



Final Report

**FLORIDA STATEWIDE TECHNICAL ASSISTANCE PROJECT:
DEVELOPMENT OF A PLAN FOR THE STATEWIDE EVALUATION OF
FLORIDA'S DRUG COURTS**

Presented by:

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

Presented to:

**The Bureau of Justice Assistance
The Florida Supreme Court Task Force on Treatment-Based Drug Courts
The Florida Office of the State Courts Administrator**

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FLORIDA STATEWIDE TECHNICAL ASSISTANCE PROJECT: DEVELOPMENT OF A PLAN FOR THE STATEWIDE EVALUATION OF FLORIDA'S DRUG COURTS

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FINAL REPORT

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SECTION 1. INTRODUCTION

Overview

The Florida State Courts System has the most extensive experience with treatment-based drug courts, beginning in 1989 when the first drug court was developed in Miami-Dade County. At that time, a large majority of criminals were incarcerated because of drug offenses and were revolving back through the criminal justice system because of their drug abuse or addiction. With the support of the Florida Supreme Court, some local judges decided that a more effective approach might be the delivery of treatment services coupled with more intensive oversight by the criminal justice system. As a result, the drug court concept was born.

Since 1989, other jurisdictions throughout Florida have implemented drug courts. Currently, Florida has 111 drug courts in operation with seven more in the planning stages. The drug court movement has gained momentum nationally and internationally with over 2,000 drug courts in operation or in the planning stages of development. As drug courts have expanded in Florida, there has been a subsequent need to evaluate their impact and effectiveness on a statewide level, particularly with respect to their cost effectiveness and reductions in recidivism. To this end, the Florida Supreme Court's Task Force on Treatment-Based Drug Courts was charged with developing a plan for a statewide drug court evaluation of Florida's drug courts.

To assist the Task Force with their charge, the Florida Office of the State Courts Administrator (OSCA) applied for technical assistance available through the National Center for State Courts and its Bureau of Justice Assistance (BJA) funded *Statewide Technical Assistance Project*. During a two-day working session on January 24-25, 2008, the Task Force on Treatment-Based Drug Courts, personnel from the Florida Office of State Courts Administrator, and NCSC technical assistance consultants worked together to develop a plan for the statewide evaluation of Florida's Treatment-Based Drug Courts. On March 3, 2008, March 26, 2008, April 17, 2008, and June 5, 2008, the Evaluation Workgroup [a sub-committee of the Task Force] met to finalize the evaluation plan. The resulting decisions and the evaluation plan are articulated within this document.

Background on Florida's Treatment-Based Drug Courts, Data Reporting, and Evaluation Efforts to Date

In the past, there have been efforts to obtain funds at the state level for a statewide evaluation that have been unsuccessful. While many of Florida's drug courts have conducted local drug court evaluations, a statewide evaluation would have many benefits, one of which is to help move drug courts towards statewide institutionalization. A formal plan for such an evaluation would be helpful in securing the funds that are needed.

In 1999, the Task Force developed critical performance indicators and data elements to be captured by all drug courts in Florida. The original indicators and data elements were subsequently revised and expanded in 2004 to include juvenile and family dependency drug courts. In 2006, the OSCA expanded their data collection efforts to include many of critical data elements that previously were not being captured at the state level.

Throughout the development of the evaluation plan, it was decided that it would be beneficial for Florida to update their performance measures in light of the NRAC drug court measures released in 2006. The Task Force ultimately decided to adopt each of the NRAC measures which can be found in Appendix A. If drug courts in Florida can begin or continue collecting each of the performance indicators they will be better prepared for local and statewide evaluations.

SECTION 2. PURPOSE AND SCOPE OF THE STATEWIDE EVALUATION

Purpose of the Statewide Evaluation

- To educate the judiciary and other Legislative Branch and Executive Branch stakeholders about Drug Courts.
- To determine the efficacy of Drug Courts. What value do Drug Courts add compared to a "business as usual" approach to drug and alcohol addicted defendants, juveniles, and parents in the court system.
- To sustain the message of Drug Courts in an environment of legislative term limits and judicial rotation.
- To justify present and future public and private funding of Drug Courts.
- To utilize the results of the evaluation to improve Drug Court processes, including but not limited to the determination of target population and criteria for admission into Drug Courts.
- To answer the critical ingredient question. [What elements/services/dosage are related to successful participant and systemic outcomes?]
- To determine and identify whether Drug Court practices can be generalized to other types of problem-solving courts.
- To assist the Florida Judicial Branch with taking Drug Courts to scale statewide.

