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**THE IMPACT AND OUTCOME EVALUATION OF THE ADULT DRUG COURTS
OF THE NINTH JUDICIAL CIRCUIT OF MISSOURI**

Presented by:

**The National Center for State Courts
Court Consulting Services Division**

Presented to:

**LINN COUNTY, MISSOURI and
THE NINTH JUDICIAL CIRCUIT OF MISSOURI**

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and
The Ninth Judicial Circuit of Missouri
and
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FINAL REPORT

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THE IMPACT AND OUTCOME EVALUATION OF THE ADULT DRUG COURTS OF THE NINTH JUDICIAL CIRCUIT OF MISSOURI

FINAL REPORT

GLOSSARY OF ACRONYMS

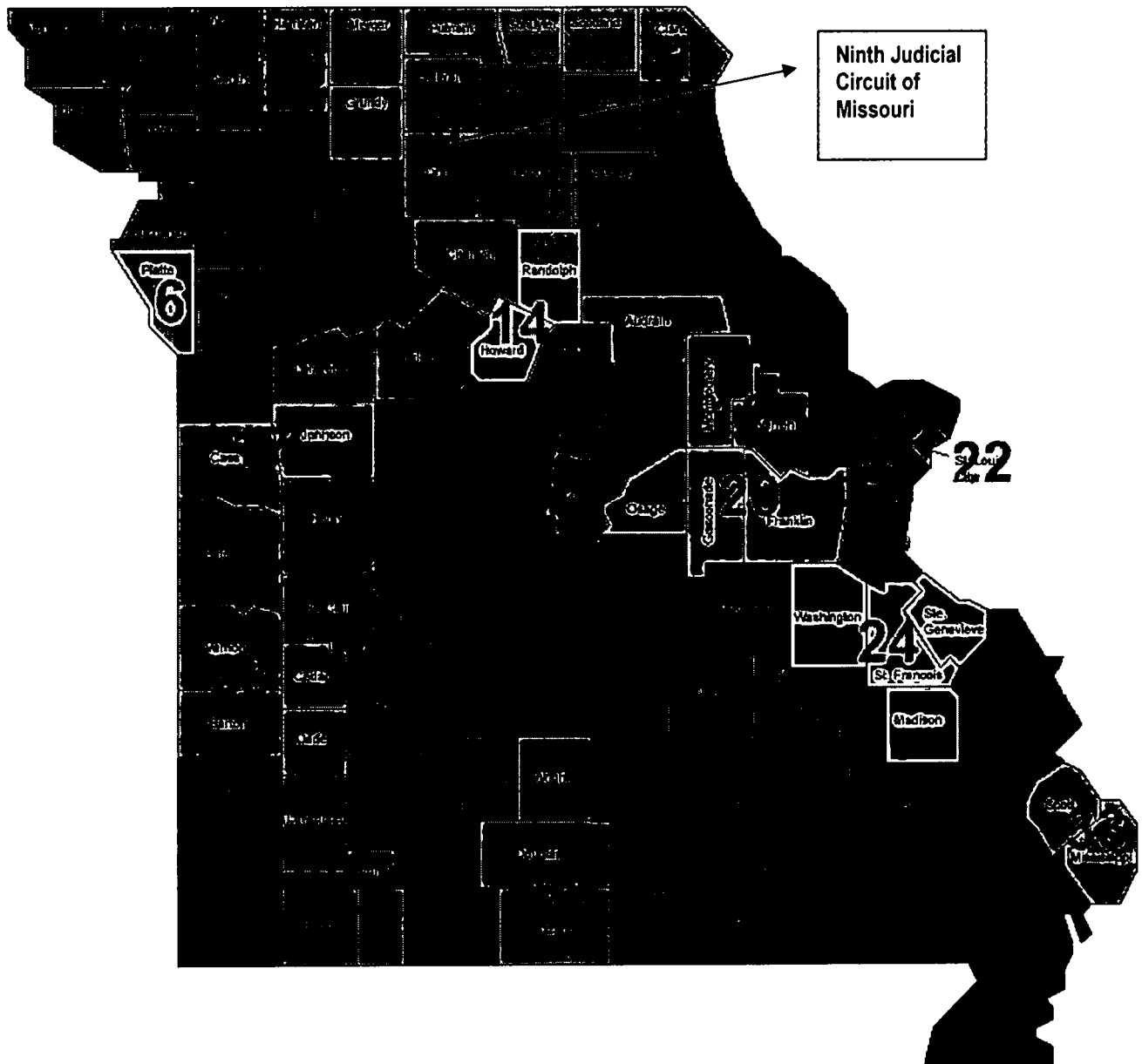
Alcoholics Anonymous.....	AA
Alcoholic or Other Drug	AOD
Bureau of Justice Assistance.....	BJA
Center for Substance Abuse Treatment	CSAT
Certified Substance Abuse Counselor	CSAC
Conference of Chief Justices	CCJ
Conference of State Court Administrators.....	COSCA
Department of Justice.....	DOJ
Driving Under the Influence.....	DUI
Drug Court Program Office.....	DCPO
General Accountability Office	GAO
General Equivalency Diploma	GED
High School.....	HS
Narcotics Anonymous.....	NA
National Association of Drug Court Professionals.....	NADCP
National Center for State Courts	NCSC
National Drug Court Institute	NDCI
National Institute of Drug Abuse.....	NIDA
Office of Justice Programs	OJP
Preferred Family Healthcare	PFH
Urinalysis	UA

Section I. Introduction and Methodology

Overview of the Ninth Circuit Adult Drug Court

The Ninth Judicial Circuit of Missouri is comprised of Linn, Sullivan, and Chariton counties. See Figure 1. The adult drug court program has been operational in Linn County since September 2001; Chariton County since December 2002; and Sullivan County since December 2003.

Figure 1. Missouri Judicial Districts



The implementation of the adult drug court in the Ninth Judicial Circuit is supported by a grant from the Bureau of Justice Assistance (BJA), Office of Justice Programs (OJP), United States Department of Justice (DOJ). As a condition of the federal funding requiring an evaluation component, the Ninth Circuit Drug Court contracted with the National Center for State Courts (NCSC) to perform the external process and outcome evaluation of the drug courts.

The Ninth Circuit Adult Drug Court Program is a post-plea, court-supervised, comprehensive treatment program for non-violent, felony offenders, with minimal prior convictions. There are three tracks: (a) post-adjudication, (b) probation revocation, and (c) 120-day re-entry. The treatment component of the drug court program is provided by Preferred Family Healthcare (PFH) and includes drug testing, individual and group counseling, and regular attendance at 12-step meetings (Narcotics Anonymous and Alcoholics Anonymous). Participants are also expected to obtain/maintain employment or involvement in vocational or educational programs. The drug court program is divided into three phases, and drug court sessions are held on a weekly basis. The stated objectives of the program are to reduce recidivism among drug-involved offenders, decrease alcohol and other drug abuse, and improve the social, economic, and psychological health of participants as indicated by selected measures, which include driver's license status, educational status, employment status, and drug-free babies.

Since the inception of the adult drug court in the Ninth Circuit, 119 individuals have participated in the drug court program (through March 1, 2006). As indicated in Table 1, 50 participants have graduated, 40 have been terminated, and 29 are in an active status.

Table 1. Ninth Circuit Drug Court: Total Participants as of March 1, 2006			
County	Number of Graduates	Number of Terminations	Number of Actives
Chariton	12	11	9
Lynn	31	23	12
Sullivan	7	6	8
Total	50	40	29

Treatment Options

While each treatment plan is in theory individualized, once admitted into the drug court, the defendants generally must complete a standard course of drug treatment (i.e., individual and group counseling, Alcoholics Anonymous (AA), and Narcotics Anonymous (NA)) and remain drug/alcohol free as monitored by frequent drug and alcohol testing for the duration of their participation in drug court. Based on the needs of the client and recommendations of the drug court caseworker or probation officer, the drug court judge may impose additional terms and conditions upon the offender, such as educational and employment/vocational requirements.

Preferred Family Healthcare (PFH) provides drug dependency assessments and drug treatment services. Treatment counselors¹ using the Screening and Social Assessment Protocol perform the drug dependency assessment. Additionally PFH provides outpatient treatment services to the drug court clients that includes individual and group counseling.

In addition to the treatment resources (i.e., individual and group counseling) of PFH, the Drug Court utilizes AA/NA meetings and sponsors, writing assignments, home visits, and community service as components of the Program. Additionally, there is a strong emphasis on employment. In fact, employment is a condition of advancement from Phase 1 to Phase 2.

Impact and Outcome Evaluation Methodology

As illustrated in Table 2, the NCSC project team conducted four site visits throughout the evaluation period to the Ninth Circuit to observe operations and case processing, perform data collection, and monitor data collection activities. These site visits occurred in January 2003, August 2003, July 2004, and February 2006.

- During every site visit, NCSC interviewed members of the drug court team, which included the drug court judges, the drug court caseworkers, the drug court tracker, probation officers, treatment providers, the prosecuting attorney, and other stakeholders, to document the current practices and the overall operations of the drug court.
- In August 2003, July 2004, and February 2006, NCSC project personnel observed drug court operations, drug court staffings, and attended drug court hearing sessions.
- In August 2003 and February 2006, the NCSC project team performed [in conjunction with the drug court program staff] an intensive review of the drug court client case files. Specifically, the files of graduates and terminations were reviewed for compliance with treatment services, urinalysis/drug screening results, hearing attendance, and incentives/sanctions information.
- In February 2006, the NCSC and the drug court program staff reviewed the drug court files and the weekly status sheets of the comparison group [specifically, a probation comparison group matched on multiple characteristics] to collect data elements similar to the drug court graduates and terminations.
- Throughout the evaluation period, drug court caseworkers completed *Participant Face Sheets* [developed by NCSC] to track key elements for drug court participants; specifically graduates and terminations. These key elements include: Demographic and Background Information; Driver's License, Education and Employment Status; Risk Assessment and Drug Abuse Assessment Scores; Drug Free Baby Information; and Key Event Dates.
- The NCSC project team reviewed the numerous documents and informational materials provided by members of the drug court team. These included drug court brochures, drug court referral forms, the weekly status sheet template, treatment screening information forms, AA/NA meetings list, tracker notes template, and newspaper articles covering the drug court.

¹ Currently, the PFH treatment counselors providing treatment services to the drug court participants are not certified substance abuse counselors (CSAC).

Table 2. NCSC On-Site Evaluation Activity																
County	January 2003				August 2003				July 2004				February 2006			
	SO	CO	I	FR	SO	CO	I	FR	SO	CO	I	FR	SO	CO	I	FR
Linn (09/01)			X		X	X	X	X					X	X	X	X
Chariton (12/02)			X						X	X	X		X	X	X	X
Sullivan (12/03)									X	X	X				X	X

Staffing Observation (SO), Court Observation (CO), Interviews (I), File Review (FR)

Human Subject Protection and Confidentiality

The NCSC team took many precautions to ensure that the data collection activities and the resulting data did not compromise the anonymity of the human subjects of this study and the drug court professionals and stakeholders participating in the data collection process. This includes administrative and physical security of identifiable data to preserve the anonymity of individuals. Steps taken to protect the confidentiality of our human subjects include:

- Electronic data were maintained on a secure, password accessed computer system. These data are backed-up nightly by the NCSC Information Technology (IT) staff. The back-up data is stored in a fire-proof safe and is accessible only to IT staff.
- No identifying information for human subjects or drug court stakeholders is presented in the results or the *Impact and Outcome Evaluation Report*.
- All identifying drug court participant information will be stripped from all electronic data at the conclusion of the project.
- Both electronic and paper files will be destroyed based on federal requirements for retention of records. Back-up electronic data will be destroyed after one year.
- Interview participants were advised that individual comments would be kept confidential and anonymous prior to participation.

The Impact and Outcome Evaluation Report

In October 2003, the NCSC issued its first report titled the *Process Evaluation Interim Report*. The *Process Evaluation Report* focused exclusively on Linn County and included: (1) a discussion of the various issues that have implications on the efficiency and effectiveness of drug court operations and provided recommendations for process improvement;² (2) a presentation of limited process data for graduates and terminations; and (3) a comparison to the national standards identified in *Defining Drug Courts: The Key Components*³ [commonly referred to as the Ten Key Components].

Based upon the ongoing contacts and data collection efforts with the Ninth Circuit Drug Court, the NCSC has prepared the *Impact and Outcome Evaluation of the Adult Drug Courts of the Ninth Judicial Circuit of Missouri*. The *Impact and Outcome Evaluation Report* includes information for all three counties. While some of the issues identified in the 2003 *Process Evaluation Report* are revisited and briefly discussed, the focus of this report is on the impacts and outcomes of the Ninth Circuit Adult Drug Court. The ultimate question is *what affect did the Ninth Circuit Drug Court have on its participants?* When appropriate, the Ninth Judicial Circuit Adult Drug Court findings and results are compared to applicable drug court research, literature, national standards, and best practices.

Identified Key Outcomes: Ninth Circuit/Adult Drug Court

Outcome: Reduce re-offending/recidivism among program participants and graduates in comparison to control groups.

Outcome: Reduce alcohol and other drug use among program participants.

Outcome: Improve social, economic, and physical/mental health as measured by selected indicators.

² The NCSC recommendations included:

Recommendation 1: The Ninth Judicial Circuit Drug Court should review its referral mechanism. First, referrals should be monitored based upon the entry track. Second, efforts should be made to identify drug court participants as early as possible, especially those that may enter through the post-adjudication track.

Recommendation 2: The Ninth Judicial Circuit Drug Court should review its sanction process for consistency and continuity. The NCSC recommends that the drug court return to a graduated application of sanctions rather than its current pro jail sanction for all violations of the drug court program. At a minimum, however, written materials should adequately put the participant "on notice" regarding the consequences of his/her actions.

Recommendation 3: The Ninth Judicial Circuit Drug Court should review its data and information reporting processes. This should include (1) the development of a standardized data dictionary, (2) the development of an improved data reporting format that is able to capture trends and program progress as the program matures, and (3) continue to explore the use of management information systems for capturing drug court operations and performance information.

³ *Defining Drug Courts: The Key Components*, Drug Courts Program Office, U.S. Department of Justice, Washington, DC.

