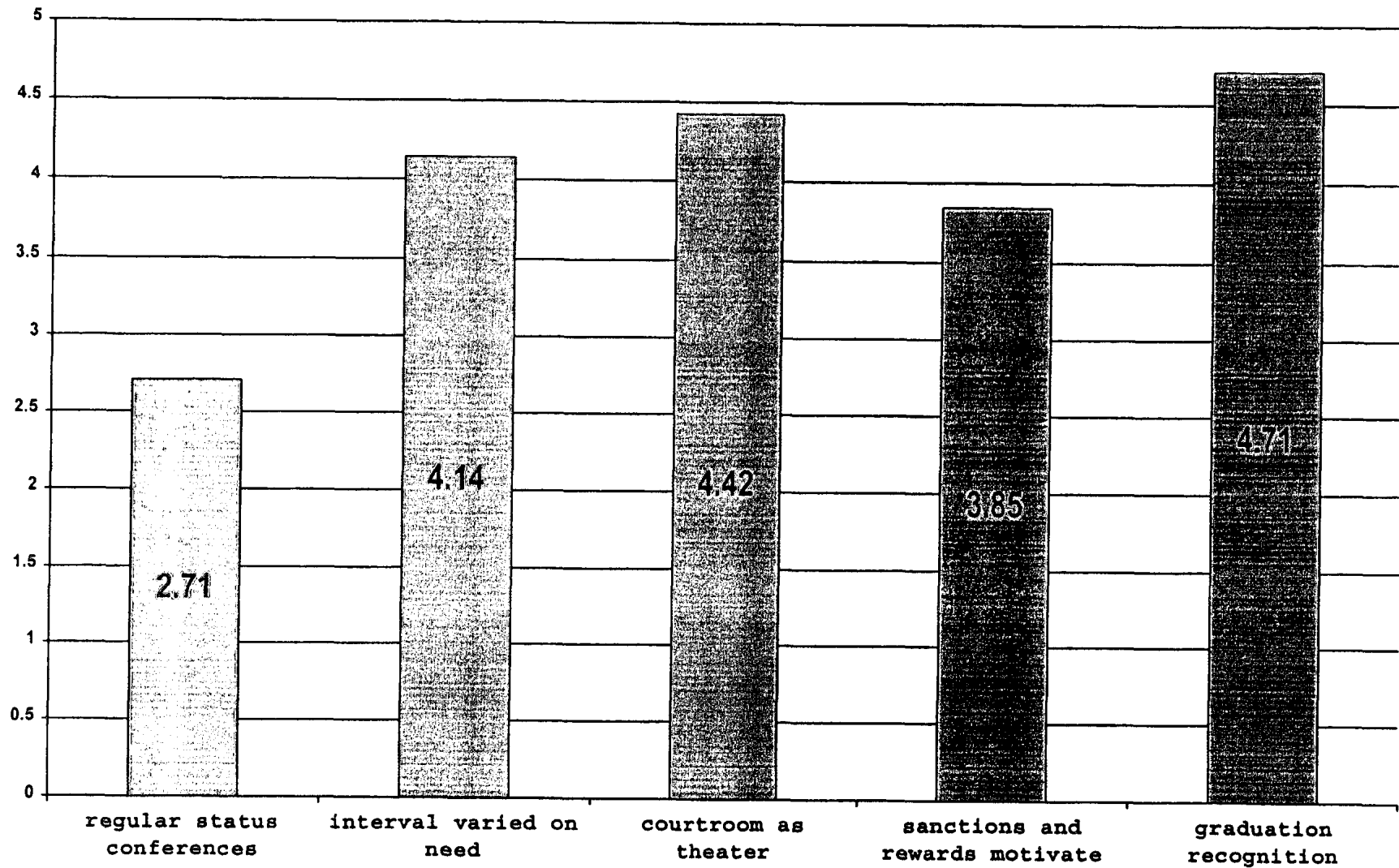


Drug Court Key Components:

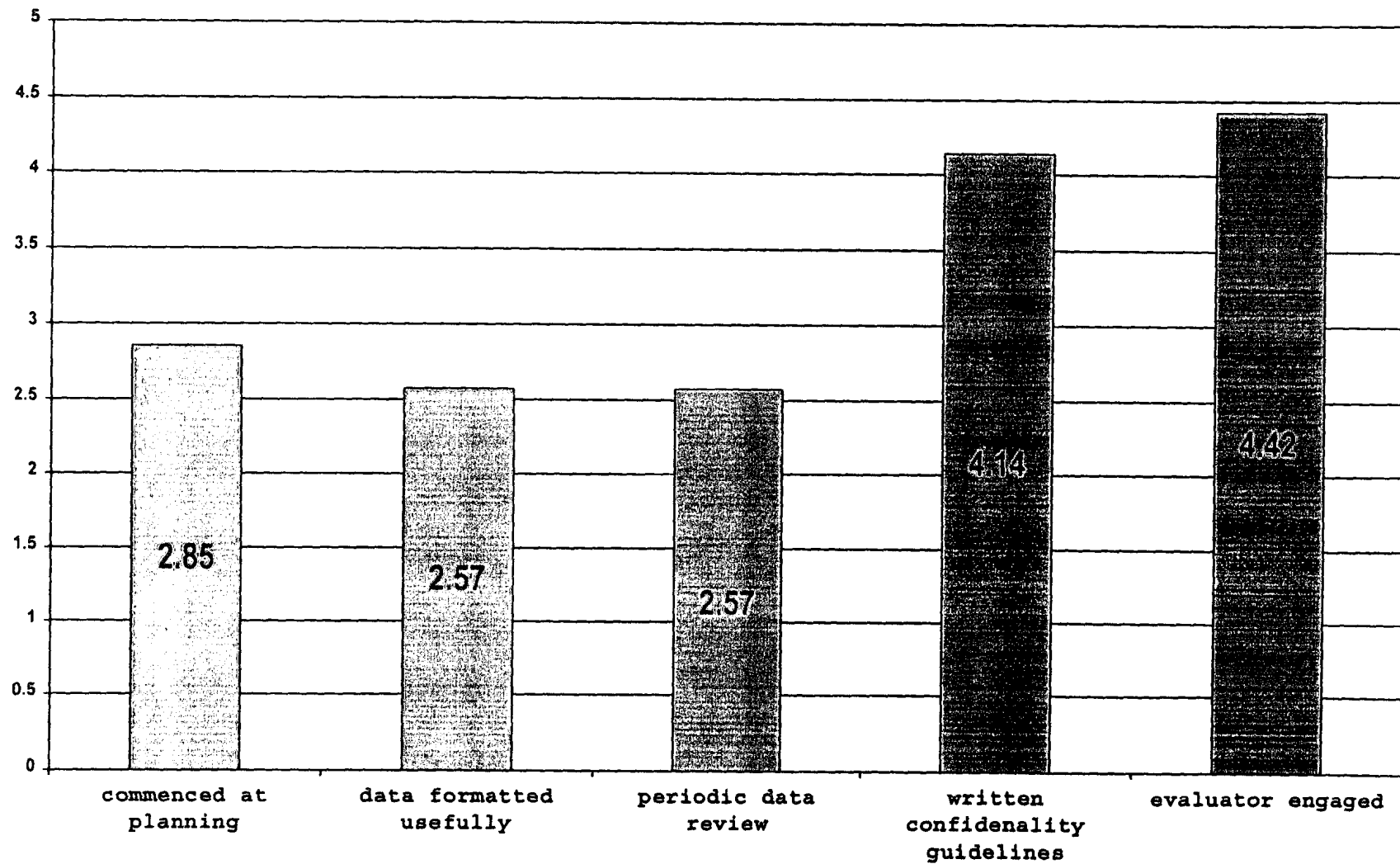
Key Component 6- Coordinated Response



Drug Court Key Components: Key Component 7-Court Participant Interaction

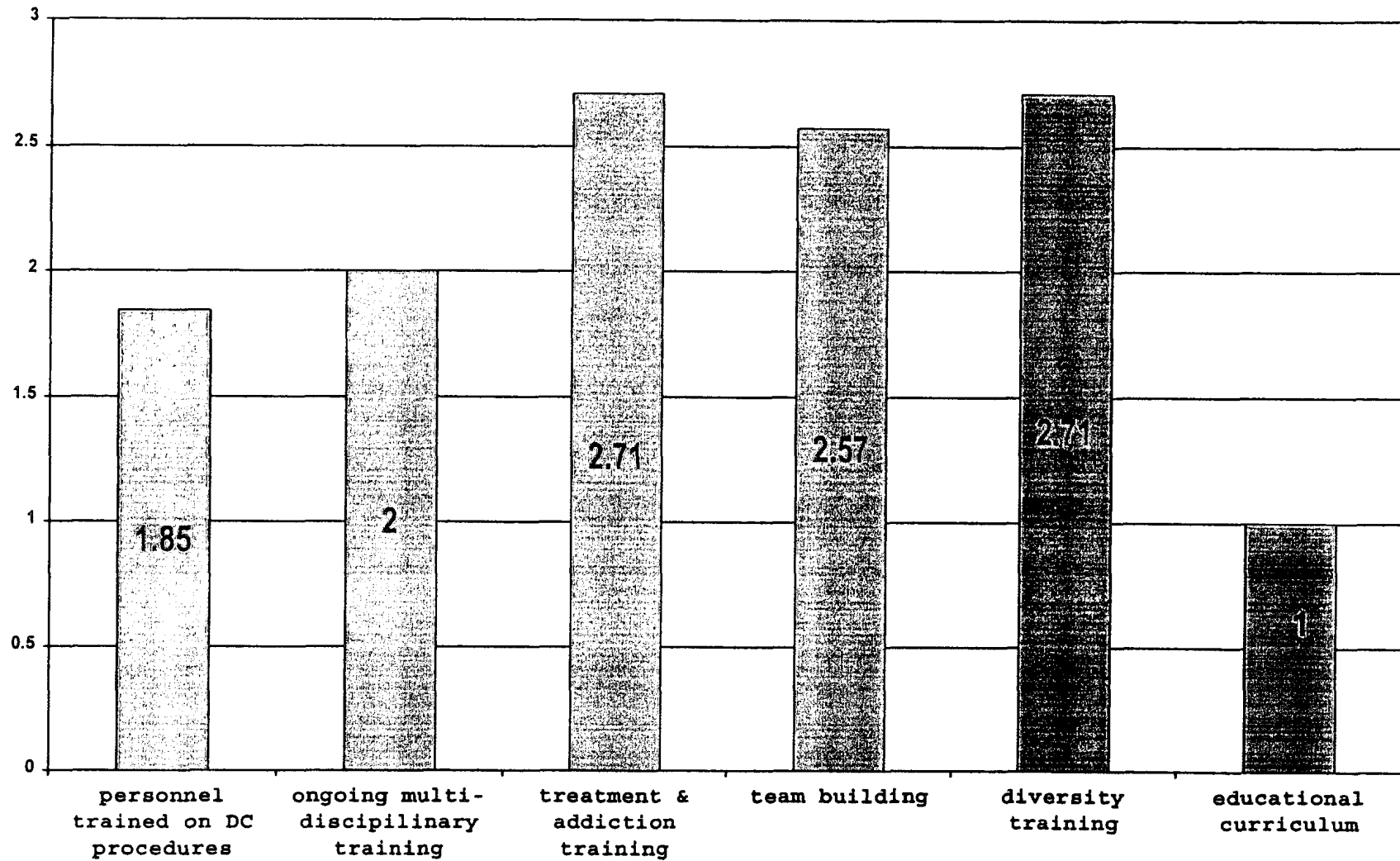


Drug Court Key Components: Key Component 8-Monitoring and Evaluation



Drug Court Key Components:

Key Component 9-Multi-Disciplinary Training



Drug Court Key Components: Key Component 10-Partnership