Audience and Timing

- Multiple audiences as identified in the purpose section [judicial, legislative, executive, media]
- No pending time limitations or demands for the statewide evaluation.

Scope of the Statewide Evaluation

1. What type of Drug Courts will be included in the Evaluation?
 - Due to funding limitations and the current political environment, it is anticipated that the evaluation of Florida's Treatment-Based Drug Courts will be implemented in phases.
 - Phase 1-Adult Felony Drug Courts
 - Phase 2-Juvenile Delinquency Drug Courts
 - Phase 3-Family Dependency Drug Courts
 - Phase 4-Misdemeanor/DUI Drug Courts
 - The phased approach does not preclude pursuit of available funding that would reorder the phases.
 - Notwithstanding the progression through the phases, each phase of the evaluation should focus on "mature" Drug Court programs. Mature Drug Courts are those that have been in existence for at least two years and have a sufficient number of Drug Court graduates (at least 30).

SECTION 3. COMPONENTS OF THE COMPREHENSIVE EVALUATION OF FLORIDA'S TREATMENT-BASED DRUG COURTS

The Task Force recommends that the following components are included in the comprehensive statewide evaluation of Florida's Treatment-Based Drug Courts:

- Development of a Logic Model
- Process Evaluation
- Outcome Evaluation
- Impact Evaluation
- Cost Evaluation

Development of a Logic Model for each Drug Court

*A **LOGIC MODEL** is a useful tool for both program development and evaluation planning. While there are many forms, logic models usually specify, in graphic or schematic form, program goals, objectives, activities, outputs, and outcomes. As the name implies, the logic model allows the program manager or evaluator to clearly indicate the logical connections between program components: that is, how program activities will lead to the accomplishment of objectives, and how accomplishing objectives will lead to the fulfillment of goals. In addition, the logic model includes the measures that will be used to determine if activities were carried out as planned (output measures), and if the program's objectives (i.e., the results of the activities) have been met (outcome measures).¹*

Process Evaluation

Any Statewide Evaluation of Florida's Treatment-Based Drug Courts should include a process evaluation for those programs that have not had a process evaluation within the prior three years. The process evaluation will be updated for those programs that have had a process within the prior three years. The update will include the special process evaluation issue of minority participation. The process evaluation will include program history, operations, target population, and an analysis of output statistics.

*A **PROCESS EVALUATION** focuses on how a program was implemented and operates. It identifies the procedures undertaken and the decisions made in developing the program. It describes how the program operates, the services it delivers, and the functions it carries out. A process evaluation addresses whether the program was implemented and is providing services as intended. However, by additionally documenting the program's development and operation, it allows an assessment of the reasons for successful or unsuccessful performance, and provides information for potential replication.²*

Special Process Evaluation Issues

- Minority participation in Drug Courts
- Compliance with National and State Standards

¹ *Guide to Program Evaluation*. Bureau of Justice Assistance, Center for Program Evaluation
<http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary>.

² *Guide to Program Evaluation*. Bureau of Justice Assistance, Center for Program Evaluation
<http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary>.

- Compliance with the Department of Justice, Office of Justice Programs Key Components for Adult Drug Courts and Misdemeanor
- Compliance with Florida's Statewide Guidelines for Juvenile Delinquency Drug Courts and Family Dependency Drug Courts

Outcome Evaluation

While the process evaluation will provide valuable information about drug court operations, it will not fully answer whether the drug courts are having an influence on its participants. Further, the Task Force wants to be able to attribute any changes observed in participants to the influence of the drug court and not some other explanation. Questions about drug court effects and attribution can be addressed more appropriately through an outcome and impact evaluation.