Section 2. Literature Review and National Standards and Best Practices

Drug courts were established in response to the large increase in drug case filings resulting from the nation's War on Drugs and the poor responses, and high recidivism rates, of substance-abusing offenders to traditional justice system sanctions. The first drug treatment court was established in 1989 in Dade County, Florida as an alternative court experiment. In the succeeding decades, drug courts have gained in scope and momentum. As of March 1, 2005, there were 1,302 operational drug courts in the United States, including 823 adult drug courts, 350 juvenile drug courts, 135 family drug courts, and 12 combination adult/juvenile/family drug courts, and an additional 566 were being planned.⁴

While drug courts vary necessarily according to local needs, populations, etc., they are defined by and operate upon a core group of established key components.⁵ A dramatic paradigm shift from traditional court responses and roles occur in the drug court context. Traditional punitive (i.e., sanctions) redress is augmented by a therapeutic approach incorporating concepts of therapeutic jurisprudence and restorative justice. This approach combines intensive judicial monitoring and balanced, graduated use of sanctions *and* incentives with substance abuse treatment and other related services. The judicial role and authority of the court is enhanced to facilitate an integrated, collaborative multi-system "team" response to the multitude of issues that may impact a substance abuser's ability to be effectively rehabilitated. Numerous studies have noted the cost-effectiveness, harm reduction (lower recidivism, etc.), more effective utilization of critical systems resources while freeing up others (e.g., our nations prison/jail space), as well as the increased judicial satisfaction and performance of the drug court approach.⁶

In 1999, the Conference of Chief Justices (CCJ) and the Conference of State Court Administrators (COSCA) established a Task Force on Problem-Solving Courts to "advance strategies, policies, and recommendations on the future of these courts." A subsequent resolution, adopted by both CCJ and COSCA in 2000, committed all Chief Justices and State Court Administrators "to take steps nationally and locally to expand the principles and methods of well functioning drug courts into ongoing court operations."⁷ CCJ and COSCA returned to the issue in 2004 and adopted another resolution which reaffirmed their commitment to the action items outlined in the 2000 Resolution and set forth a national agenda that, among other actions, encouraged each state to develop and implement a plan to expand the use of the principles and methods of problem-

⁴ *Drug Court Activity Update: March 1, 2005*, OJP Drug Court Clearing House at American University (2005), at <http://spa.american.edu/justice/resources/2005.fact%20sheet.3.1.05.doc>.

⁵ Drug Courts Program Office, *Defining Drug Courts: The Key Components*, U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office (1997) at <http://www.ncjrs.or/html/bja/define/dfdpdf.pdf>.

⁶ *Memoranda: Cost Benefits/Costs Avoided Reported by Drug Courts*(rev.) OJP Drug Court Clearinghouse and Technical Assistance Project, Wash. D.C.), December 2003, at <http://american.edu/justice/publications/costben.pdf>, *Looking at a Decade of Drug Courts*, OJP Drug Court Clearinghouse and Technical Assistance Project, Wash. D.C.), June 1998, at <http://www.american.edu/academic.depts/spa/justice/publications/decade1.htm>, and Deborah J. Chase and Peggy Fulton Hora, *The Implications of Therapeutic Jurisprudence for Judicial Satisfaction*, COURT REVIEW, Spring 2000, (National Center for State Courts, Williamsburg VA) at http://www.ncsconline.org/wc/publications/Res_JudEdu_SubstanceAbuseMaterial12Pub.pdf

⁷ CCJ Resolution 22; COSCA Resolution 4: *In Support of Problem-Solving Courts*. Conference of Chief Justices and Conference of State Court Administrators (2000).

solving courts into their courts; called for the development in each state of at least one "demonstration" jurisdiction to serve as a laboratory in the use of problem-solving principles and methods within a traditional court setting; supported the identification and promulgation of best practices in the use of problem-solving court principles and methods within a traditional court setting; and encouraged the expansion of training and education on problem-solving methods and principles for judicial officers, court staff, and law students.⁸

Drug Court Evaluation

Numerous evaluations of adult drug court programs have been conducted. This is due in large part to the fact that jurisdictions receiving adult drug court implementation grants from the Office of Justice Programs (OJP) were required to conduct process evaluations of their program beginning in 1996 and both a process and outcome evaluation beginning in 2001. The funding, time available, and sample sizes for these evaluations are often limited and drug court programs have turned to a variety of sources to obtain the necessary expertise, including universities, local and national consulting firms, and national court-related organizations. As a result, the scope, objectives, and methodologies of the evaluations vary widely. Because juvenile and family drug courts have been in existence for a shorter period of time, the number of evaluations is more limited. Copies of selected drug court evaluations are available at the web sites of the Drug Court Clearing House and Technical Assistance Project at American University⁹ and the National Criminal Justice Reference Service (NCJRS).¹⁰

Given the number of evaluations and their diversity, there have been various attempts to distill and synthesize results of various assessments to determine what can be concluded, at least preliminarily, about the outcomes and impacts of drug courts and the state of research. The first of these analyses was a 1997 United States General Accounting Office (GAO) review of 20 adult drug court evaluations.¹¹ GAO concluded that while the evaluations showed some positive results, including that the completion rate averaged 48 percent and retention averaged 71 percent, they did not firmly establish whether drug court programs were successful in reducing offender recidivism and substance use relapse. The GAO cited the limitations of many of the evaluations, including the newness of the programs, short follow-up periods, no post program assessment of recidivism or relapse, and lack of comparison groups, for failing to be able to reach firm conclusions.

This assessment was followed by what has become one of the most frequently cited source of information on the outcomes of drug courts, a series of the three papers by Dr. Steven Belenko that include : *Research on Drug Courts: A Critical Review*, a review of 30 drug court evaluations conducted between 1993 and 1998;¹² *Research on Drug Courts: A Critical Review: 1999 Update*, a

⁸ CCJ Resolution 22; COSCA Resolution 4: *In Support of Problem-Solving Courts*. Conference of Chief Justices and Conference of State Court Administrators (2004).

⁹ <http://spa.american.edu/justice/drugcourts.php>.

¹⁰ <http://www.ncjrs.org/>.

¹¹ US General Accounting Office, *Drug Courts: Overview of Growth, Characteristics, and Results*, Report to Congressional Committees (Washington, DC: July, 1997).

¹² Belenko, S. "Research on Drug Courts: A Critical Review," *National Drug Court Institute Review*, 1:1(1998).

review of 29 drug court evaluations conducted between 1998 and 1999,¹³ and *Research on Drug Courts: A Critical Review: 2001 Update*, a review of 37 drug court evaluations conducted between 1998 and 2001.¹⁴ These analyses and a survey conducted by the Drug Court Clearing House and Technical Assistance Project at approximately the same time found fairly consistent results on two variables of interest--the graduation and retention rates of drug court programs. In 1999, Belenko found that 60 percent of drug court clients were still in treatment after one year, and a minimum of 48 percent of clients graduated from the programs, and, in his 2001 review, that graduation rates ranged from 36 percent to 60 percent across eight adult programs, for an average 47 percent graduation rate. Based on responses from 171 of the 194 operational drug court programs as of December 31, 1999, American University reported that retention rates ranged from 60 to 80 percent, and that graduation rates ranged from 28 to 90 percent and averaged 44 percent for the period prior to 1998.¹⁵ Completion (graduation) rates ranged from 27 to 66 percent.

Concluding that the findings of the 2001 review were generally consistent with those of the 1998 and 1999 reviews, Belenko also summarized the following findings on drug court operations and outcomes:¹⁶

- There was a high degree of local satisfaction with the drug court models.
- Drug use and criminal activity were relatively low while participants were in the program.
- Studies using comparison or matched samples showed lower in-program rearrest rates for participants than for the comparison groups.
- Post-program recidivism rates were reduced in most studies that analyzed such data. Four of the six studies that examined one-year post-program recidivism found a reduction, but the size of the reduction varied across courts.
- For those studies that examined program costs, estimates indicated that average per-client drug court costs were lower than standard processing, primarily due to reduced incarceration.

In 2005, the General Accountability Office returned to the question of drug court effectiveness.¹⁷ The GAO reviewed 117 adult drug court evaluations conducted between May 1997 and January 2004, but found that only 27 studies met its criteria for methodological rigor. Based on the results of 23 program evaluations that reported the required data, the GAO concluded that most of the adult drug court programs assessed in the evaluations led to recidivism reductions during periods of time that generally corresponded to the length of the drug court program and specifically stated that:

¹³ Belenko, S. "Research on Drug Courts: A Critical Review 1999 Update," *National Drug Court Institute Review*, II:1(1999).

¹⁴ Belenko, S. *Research on Drug Courts: A Critical Review 2001 Update*, National Center on Addiction and Substance Abuse (CASA), Columbia University (2001).

¹⁵ Drug Courts Program Office, *2000 Drug Court Survey Report: Program Operations, Services and Participant Perspectives, Executive Summary*, OJP Drug Court Clearing House and Technical Assistance Project, U.S. Department of Justice, Office of Justice Programs (2001).

¹⁶ *Supra* note 11.

¹⁷ General Accountability Office, *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes*, Report to Congressional Committees (February, 2005).

- Lower percentages of drug court program participants than comparison group members were rearrested or reconvicted.
- Program participants had fewer recidivism events than comparison group members.
- Recidivism reductions occurred for participants who had committed different types of offenses.
- There was inconclusive evidence that specific drug court components, such as the behavior of the judge or the amount of treatment received, affected participants recidivism while in the program.¹⁸

The GAO reported mixed results on whether drug courts reduced substance use relapse among participants, but data was only available from eight of the evaluations. Likewise, only four evaluations covering seven adult drug courts included sufficient data on costs and benefits to estimate net benefits. However, the GAO was able to estimate that all seven resulted in positive net benefits, even though the cost of six of the programs was greater than the costs to provide criminal justice services to the comparison group.

As evidence on the outcomes of drug courts has increased, researchers and commentators have called for more attention to be paid to the factors that affect outcomes, such as operational and treatment delivery characteristics. This has been referred to as getting inside the drug court “black box.”¹⁹ As Goldkamp and colleagues phrase the question: “If drug courts work, how do they work” or “Why does a drug court work sometimes, in some settings, under some circumstances?”²⁰ They go on to assert that “An important challenge for research is to determine the relative contributions of the various parts of the drug court model in accounting for its overall (presumed) impact and to discuss the implications of findings that some and not all are important.” Specific assumptions that need to be tested, according to these researchers, are the importance of a dedicated drug court judge in producing positive outcomes and the value of sanctions and incentives.

In a similar vein, Cissner and Rempel, citing the results of the body of evaluations that indicate that drug courts do work in terms of reducing re-offending, state that researchers are indeed turning more of their attention to questions of “how they work and for whom” and “how they might work better” and less to bottom line success measures such as recidivism, continued abstinence, retention.²¹ Reviewing the research that has examined any of 12 elements that are commonly assumed to impact drug court effectiveness (early identification, treatment, legal coercion, judicial interaction, rewards, sanctions, team approach, case management, drug testing, supplemental services, community outreach, and information/evaluation), the authors present summary assessments, based on the available research, for seven of the components. Their summaries are reproduced below.

¹⁸ *Id.*

¹⁹ See F. Taxman, “Unraveling ‘What Works’ for Offenders in Substance Abuse Treatment Services,” *National Drug Court Institute Review*, II: 2 (1999) and Belenko *supra* note 11.

²⁰ J. Goldkamp, M. Whitehead and J. Robinson, *From Whether to How Drug Courts Work: Retrospective Evaluation of Drug Courts in Clark County (Las Vegas) and Multnomah County (Portland): Executive Summary* (2001) at <http://www.ncjrs.gov/pdffiles1/nij/grants/194125.pdf>

²¹ A. Cissner and M. Rempel, *The State of Drug Court Research: Moving Beyond ‘Do They Work?’* Center for Court Innovation (2005).

Early Identification	Those drug court participants who are identified and begin treatment quickly are more successful than those whose entry into a community-based treatment program is delayed.
Treatment	Some contend that treatment per se does not contribute to the overall effectiveness of drug courts and that, instead, judicial supervision makes the greatest difference. Contrary to this position, evidence indicates that treatment can make a difference; but little is known about the relative impact of different treatment modalities or about which modalities are most appropriate for different categories of participants.
Legal Coercion	Legal coercion can increase the incentive for drug court participants to succeed.
Judicial Supervision	Ongoing judicial supervision by the drug court judge works with "high-risk" drug court participants.
Rewards	Rewards appear effective when they are tangible and applied frequently throughout the drug court participation process, but the literature is limited.
Sanctions	Drug court sanctions appear effective when applied consistently and fairly but the literature is limited.
Team Approach	The impact of the team approach has not been rigorously tested, but drug courts appear to function better when a non-adversarial team model is present.
Other Drug Court Components	There is little or no evidence on the role of case management, drug testing, community outreach, and supplemental services in areas such as employment, housing, or mental health.
Graduation	Participants who reach graduation are more likely to attain continued success thereafter.

The authors conclude: "Indeed, the future of drug courts may well depend not on producing additional studies demonstrating their effectiveness overall but on increasing our understanding of which components are critical, which are not, and for which categories of participants the intervention works best."²²

Essential Elements, Guidelines, and Best and Promising Practices

As drug courts have proliferated across the nation, various efforts have been made to provide guidance to those planning or implementing programs on the essential, or presumed to be important, organizational, structural, and process elements of drug court programs. Some of the

²² *Id.* at 16.

resulting products are based on professional consensus, while others integrate the results of research or a review of the literature in the area. Perhaps the most widely disseminated and frequently cited document in this regard is *Defining Drug Courts: The Key Components* issued by the former Drug Courts Program Office (DCPO) in 1997 and reprinted by BJA in 2004.²³ The report describes the ten key components of a drug court and provides performance benchmarks for each component. It was developed through a cooperative agreement between the DCPO and the NADCP, which convened an interdisciplinary group of drug court practitioners, the Drug Court Standards Committee, to develop the document.