An **OUTCOME EVALUATION** identifies the results of a program's effort. It seeks to answer "What difference did the program make?" It provides a statement about the net effects of a program after a specified period of operation. This type of evaluation provides knowledge about: (1) the extent to which the problems and needs that gave rise to the program still exist, (2) ways to ameliorate adverse impacts and enhance desirable impacts, and (3) program design adjustments that may be indicated for the future.³ Outcome evaluations are distinguished from Impact evaluations primarily by their time horizons. Outcome evaluations focus on more proximal program effects on participants (how has the participants' status (educational, employment-wise, severity of addiction, and so forth) changed during the course of their participation in the program). Impact evaluations on the other hand are concerned with more distal effects of the program on participants, after they have completed their participation in the programs, typically two to five years after program completion.

Advantages and Disadvantages of an Outcome Evaluation	
Advantages	Disadvantages
1. Enables evaluator to infer whether the program is affecting participants during the course of their participation in ways that were intended (e.g., improved housing situation and enhanced sobriety)	1. Requires measurement of outcome variables for all program participants on at least two occasions, (1) program entry and (2) program exit
2. Enables evaluator to infer whether the program is affecting participants during the course of their participation in ways that were unintended (e.g., loss of employment)	2. An unbiased estimate of program effects on participants during the course of their participation in the program requires a complex multivariate analysis that requires specialized expertise that could be costly.
3. Provides information that can be used to improve program design and operation	3. Requires a well-defined program with a plausible logic for expected outcomes
4. Provides information that informs an impact evaluation	4. Requires a well-implemented program that delivers a sufficient "dose" of services to reasonably expect effects

³ Guide to Program Evaluation. Bureau of Justice Assistance, Center for Program Evaluation
<http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary>.

Impact Evaluation

An **IMPACT EVALUATION** is a type of outcome evaluation that focuses on the broad, long-term impacts or results of program activities.⁴

Advantages and Disadvantages of an Impact Evaluation	
Advantages	Disadvantages
1. Enables evaluator to infer whether the program has a long-term effect (or impact) on participant behavior in ways that were intended, after the participant has exited from the program (e.g., reduced probability of re-offending)	1. Requires measurement of impact variables for all program participants on at least two occasions, (1) program exit and (2) an arbitrary cut-off date (typically 2-5 years after program exit)
2. Enables evaluator to infer whether the program has a long-term effect (or impact) on participant behavior in ways that were <u>not</u> intended, after the participant has exited from the program (e.g., increased alcohol consumption)	2. An unbiased estimate of program effects on participants after they have exited from the program requires a complex multivariate analysis that requires specialized expertise and that could be costly
3. Provides information that can be used to improve program design and operation	3. Requires a well-defined program with a plausible logic for expected outcomes
4. Provides information that informs a cost-benefit or cost-effectiveness evaluation	4. Requires a well-implemented program that delivers a sufficient "dose" of services to reasonably expect effects
	5. Requires a carefully chosen comparison group

Cost-Benefit or Cost-Effectiveness Evaluation

The process, outcome, and impact evaluations address questions of program effectiveness but do not address questions of program efficiency which are best addressed by a cost-benefit or cost-effectiveness analysis. While the Task Force preference is for a cost-effectiveness approach, it is open to a cost-benefit approach if the evaluator can demonstrate appropriateness.

*A **COST-BENEFIT ANALYSIS** compares present values of all benefits less those of related costs when benefits can be valued in dollars the same way as costs. A cost-benefit analysis is performed in order to select the alternative that maximizes the benefits of a program.*

*A **COST-EFFECTIVENESS ANALYSIS** compares alternatives when benefits or outputs cannot be valued in dollars. This relates costs of programs to performance by measuring outcomes in a nonmonetary form. It is useful in comparing methods of attaining an explicit objective on the basis of least cost or greatest effectiveness for a given level of cost.⁵*

⁴ *Guide to Program Evaluation*. Bureau of Justice Assistance, Center for Program Evaluation, <http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary>.

⁵ *Guide to Program Evaluation*. Bureau of Justice Assistance, Center for Program Evaluation, <http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary>.