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

Some guidelines and principles for substance abuse treatment have also been developed that are applicable in the drug court context. Useful background information on the history of interventions for offenders with substance abuse problems is presented in a 2002 article by Douglas Marlowe of the Treatment Research Institute.²⁴ Marlowe reviews public safety strategies, such as imprisonment, intermediate community sanctions, and civil commitment, and public health strategies, such as diversion into community-based treatment, and concludes that neither approach "has produced meaningful or consistent reductions in drug use or criminal recidivism among offenders."

²³ *Supra* note 2.

²⁴ D. Marlowe, "Effective Strategies for Intervening With Drug-Abusing Offenders," *Villanova Law Review*, 47:989-1025 (2002).

He goes on to cite the "encouraging" findings on recidivism and drug use for drug courts and therapeutic community programs.

In a 1997 planning guide and checklist for treatment-based drug courts, the Center for Substance Abuse Treatment (CSAT) of the Department of Health and Human Services identified critical elements of comprehensive substance abuse treatment:²⁵

- Screening to determine the likelihood of substance abuse.
- Assessment to determine the individual's bio-psychosocial needs and to develop an individualized treatment plan.
- Comprehensive, client-oriented treatment to include a range of appropriate modalities, drug testing, cultural/gender specific needs, mental and primary health care, anger management, and other adjunct services, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), housing, and employment.
- Therapeutic relapse prevention techniques to identify relapsing triggers and develop alternative responses.
- Case management of the client's performance, progress, rewards, and sanctions consistent with the individualized treatment plan.

In an attempt to assist drug courts in utilizing better treatment services, Faye Taxman used the results from a number of meta-analyses of the literature and research on treatment effectiveness to identify effective components of treatment interventions for offender populations.²⁶ Taxman concludes that certain therapies have been shown to be more effective in reducing recidivism and substance use, but that they are not frequently offered to offenders. In addition, Taxman also cites the importance of having an infrastructure that can support the delivery of quality treatment services. Based on her research and analysis, critical elements of that infrastructure are: assessments; specific treatment placements (matching); treatment readiness; targeting offenders based on social harm; lengthening treatment duration; a continuum of care; behavioral contracts; drug testing and other monitoring services; and behavioral incentives and sanctions.²⁷ In regard to sanctions, Taxman writes that four factors are critical: (1) The infractions or violation behavior must be clearly identified; (2) The sanctions must be swift, or occur shortly after the behavior; (3) Sanctions must be certain or clearly specified so that the offender is aware of the consequences for violating the treatment and supervision norms; and (4) The sanction schedule should be a progressive set of responses.

In *Principles of Effective Treatment: A Research Based Guide*, the National Institute of Drug Abuse (NIDA) of the U.S. Department of Health and Human Services presents 13 principles that reinforce many of the recommendations discussed previously.²⁸

²⁵ *Substance Abuse Treatment Planning Guide and Checklist for Treatment-Based Drug Courts*, CSAT, U.S. Department of Health and Human Services (1997).

²⁶ F. Taxman, "Unraveling 'What Works' for Offenders in Substance Abuse Treatment Services," *National Drug Court Institute Review*, II: 2 (1999).

²⁷ *Id.* at 116 – 124.

²⁸ *Principles of Effective Treatment: A Research Based Guide*, National Institute of Drug Abuse, U.S. Department of Health and Human Services (1999).

Principles of Effective Treatment (NIDA)
1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
6. Counseling (individual and group) and other behavioral therapies are critical components of effective treatment.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with co-existing mental disorders should have both treated in an integrated way.
9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

Writing more broadly about the delivery of services in the court environment, NCSC researchers listed nine promising components of a service coordination strategy for courts.²⁹ These components, listed below, are based on fieldwork in eight jurisdictions, including drug courts, family courts, and mental health courts, during the Models of Effective Court-Based Service Delivery for Children and Their Families Project, and supplemented with a literature review and telephone survey of 50 courts. The authors note that no single model of service fits all courts, so the report provides broad strategies and provides examples of specific practices in individual courts.

1. Acknowledged court role in service coordination.
2. Judicial leadership.
3. An active policy committee of stakeholders.
4. Case-level service coordinators.
5. Centralized access to service network.
6. Active court monitoring of compliance with orders.
7. Routine collection and use of data.
8. Creative use of resources.
9. Training and education related to service coordination.

²⁹ P. Casey and W. Hewitt, *Court Responses to Individuals in Need of Services: Promising Components of a Service Coordination Strategy for Courts*, National Center for State Courts (2001).

Section 3. *Descriptive Data on Drug Court Participants and Case Processing*

Summary descriptive data on drug court participants and case processing variables is compiled and reported on a quarterly basis for each county. This data collection system includes a fairly comprehensive set of indicators of program functioning and participant progress, which has evolved over time. Additionally, the drug courts rely on the paper case files and weekly participant status reports to monitor participant progress. The quarterly management reports and participant status sheets are compiled and completed manually. In the 2003 *Process Evaluation Report*, the NCSC noted

This [quarterly report] system and the resulting report provide useful "snapshot" information on the status of the program and current participants. Commentary included with the report compares the current quarterly results with previous reporting periods. Over time, however, it will become increasingly more difficult to determine trends and program progress with this method of collection and display.

There is, however, no standardized data dictionary that identifies terms [for the quarterly report]. This becomes increasingly important as data reporting duties change hands and additional personnel assume data collection duties.

Finally, there is no centralized automated interagency database for the various agencies involved in the drug court. Efforts are now underway with MIS personnel from Preferred Family Healthcare to develop a drug court management information system that will include case management, treatment, compliance, statistical reporting capacities, and performance benchmark information for process and outcome evaluation.

These statements provided the context for the NCSC recommendation:

The Ninth Judicial Circuit Drug Court should review its data and information reporting processes. This should include (1) the development of a standardized data dictionary, (2) the development of an improved data reporting format that is able to capture trends and program progress as the program matures, and (3) continue to explore the use of management information systems for capturing drug court operations and performance information.

Of the three recommended items, only one [the development of a standardized data dictionary] was successfully completed and realized during the evaluation period. Unfortunately, efforts to implement a quarterly report with trend display capability and an automated drug court participant database were met with resistance and/or technical problems. It will continue to be difficult for the Ninth Circuit Adult Drug Court to easily track its performance and make systemic and

operational improvements over time without some reliable mechanism to show “at-a-glance” capability or instantly calculate how the drug court participants are performing.³⁰

Identification of Drug Court Participants

As stated previously, the Ninth Judicial Circuit’s drug court program is a post-plea, court-supervised, comprehensive treatment program for non-violent, felony offenders, with minimal prior convictions. While the drug court program has not changed much since its inception [and the later initiated drug courts in Chariton and Sullivan County adopted the Linn County drug court model and format], one significant change in the operation of the drug court, involved the decision to open up the drug court to Class B felonies during spring 2003.

There are three tracks for entry into the drug court program: (a) post-adjudication, (b) probation revocation, and (c) 120-day re-entry. Those offenders in the *post-adjudication* track are currently on probation for a felony offense. They pay fees into a fund, which is then used to pay for drug testing. Those in the *probation revocation* track violate probation by using drugs. Probation officers discover that the probationer is using drugs and refers the probationer to the drug court program. Most referrals fall into this category. Probation violators are referred promptly and will generally appear before the drug court judge during the next drug court session. Finally, the *re-entry track* refers to defendants who are incarcerated under the “120 day shock incarceration” program. Defendants are placed on a “120 day call back” and the court retains jurisdiction, which must be part of the judgment and sentence order.

In the 2003 *Interim Process Evaluation Report* it was noted that drug court team members reported that most referrals were made through the probation revocation process with only occasional referrals at post adjudication. At the time there were no routinely maintained statistics to identify the entry track to confirm this assertion though it was indicated that the referral source information could be recreated, if necessary. Contemporaneous with the August 2003 site visit, efforts were underway to review all probationers for eligibility for drug court rather than through a revocation process. In its *Interim Process Evaluation Report*, NCSC stated

The referral mechanism should be reviewed to identify gaps in the process. It should not take a sweep of probationers to identify eligible participants. Drug court participants should be identified as early in the process as possible, preferably at the filing of the charges and the assessment of the defendants’ criminal and drug history.

Since the August 2003 NCSC site visit and the October 2003 *Interim Process Evaluation Report*, the Ninth Circuit Drug Court began to include the new participant referral and entry track in the quarterly report in order to monitor this issue. Additionally, increased attention and efforts were made to identify participants early in the process. This included a prosecutor referral form, which

³⁰ During its final site visit, the NCSC project team developed an Excel spreadsheet format for the entry of drug court participant information in order to calculate items discussed in Section 4 of the report. While, this exercise focused on graduates and terminations, drug court program staff could easily modify to track all participants.

helped to immediately identify potential drug court participants at the time of the initial criminal charge. As indicated in Table 3, these efforts have been successful. In 2004, 55 percent of participants throughout the Ninth Circuit were referred through the post-adjudication track. This figure increased to 94 percent in 2005. This same trend is noted in each of the counties as well.

Table 3. Entry Track Admission Frequency (Quarterly Reports)											
		2004					2005				
County		PR	120	PA	Unk	Total	PR	120	PA	Unk	Total
Linn³¹	Count	5	2	14	0	21	0	0	15	0	15
	%	24%	10%	66%	0%	100%	0%	0%	100%	0%	100%
Chariton	Count	0	0	2	4 ³²	6	1	1	8	0	10
	%	0%	0%	33%	67%	100%	10%	10%	80%	0%	100%
Sullivan	Count	3	3	5	0	11	0	0	6	0	6
	%	27%	27%	45%	0%	100%	0%	0%	100%	0%	100%
Ninth Circuit	Count	8	5	21	4	38	1	1	29	0	31
	%	21%	13%	55%	11%	100%	3%	3%	94%	0%	100%

PR-Probation Revocation, 120-120 day reentry, PA-Post Adjudication, Unk-Unknown

Drug Court Stakeholder Perceptions

The Ninth Circuit Adult Drug Court Program developed a stakeholder survey, based on a prototype developed by the State Justice Institute, which is designed to elicit perspectives and opinions on how the program compares and contrasts to the traditional court process and the degree of intra-agency collaboration achieved. The survey has been distributed on at least three occasions during the evaluation period. Table 4 presents the results of the survey, by questions for each of the three distributions.

³¹ The 2004 4th quarter Drug Court Quarterly Report was not submitted. Therefore, data for only quarters 1-3 are included.

³² No information on entry track was provided for the 2004 4th quarter Drug Court Quarterly Report.

Table 4. Stakeholder Survey: Perceptions of the Ninth Circuit Adult Drug Court

Survey Statement: <i>Drug Court has a faster response to noncompliance with program conditions.</i>						
Year		Strongly Disagree	Disagree	Agree	Strongly Agree	Total
2003	Count	0	0	1	4	5
	Percent	0%	0%	20%	80%	100.0%
2004	Count	0	0	0	5	5
	Percent	0%	0%	0%	100%	100.0%
2006	Count	0	0	5	5	10
	Percent	0%	0%	50%	50%	100.0%
Survey Statement: <i>Drug Court has a greater collaboration between and among the institutions and agencies involved.</i>						
Year		Strongly Disagree	Disagree	Agree	Strongly Agree	Total
2003	Count	0	1	1	3	5
	Percent	0%	20%	20%	60%	100.0%
2004	Count	0	0	2	3	5
	Percent	0%	0%	40%	60%	100.0%
2006	Count	0	2	7	1	10
	Percent	0%	20%	70%	10%	100.0%
Survey Statement: <i>Drug Court has more interaction of courts and other justice system agencies with community groups.</i>						
Year		Strongly Disagree	Disagree	Agree	Strongly Agree	Total
2003	Count	0	0	3	2	5
	Percent	0%	0%	60%	40%	100.0%
2004	Count	0	0	4	1	5
	Percent	0%	0%	80%	20%	100.0%
2006	Count	0	2	7	1	10
	Percent	0%	20%	70%	10%	100.0%

Adult drug court stakeholder survey respondents were asked to "agree" or "disagree" with the following statements:

- ***Drug Court has a faster response to noncompliance with program conditions.***
- ***Drug Court has a greater collaboration between and among the institutions and agencies involved.***
- ***Drug Court has more interaction of courts and other justice system agencies with community groups.***

Overall, there was a high level of agreement with each of these statements, generally, and throughout the three distributions during the evaluation period. Areas of "recent" disagreement were expressed, however, in the statements addressing collaboration and community interaction. In 2006, twenty percent of survey respondents indicated that they "disagree" with the concepts that drug court

provided for greater collaboration between agencies and increased interaction between the court and community groups.

Comparison to the Ten Key Components

How well does the operation of the Ninth Judicial Circuit's Drug Court meet the ten key indicators defined as national standards in *Defining Drug Courts: The Key Components*? Each of the individual components is listed below. Comments under each component discuss the progress of the drug courts in achieving these important benchmarks.

Key Component #1-Drug courts integrate alcohol and other drug treatment services with justice system case processing

The drug court has incorporated a treatment component that compliments the intensive judicial monitoring and supervision.

- Treatment elements include alcohol/drug dependency assessment, individual counseling, group counseling, Narcotics Anonymous, Alcoholics Anonymous, drug court caseworker contacts/sessions, tracker contacts.
- A successful drug court graduate will have transitioned through three distinct phases (Phase 1-Assessment and Primary Treatment Phase, Phase 2-Treatment, and Phase 3-Preparation for Continuing Care and Graduation) in which court supervision and monitoring will decrease in frequency as the drug court participant moves through the phases.
- Prior to the court hearings, the drug court team meets to discuss the status of each participant and a recommended course of action.
- A primary goal of the drug court is that the participant remains drug free and law abiding during the intensive judicial supervision. Additionally, participants are expected to comply with additional terms of probation as needed. Drug court participants sign a contract to acknowledge their obligations as a drug court participant.

Key Component #2-Using a non adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights

The prosecutors and the public defenders promote a non-adversarial approach and support the mission of the drug court while balancing the safety of the community and the interest of the client.

- The respective prosecutors and public defenders participate in the referral process either by the initial referral or in assessing referrals from other drug court team members. However, once the participant is accepted into the drug court, each of the three prosecutors maintains a "hands-off" approach for staffings and drug court hearings. The prosecutors will, however, attend drug court staffings and hearings in the event of problems such as probation revocation or termination from drug court.
- The public defenders rarely attend drug court staffings and hearings. The respective public defender will be notified, however, if a drug court participant is in danger of being terminated from the program.