Advantages and Disadvantages of a Cost-Benefit Evaluation	
Advantages	Disadvantages
1. Enables evaluator to infer whether the program's monetized benefits out-weigh their monetized costs	1. Requires a complete accounting of program costs and benefits
2. Enables evaluator to compare the cost benefit ratio of drug court to the cost-benefit ratio of the "business-as-usual" condition and other alternatives to determine which alternative can provide the greatest ratio of benefits to costs	2. Dependent on the quality of the process and impact evaluations
3. A complete and comprehensive cost-benefit analysis provides the best means to select among alternative policies in terms of weighing overall costs relative to overall benefits	3. Requires specialized expertise, with its associated costs
	4. Easy to "fudge"

Advantages and Disadvantages of a Cost-Effectiveness Evaluation	
Advantages	Disadvantages
1. Enables evaluator to estimate the cost of a given alternative required to produce a desired impact (e.g., dollars per crime averted)	1. Requires a complete, accurate accounting of program costs
2. Enables evaluator to compare the cost – effectiveness of drug court to the cost-effectiveness of the "business-as-usual" condition and other alternatives to determine which alternative can provide the most significant impact for dollars expended	2. Dependent on the quality of the process and impact evaluations
3. Does not require a complete accounting of all benefits	3. Requires specialized expertise, with its associated costs
4. Often easier for policy-makers to understand since it links costs directly to impacts	4. Easy to "fudge"
5. Usually less costly than a comprehensive cost-benefit analysis	

Prospective or Retrospective Study of Drug Courts

As to the issue of timing, the Task Force expressed a preference to pursue a prospective strategy of evaluation. This will provide an uncommon opportunity to implement a well-planned and executed evaluation. And the results, however they may lie, will be difficult to challenge. While the Task Force prefers a prospective study design and recognizes the data challenges associated with a retrospective study design, funding may preclude the preferred prospective study design.

Advantages and Disadvantages of a Retrospective Outcome/Impact Evaluation	
Advantages	Disadvantages
1. Enables evaluator to begin collecting impact data immediately, permitting the analysis to be completed within a relatively short time line (one to two years)	1. Data on program "outcomes" will in most cases be difficult to obtain, making the case for attribution of impacts to drug court problematic
2. Enables evaluator to select comparison group from same jurisdiction as drug court treatment group, controlling for the geography confound	2. Data of all types may be difficult to obtain retrospectively, especially for juveniles (and others) whose records may have been expunged. The evaluator will generally be dependent on data that has been collected in the past and will be captive to any deficiencies in this data
3. Likely cheaper than a prospective study	3. May be difficult to characterize drug court processes very far in the past

Advantages and Disadvantages of a Prospective Outcome/Impact Evaluation	
Advantages	Disadvantages
1. Gives evaluators the most control over the quasi-experiment, permitting them to collect a wider array of data and permitting some measure of quality control over the data	1. Requires a long timeline: (1-2 years to accumulate a sufficient number of exiting participants) + 2 years follow-up, minimum of four to five years after data collection begins
2. Provides sufficient time to drug courts to enable them to collect all of the data elements needed for the evaluation in a uniform and accurate method	2. Requires commitment on the part of participating courts to collect needed data in the way proscribed by the evaluator over an extended period of time
3. Strengthens the ability of the evaluator to attribute drug court as the source of any impact differentials	
4. Internal validity will almost certainly be higher than a retrospective study	

Sampling Strategy⁶

Representative Sample Factors

- Mixture of urban/rural/mid-suburban Drug Courts
- Program Maturity [criteria include the age and size (# of graduates) of Program]
- Geographic Location
- Pre and Post Adjudication Models Consideration
- Mandatory and Voluntary Participation Consideration
- Target Population
- Data availability
- Five (5) to seven (7) drug court programs

Sample Size

- Minimum of 300 graduates statewide for each type of drug court

Data Issues and Next Steps

- Florida OSCA maintains limited aggregate Performance Indicator data
- Data should be collected at the participant level
- Possible data sources include CJIS/JIS/DOC/Clerk of Court Information Systems
- Uniform data collection is critical
- Data Collection Considerations
 - Development of independent data collection tools
 - Reliance on existing IT systems
 - Court Files Access
 - Treatment Files Access
 - Confidentiality Issues (identifiers), including 42 CFR and HIPAA

⁶ Final site selection is subject to the approval of the Supreme Court Task Force on Treatment-Based Drug Courts.

Comparison Groups

- Select appropriate comparison groups for different types and locations of courts.
- What would happen to drug court-eligible offenders in lieu of drug court?