Key Component #3-Eligible participants are identified early and promptly placed in the program

The Ninth Judicial Circuit's drug court program is a post-plea, court-supervised, comprehensive treatment program for non-violent, felony offenders, with minimal prior convictions. There are three tracks for entry into the drug court program: (a) post-adjudication, (b) probation revocation, and (c) 120-day re-entry.

- As indicated earlier in this Section, the vast majority of drug court participants enter through the post-adjudication track. This is due largely to an increased emphasis on the early identification of potential drug court participants since 2003.
- Probation violations continue to be admitted promptly and will generally appear in court for the next drug court session immediately following the violation of probation.
- A uniform drug court referral form was developed for use by drug court team members including the prosecutor and the probation officers.
- PFH screeners have been trained in the detection of AOD problems and are generally responsible for the initial screening and subsequent referral to the next stage of the process—treatment services.

Key Component #4-Drug courts provide access to a continuum of alcohol, drug and other related treatment, and rehabilitative services

PFH continues to provide the majority of drug treatment services to the drug court. Each drug court participant is administered a drug dependency assessment. A treatment plan is developed based upon the results of the assessment and the specific needs of the participant. It appears, however, that most drug court participants are assigned to the standard regimen of individual and group sessions. PFH treatment services include individual and group counseling. These services are monitored to determine whether drug court participants are suitably matched and receiving the appropriate treatment services throughout the participation in drug court.

- Twelve step programs such as AA and NA are significant components of the drug court program.
- In-patient treatment may take up to one month to locate. Several of the drug court team members indicated that they would like to have all participants participate in in-patient treatment as the first phase of their entry into drug court.
- Location of employment and vocational services continue to be extremely difficult to access.
- The area does not have sufficient resources for mental health services. Oftentimes, dual diagnosis issues do not present themselves until the participant has been accepted into the drug court. It may take a month for a drug court participant to receive a mental health evaluation.
- According to many drug court team members, there are insufficient opportunities for community service. Transportation is also problematic.

Key Component #5-Abstinence is monitored by frequent alcohol and other drug testing

- Alcohol or Other Drug (AOD) testing is performed at frequent, continuing, and random intervals during the drug court program in Linn County. All participants are administered the BAC with a standard Breathalyzer unit.
- In Chariton and Sullivan counties, AOD testing is limited to once per week and contemporaneous with the drug court hearing.
- In all counties, three panel tests indicating positive or negative presence of drug (not diminishing presence) are administered via a urinalysis screen. The equipment tests for the presence of THC, cocaine, and opiates.
- Drug court participants are screened (in the immediate presence of the drug court caseworker or the drug court tracker) before court hearings in all three counties and during office sessions with the drug court caseworker, and randomly by the drug court tracker in Linn County.
- According to the *Policies and Procedures Manual*, Urinalysis (UA) and/or BACs are administered three times per week during Phase 1, one time per week during Phase 2, as directed during Phase 3, and randomly as needed. This is not always the case in Chariton and Sullivan counties.
- The promulgated graduation requirements indicate a six-month abstinence guideline for graduation.

Key Component #6-A coordinated strategy governs drug court responses to participants' compliance

The drug court caseworker, the drug court tracker (in Linn County only), and the PFH treatment provider stay in constant communication with each other about the progress and compliance of individual participants. Depending on the severity of noncompliance, the team members determine whether to bring the problem to the drug court judge's immediate attention or wait for the weekly staffings.

- The drug court team members engage in weekly staffings of the drug court team with the active participation of the drug court judges.
- Incentives and sanctions are explained early on in the drug court process by the drug court caseworkers. The drug court participant signs a contract acknowledging the incentive and sanction process.
- The drug court has written guidelines regarding incentives. Generally, the incentives are within the judge's discretion but the judge will entertain recommendations from the drug court caseworkers and team members. There are some uniform milestones (i.e., length of time clean and sober, progress to next phase); however, there are no uniform incentives. Instead, the judge will match the incentive to the participant so that the incentive is meaningful to that specific participant. Incentives include (1) graduation, (2) progress to next phase, (3) certificates of achievement, (4) inspirational cards, (5) movie passes, phone cards, gas cards, gift certificates, and (6) personal journal.
- There are formalized written policies regarding sanctions. Generally, the sanctions are within the judge's discretion but the judge will entertain recommendations from the drug court team

members. Sanctions vary by phase. Graduated sanctions may include: (1) more frequent AOD testing, (2) increased reporting to drug court caseworker or probation officer, (3) imposition of a curfew, (4) community service, (5) placement in home detention, (6) jail time, (7) return to earlier program phase, (8) termination from drug court program, and (9) delayed graduation.

- There has been a shift from a graduated sanction approach to direct jail time imposition in Linn and Sullivan counties. Drug court team members indicate that participants were not responding to non-jail sanctions effectively. There is some agreement, however, that jail is used too frequently.

Key Component #7-Ongoing judicial interaction with each program participant is essential

The judges of the Ninth Judicial Circuit Drug Court embrace the opportunity for interaction with program participants.

- Regular hearings are used to monitor the performance of each participant.
- The frequency of court hearings vary by phase: weekly during Phase 1, every other week during Phase 2, and monthly during Phase 3.
- Prior to each hearing, the drug court judge participates in the drug court team staffing to learn of the participant's status and performance.
- The drug court judges apply sanctions and incentives to match participant's performance in the drug court program.

Key Component #8-Monitoring and evaluation measure the achievement program goals and gauge effectiveness

The Ninth Judicial Circuit Drug Court monitors its performance and is in the process of assessing its achievement of program goals and effectiveness through its external evaluator, NCSC. The drug court program implemented some evaluation activities pursuant to the requirements of its federal funding. Forms for data collection have been developed or adapted from other sources. However, most of these evaluation activities involve manual processes, do not track trends over time, and focus on aggregate rather than participant-level information.

- The drug court caseworkers are responsible for manually maintaining program statistics and information on a standardized template. There is, however, no centralized automated interagency database for the various agencies involved in the drug court. Efforts to develop a drug court management information subsystem were met with resistance and technical problems.
- Summary descriptive data on drug court participants and case processing variables is compiled and reported on a quarterly basis. This data collection system includes a fairly comprehensive set of indicators of program functioning and participant progress. This system and the resulting report provide useful "snapshot" information on the status of the program and current participants. Commentary included with the report compares the current quarterly results with previous reporting periods.

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- Threshold values or benchmarks have been established for the indicators that are reported in the quarterly report. While based in experience, they are also aspirational. A review of the quarterly reports indicates that the drug court “meets” or “exceeds” its aspirational goals throughout the entire quarterly reporting periods.
 - The drug court program developed a stakeholder survey, based on a prototype developed by the State Justice Institute, which is designed to elicit perspectives and opinions on how the program compares and contrasts to the traditional court process and the degree of intra-agency collaboration achieved. This survey was distributed three times during the evaluation period. The results of the three distributions of this survey are contained within this *Impact and Outcome Evaluation Report*.
 - The program developed a questionnaire that is distributed to drug court graduates three months after graduation and at other post-program intervals in order to gather self-report information on criminal activities, drug use, treatment, employment, educational, and other social, economic, and physical/mental health indicators.
 - The drug court program has retained internal (PFH) and external evaluators (NCSC) to conduct its process and outcomes evaluation.

Key Component #9-Continuing interdisciplinary education promotes effective drug court program planning, implementation, and operations

The Ninth Circuit Drug Courts encourages those who participate in the daily operations of the drug court to attend training. However, other than state-level and national conferences, the availability of local training is limited. Additionally, there are no standardized requirements for the continuing education of drug court team members. Most agree, however, that ongoing education and training is a necessity.

- During 2001-2006, several drug court team members attended the educational program of the Missouri Association of Drug Court Professionals.
- Several members of the drug court team attended the 2003 [Reno, NV], 2004 [Milwaukee, WI], and 2005 [Orlando, FL] National Association of Drug Court Professional (NADCP) Conference.
- Six of the current drug court team members attended the initial National Drug Court Institute (NDCI) sponsored training on drug court implementation.
- Several drug court team members have attended trainings sponsored by the Missouri Office of the State Court Administrator.

Key Component #10-Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness

The Ninth Judicial Circuit Drug Court has not established an interagency forum to discuss operations, monitor drug court services, and provide direction to the drug court program. Most of those interviewed indicate that this would likely be an effective mechanism for communication collaborating, increasing community support, and increasing funding for the effort.

- There are no regularly scheduled administrative meetings of all the drug court team agencies. The most recent meeting of all of the drug court agencies took place in August 2004. However, the drug court caseworkers, judges, counselors, and PFH supervisory staff meet at least twice a year to discuss relevant operational issues.
- The drug court program does not utilize a steering committee to encourage community participation nor does it have a community forum to discuss operations, needs of the community, and the intersection of the two. Most of those interviewed indicate that this would likely be an effective mechanism for gaining community support and increased funding for the effort.
- The population served by the drug court primarily consists of young adult males. The drug court staff is not reflective of the drug court population in terms of education and life experience. However, the drug court staff appears to relate to the participants very well, having developed an understanding of the challenges faced by the participants in coming to terms with addiction. The drug court does not provide ongoing cultural competency training.

Section 4. Impact and Outcome Analysis and Results

Overview

This section of the *Final Report* provides: (1) descriptions of drug court graduates, terminations and withdrawals, and a comparison group of probation completers (matched to drug court graduates according to key characteristics known to influence the probability of recidivism³³), (2) a description of the processing of participants (i.e., graduates, terminations, and withdrawals) through drug court, and an assessment of the effect of the drug court on key (3) outcome and (4) impact measures. First, we will compare these groups according to key demographic and other background characteristics.

Background Variables

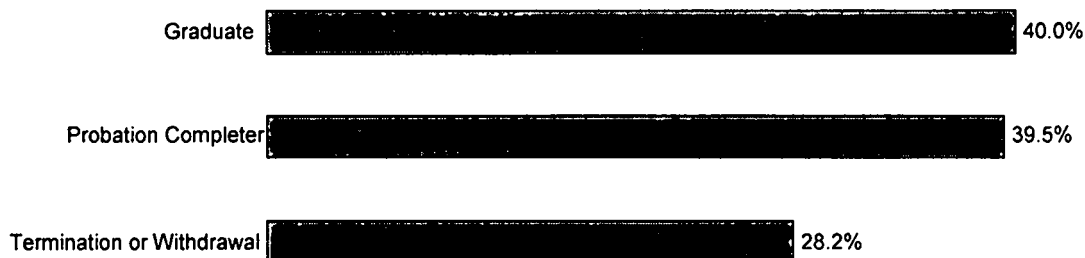
Socio-Demographics: Table 5 below provides information about the age of members of the three outcome comparison groups. While none of the differences were significant, the terminations tended to be younger than the other two groups.

Table 5. Comparison of Age Among Outcome Comparison Groups						
	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	31.7	50	10.5	30	18	60
Termination or Withdrawal	28.2	37	9.1	25	17	49
Probation Completer	29.4	37	9.5	26	18	57
Total	30.0	124	9.9	27	17	60

Figure 2 shows the percentage of each outcome comparison group that is female. It can be seen that the terminations contained proportionately less females than the other two groups, though this difference was not statistically significant.

³³ A comparison group of probation completers was selected by district probation office staff according to criteria established by the NCSC Research Team. NCSC requested that probation select one or two offenders that successfully completed probation between 2003 and 2004 that "matched" a drug court graduate according to the following criteria: gender, race, current charge, drug of choice, date of birth (plus or minus three years), and initial risk score. At least one match was found for every graduate.

Figure 2: Percentage of Outcome Comparison Groups That Are Female



Racially, all of the outcome comparison groups were overwhelmingly Caucasian. Figure 3 below shows the percentage of each outcome comparison group that is non-Caucasian. It can be seen that terminations contained the highest proportion of non-Caucasians, followed by the drug court graduates, and followed finally by the probation completers, though none of these differences were significant.

Figure 3: Percentage of Outcome Comparison Groups That Are Non-Caucasian

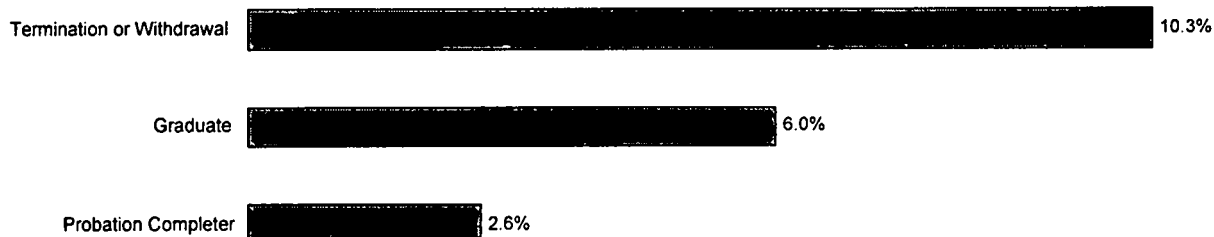


Figure 4 shows the marital status of drug court participants and comparison group members at the time of admission. While both comparison group members and drug court participants were most likely to be single, this tendency was especially true of terminations and withdrawals. Terminations and withdrawals were more likely to be single and less likely to be married than graduates or comparison group members though the differences were not statistically significant. Roughly the same percentage of each group had been divorced or widowed.

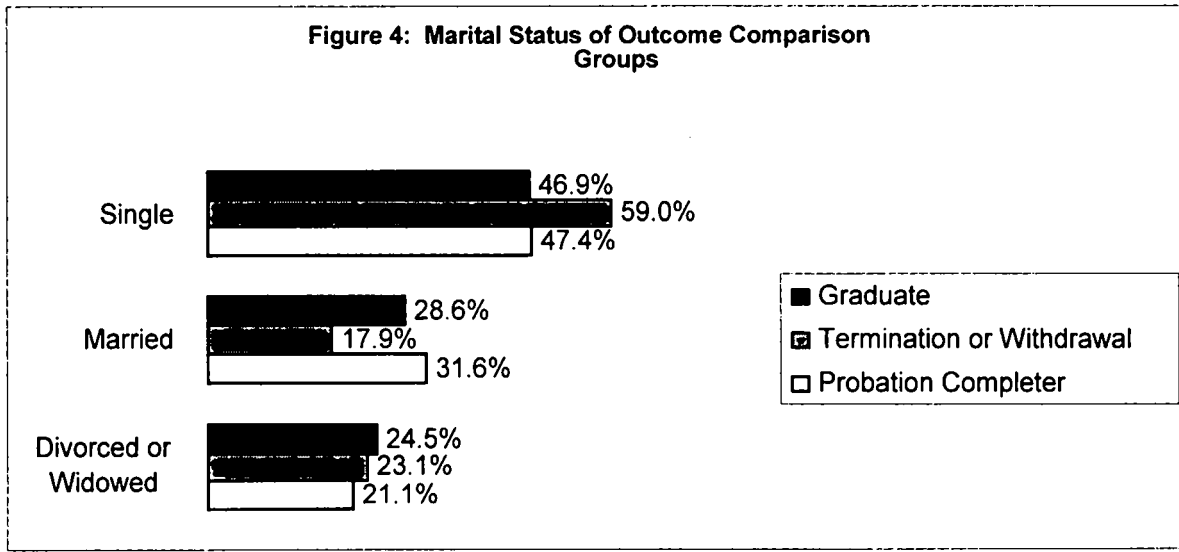
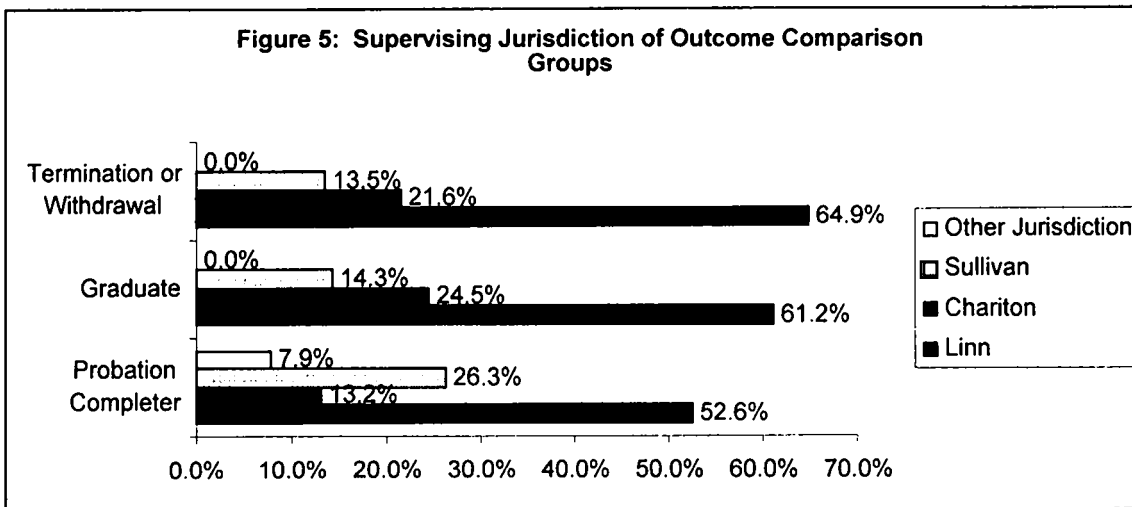
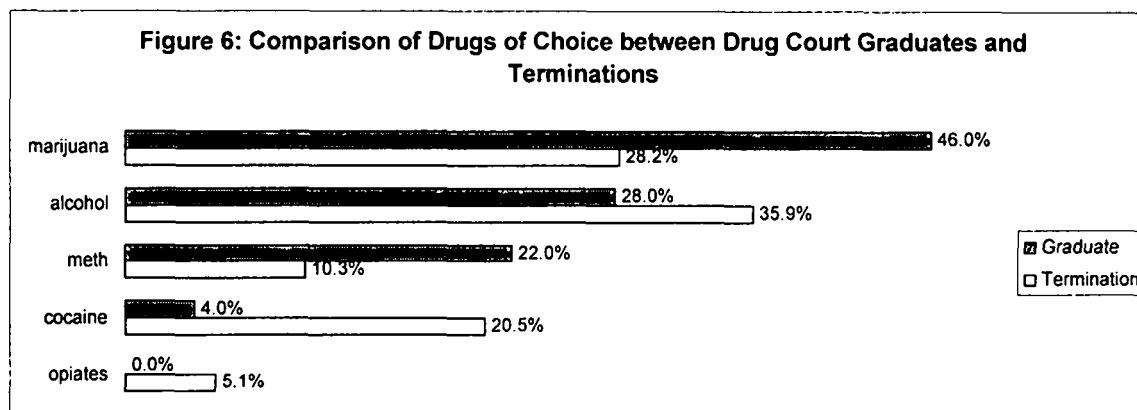


Figure 5 displays the jurisdiction that provided supervision to drug court participants and comparison group members. The majority of graduates, terminations and withdrawals, and comparison group members came from Linn County, not surprising because Linn is the most populous county in the Ninth Circuit and has been operating the longest. The distribution of graduates and terminations and withdrawals by jurisdiction are very similar. However, Sullivan County accounts for a much higher proportion of probation completers than it does of graduates and terminations (or withdrawals), and a small percentage of probation completers were supervised outside of the Ninth Circuit.



Drug of Choice: Figure 6 provides the drug of choice of drug court participants. Among graduates, marijuana is the primary drug of choice followed by alcohol then methamphetamine. Very few graduates abused cocaine and none abused opiates. The distribution of drugs of choice for terminations was significantly different than the distribution of graduates just described. The primary drug of choice for terminations was alcohol, followed by marijuana and cocaine, and about five

percent abused opiates. It is interesting and significant that graduates were significantly more likely to report methamphetamine as their drug of choice than terminations, suggesting that the drug court is experiencing success with participants that abuse this notoriously hard-to-kick drug. Ominously, however, terminations were more likely to abuse two other notoriously hard-to-kick drugs, cocaine and opiates, than graduates.



Current Offense and Initial Risk-Level: Tables 6, 7, and 8 provide the distribution of current offenses (i.e., the offense that resulted in drug court participants being placed in drug court or the offense that resulted in comparison group members being placed on probation) for graduates, terminations, and withdrawals, and comparison group members, respectively. While 80 percent of the graduates reported a current offense that was related to substance or alcohol abuse, only about 60 percent of the terminations and 63 percent of the comparison group reported similar current offenses. Both the terminations and comparison group reported a higher percentage of property offenders than the graduates. In addition to the current offense, a second, concurrent offense was reported for four of the 50 graduates (driving w/revoked license, possession of controlled substance, sale/distribution of controlled substance, and property damage) and six of the 39 terminations (driving w/revoked license, intent to manufacture controlled sub., forgery, burglary, and two with stealing).

Table 6 Distribution of Current Offenses for Drug Court Graduates		
Current Offense	Frequency	Percent
Sales/Manufacture/Distribution		
Sale/distribution of controlled substance	15	30
Intent to manufacture controlled substance	3	6
Theft of anhydrous	1	2
DST/PCI/MN/attempt to poss w/int.	1	2
	20	40
Possession of controlled substance	11	22
DWI	9	18
Property Crimes		
Forgery	4	8
Tampering	1	2
Burglary	1	2
	6	12
Family-Related Crimes		
Failure to pay child support	2	4
Nonsupport	1	2
	3	6
Other Traffic-Related Offenses		
Driving w/revoked license	1	2
	1	2
Total	50	100

Table 7. Distribution of Current Offenses for Drug Court Terminations

Current Offense	Frequency	Percent
Sales/Manufacture/Distribution		
Sale/distribution of controlled substance	8	20.5
Intent to manufacture controlled substance	1	2.6
	9	23.1
Possession of controlled substance	7	17.9
DWI	4	10.3
Property Crimes		
Forgery	3	7.7
Burglary	3	7.7
Stealing	2	5.1
Tampering	1	2.6
Property Damage	1	2.6
Attempted Burglary	1	2.6
Fraudulent use of a credit device	1	2.6
	12	30.8
Family-Related Crimes		
Endangering the welfare of a child	1	2.6
Nonsupport	1	2.6
	2	5.1
Other Traffic-Related Offenses		
Driving w/revoked license	2	5.1
Leaving the scene of an accident	1	2.6
	3	7.7
Unlawful use of a weapon	2	5.1
Total	39	100.0

Table 8. Distribution of Current Offenses for Comparison Group		
Current Offense	Frequency	Percent
Sales/Manufacture/Distribution		
Sale/distribution of controlled substance	6	15.8
Intent to manufacture controlled substance	3	7.9
	9	23.7
Possession of controlled substance	9	23.7
DWI	6	15.8
Property Crimes		
Tampering	5	13.2
Property Damage	3	7.9
Burglary	1	2.6
Attempted Burglary	1	2.6
	10	26.3
Family-Related Crimes		
Endangering the welfare of a child	2	5.3
Nonsupport	1	2.6
	3	7.9
Unlawful use of a weapon	1	2.6
Total	38	100.0

Table 9 provides a comparison of the outcome comparison groups according to their initial risk score, used to determine their level of probation supervision. The initial risk scores of the terminations were significantly higher than those of the graduates and comparison group members, but the latter two scores were not significantly different from one another (as expected because risk score was used as a matching criterion). A score of six or lower indicates a minimum level of supervision while a score of 7 to 8 indicates a "regular" level of supervision. Thus, initially (after six months, a "needs" score supplants the risk score as the determinant of level of supervision), the graduates and comparison group members qualify for minimal supervision, while the terminations require the next highest level, regular supervision.

Table 9. Mean Risk Score at Program Entry for Outcome Comparison Groups						
Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	5.7	50	1.3	5	3	9
Termination or Withdrawal	7.1	39	1.9	7	4	11
Probation Completer	6.0	36	1.9	6	1	9
Total	6.2	125	1.8	6	1	11

Summary of Background Variables: In short, terminations tend to be slightly younger, more likely to be male, and more likely to be non-Caucasian than members of the other two groups, though none of these differences are statistically significant. Terminations were also more likely to be single and less likely to be married than either graduates or comparison group members, though again the differences failed to reach the level of statistical significance. Graduates were more likely than terminations to report marijuana and methamphetamine as their drugs of choice while terminations were more likely than graduates to report alcohol, cocaine, and opiates as their drugs of choice.

Graduates were more likely to report a current offense that was related to substance or alcohol abuse than either terminations or comparison group members. Both the terminations and comparison group reported a higher percentage of property offenders than the graduates. In addition, terminations reported significantly higher initial risk scores than either graduates or comparison group members.

As expected, the graduates and the probation completers are essentially equivalent (largely as a result of the matching process) according to age, gender, race, marital status, and initial risk score. The profile of terminations that emerges from this data provides both a snapshot of drug court failures and a target for future improvements in drug court policies and procedures. Terminations tended to be slightly younger, more likely to be male and non-Caucasian, more likely to abuse alcohol, cocaine, and opiates, to have higher initial risk scores, and to have property-related offenses than graduates.

Processing

Processing Times: Table 10 provides information about the amount of time that graduates and terminations and withdrawals spent in drug court (measured from referral date to exit date). On the average, drug court graduates spent 1.2 years in the drug court program, and terminations and withdrawals spent .71 year in the program, a statistically significant difference. Terminations and withdrawals spent 181.4 fewer days (slightly more than six months) in drug court than graduates.

In contrast, 37 probation completers spent about 3.7 years (1,337.6 days) under supervision, more than three times longer than drug court graduates spent in drug court, albeit at a less intensive level of supervision. The amount of time on probation ranged from 294 to 2,509 days with a median of 1,337 days and a standard deviation of 541.1. The difference between the mean amount of time under supervision for probation completers and the mean amount of time under drug court supervision for drug court participants was statistically significant.

**Table 10. Comparison of Time in Program Among/Between
Drug Court Graduates and Terminations**

Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	441.7	50	93.4	409.5	350	774
Termination or Withdrawal	259.6	37	175.6	223	41	689
Total	364.3	87	161.5	381	41	774

Among drug court participants (graduates and terminations), 86.2 percent were screened for eligibility within one week of referral. After having been ordered into drug court, 73.8 percent of participants made their first court appearance within one week of the order while 91.2 percent made their first appearance within two weeks. These statistics suggest that the Ninth Circuit Drug Court is initially processing participants in a very timely fashion.

It is informative to examine the passage of participants through the three phases of the drug court program, eventually ending in either graduation or termination from the program. Table 11 lists four different "trajectories" that drug court graduates took to reach graduation. The most frequent trajectory for drug court graduates was a straightforward passage through each phase without any demotions to lower phases eventually ending in graduation. A few experienced a single demotion from Phase 2 to Phase 1 before graduating and a few more experienced a demotion from Phase 3 to Phase 2 before graduating. One graduate experienced two demotions from Phase 2 to Phase 1 before graduating.

Table 11. Trajectory to Graduation for Drug Court Graduates		
Trajectory	Frequency	Percent
Phase 1 to 2 to 3 to Grad	41	82
Phase 1 to 2 to 1 to 2 to 3 to Grad	6	12
Phase 1 to 2 to 3 to 2 to 3 to Grad	2	4
Phase 1 to 2 to 1 to 2 to 1 to 2 to 3 to Grad	1	2
Total	50	100

Table 12 lists 11 different trajectories of drug court terminations. The most frequently occurring trajectory has terminations occurring in Phase 2 after the first and only promotion from Phase 1 followed in frequency by participants terminated in Phase 1 without any promotions whatsoever. The next two most frequently occurring trajectories for drug court terminations involve demotions to Phase 1 from Phase 2, with the participant never reaching Phase 3. In one case, the termination occurs in Phase 1 after the demotion from Phase 2 to 1. In the other case, termination occurs in Phase 2 after the participant was initially demoted to Phase 1 and subsequently promoted again to Phase 2.

There are only a handful of other trajectories for drug court terminations. Most involve at least one promotion to Phase 3 although one involves two demotions from Phase 2 to Phase 1 with the termination finally occurring in Phase 2.

All things considered, terminations are most likely to occur in Phase 2, though the route to termination may involve an extensive series of promotions and demotions along the way. The majority of terminations occurred in Phase 2 (53 percent), followed by terminations occurring in Phase 3 (29 percent) and finally those occurring in Phase 1 (18 percent).