COMPARISON GROUPS: SITE-BY-SITE BASIS		
Drug Court		Business As Usual Comparison Group
Adult Felony Drug Court	<ul style="list-style-type: none"> • Pre Adjudication • Post Adjudication 	<ul style="list-style-type: none"> • Pre/Post: Probation Diversion • Post: I/C-Jail/Division • Pre: Drug Offender Probation • Post: Regular Probation
Juvenile Delinquency Drug Court	<ul style="list-style-type: none"> • Post Adjudication • Pre Adjudication 	<ul style="list-style-type: none"> • Diversion (pre-adjudication) • Probation (post adjudication) • Commitment
Family Dependency Drug Court	Allegations of Substance Abuse	Parents not directed to drug court remain on regular dependency docket
Misdemeanor/DUI Drug Court		<ul style="list-style-type: none"> • Regular Docket→ Typical sentence probation, time served • Treatment or non-treatment

Impacts/Outcomes

An **OUTCOME** is the result of program operations or activities. An **IMPACT** is the ultimate effect of the program on the problem or condition that the program or activity was supposed to do something about.

OUTCOMES AND IMPACTS OF INTEREST FOR FLORIDA'S TREATMENT-BASED DRUG COURTS				
Outcomes [O] and Impacts [I] of Interest	Adult Felony Drug Court	Juvenile Drug Court	Family Dependency Drug Court	Misdemeanor/ DUI Drug Court
Recidivism ⁷ [O][I]	(1)	(1)	(1)	(1)
Abstinence/Sobriety	(2)	(2)	(3)	(2)
Academic Achievement [O]	(5) Adult Basic Levels	(3) Attendance, Truancy, Runaway, Achievement	X	(5)
Change in Employment Status [O]	(3)	X	(4)	(3)
Housing/Homelessness [O]	X	X As Appropriate	X	X
Income Gains [O]	X	X	X	X
Health Status [O]	X	X	X	X
Mental Health Status [O]	X	X	X	X
Drug Free Baby at Birth During Participation [O]	(4)		X	(4)
Financial Obligations-Fines, Fees, Court Costs, Community Service	(6)	X	X	(6)
Driver's License Restoration	(7)		X	(7)
Permanency Outcomes-Reunification [O]			(2)	
Life Skills [O]	X	X	X	X
Extracurricular Activities [O]		X		

(#)-Order of Priority X-Area of Interest

⁷ Recidivism Definitions:

Adult, Juvenile, and Misdemeanor/DUI Drug Courts: Recidivism is defined as any felony, misdemeanor drug or DUI rearrest resulting in the filing of a charge for drug court participants during involvement in the drug court program and upon exit from the program.

Family Dependency Drug Court: Recidivism is defined as in-home reports with documented findings of "verified" or "some indicators" of at least one maltreatment with a type of abuse, neglect, or threatened harm AND a report received date (or incident date) through the Department of Children and Families. The above indicator:

- 1) Includes only maltreatments where the parents or caregivers who were included as a subject in the original report, or were named in the original report that was the cause of the dependency drug court participation, are also caregivers in the subsequent report.
- 2) Includes only those intact homes, where the child remained with, or was returned to, the parent involved in drug court.
- 3) Excludes reports occurring in out-of-home care so as not to count if the child was maltreated after being removed from the parent and in placement.

**APPENDIX A
CRITICAL PERFORMANCE INDICATORS FOR FLORIDA DRUG COURTS**

Critical Performance Indicators for Florida's Drug Courts

In 2006, the Supreme Court Task Force on Treatment-Based Drug Courts (Task Force) was charged with developing a proposal for a statewide evaluation of Florida's drug courts pursuant to administrator order AOSC06-51. To assist the Task Force in developing a comprehensive evaluation proposal, the National Center for State Courts (NCSC) was consulted through their Bureau of Justice Assistance-funded *Statewide Drug Court Technical Assistance Project* to provide guidance to the Task Force. During the development of the evaluation proposal, NCSC staff recommended that Florida consider adopting each of the four National Research Advisory Committee (NRAC) core drug court performance measures released in June 2006 by the National Drug Court Institute publication *Local Drug Court Research: Navigating Performance Measures and Process Evaluations*.⁸

Several years ago, the Task Force adopted Recidivism and Retention as critical performance indicators for Florida's drug courts, two of the four NRAC measures. The Task Force ultimately decided to retain the two indicators currently in place with some modifications and clarification, and adopt the two additional NRAC measures which include Sobriety and Units of Service. The four proposed indicators include:

1. **Recidivism (current Florida indicator)**
2. **Retention (current Florida indicator)**
3. **Sobriety**
4. **Units of Service**

The purpose of developing performance indicators is for drug courts to have the ability to provide research based indicators to supplement program evaluations. It is critical for drug courts to capture performance indicators to demonstrate the effects of the drug court on the clients and community served. To that end, the Task Force recognizes the importance for drug courts in Florida to document performance indicators that can be compiled and compared statewide. The Task Force also recognizes that these indicators are not the only indicators that may document program outcomes. However, the Task Force recommends that these proposed indicators be captured at a minimum by all drug courts in Florida.

1. Recidivism

Adult and Juvenile Drug Courts

This performance indicator should be based on six-month *exit* cohorts (i.e. everyone exiting from drug court during a specified six month time period). Recidivism is defined as any felony or misdemeanor drug/DUI rearrest *resulting in the filing of a charge* for drug court participants during

⁸ The National Research Advisory Committee (NRAC) is a group of leading scholars and researchers convened by the National Drug Court Institute through funding from the Bureau of Justice Assistance. NRAC developed a uniform research plan for drug court data collection and analysis, including the identification of a core set of performance measures for adult drug courts. NRAC's work is documented in the publication *Local Drug Court Research: Navigating Performance Measures and Process Evaluations*, National Drug Court Institute, Alexandria, VA, 2006. The NCSC technical assistance consultant Dr. Fred Cheesman is a member of NRAC.

involvement in the drug court program and upon exit from the program. The type of offense should be captured, as should case disposition, if available. Recidivism data should be captured for participants while in the program and upon exiting the program. The performance indicator should capture the incidence of recidivism (i.e., did recidivism occur, either yes or no) and not the number of recidivistic events (do not count more than one recidivistic event per person).

Recidivism should be calculated as the percent of each exit cohort who have reoffended during the time period, reported by Type of Exit, which includes:

1. Graduates
2. Terminations
3. Transfers
4. Voluntary Withdrawals
5. Deceased

Post-program recidivism should be tracked by type of exit for at least two years, according to the following time frames: 0-12 months after program exit, 1-2 years after program exit; and 2+ years after program exit.

Recidivism should be captured by using the Florida Crime Information Center (FCIC) and the National Crime Information Center (NCIC) databases. Drug courts should specify which database(s) is being used to capture the recidivism data.

Family Dependency Drug Court

This performance indicator should be based on six-month *exit* cohorts (i.e. everyone exiting from drug court during a specified six month time period). Recidivism is defined as the number and percent of children and parents or primary caregivers with in-home reports with documented findings of "verified" or "some indicators" of at least one maltreatment with a type of abuse, neglect, or threatened harm AND a report received date (or incident date) through the Department of Children and Families. Recidivism data should be captured for participants while in the program and upon exiting the program. The performance indicator should capture the incidence of recidivism (i.e., did recidivism occur, either yes or no) and not the number of recidivistic events (do not count more than one recidivistic event per person).

The above indicator:

1) Includes only maltreatments where the parents or caregivers who were included as a subject in the original report, or were named in the original report that was the cause of the dependency drug court participation, are also caregivers in the subsequent report.

2) Includes only those intact homes, where the child remained with, or was returned to, the parent involved in drug court.

3) Excludes reports occurring in out-of-home care where the child was maltreated after being removed from the parent and in placement.

Recidivism should be calculated as the percent of each exit cohort who have reoffended during the time period, reported by Type of Exit, which includes:

1. Graduates
2. Terminations
3. Transfers
4. Voluntary Withdrawals
5. Deceased

Post-program recidivism should be tracked by type of exit for at least two years, according to the following time frames: 0-12 months after program exit, 1-2 years after program exit; and 2+ years after program exit.

2. Retention

This performance indicator should be based on six-month *admissions* cohorts (i.e. everyone admitted to drug court during a specified six month time period). Track each admission until they have permanently exited the drug court by Type of Exit, including:

1. Graduates
2. Terminations
3. Transfers
4. Voluntary Withdrawals
5. Deceased

Retention is calculated as the percentage representation of each Type of Exit. If a participant is still active in the program, they should be identified in a separate category as Active.