Table 12: Trajectory to Termination for Drug Court Terminations		
Trajectory	Frequency	Percent
Phase 1 to 2 to Term.	11	28.9
Phase 1 to Term	7	18.4
Phase 1 to 2 to 1 to Term	6	15.8
Phase 1 to 2 to 1 to 2 to Term	6	15.8
Phase 1 to 2 to 3 to Term	2	5.3
Phase 1 to 2 to 3 to 2 to Term	1	2.6
Phase 1 to 2 to 3 to 1 to 2 to 3 to Term	1	2.6
Phase 1 to 2 to 1 to 2 to 1 to 2 to 1 to 2 to 3 to Term	1	2.6
Phase 1 to 2 to 1 to 2 to 3 to Term	1	2.6
Phase 1 to 2 to 1 to 2 to 1 to 2 to Term	1	2.6
Phase 1 to 2 to 3 to 2 to 1 to 2 to Term	1	2.6
Total	38	100

Table 13 describes the average amount of time in Phase 1 for drug court graduates and terminations. On the whole, drug court participants spend about two months in Phase 1. However, terminations and withdrawals spend almost twice as many days in Phase 1 as graduates, a statistically significant difference.

Table 13: Comparison Between Drug Court Graduates and Terminations of Number of Days in Phase One						
Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	44.8	50	27.3	35	14	127
Termination or Withdrawal	84.3	37	61.9	63	28	322
Total	61.6	87	49.1	48	14	322

Table 14 describes the average amount of time in Phase 2 for drug court graduates and terminations. On the whole, drug court participants spend about seven months in Phase 2. However, on the average, graduates spend about one more month in Phase 2 than terminations and withdrawals though the difference is not statistically significant.

Table 14: Comparison Between Drug Court Graduates and Terminations of Number of Days in Phase Two						
Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	220.4	50	89.0	189	161	544
Termination or Withdrawal	193.5	31	142.6	167	28	469
Total	210.1	81	112.5	182	28	544

Table 15 describes the average amount of time in Phase 3 for drug court graduates and terminations. On the whole, drug court participants spend a little more than five months in Phase 3

with graduates and terminations and withdrawals spending almost identical numbers of days in this phase.

Table 15. Comparison Between Drug Court Graduates and Terminations of Number of Days in Phase Three						
Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	156.2	50	32.1	153	85	266
Termination or Withdrawal	153.0	7	74.2	126	77	301
Total	155.8	57	38.6	148	77	301

Reasons for Termination: Reasons for termination were available for 36 of the 39 terminations and are shown in Table 16. Most terminations resulted from a failure to comply with court conditions and when combined with other reasons related to compliance (administrative termination, failure to appear, and absconding) accounted for almost 64 percent of the terminations. Most of the remaining reasons were related to substance, abuse, manufacture or sales, led by testing positive for marijuana and collectively accounting for 31 percent of the terminations. One participant was terminated because of being unsuccessfully discharged from inpatient treatment and another for being arrested for a new offense (unspecified). Compliance is obviously an important consideration for the Ninth Circuit Drug Court as it attempts to strike the perilous balance between public safety and participant recovery.

Table 16. Reasons for Terminations		
Reason for Termination	Frequency	Percent
Failure to comply	16	44.4
Positive for marijuana	6	16.7
Absconded	4	11.1
Positive for cocaine	2	5.6
Administrative termination	2	5.6
Unsuccessfully discharged from inpatient treatment	1	2.8
Attempt to manufacture methamphetamines	1	2.8
Selling meth	1	2.8
Arrested for new offense	1	2.8
Failure to appear	1	2.8
Drug use	1	2.8
Total	36	100.0

Retention and Graduation Rates: Table 17 below provides information about the status of drug court participants as of March 1, 2006.

Table 17. Status of Drug Court Participants as of March 1, 2006			
County	Number of Graduates	Number of Terminations	Number of Actives
Chariton	12	11	9
Lynn	31	23	12
Sullivan	7	6	8
Total	50	40	29

Retention rate for a drug court program is often calculated by summing the number of graduates and the number of actives and then dividing by the total number of participants. In this case, $(50+29)/(50+40+29)=79/119=66\%$. While there are no national standards regarding appropriate retention rates for drug courts, a recent report by the GAO places this rate as among the best reported in the drug courts they examined.³⁴

Graduation rate for a drug court program is often calculated by dividing the number of graduates by the total number of participants minus the number of actives. In this case, $(50)/(119-29)=50/90=55.6\%$. Belenko (2001)³⁵ in his review of drug court research reported graduation rates ranging from 36 to 60 percent, which places the Ninth Circuit graduation rate at the high end of this range. In summary, the Ninth Circuit retains and graduates participants at relatively high rates.

Court Appearances and Failures to Appear: Table 18 compares the total number of court appearances between graduates, terminations, and withdrawals. Graduates reported more court appearances than terminations and withdrawals, though the difference was not significant. To put these numbers in perspective, we can calculate the average number of weeks between court appearances for these two groups. Graduates spent an average of 441.7 days or about 63 weeks in drug court while terminations and withdrawals spent an average of 259.6 days or about 37 weeks in drug court (see Table 10). Consequently, graduates had an appearance before the court an average of every 2.5 weeks of participation over the course of the entire program while terminations and withdrawals had an appearance every 1.7 weeks of participation.

Court appearances are required on a graduated scale with more appearances required in earlier than later phases of the program so while graduates, for example, had a court appearance every 2.5 weeks of participation, there were undoubtedly more appearances than this in earlier phases and less than this in later phases. The shorter period of time between court appearances for

³⁴General Accounting Office (2005, February). *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes*. (GAO-05-219). Washington: Author.

³⁵Belenko, S. (2001). *Research on Drug Courts: A Critical Review 2001 Update*. National Center on Addiction and Drug Abuse, Columbia University.

terminations than graduates probably reflects the case that terminations were exhibiting troublesome behavior prior to termination which warranted closer supervision than was required for graduates.

**Table 18. Comparison of Total Court Appearances
Between Graduates and Terminations (and Withdrawals)**

Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	25.5	48	7.5	22	17	55
Termination or Withdrawal	21.7	36	13.9	20	3	64
Total	23.9	84	10.8	22	3	64

Only three participants reported failures to appear, all terminations. Two cases each reported two failures to appear while one case reported nine failures to appear.

Urinalysis Testing: Table 19 reports information about the number of urinalysis tests administered to graduates and terminations and withdrawals. On the average, terminations were tested more frequently than graduates probably due to failures to comply on the part of the former group. As was the case with court appearances, urinalyses (UAs) are required on a graduated scale with more testing required in earlier than later phases of the program.

**Table 19. Comparison of Total Urinalysis Tests Administered
Between Graduates and Terminations (and Withdrawals)**

Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	79.7	49	38.7	78	2	211
Termination or Withdrawal	90.7	37	70.5	69	4	276
Total	84.4	86	54.6	75	2	276

To put these figures in context, we calculate the average amount of time between UAs similar to the way we calculated the amount of time between court appearances. In the case of graduates, a UA was administered about every 5.5 days, in the case of terminations and withdrawals, every three days. These statistics reflect frequent testing and are consistent with a concern for public safety and program compliance by participants.

The percent of UAs returned positive was calculated for each drug court participant and the averages for graduates and terminations and withdrawals are shown in Table 20. About five percent of the tests administered to terminations and withdrawals were returned positive compared to about two percent for graduates. In both cases, the percentage of UAs returned positive was small indicating that participants are being supervised closely and that public safety is being protected.

Table 20. Comparison of Percentage of Urinalysis Tests Returned Positive Between Graduates and Terminations (and Withdrawals)

Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	0.016	48	0.074	0.000	0.000	0.500
Termination or Withdrawal	0.045	37	0.084	0.011	0.000	0.400
Total	0.029	85	0.079	0.000	0.000	0.500

Case Worker Sessions: Drug court clients are required to make periodic contacts with their drug court case worker, again, on a graduated scale with more contacts required in earlier rather than later phases of the drug court program. Table 21 provides information about the number of case worker sessions attended by drug court participants. Graduates attended more case worker sessions than terminations and withdrawals though the difference was not statistically significant. The average amount of time between caseworker sessions for graduates was 4.6 days while for terminations it was every three days, reflecting greater supervision of participants that were eventually terminated and indicative of a concern for public safety and offender accountability. As Table 22 shows, very few caseworker sessions were missed by any participants and the few that were missed were almost all missed by terminations.

Table 21. Comparison of Number of Caseworker Sessions Attended Between Graduates and Terminations (and Withdrawals)

Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	95.7	49	29.1	88	19	211
Termination or Withdrawal	85.1	37	63.1	72	8	270
Total	91.1	86	46.8	85	8	270

Table 22. Comparison of Number of Caseworker Sessions Missed Between Graduates and Terminations (and Withdrawals)

		Outcome Comparison Group		
	Total Caseworker Sessions Missed	Graduate	Termination or Withdrawal	Total
0	Count	48	22	70
	% within Outcome Comparison Group	98.0	59.5	81.4
1	Count	1	10	11
	% within Outcome Comparison Group	2.0	27.0	12.8
2	Count	0	3	3
	% within Outcome Comparison Group	0.0	8.1	3.5
4	Count	0	1	1
	% within Outcome Comparison Group	0.0	2.7	1.2
5	Count	0	1	1
	% within Outcome Comparison Group	0.0	2.7	1.2
Total	Count	49	37	86
	% within Outcome Comparison Group	100.0	100.0	100.0

AA/NA Meetings: Drug court clients are required to attend meetings of Alcoholics Anonymous and/or Narcotics Anonymous (AA/NA), again, on a graduated scale with attendance at more meetings required in earlier rather than later phases of the drug court program. Table 23 below provides information about the AA/NA meetings attended by drug court participants. On the average, graduates attended significantly more AA/NA meetings than terminations and withdrawals. The average amount of time between AA/NA meetings for graduates was 3.8 days while for terminations it was every 3.3 days.

Very few AA/NA meetings were missed by any participants as shown in Table 24. Interestingly, almost the same percentage of graduates and terminations (and withdrawals) missed no meetings but several terminations missed a number of meetings which caused the number of missed meetings to be higher for the latter than the former group.

Table 23. Comparison of Number of AA/NA Meetings Attended Between Graduates and Terminations (and Withdrawals)

Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	115.8	49	23.8	108	90	206
Termination or Withdrawal	79.4	37	60.6	66	6	270
Total	100.1	86	47.0	102.5	6	270

Table 24. Comparison of Number of NA/AA Meetings Missed Between Graduates and Terminations (and Withdrawals)

		Outcome Comparison Group		
	Number of NA/AA Meetings Missed	Graduate	Termination or Withdrawal	Total
0	Count	43	33	76
	% within Outcome Comparison Group	87.8	89.2	88.4
1	Count	3	0	3
	% within Outcome Comparison Group	6.1	0.0	3.5
2	Count	2	0	2
	% within Outcome Comparison Group	4.1	0.0	2.3
4	Count	1	1	2
	% within Outcome Comparison Group	2.0	2.7	2.3
5	Count	0	1	1
	% within Outcome Comparison Group	0.0	2.7	1.2
6	Count	0	1	1
	% within Outcome Comparison Group	0.0	2.7	1.2
10	Count	0	1	1
	% within Outcome Comparison Group	0.0	2.7	1.2
Total	Count	49	37	86
	% within Outcome Comparison Group	100.0	100.0	100.0

Individual Treatment Sessions: Drug court clients are required to attend individual treatment sessions. Table 25 provides information about the individual treatment sessions attended by drug court participants. On the average, graduates attended more individual treatment sessions than terminations and withdrawals although the difference was not statistically significant. The average amount of time between individual treatment sessions for graduates was 11 days while for terminations it was every seven days. As shown in Table 26, very few individual treatment sessions were missed by graduates though almost 75 percent of the terminations and withdrawals missed at least one session, a statistically significant difference.

Table 25. Comparison of Number of Individual Treatment Sessions Attended Between Graduates and Terminations (and Withdrawals)

Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	41.3	49	13.0	36	30	93
Termination or Withdrawal	36.2	37	27.5	32	3	125
Total	39.1	86	20.6	35.0	3	125

Table 26. Comparison of Number of Individual Treatment Sessions Missed Between Graduates and Terminations (and Withdrawals)				
Individual Treatment Sessions Missed		Outcome Comparison Group		Total
		Graduate	Termination or Withdrawal	
0	Count	47	27	74
	% within Outcome Comparison Group	95.9	73.0	86.0
1	Count	0	6	6
	% within Outcome Comparison Group	0.0	16.2	7.0
2	Count	2	2	4
	% within Outcome Comparison Group	4.1	5.4	4.7
3	Count	0	2	2
	% within Outcome Comparison Group	0.0	5.4	2.3
Total	Count	49	37	86
	% within Outcome Comparison Group	100.0	100.0	100.0

Group Treatment Sessions: Drug court clients are required to attend group treatment sessions. Table 27 provides information about the group treatment sessions attended by drug court participants. On the average, terminations and withdrawals attended more group treatment sessions than graduates although the difference was not statistically significant. The average amount of time between group treatment sessions for graduates was a little more than eight days while for terminations it was a little more than every four days.

As shown in Table 28, very few group treatment sessions were missed by any participants. Terminations and withdrawals were slightly more likely to miss one or more group treatment sessions than graduates though the difference was not statistically significant.

Table 27. Comparison of Number of Group Treatment Sessions Attended Between Graduates and Terminations (and Withdrawals)						
Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	53.8	49	18.7	48	32	127
Termination or Withdrawal	61.2	37	41.7	50	9	174
Total	57.0	86	30.8	48.0	9	174

Table 28. Comparison of Number of Group Treatment Sessions Missed Between Graduates and Terminations (and Withdrawals)

		Outcome Comparison Group		
Group Sessions Missed		Graduate	Termination or Withdrawal	Total
0	Count	48	33	81
	% within Outcome Comparison Group	98.0	89.2	94.2
1	Count	1	2	3
	% within Outcome Comparison Group	2.0	5.4	3.5
3	Count	0	1	1
	% within Outcome Comparison Group	0.0	2.7	1.2
5	Count	0	1	1
	% within Outcome Comparison Group	0.0	2.7	1.2
Total	Count	49	37	86
	% within Outcome Comparison Group	100.0	100.0	100.0

Sanctions³⁶: Drug court participants are subject to sanctions for non-compliance. Table 29 shows the percentage of graduates and terminations and withdrawals that were sanctioned by the number of times that they were sanctioned. In every instance, terminations were significantly more likely to be sanctioned than graduates. This finding reflects concern about offender accountability and public safety.

The frequency with which sanctions were employed with terminations and withdrawals indicates that courts tried to correct the behavior of those participants that were eventually terminated a number of times before termination actually occurred. Slightly more than 80 percent of the terminations and withdrawals were sanctioned at least once and almost a quarter were sanctioned at least five times before termination. Sanctions were employed with graduates (a little more than a third) as well as terminations and withdrawals, just not as frequently and may have contributed to the eventual success of the former group.

Table 29. Comparison of Graduates with Terminations and Withdrawals According to Number of Sanctions Imposed

Outcome Comparison Group	% Sanctioned at Least Once	% Sanctioned at Least Twice	% Sanctioned at Least 3X	% Sanctioned at Least 4X	% Sanctioned at Least 5X
Graduate	38.0	26.0	18.0	14.0	6.0
Termination or Withdrawal	82.1	76.9	61.5	37.1	23.1
Total	57.3	48.3	37.1	28.1	13.5

³⁶ Incentives are also an important strategy to promote compliance and while the process evaluation reported their use by the Ninth Circuit Drug Court, no quantitative data on incentives were available

The reasons for sanctioning were almost entirely related to compliance issues (including missed meetings, association, and non-compliance with a directive) or substance abuse (including drinking). Table 30 shows the type of sanction imposed according to the order in which the sanction was imposed. Jail was generally the most frequently imposed sanction followed by additional treatment or community service or additional meetings. Sometimes, sanctions were used in combination, often combining jail with another sanction. Phase demotion was rarely used as a sanction.

This data does not reflect a graduated approach of progressively stiffer sanctions for continued non-compliance by participants. For example, jail is just as likely to be used as a sanction for the first violation as for the third violation.

Table 30. Percentage of Sanctioned Participants Receiving Specified Sanction by The Order of the Sanction					
Type of Sanction	Order of Sanction				
	First	Second	Third	Fourth	Fifth
Jail	44	47.3	32.2	42.1	20
Jail and Additional Treatment	2	2.6	7.1	5.3	0
Jail and Community Service	4	0	0	5.3	0
Jail, Phase Demotion, and House Arrest		2.6	0		0
Additional Treatment	14	13.2	21.4	15.8	20
Community Service and/or Outreach	10	15.8	17.8	15.8	30
Additional Meetings	14	10.6	7.1	5.3	30
Other (including informal house arrest, curfew and directives)	4	2.6	10.7	10.6	0
Phase Demotion	8	5.3	3.6	0	0

Summary of Processing Variables: Drug court participants in the Ninth Judicial Circuit are screened for eligibility and make their first court appearance in a very timely fashion. Participants proceed to graduation or termination along a number of different trajectories that may involve multiple promotions and demotions between phases, though demotions are infrequent for graduates. Drug court graduates spend more time in drug court (1.2 years) than terminations and withdrawals (.71 year). All drug court participants spend considerably less time in drug court than a comparison group of probation completers spent under probation supervision.

The Ninth Circuit Drug Court reports very healthy retention and graduation rates (66 percent and 55.6 percent, respectively). Failure to comply and substance abuse were the two most common reasons for termination.

Graduates had an appearance before the court an average of every 2.5 weeks of participation over the course of the entire program while terminations and withdrawals had an appearance every 1.7 weeks of participation with very few failures to appear for either group. In the case of graduates, a UA was administered about every 5.5 days, in the case of terminations and

withdrawals, every three days. About five percent of the tests administered to terminations and withdrawals were returned positive compared to about two percent for graduates.

The average amount of time between *drug court caseworker sessions* for graduates was 4.6 days while for terminations it was every three days, reflecting greater supervision of participants that were eventually terminated. Very few caseworker sessions were missed by any participants and the few that were missed were almost all missed by terminations.

On the average, graduates attended significantly more AA/NA meetings than terminations and withdrawals. The average amount of time between AA/NA meetings for graduates was 3.8 days while for terminations it was every 3.3 days. Very few AA/NA meetings were missed by any participants. Interestingly, almost the same percentage of graduates and terminations (and withdrawals) missed no meetings but several terminations missed a number of meetings which caused the number of missed meetings to be higher for the latter than the former group.

The average amount of time between *individual treatment sessions* for graduates was 11 days while for terminations it was every seven days. Very few individual treatment sessions were missed by graduates though almost 75 percent of the terminations and withdrawals missed at least one session, a statistically significant difference. The average amount of time between *group treatment sessions* for graduates was a little more than eight days while for terminations it was a little more than every four days. Very few group treatment sessions were missed by any participants though terminations and withdrawals were slightly more likely to miss one or more group treatment sessions than graduates.

Both graduates and terminations were sanctioned for non-compliance, though the latter group was more likely than the former to be sanctioned. Sanctions were typically used in response to either non-compliance or substance abuse. Jail was the most commonly used sanction though a variety of different types of sanctions were employed. Little evidence was found that sanctions were used in a graduated fashion with progressively stiffer sanctions for continued non-compliance by participants.

Collectively, these results reflect timely processing of drug court participants. Further the results about attendance at required meetings, UA testing, and use of sanctions are indicative of a concern for public safety and offender accountability. Results also confirm that Ninth Circuit Drug Court does not terminate participants in a capricious manner but rather that they are given many chances before failing.

Outcomes

Driver's License Status: Tables 31 and 32 compare the driver's license status of participants when they enter the program and when they exit the program. It can be seen that graduates who entered the drug court program with no driver's license were much more likely to exit the program with a license than their counterparts among the terminations. Because so few comparison group members did not possess a driver's license when placed on probation, a comparison between drug court participants and comparison group members was not meaningful. While no graduates who

possessed a driver's license when entering drug court lost their license, almost 20 percent of the terminations and a little more than ten percent of the probation completers lost their license while participating in their respective programs.

Table 31. Percentage of Outcome Comparison Group with No Driver's License at Program Entry who Exit with a License

Outcome Comparison Group	Percentage of Comparison Group in Analysis	Number with No License at Program Entry	% with No License at Program Entry who Exit with a License
Graduate	64.0	11	63.6
Termination or Withdrawal	84.6	7	28.6
Probation Completer	78.9	1	100

Table 32. Percentage of Outcome Comparison Group with Driver's License at Program Entry who Exit with No License

Outcome Comparison Group	Percentage of Comparison Group in Analysis	Number with License at Program Entry	% with License at Program Entry who Exit with No License
Graduate	64.0	21	0.0
Termination or Withdrawal	84.6	26	19.2
Probation Completer	78.9	29	13.8

Educational Status: Table 33 shows the percentage of participants and comparison group members that entered their respective programs without a high school (HS) diploma or General Equivalency Diploma (GED) but who exited with a diploma or GED. Although the small numbers make generalization problematic, graduates who entered the drug court program without a HS diploma or GED were more likely to exit with a diploma or GED than their counterparts in the other outcome comparison groups.

Table 33. Percentage of Outcome Comparison Group with No HS Diploma or GED at Program Entry who Enhance Education by Exit

Outcome Comparison Group	Percentage of Comparison Group in Analysis	Number with No HS Diploma or GED at Program Entry	% with No HS Diploma or GED at Program Entry who Exit with a HS Diploma or GED
Graduate	64.0	4	25.0
Termination or Withdrawal	87.2	11	9.1
Probation Completer	97.3	15	20.0

Employment Status: Table 34 shows the percentage of participants and comparison group members that were unemployed at the time they entered their respective programs that left their programs employed. It can be seen that graduates unemployed at admission to the drug court were much more likely than probation completers and especially terminations to exit employed, especially employed on a full-time basis.

Table 34. Percentage of Outcome Comparison Group Unemployed at Program Entry who are Employed at Exit					
Outcome Comparison Group	Percentage of Comparison Group in Analysis	Number Unemployed at Program Entry	% Unemployed at Program Entry who Exit with Part-Time Employment	% Unemployed at Program Entry who Exit with Full-Time Employment	% Unemployed at Program Entry who Exit with Employment
Graduate	62.0	14	7.1	92.9	100.0
Termination or Withdrawal	84.6	16	6.2	31.3	37.3
Probation Completer	97.3	18	5.6	72.2	77.8

Impacts

Recidivism: Table 35 shows the percentage of each outcome comparison group that recidivated after exiting their respective programs. Terminations are more likely to recidivate than either graduates or comparison group members and comparison group members were slightly more likely to recidivate than graduates, though none of these differences were significant. There are no standards regarding what constitutes a "good" recidivism rate for adult drug courts but to put these figures in context, a study released by the National Institute of Justice (NIJ) in 2003 from a sample of 17,000 drug court graduates nationwide, within one year of program graduation, 16.4 percent had been rearrested and charged with a felony offense.³⁷ The recidivism rate reported for the Ninth Circuit Drug Court is about half this nationally reported rate.

³⁷ Roman, J., Townsend, W., and Bhati, A. (2003, July). *National estimates of drug court recidivism rates*. Washington, DC: National Institute of Justice, U.S. Department of Justice.

Table 35. Percent Recidivating by Outcome Comparison Group

		Outcome Comparison Group			
Recidivism?		Graduate	Termination or Withdrawal	Probation Completer	Total
No	Count	46	32	34	112
	% within Outcome Comparison Group	92.0	82.1	89.5	88.2
Yes	Count	4	7	4	15
	% within Outcome Comparison Group	8.0	17.9	10.5	11.8
Total	Count	50	39	38	127
	% within Outcome Comparison Group	100.0	100.0	100.0	100.0

When one compares recidivism rates as we did above, it is important to make sure that the amount of time for follow-up is similar for the groups being compared. Table 36 compares the amount of time since program exit for the comparison groups and it can be seen that they are different. Terminations had a much longer opportunity to recidivate since their exit from the drug court than did graduates, while the comparison group had the shortest average follow-up time. Thus, it is possible with comparable follow-up times that the difference in recidivism rates between program graduates and probation completers would be even greater than that reported.

Table 36. Time (Days) to Recidivism or Cutoff Date by Outcome Comparison Group

Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	435.4	50	278.7	331.5	59.0	1096.0
Termination or Withdrawal	572.9	39	381.9	546.0	14.0	1614.0
Probation Completer	358.7	38	245.5	323.5	32.0	1330.0
Total	454.7	127	314.9	348.0	14.0	1614.0

Examining time to recidivism (measured from program exit to recidivism), it can be seen that graduates recidivated more quickly than either terminations and withdrawals or probation completers, as shown in Table 37. Graduates recidivated on the average 7.8 months after exiting the drug court program, terminations after 10.6 months, and comparison group members (i.e., probation completers) after 12.7 months. The small numbers involved, however, make generalizations difficult.

Table 37. Time (Days) to Recidivism by Outcome Comparison Group

Outcome Comparison Group	Mean	N	Std. Deviation	Median	Minimum	Maximum
Graduate	239.3	4	158.2	239.5	61.0	417.0
Termination or Withdrawal	322.1	7	346.4	146.0	14.0	921.0
Probation Completer	385.5	4	630.8	90.0	32.0	1330.0
Total	316.9	15	381.0	146.0	14.0	1330.0

Some offenders recidivated as many as four times. Specifically, of the four graduates that recidivated, three recidivated with only one new offense and one with four new offenses. Of the seven terminations that recidivated, three recidivated with only one new offense, three with two, and one recidivated with three new offenses. All four probation completers reported only one new recidivistic offense.

Table 38 lists the recidivistic offenses for the fifteen recidivists. There were no violent offenses though one of the recidivistic offenses for graduates involved possession of an illegal weapon. Of the seven recidivistic offenses for graduates, five were non-drug related and four were misdemeanors. Of the 12 recidivistic offenses committed by terminations, nine were non-drug related and six were misdemeanors. Of the four recidivistic offenses reported for the comparison group of probation completers, two were non-drug related and only one was a misdemeanor.

Table 38. Recidivistic Offenses by Comparison Group			
Comparison Group	Recidivistic Offense	Type	Classification
Graduate	(1) Operated Vehicle on HWY Without Valid License-1st or 2nd Offense	Non-violent, Non-drug	Misdemeanor
	(2) Operated Vehicle on HWY Without Valid License-1st or 2nd Offense	Non-violent, Non-drug	Misdemeanor
	(3) Unlawful Possession, Transport, Manufacture, Repair or Sale of Illegal Weapon	Non-violent, Non-drug	Felony
	(4) Possession of Controlled Substance Except 35 grams or less of Marijuana	Non-violent, Drug	Felony
Graduate	DWI-Alcohol	Non-violent, Drug	Misdemeanor
Graduate	Operated Vehicle on HWY Without Valid License-1st or 2nd Offense	Non-violent, Non-drug	Misdemeanor
Graduate	Tampering w/a Motor vehicle	Non-violent, Non-drug	Felony
Termination	(1) Operating a motor vehicle in a careless and imprudent manner	Non-violent, Non-drug	Misdemeanor
	(2) Operating a motor vehicle in a careless and imprudent manner, involving an accident	Non-violent, Non-drug	Misdemeanor
	(3) DWI-Alcohol-Prior Offender	Non-violent, Drug	Misdemeanor
Termination	Dist/Del//Manf/Produce or attempt to or possess w/intent to dist/del/manf/produce a controlled substance (2 counts)	Non-violent, Drug	Felony
Termination	(1) Operated Vehicle on HWY Without Valid License-1st or 2nd Offense	Non-violent, Non-drug	Misdemeanor

	(2) Dist/Del//Manf/Produce or attempt to or possess w/intent to dist/del/manf/produce a controlled substance	Non-violent, Drug	Felony
Termination	(1) Disc-stealing	Non-violent, Non-drug	Felony
	(2) Burglary- 2nd Degree (2 counts)	Non-violent, Non-drug	Felony
Termination	(1) Public Intoxication	Non-violent, Drug	Misdemeanor
	(2) Forgery	Non-violent, Non-drug	Felony
Termination	Unlawful Rcpt of food stamps	Non-violent, Non-drug	Felony
Termination	STLG (Stealing)	Non-violent, Non-drug	Misdemeanor
Probation Completer	Operated Vehicle on HWY Without Valid License-3rd and Subsequent Offenses	Non-violent, Non-drug	Felony
Probation Completer	Unlawful use drug paraphernalia	Non-violent, Drug	Misdemeanor
Probation Completer	Non-support in each of six individual months within any twelve-month period, amount owed is in excess of \$5000 (2 counts)	Non-violent, Non-drug	Felony
Probation Completer	Possession of Controlled Substance Except 35 grams or less of Marijuana	Non-violent, Drug	Felony

Survival Functions: Survival functions show us how recidivism changes over time. A “survivor” in this sense is a participant or comparison group member that has not recidivated. Figure 7 shows how the percentage of survivors among each comparison group changes over time. The sharp drop in the survival rate for the probation completers just short of 1, 500 days after completing probation is artifactual, reflecting the fact that many probation completers had not recidivated by the end of the cutoff date for our recidivism analysis (April 7, 2006). As described earlier, probation completers as a group had a shorter amount of time to fail (i.e., recidivate) than participants and with time their survival rate can be expected to decrease.