In addition, the amount of time in the drug court from admission to exit, by number of days, should be captured for each admission within the cohort reported for each Type of Exit. Ideally, the time interval will exclude any time that a participant was not an active participant because of bench warrants and non-drug court related jail time.

3. Sobriety

The performance indicator for sobriety should include both the *percent of positive drug tests* and the *period of longest continuous sobriety* for each participant while in the drug court.

A. Percent of Positive Drug Tests: This performance indicator should be based on six-month *exit* cohorts. The percent of drug tests that are positive are calculated for each participant in the exit cohort, excluding those tests that are returned positive for prescription drugs used for valid medical purposes. The percentage is calculated by dividing the number of drug tests that return

positive for an illegal or forbidden substance (i.e. alcohol) or have results that are considered positive by the total number of drug tests administered to the participant while in drug court.

Along with test results that indicate use of an illegal or forbidden substance, the following test results will be considered positive:

- a. No show
- b. Not producing a sample in a reasonable period of time
- c. Tampered
- d. Refusal
- e. Admitting to use

This performance indicator must include the results of all drug tests administered, including those administered by external treatment providers and those administered by the actual drug court. The ultimate result of whether a drug test was positive or negative will be made only after all challenges to the test results have been resolved.

B. Period of Longest Continuous Sobriety: This performance indicator should be based on six-month *exit* cohorts. The amount of time (in number of days) between consecutive positive drug tests will be calculated for each participant in the exit cohort to determine the period of longest continuous sobriety. If there are no positive drug tests, this period is equal to the number of days between the first drug test and exit (minus one day). If there is only one positive drug test, the amount of time between the first test and the positive test is compared to the amount of time between the positive test and exit, and the longer of these two periods is reported. If there is more than one positive drug or alcohol test, the amount of time between (1) the first test and the first positive test, (2) each of the remaining, consecutive positive drug tests, and (3) the last positive test and exit will be compared and the longer of these periods will be reported.

The performance indicator is the average over the entire release cohort of the period of longest continuous sobriety (the latter being calculated for each member of the exit cohort), broken out by type of exit. In the case that the offender tests positive for an illegal substance upon admission, the count of drug tests will begin with the first clean test. The beginning date for calculating the period of longest continuous sobriety will be the date of the first clean drug test.

4. Units of Service

Units of Service will be based on six month *exit* cohorts. The dates that participants received outpatient or inpatient services should be recorded as well as the dates of referrals for ancillary services made by the drug court case manager. Units of service are counted as follows:

- a. Outpatient addiction-related services: Count number of sessions.
- b. Inpatient addiction-related services: Count number of days.
- c. Ancillary (non-addiction related) services: Count the number of referrals for ancillary services.

At the conclusion of the reporting period, the total number of units of service received by each participant who exited during that period will be accumulated by category as follows:

	<u>Inpatient Services</u>	<u>Outpatient Services</u>
Addiction-Related Services	# of days	# of sessions
Ancillary Services	# of referrals	# of referrals

The performance indicator is the average over the entire exit cohort of the number of units for each type of service (see table above) received by participants (the latter being calculated for each member of the exit cohort), broken out by Type of Exit, including:

1. Graduates
2. Terminations
3. Transfers
4. Voluntary Withdrawals
5. Deceased

Addiction-related services include:

- a. Clinical Assessment
- b. Residential (4 levels)
- c. Day/Night Treatment with Community
- d. Outpatient Group
- e. Outpatient Individual
- f. Intensive Outpatient
- g. Outpatient Detoxification
- h. Addiction Receiving Facility
- i. Substance Abuse Detoxification (residential)
- j. In-home Counseling
- k. Aftercare

Ancillary services (non-addiction-related services that address participants' criminogenic needs). Criminogenic needs (e.g., unemployment) are associated with an increased likelihood of reoffending and should be targeted for intervention. Ancillary services include:

- a. Housing
- b. Parenting
- c. Mental Health
- d. Employment Services (e.g., Voc/tech, job-readiness)
- e. Educational Services (including GED)
- f. Medical/Dental Services
- g. Health-related
- h. Anger Management
- i. Case Management
- j. Drug Testing

- k. AA/NA
- l. Transportation
- m. HIV Counseling and Testing
- n. Day Care