Figure 7 shows that graduates have the highest survival rate of all the comparison groups for up to about 500 days after graduation after which probation completers have a slightly higher survival rate. Terminations generally have the lowest survival rate during the entire follow-up period.

A multivariate analysis, specifically a *Cox regression*³⁸, was performed in order to determine whether the survival functions of the three comparison groups differed significantly while controlling for "confounding" factors that might also explain recidivism rates over time, such as the offender's age. Table 39 below shows the results of the Cox regression³⁹. Of critical interest is the lack of significance of the regression coefficients for the covariates *grad* and *term*, which compare the survival rates of graduates and terminations, respectively, to that of probation completers while controlling for the influence of the other covariates included in the regression equation. In other words, the recidivism rates of graduates and terminations over time do not differ significantly from that of the comparison group of probation completers.

The Cox regression results also show that several covariates were predictive of recidivism over time. Specifically, conviction offense-related covariates (*property*, *otherm*, and *weapon*) and jurisdiction-related covariates (*Linn* and *Chariton*) were significant.

Among the conviction offense-related variables, *property* compares the survival rates of property offenders to that of offenders convicted of possession of illegal drugs or DUI. Because the regression coefficient for *property* was positive, it indicates that the hazard rate for property offenders is higher than that of offenders convicted of possession of a controlled substance or DUI. In other words, property offenders are more likely to recidivate than offenders convicted of possession of a controlled substance or DUI. Likewise, the positive coefficient for the covariate *otherm* indicates that offenders convicted of an "other"⁴⁰ offense have a higher hazard rate (i.e., they are more likely to recidivate) than offenders convicted of possession of a controlled substance or DUI. Finally, the positive coefficient for *weapon* indicates that offenders convicted of "unlawful use of a weapon" have a higher hazard rate than offenders convicted of possession of a controlled substance or DUI. Interestingly, offenders convicted of manufacturing, distributing, or selling controlled substances were no more likely to recidivate than offenders convicted of possession (or DUI).

³⁸ It is necessary to test a critical assumption before a Cox regression is warranted, that of "proportional hazards". Proportional hazards tests whether the impact of covariates on recidivism change over time. A global test for proportional hazards was conducted (Grambsch and Therneau, 1994) and was found to be non-significant. In addition, none of the covariates were significant, further indicating that the Cox regression satisfied the assumption of proportional hazards and consequently that it is safe to proceed with interpretation.

³⁹ The Cox regression as a whole accounted for a significant amount of the variation in survival rates overtime, which warranted an examination of the regression coefficients for each covariate, LR Chi-square(12) =21.84, $p<.0394$.

⁴⁰ "Other" offenses were either family-related (endangering the welfare of a child, nonsupport, and failure to pay child support) or traffic-related (driving with a revoked license and leaving the scene of an accident).

Figure 7: Comparison of Survival Functions of Outcome Comparison Groups

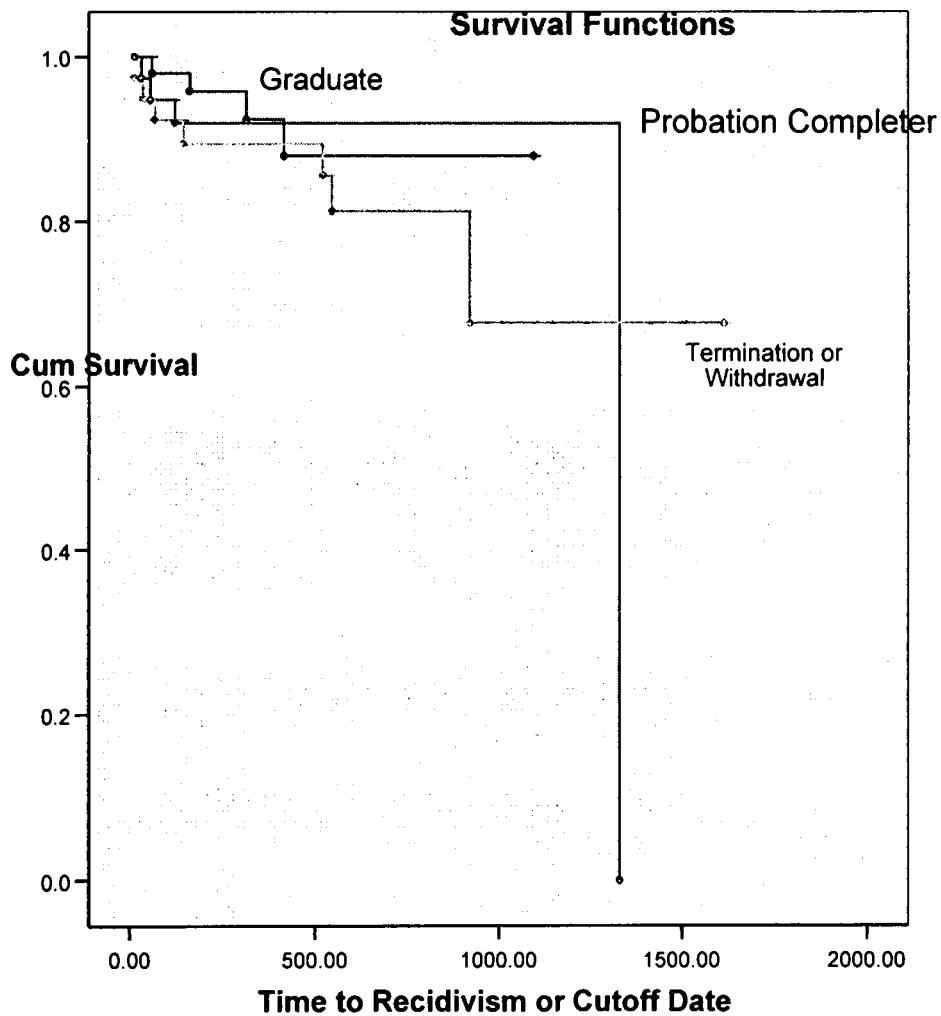


Table 39. Cox Regression of Time to Recidivism Results						
No. of subjects=123						
No. of failures=14						
Time at risk=55853						
Log likelihood=-46.374081						
LR chi2(13)=22.22						
Prob > chi2=0.052						
Covariate	Coef.	Std. Err.	z	P>z	[95% Conf. Interval]	
age	-0.01438	0.037798	-0.38	0.704	-0.088467	0.0597
gend	-0.7612	0.734208	-1.04	0.3	-2.20022	0.677821
afro	0.574649	1.135551	0.51	0.613	-1.650991	2.800289
scoren	-0.18311	0.252036	-0.73	0.468	-0.67709	0.310872
grad	0.659868	0.837666	0.79	0.431	-0.981927	2.301663
term	0.492255	0.860553	0.57	0.567	-1.194398	2.178909
property	3.049984	1.180534	2.58	0.01	0.7361801	5.363788
salemand	0.7289	1.279814	0.57	0.569	-1.77949	3.23729
family	2.224146	1.497024	1.49	0.137	-0.709968	5.15826
traffic	3.280996	1.638389	2	0.045	0.069812	6.49218
weapon	3.384274	1.544317	2.19	0.028	0.3574686	6.41108
linn	-1.57702	0.745648	-2.11	0.034	-3.038465	-0.11558
chariton	-2.95877	1.288075	-2.3	0.022	-5.483356	-0.43419

The negative coefficients associated with *Linn* and *Chariton* indicate that the hazard rates for offenders supervised in these counties are lower (i.e., the recidivism rates are lower) than the rate for offenders from Sullivan county and the few offenders supervised outside of these three counties. Overall (i.e., across all three outcome comparison groups), Sullivan County and the jurisdictions outside the Ninth Circuit report the highest recidivism rate of 20 percent, compared to recidivism rates of 12.2 and 3.8 percent for Linn and Chariton counties, respectively. Of the five recidivists from Sullivan County, three were comparison group members, one was a termination, and only one was a graduate.

Summary of Outcomes and Impacts: The Ninth Circuit Drug Court assisted almost two-thirds of drug court graduates and almost a third of the terminations who entered the drug court program with no license to obtain a license by the time they exited from drug court. Further, and unlike comparison group members and terminations, no graduate lost their license while participating in drug court. One fourth of the graduates who entered drug court without a HS diploma or GED exited the program with a diploma or GED, in comparison to about 10 percent of the terminations and 20 percent of the comparison group members so situated. Further, 100 percent of the graduates unemployed at the time of program entry were employed at program exit, compared to 37 percent and 78 percent of the terminations (and withdrawals) and probation completers, respectively.

Graduates reported the lowest recidivism rate (8 percent) although it was only marginally lower than that of the comparison group (10.5 percent) but considerably lower than the rate reported for terminations (17.9 percent). The recidivism rate for graduates is considerably lower than a national estimate of adult drug court recidivism made in 2003 of 16.4 percent. On the average, graduates recidivated more quickly than either comparison group members or terminations. Any recidivism comparisons between drug court participants and comparison group members should be tempered by the fact that comparison group members have not had as much time to recidivate ("street time") since completing probation as drug court participants have had since exiting drug court. With the passage of additional time it is likely that the recidivism rate of the comparison group will increase. All of the recidivistic offenses were non-violent and most were non-drug related. Most of the recidivistic offenses for both graduates and terminations (and withdrawals) were misdemeanors while most of those for the comparison group were felonies.

A multivariate analysis of "survival rates" revealed that there was no difference in the probability of recidivism over time between the three outcome comparison groups, even while controlling for the influence of extraneous variables that might also influence recidivism. This analysis also revealed that offenders convicted of property offenses, weapons-related offenses, family-related offenses, or traffic-related offenses were more likely to recidivate than offenders convicted of possession of a controlled substance or DUI. Offenders convicted of offenses related to the sales, manufacture, or distribution of controlled substances were no more likely to recidivate than offenders convicted of possession of a controlled substance or DUI.

Cost-Benefit: Cost-benefit analyses conducted of drug court programs have generally shown that that the costs of these programs are greater than the costs of providing services to the comparison group. In addition, most of these analyses have shown a net benefit for drug courts, primarily from reductions in recidivism affecting criminal justice system costs and avoided costs to potential victims.⁴¹

If these patterns hold true in the Ninth Circuit, it is likely that drug court participation is more expensive than standard probation. As part of our efforts to document costs, we attempted to document the use of jail with the three outcome comparison groups but were unable to obtain the necessary data. At any rate, in many cases, drug court participants end up spending more time in jail than probationers because of its use as a drug court sanction so it is unlikely that a cost savings would have been produced here.

Because the recidivism rates of the graduates and probation completers were of similar magnitude, both alternatives would have shown similar avoided costs to the criminal justice system and victims. Consequently, it is unlikely that the data at hand would not have shown a net benefit for the Ninth Circuit Drug Court. However, with the passage of time, it is likely that the recidivism rate of the comparison group will increase at a greater rate than the rate reported for drug court participants.

Consequently, we feel that a full-blown cost-benefit analysis is unlikely to show a net benefit for the Ninth Circuit Drug Court at this time. However, if, as we expect, the recidivism rate for the

⁴¹Supra, Note 2.

comparison group increases at faster rate over time than the rate reported for graduates, such an analysis may reveal a net savings for the drug court and consideration should be given to conducting a full-blown cost-benefit analysis at that time.

Section 5. Concluding Remarks

The Ninth Judicial Circuit Drug Court serves an invaluable purpose for all of its citizens, including those participating in drug court and those in the community receiving the indirect benefit from the reduction in drug-related offenses and improved social functioning of its citizens. In its approach to program implementation and operation, the drug court has embraced the problem-solving courts model, that is, one that attempts to address the participant's underlying drug or alcohol addiction associated with criminal activity in order to eliminate the addiction, enhance his/her quality of life, reduce recidivism, and increase public safety.

Overall, the Ninth Judicial Circuit Drug Court is operating as well as can be expected given its current status of funding, staffing levels, and treatment program resources. The strength of the Ninth Circuit Drug Court lies in the dedication [of the drug court team members] to the drug court participants. It is clear from the data and information contained within this *Impact and Outcome Evaluation Report* that the drug court participants receive a substantial amount of time, attention, and service from the drug court team. Drug court graduates certainly exit the drug court in an improved situation when compared to their status at entry. Additionally, the recidivism rate for graduates is considerably lower than a national estimate of adult drug court recidivism made in 2003 of 16.4 percent.

Another strength of the Ninth Circuit Drug Court lies in its commitment to the fundamentals [of the Ten Key Components] that are related to the underlying framework of any drug court (e.g., treatment services coupled with intensive judicial supervision, service delivery to the participant, delivery of sanctions and incentives, and frequent AOD testing). The NCSC project team would like, however, for the Ninth Circuit Drug Court Program to increase its emphasis on and attention to the details of performance monitoring and measurement. Several opportunities for programmatic reflection and improvement have been identified throughout the *Impact and Outcome Evaluation Report*. Once a culture of internal monitoring and performance measurement is emphasized, the focus of the drug court will expand from a participant level focus to a system wide focus. Performance measurement is critical to making programmatic adjustments and changes which, in the end, will be a benefit to all participants.